

A Case Study in the Problem of Policymaker Ignorance: Political Responses to COVID-19

SCOTT SCHEALL
Arizona State University

PARKER CRUTCHFIELD
Western Michigan University

Abstract: We apply the analysis that we have developed over the course of several publications of the significance of ignorance for decision-making, especially in surrogate (and, thus, in political) contexts, to political decision-making, such as it has been, during the COVID-19 pandemic (see Scheall 2019; Crutchfield and Scheall 2019; Scheall and Crutchfield 2020; Scheall 2020). Policy responses to the coronavirus constitute a case study of the problem of policymaker ignorance. We argue that political responses to the virus cannot be explained by assuming that the interests of policymakers were at loggerheads with those of their constituents at the beginning of the crisis. In order to explain the responses of policymakers, it is necessary to recognize the effects of relevant ignorance on their incentives to pursue different policy objectives. We discuss the knowledge that policymakers required at the start of the pandemic in order to deliberately realize the goal of limiting overall human suffering and the spontaneous forces that could have facilitated the realization of this goal. The problem of policymaker ignorance implies that policymakers have not earnestly pursued the goal of limiting overall suffering due to the novel coronavirus, but have repeatedly resorted to the pursuit of relatively less epistemically burdensome goals. The problem of policymaker ignorance explains why policymakers have focused primarily on limiting one kind of suffering—physical suffering due to the virus—and have mostly ignored related kinds of suffering, i.e., the economic, sociological, psychological, and physical suffering caused by policies to limit physical suffering from the virus. The problem of policymaker ignorance also helps to explain why policymakers relied on the relatively blunt instrument of economic lockdown rather than more focused protection policies, and why they continue to resort to lockdowns, despite the emerging scientific evidence of their ineffectiveness at mitigating physical suffering due to the virus.

Keywords: policymaker ignorance, political epistemology, lockdown policy, focused protection, political theater.

This might be sufficient to convince any reasonable person that as it was not in the power of the magistrates or of any human methods of policy, to prevent the spreading the infection, so that this way of shutting up of houses was perfectly insufficient for that end. Indeed it seemed to have no manner of public good in it, equal or proportionable to the

grievous burden that it was to the particular families that were so shut up; and, as far as I was employed by the public in directing that severity, I frequently found occasion to see that it was incapable of answering the end [...] In the execution of this office I could not refrain speaking my opinion among my neighbours as to this shutting up the people in their houses; in which we saw most evidently the severities that were used, though grievous in themselves, had also this particular objection against them: namely, that they did not answer the end, as I have said, but that the dis-tempered people went day by day about the streets; and it was our united opinion that a method to have removed the sound from the sick, in case of a particular house being visited, would have been much more reasonable on many accounts, leaving nobody with the sick persons but such as should on such occasion request to stay and declare themselves content to be shut up with them.

—Daniel Defoe, *A Journal of the Plague Year*, 1722

1. INTRODUCTION

Over the course of several publications, we have developed an argument that epistemic considerations are logically basic in human decision-making and an analysis of the effects of relevant ignorance on the decision-making process. In “Ignorance and the Incentive Structure Confronting Policymakers,” Scheall (2019) argues that the nature and extent of policymakers’ ignorance—their *epistemic burdens*—with respect to various policy objectives serve to determine what counts as an option worth consciously considering and where options are ranked in policymakers’ incentive structures. In “Epistemic Burdens and the Incentives of Surrogate Decision-makers,” Crutchfield and Scheall (2019) extend this analysis to other surrogate decision-making contexts where some person(s) must decide on behalf and ostensibly in the interests of some other person(s). In “The Priority of the Epistemic,” Scheall and Crutchfield (2020) develop this analysis further and argue that the incentive-determining nature of ignorance is a fully general fact about human decision-making. In *F. A. Hayek and the Epistemology of Politics*, Scheall (2020) considers the methodological significance for political analysis of ignorance, defends a methodology that assumes the ignorance of political decision-makers, and attributes a proto-version of this methodology to the Austrian economists, Ludwig von Mises and F. A. Hayek.

One response that we have occasionally received to this work is that its deeply philosophical (not to mention, psychological) nature somewhat obscures its practical significance. Some case studies are needed that illustrate both the effects of ignorance on decision-making in the real world and, thus, the significance of our analysis. We aim to begin to remedy this deficiency in the present paper.

