ORIGINAL ARTICLE

Face mask mandates: Unilateral authority and gubernatorial leadership in US states

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Abstract

During the first year of the COVID-19 pandemic in the United States, the coordination and cooperation between the federal government and the states failed. American governors were thus tasked with making critical public health policy choices—under extreme uncertainty—with varying institutional capacities, partisan pressures, and state demographic differences. Yet most of the nation's governors chose to impose a face covering or mask mandate to limit the spread of cases. We collected each governor's executive order that mandated the conditions under which their residents would be required to wear a mask and employed a sentiment analysis program to extract key qualities of crisis leadership communication. Our analyses provide insights into the institutional and partisan factors that determined a face mask mandate as well as the institutional, demographic, and leadership communication qualities that affected the total number of cases per capita in the states. Our findings have important implications for post-pandemic policy recommendations with respect to the effectiveness of policies that seek to lower the transmission of viruses in public spaces and the characteristics of impactful public health messaging by government leaders.

1 | INTRODUCTION

Early in the pandemic response, a familiar game emerged in the United States, led by the Trump administration and state governors seeking to simultaneously avoid blame and claim credit for their own and the others' successes or failures. On May 12, 2020, President Trump tweeted: "Remember this, every Governor who has sky high approval on their handling of the Coronavirus, and I am happy for them all, could in no way have gotten those numbers, or had that success, without me and the Federal Governments (sic) help." Less than 2 months earlier,

governors were openly expressing their frustration with the federal government's Coronavirus response. On March 17, 2020, Governor Gretchen Whitmer (D-MI), was asked about governors sharing strategies to address the pandemic, "Whether you're a Democrat or a Republican Governor, we're who people are looking to at a time when there's not been a lot of clarity or honest dialogue about the seriousness of this situation" (Martin & Burns, 2020). Governor Tim Pawlenty (D-MN) followed by saying, "There will be new appreciation for clear, decisive and competent leadership. And if things get mishandled, botched, miscommunicated in a way that's viewed as incompetent or bumbling, politicians will pay a price—as they should" (Martin & Burns, 2020). These quotes reflect both the frustration with the failure of leadership at the federal level and the rise of governors and their role in responding to and leading the Coronavirus pandemic response in the United States.

This article traces the