We apply our analysis to political decision-making during the COVID-19 pandemic. We argue that several of the implications of the problem of policymaker ignorance—“the simple and, once it is first recognized, obvious fact that what can be deliberately achieved through political action is necessarily constrained by the nature and extent of policymakers’ ignorance, and their capabilities for learning” (Scheall 2019, p. 39)—have been on display during the pandemic. In particular, policymakers have aimed at goals that are relatively less epistemically burdensome than objectives that they might have otherwise tried to realize. Rather than trying to minimize *overall* (or *all-things-considered*) human suffering from both the virus itself and policy responses to it, policymakers have aimed primarily to mitigate physical suffering due to the virus and have mostly ignored the economic, sociological, psychological, and physical suffering due to their policy responses. Similarly, rather than adopting a focused-protection policy that would have required the identification and isolation of uniquely vulnerable patient populations, policymakers have opted to try to minimize physical suffering due to the virus via the blunt and comparatively simplistic tool of economic and societal lockdown. If our analysis is sound, then ignorance is an essential part of any explanation of these and other political decisions that have been taken during the pandemic.

2. THE LOGICAL PRIORITY OF THE PROBLEM OF POLICYMAKER IGNORANCE

In order to explain the decisions of policymakers in response to the COVID-19 pandemic declared by the World Health Organization on March 11, 2020, it is important to understand the role that ignorance plays in human decision-making. We have argued in a number of previous works that ignorance is logically prior to moral, prudential, pecuniary, and other normative considerations in decision-making (Scheall 2019; Crutchfield and Scheall 2019; Scheall and Crutchfield 2020; Scheall 2020; Crutchfield, Scheall, Rzeszutek, Brown, and Cardoso Sao Mateus Manuscript).¹ The fundamental problem of politics is not that policymakers may be inadequately motivated to pursue policy objectives in constituents' interests. The fundamental problem of politics is that *even if policymakers' motivations align with their constituents' interests, policymakers may not possess the knowledge necessary to deliberately realize relevant policy objectives* (Scheall 2019; Scheall 2020). This is the *problem of policymaker ignorance*: ultimately, the policy objectives that can be deliberately realized are limited by the nature and extent of policymaker ignorance.² Beyond the limits of policymaker knowledge lie policy objectives that can be realized only if luck, fortune, or other *spontaneous forces* of the appropriate kind(s) intervene to an adequate extent.³

The logical priority of the political-ignorance problem to the political-incentive problem is manifest in the fact that relevant ignorance can distort related incentives, motivations, reasons for acting, etc., but that motivations cannot alter the nature and extent of one's relevant ignorance (Scheall 2019, 2020; Scheall and Crutchfield 2020). The *epistemic burden* of a course of action is all of the missing knowledge, both knowledge-that and knowledge-how, that a decision-maker needs to acquire (i.e., to learn) in order to deliberately realize the goal of the action (Scheall 2019; Scheall and Crutchfield 2020).⁴ Courses of action with respect to which a decision-maker is relatively ignorant, i.e., courses of action that bear comparatively heavy epistemic burdens, either do not appear to her as options worth consciously considering or are discounted relative to courses of action with respect to which she is more knowledgeable. One who recognizes that they lack adequate knowledge to *X* faces a lesser incentive to *X*, other things equal, than one who knows that their knowledge is adequate to *X*; however, a strong motivation to *X* cannot affect one's ignorance regarding *X*. That one does not know how to fly like a bird makes courses of action that require flying like a bird less, if at all, attractive; that one may have many reasons to want to fly like a bird cannot make one any less ignorant with respect to it.

More to the present point, even if policymakers' motivations align with their constituents' interests, the comparative epistemic burdens of constituent-minded policies might be so heavy that such policies either do not appear to policymakers as worth conscious consideration or are discounted relative to other, less epistemically burdensome—and less constituent-minded—policies. Even if policymakers want nothing more than to be constituent-minded, they may not know enough to be constituent-minded, so they will not be (except by accident or spontaneously, as it were).

Policymakers who know that they do not know enough to realize a policy goal are, other things equal, discouraged from pursuing the goal and are incited instead to pursue *other* goals that they take to be more within their ken and control. We have argued elsewhere that when policymakers know that they do not know enough to realize a policy objective in constituents' interests, but know that they know enough to *engage in a media charade to appear to be pursuing constituent-minded objectives*, policymakers will tend to flatter to deceive their constituents (Scheall 2019, 2020). In other words, policymakers will tend to feign or *pretend* to pursue the constituent-minded objective, knowing that many constituents will not be able to distinguish earnest from pretended pursuit of the goal and that, for some constituents at least, *seeming* to pursue the goal is almost as important as realizing it.

If this analysis is sound, then it implies that, inasmuch as policymakers have recognized their ignorance of some relevant knowledge, policy responses to COVID-19 have been more political theater than earnest attempts to realize constituent-minded objectives. Policymakers may have not known enough to limit all-things-considered suffering from the virus (and from their attempts to limit suffering from the

virus), but they have unquestionably known enough to use the media to promote the appearance that they are trying to limit suffering from the virus.⁵ However, even if it is not the case that policymakers have purposefully played at constituent-mindedness during the pandemic, that they have recognized they are too ignorant to deliberately realize the relevant goal implies that they have tended to do *other things* rather than earnestly pursue the constituent-minded objective of limiting overall suffering from both the virus and their policy responses to it. Some of the policy measures adopted have been chosen because they were comparatively less epistemically burdensome than the alternatives and not because policymakers earnestly believed these measures likely to contribute much to minimizing suffering. Of course, that these policy measures may also have appeared to some constituents as earnest attempts to limit suffering is all to the benefit of policymakers.

Like all actors, policymakers are incented to pursue relatively less epistemically burdensome goals, other things equal. In the context of the COVID-19 pandemic, they have mostly acted accordingly. Ignorance is a necessary and is, in fact, we argue, the fundamental factor in any explanation of the policy decisions taken in the wake of the pandemic, especially the near-unanimous decisions of policymakers to lock economies down and to issue *de facto* (if not necessarily *de jure*) compulsory stay-at-home orders for all but “essential” workers instead of engaging in more limited, and focused, virus containment and patient-protection strategies.⁶

3. POLICYMAKER IGNORANCE AT THE START OF THE PANDEMIC

The COVID-19 pandemic would seem to be a case, if there ever was one, where the interests of policymakers were *prima facie* well-aligned with those of their constituents. At least, there is no reason to assume *a priori* that the initial concerns of policymakers regarding the virus and its effects diverged from those of their constituents. It seems reasonable to assume that no one, neither policymakers nor constituents, wished to incur on their watch or otherwise suffer either the direct health effects of the virus, or the deleterious societal aftereffects of policy responses to the virus. It was apparently in the interests of both policymakers and constituents to mitigate all-things-considered suffering from both the virus and policy responses to the virus. However, the problem of policymaker ignorance implies that the relative epistemic burdens that policymakers confronted with regard to this goal, as compared to the epistemic burdens of other possible policy pursuits, served to determine the policies they pursued.

The epistemic burdens of policymakers, such as they were at the time the pandemic was declared, with respect to deliberately realizing the constituent-minded goal of minimizing overall human suffering from both the virus and policy responses to the virus would seem to have been quite heavy, indeed.⁷ What was at stake was not merely the comparatively simple (if still complicated) objective of limiting suffering from the direct health effects of the virus, but the grotesquely complex goal of *both* limiting suffering from the virus *and, at the same time*, limiting suffering from the socioeconomic and other aftereffects of efforts (political or otherwise) to limit suffering from the virus.⁸ In order to deliberately realize this goal without assistance from learning, luck, fortune, or other spontaneous forces, policymakers needed knowledge adequate to the degree of social control required to bring about the constituent-minded result.

In particular, they needed sufficient theoretical knowledge from both the health sciences and the social sciences. Policymakers needed theories and models developed by medical researchers adequate to the kind and degree of social control required to deliberately realize the goal of minimizing suffering due to the direct health effects of COVID-19; and policymakers needed models developed by economists and other social scientists sufficient to minimize suffering caused by policies aimed to minimize suffering due to the direct health effects of the virus.

Of course, this problem was exacerbated by the fact of disagreement in the relevant fields about the adequacy of competing theories and models. As it happened, policymakers had access to various theories of public health and epidemiological models that aimed to predict the health effects of the virus, especially the number of deaths that would ensue.⁹ They also had access to social-scientific theories that implied some, if

perhaps not all, of the societal aftereffects of different policy interventions. However, policymakers would seem to have lacked the meta-theoretical knowledge required to choose appropriately from the rival theories and models in the relevant fields.

Two different, if intimately related, kinds of meta-theoretical knowledge were required. First, policymakers needed meta-theoretical knowledge concerning the predictive adequacy of theories in each field, i.e., they needed criteria for choosing an epidemiological model that yielded adequate predictions of relevant health-related phenomena, as well as criteria for choosing social science theories that yielded adequate predictions of relevant social phenomena, and they needed criteria for choosing models from each field that could be combined to yield theoretical knowledge adequate to the kind and degree of social control necessary to deliberately realize the goal of minimizing overall human suffering. In other words, policymakers needed to know *that* there were theories that could be combined in the required way and which of the extant theories satisfied this requirement. Second, *given* such theories and models from the relevant scientific fields, policymakers needed meta-theoretical knowledge concerning how these theories could be combined to realize the relevant goal, i.e., they needed another meta-theory of how epidemiological and socioeconomic phenomena interact. Policymakers needed to know *how* such theories could be combined in the required way.

If some combination of the extant public-health and social-scientific models was adequate to deliberately realize the goal of mitigating overall human suffering from both the virus and political responses to it, policymakers could not have identified this combination without the required meta-theoretical criteria of choice. It is not obvious where such meta-theoretical knowledge could have been found among the modern hyper-specialized sciences.¹⁰ Policy “experts,” such as they are, tend to be knowledgeable about the phenomena investigated by their respective specialized disciplines, knowledge they have acquired on the basis of *ceteris paribus* assumptions. There are relatively few, if any, policy experts about what happens when other things are not equal, when interaction and integration occur among phenomena as diverse as those investigated by epidemiology and economics. If this is right, then policymakers could only have stumbled upon an appropriate combination of theoretical knowledge from the health and social sciences accidentally, as it were, either via learning or through the intervention of other spontaneous forces.

The epistemic difficulties of policymakers otherwise inclined to aim at mitigating overall suffering from the pandemic did not end at their ignorance of the required (meta-) theoretical knowledge. Assuming all of this theoretical knowledge to be given to policymakers, they still needed empirical *data* concerning relevant phenomena that could be plugged into the given models to yield predictions adequate to the nature and degree of social control required to deliberately minimize overall suffering. Perhaps most important in this regard, policymakers required empirical knowledge concerning the susceptibility of various populations to infection and the variable symptomaticity of different populations. In other words, they needed accurate data concerning who was more or less likely to get the virus, and how patients might suffer from it once infected. Similarly, they needed empirical data concerning the susceptibility of different populations to the societal (and indirect health) aftereffects of various policy options: they needed to know who would suffer economically and along other relevant societal dimensions, and how badly they would suffer from various potential policy decisions.

Beyond this, *given* sufficient theoretical and empirical knowledge, policymakers still required the ability—the knowledge *how*—to manipulate relevant causal factors in such a way as to bring about the desired result. In effect, they needed to know how to control the course of events in the way implied by the predictions drawn from the conjunction of given theoretical and empirical knowledge. Without all of this knowledge, policymakers could not have negotiated a path to the constituent-minded result of minimizing overall suffering without learning, luck, fortune, or other spontaneous forces beyond their ken and control.

The spontaneous forces that might have intervened to either assist or foil the pursuit of the relevant goal would seem to have been of three kinds: 1) forces that might have either improved or degraded policymakers’ epistemic position relative to the required knowledge; 2) forces emerging from the private initiative of constituents, acting individually or collectively, that could have either manifested or prevented the

manifestation of effective means of approaching the constituent-minded goal, such as a vaccine, a convalescent antibody serum, an effective antiviral therapy, improved varieties of personal protective equipment, or methods of selectively protecting those most vulnerable to COVID-19; 3) forces emerging from the natural progression of the virus through the population, i.e., forces that might have either hastened or hindered the emergence of community (or “herd”) immunity.

The question of the relevant knowledge that policymakers actually possessed and of their comparative epistemic burdens at the start of the pandemic relative to the goal of minimizing overall human suffering is left as an exercise for the reader. Unless the reader can convince herself that policymakers possessed all of the required knowledge at the time the pandemic was declared, she must recognize the effect that this ignorance had on policymakers’ incentives, motivations, and reasons for acting and, thus, on their policy decisions. It was not that, at the start of the pandemic, policymakers wanted anything other than to minimize overall suffering. At least, there is no reason to assume *a priori* that their reasons for acting initially failed to cohere with their constituents’ interests. Rather, they did not possess all of the epistemic resources required to make the sort of rational tradeoff between the health effects of the virus and the aftereffects of policies aimed at limiting the health effects of the virus that an effective policy of minimizing overall human suffering required. Policymakers simply did not know how to realize the constituent-minded goal and, recognizing that their epistemic burdens were impossibly heavy in this regard, they mostly opted to aim to minimize only physical suffering due to the negative health effects directly caused by the virus and to largely neglect suffering caused by the aftereffects of their policies, while using the media to endlessly signal their constituent-mindedness.

A complementary explanation, one still in keeping with the priority of the problem of ignorance to that of incentives, is that some policymakers at least believed their own rhetoric and convinced themselves that they did know enough to act effectively in their constituents’ interests. Unlike policymakers who recognize their ignorance and, so, are inclined to pursue other, less epistemically burdensome, goals, policymakers who are ignorant of their ignorance falsely believe that they are knowledgeable enough to realize relevant goals and, thus, are (other things equal) inclined to pursue them (Scheall 2019, 2020). This “pretence of knowledge” (as Hayek [1975] 2014 called it), i.e., ignorance of their relevant ignorance, inclines policymakers to policy pursuits that they would be less inclined to pursue if they recognized their actually deficient epistemic circumstances. That is, policymakers who are ignorant of their ignorance are artificially attracted to policies that, unless spontaneous forces compensate for the goal-defeating consequences of their ignorance, are destined not only to fail but perhaps also to aggravate relevant circumstances.

A similar analysis can be given of the near-unanimous decisions of policymakers to try to minimize physical suffering from the health effects of the virus by mandating compulsory stay-at-home orders instead of by a policy of focused protection. Simply put, the epistemic burdens of a focused-protection policy were much heavier than those of total lockdown. The theoretical knowledge, empirical data, and know-how required to implement and enforce a policy of identifying and protecting individual members of uniquely vulnerable populations were far more extensive than the knowledge required to, as it were, simply turn out the economic lights.

4. POLICYMAKER IGNORANCE IN THE WAKE OF LOCKDOWN

At the time of this writing, we are ten months from the declaration of the pandemic and the subsequent implementation in many countries and locales of compulsory stay-at-home orders, and other lockdown measures. Considerable evidence has emerged over this time that such policies have done little to minimize physical suffering from the health effects of the virus (Chaudhry et al. 2020; Chin et al. 2020; Bendavid et al. 2021).¹¹ Yet, at the time of this writing, policymakers in several countries, states, provinces, and municipalities have implemented new or renewed former lockdowns. An apparent problem for the argument advanced here thus seems to emerge: Why have policymakers not learned that these policies are ineffective means of minimizing physical suffering from the health effects of the virus and adapted accordingly, especially given

the fact—which has always been obvious—of their deleterious societal aftereffects? Why do policymakers continue to try the same lockdown measures over and over again, rather than looking for potentially more effective alternatives?

As suggested above with regard to an earlier context, it is possible that some policymakers have been lulled into a pretence of knowledge concerning the effectiveness of lockdowns and, thus, that they have been more incented to pursue them than they would be if they acknowledged and appreciated the scientific evidence concerning their ineffectiveness. Perhaps some pro-lockdown politicians have come to believe (albeit falsely, if the scientific evidence is sound) that lockdowns are effective means of minimizing physical suffering from the health effects of the virus and their incentives have accordingly been distorted in favor of further lockdowns.

This may be true in some cases, but another explanation, still in keeping with the priority of the problem of policymaker ignorance, suggests itself. Once policymakers commit to a particular policy, the epistemic burdens that are relevant moving forward may be radically different from those that were relevant before a decision was made. Past policy decisions affect present and future epistemic burdens. In particular, unless policymakers *know* how to both alter the chosen policy course and avoid the consequences of acknowledging its ineffectiveness, the alternative of doubling-down on the existing policy is comparatively attractive. Thus, inasmuch as shifting course away from lockdown measures would mean acknowledging their ineffectiveness—and, thus, admitting that policymakers erred in implementing them in the first place, causing (or failing to avoid) more suffering than was necessary—something that policymakers do not know how to do painlessly, the priority of the problem of policymaker ignorance serves to explain the continuing political attractiveness of lockdown policies, despite the evidence of their ineffectiveness.

This problem would seem to have been exacerbated by the near-unanimous and, for all practical purposes, “once-size-fits-all,” nature of the lockdown policies implemented around the world. In principle and perhaps also in practice, policymakers could have used the pandemic as an opportunity to naturally experiment on a variety of virus-containment and patient-protection strategies in order to discover more and less effective means of minimizing human suffering. Instead, those relatively few locales, such as Sweden and South Dakota, that adopted less restrictive policies have been treated by pro-lockdown policymakers and their media cheerleaders as either idiotic grandma-killing pariahs or, more relevant to the present point, too culturally unique for their experiences to falsify the effectiveness of severe lockdown policies.

In effect, once policymakers committed to lockdowns in the spring of 2020, new relevant circumstances emerged and the goalposts shifted. The circumstances that policymakers confronted before committing to lockdown policies were radically altered once they made that commitment. The relevant goal was no longer the relatively simple (if still complicated) goal of minimizing physical suffering from the health effects of the virus, but the massively more complex goal of *minimizing physical suffering from the health effects of the virus while refusing to acknowledge that their past policy decisions failed to minimize physical suffering from the health effects of the virus.*

5. WHAT IS TO BE DONE?

The best explanation of the political decisions taken to confront the COVID-19 pandemic is not that policymakers’ reasons for acting failed to initially cohere with the interests of their constituents. The best explanation of the political decisions taken and, correlatively, of the decisions *not* taken, is that policymakers did not know how to effectively pursue the goal that they initially shared with their constituents: ignorance distorted their incentives to pursue the goal. By and large, as implied by the logical priority of the problem of policymaker ignorance over that of the problem of policymaker incentives, policymakers pursued significantly less epistemically burdensome goals than mitigating as far as possible overall human suffering due to both COVID-19 and its political aftereffects. With few exceptions, policymakers preferred the relatively epistemically simple goal of mitigating only suffering due to the direct health effects of the virus, while ignoring the more burdensome goal of also mitigating suffering due to their policies. Policymakers lacked the

material required to rationally trade off the direct health effects of the virus against the socioeconomic (and concomitant indirect health) effects of policies aimed at limiting the direct health effects of the virus.¹² Understanding that it was beyond their ken and control to both save lives and limit the other deleterious health effects of the virus, while also preserving traditional economic and other societal norms, policymakers opted to sacrifice (for the moment, one hopes) these established conventions.

Unfortunately, many policymakers were ignorant of knowledge required to deliberately realize even the more limited goal of limiting deaths and other sufferings from the direct health effects of the virus. From the array of potential policies aimed at limiting suffering from the health effects of the virus (while ignoring the economic and other societal aftereffects of their policies), policymakers tended to opt for the blunt—and comparatively epistemically simple—policy of economic lockdown and compulsory stay-at-home orders, rather than more epistemically challenging policies that would have required the identification and protection of uniquely susceptible patient populations. Faced with the epistemically burdensome problem of avoiding the consequences of admitting the failure of their past policy decisions, many policymakers continue to pursue such policies, despite the emerging body of evidence of their ineffectiveness.

We have pointed to a problem and argued for its fundamentality in political (indeed, in all human) decision-making. However, we have said nothing about what should be done about the problem. Of course, nothing of a normative nature can be inferred from the positive analysis in isolation, but, if we accept as more or less universal the twin assumptions that minimizing overall human suffering is good and that we ought to pursue the good as far as possible, various normative possibilities suggest themselves.

First, political analysis should proceed not from the assumption that policymakers and constituents are at motivational loggerheads, but from the assumption that policymakers may lack relevant knowledge and abilities (know-how) that constituent-minded policymaking requires, and that their epistemic burdens serve to determine the extent of their constituent-mindedness. As we have put the point elsewhere, apropos of David Hume’s famous maxim to treat policymakers as knaves, “All [policymakers] are ignoramus; the nature and extent of their ignorance serves to determine the extent of their knavery” (Scheall 2019, p. 43).

Second, it would seem reasonable to ask why policymakers are widely believed to be responsible for realizing goals that ignorance may well prevent them from deliberately realizing, like minimizing overall suffering from both a disease and their responses to it. How is it that, over the course of the history of political constitutions, policymakers have come to be assigned responsibilities that seem beyond their ken and control? There would seem to be a case, therefore, for revisiting the question of the social goals pursuit of which is best assigned to deliberate political action and those more effectively realized through spontaneous forces. In this project, political inquiry of the kind suggested in the previous paragraph, political analysis that starts from the assumption that policymakers may lack relevant knowledge and abilities—that it is always an open question in every decision context whether, in what relevant ways, and to what extent, policymakers are ignorant—would seem to be essential.

The nature and extent of policymaker ignorance with respect to constituent-minded goals like minimizing overall suffering from both some public-health danger and political efforts to mitigate its harmful effects serve to determine how much constituent-mindedness we get from policymakers.

NOTES

- 1 We offer two arguments for the thesis of the logical priority of the epistemic. According to the first, introspection reveals that the options persons consciously consider in any given decision context have been pre-consciously filtered and sorted according to the nature and extent of their relevant ignorance. According to the second, philosophers (and others) are presumably interested in determining the correct logical relationship between *ought* and *can*, at least in part, because knowledge of the correct relationship could be put to work for practical purposes, i.e., to segregate potential obligations (potential “oughts”) from non-obligations. We argue that, if this is right, then whatever the logical relationship between *ought* and *can*, if knowledge of this relationship is ever to be put to use for practical purposes, it must be that “can” means *deliberately can*. However, “deliberately can” just means *knows enough to*. Thus, the criteria of potential oughts and non-oughts is ultimately epistemic.

In addition to these introspective and philosophical arguments, in Crutchfield, Scheall, Rzeszutek, Brown, and Cardoso Sao Mateus (Manuscript), we offer empirical evidence from two psychological experiments that supports the thesis of the logical priority of the epistemic.
- 2 We use *incentives* and *motivations* synonymously to indicate persons’ *reasons for acting*. For our purposes, *policymakers* include everyone directly involved in the processes of deciding, designing, implementing, and administering policies, including elected and unelected officials, and the so-called “experts” that often advise them. *Constituents* are those persons in whose interests policymakers ostensibly make *policies*, which are sets of rules enacted (ostensibly) for the sake of constituents, who are supposed to conform to them, ostensibly in their own interests. A policy can thus be anything from, say, the ordinances of a local homeowners’ association to a constitutional plan for interplanetary government. Policymakers can be constituents: as far as the rule of law obtains, they are subject to the policies they make. In democracies, constituents can be policymakers to the extent that their votes figure in the policymaking process. Nothing of substance for the present analysis hinges on the fact that the relevant categories are not mutually disjoint.
- 3 A policy goal can be realized only if 1) at the time the policy is designed and implemented, and at every moment in its subsequent administration, deliberate realization of the goal falls under the ken and control of policymakers, i.e., policymakers possess all of the knowledge that deliberate realization of the goal requires, or 2) in the process of trying to realize the goal on an initially epistemically-deficient basis, deliberate realization of the goal comes under the ken and control of policymakers, i.e., policymakers *learn* whatever relevant knowledge they happen to lack, or 3) the required kinds of spontaneous forces beyond the ken and control of policymakers intervene to compensate for the goal-undermining consequences of their ignorance, i.e., the goal emerges despite policymaker ignorance. The latter two possibilities are not mutually exclusive with respect to each other, though each is mutually exclusive with respect to the first: the goal might be realized through a combination of improved policymaker knowledge or through the intervention of other spontaneous forces, but only if policymaker knowledge is not already adequate, in which case the goal can be realized directly and deliberately, without the need for learning or for the intervention of other spontaneous forces. Given that we can never know in advance the content of what we might learn in the future (or we would already know that content), the acquisition of new knowledge is guided by spontaneous forces. In other words, policymakers cannot *plan* or *design* to learn the absent knowledge required to realize a policy goal.
- 4 The epistemic burden of a course of action should not be confused with the *epistemic costs* of an action. Epistemic costs are incurred in the process of attempting to overcome epistemic burdens, i.e., in the process of trying to learn or acquire the missing knowledge, but there is no necessary or direct relationship between epistemic burdens and epistemic costs. Just as a given distance might be traversed in a more or less costly fashion, so might a given epistemic burden.
- 5 We are all by now familiar with the phenomenon of televised briefings in which presidents and prime ministers, state and provincial governors, and an array of their respective health advisors, glorify their efforts to combat the novel coronavirus and endlessly signal their exclusive, and all-encompassing, care for their constituents.

- 6 Such as the policy of “focused protection” associated with the, by now, infamous Great Barrington Declaration. See <https://gbdeclaration.org>.

It is telling that a common objection to a policy of focused protection is the allegedly greater difficulty, as opposed to blanket lockdown measures, involved in implementing and enforcing it (See <https://www.theguardian.com/world/2020/nov/03/chris-whitty-decries-great-barrington-plan-to-let-covid-run-wild>; <https://www.bbc.com/news/uk-politics-54802129>; <https://uk.reuters.com/article/us-health-coronavirus-britain-whitty-idUKKBN27J2CQ>). It should be noted that, from the perspective of the problem of policymaker ignorance, all of the difficulties that policymakers confront with regard to such a policy are ultimately epistemic in nature. There may be, for example, apparently logistical or legal constraints that seem to complicate a focused-protection policy. However, if policymakers *knew how* to remove or otherwise avoid them, such constraints would not complicate a more focused policy. All constraints on policies that policymakers *do not know enough* to remove or avoid are ultimately epistemic constraints, due to relevant policymaker ignorance. If policymakers *knew how* to deal with them, they would not be constraints.

Nothing in the present paper should be construed as a normative defense of a policy of focused protection. Our interest is to explain why certain kinds of policies were chosen and why other kinds of policies were mostly ignored, not to defend any of these policies as either uniquely appropriate to relevant circumstances or morally defensible.

- 7 We will simply note in passing the obvious part that policymaker ignorance played in failing to prevent the transmission of the virus from a localized event to a global pandemic.
- 8 On the aftereffects of policy responses to the pandemic, especially economic lockdowns and stay-at-home orders, see <https://collateralglobal.org>. That victims of economic dissolution are susceptible to negative health effects and to further deleterious consequences beyond the narrowly pecuniary is well-documented. Job loss correlates with higher rates of depression, suicide, substance abuse, homicide victimization, and poorer overall health-related quality-of-life (Milner, Page, and LaFontaine 2014; Pharr, Moonie, and Bungum 2012; Blakely, Collins, and Atkinson 2003; Lin and Chen 2018; Brugera, et al 2018; Kposowa and Johnson 2016; Norström et al 2019; Martikainen and Valkonen 1996; Brand 2015). The suffering of the unemployed relates not only to concern for their livelihoods, but relates also to concern for their lives.
- 9 On these models, see <https://www.nature.com/articles/d41586-020-01003-6>. For criticism of many such models, see <https://forecasters.org/blog/2020/06/14/forecasting-for-covid-19-has-failed/>
- 10 The complexity of the problem that policymakers confronted in trying to minimize overall suffering is manifest in the fact that the relevant meta-theories are not independent. The epidemiological model that is most predictively adequate in isolation, may not be predictively adequate, when integrated with the economic model that is most predictively adequate in isolation, and *vice versa*. Policies built on a particular epidemiological (economic) model might lead to societal (public-health) consequences that necessitate the choice of a different economic (epidemiological) model than would be appropriate were only societal (public-health) considerations pertinent. The meta-theoretical criteria of an appropriate epidemiological (economic) model might depend on the economic (epidemiological) model chosen. Similarly, adequately integrating two given epidemiological and economic models might depend on the compatibility of the models chosen and, thus, on the criteria of their choice.
- 11 For a list of over thirty papers showing little, if any, positive effect of lockdown policies, including the papers cited in the text, see https://inproportion2.talkigy.com/do_lockdowns_work_2021-01-15.html.
- 12 For a preliminary, if only partial, comparison of relevant costs and benefits, see Jenkins, Sikora, and Dolan (2021).

REFERENCES

- Bendavid, E., Oh, C., Bhattacharya, J., Ioannidis, J. P. A. 2021. Assessing Mandatory Stay-At-Home and Business Closure Effects on the Spread of COVID-19. *European Journal of Clinical Investigation*, 00:e13484.
- Blakely, T., Collings, S., and Atkinson, J. 2003. Unemployment and Suicide. Evidence For a Causal Association? *Journal of Epidemiology and Community Health*, 57: 594-600.
- Brand, J. E., 2015. The Far-Reaching Impact of Job Loss and Unemployment. *Annual Review of Sociology*, 41: 359-375.
- Bruguera, P., Reynolds, J., Gilvarry, E., Braddick, F., Marath-Veettil, A. L., Anderson, P., Mielecka-Kubien, Z., Kaner, E., Gual, A. 2018. How Does Economic Recession Affect Substance Use? A Reality Check with Clients of Drug Treatment Centres. *Journal of Mental Health Policy and Economics*, 21(1): 11-16.
- Chaudhry R., Dranitsaris, G., Mubashir, T., Bartoszko, J., Riazi, S. 2020. A Country Level Analysis Measuring the Impact of Government Actions, Country Preparedness and Socioeconomic Factors on COVID-19 Mortality and Related Health Outcomes. *EclinicalMedicine*, 25.
- Crutchfield, P. and Scheall, S. 2019. Epistemic Burdens and the Incentives of Surrogate Decision-makers. *Medicine, Health Care, and Philosophy*, 22: 613-621.
- Crutchfield, P., Scheall, S., Rzeszutek, M., Brown, H., and Cardoso Sao Mateus, C. Manuscript. Hume's Joke: Ignorance and Moral Judgment.
- Hayek, F. A. 2014 [1975]. The Pretence of Knowledge. In: Caldwell, B. J. (Ed.) *The Collected Works of F.A. Hayek, Volume XV, The Market and Other Orders*. Chicago: University of Chicago Press, pp. 362-372.
- Jenkins, P., Sikora, K., Dolan, P. 2021. Life-Years and Lockdowns: Estimating the Effects on Covid-19 and Cancer Outcomes from the UK's Response to the Pandemic. *European Journal of Clinical Oncology*, 3(1): 001-003.
- Kposowa, A. J. and Johnson, K. A. C. 2016. A Cohort Analysis of Employment Status and Homicide Victimization in the United States. *Sociological Spectrum*, 36(2): 93-108.
- Martikainen, P. T. and Valkonen, T. 1996. Excess Mortality of Unemployed Men and Women during a Period of Rapidly Increasing Unemployment. *The Lancet*, 348(9032): 909-912.
- Milner, A., Page, A., and LaMontagne, A. 2014. Cause and Effect in Studies on Unemployment, Mental Health and Suicide: A Meta-Analytic and Conceptual Review. *Psychological Medicine*, 44(5): 909-917.
- Norström, F., Waenerlund, A., Lindholm, A., Nygren, R., Sahlén, K., and Brydsten, A. 2019. Does Unemployment Contribute to Poorer Health-Related Quality of Life among Swedish Adults? *BMC Public Health*, 19(457).
- Pharr, J., Moonie, S., and Bungum, T. 2012. The Impact of Unemployment on Mental and Physical Health, Access to Health Care and Health Risk Behaviors. *ISRN Public Health*, 2012, 1-7.
- Scheall, S. 2019. Ignorance and the Incentive Structure confronting Policymakers. *Cosmos + Taxis*, 7(1-2): 39-51.
- _____. 2020. *F. A. Hayek and the Epistemology of Politics: The Curious Task of Economics*. London and New York: Routledge.
- Scheall, S. and Crutchfield, P. 2020. The Priority of the Epistemic. *Episteme*, 1-12. Published online 18 February 2020.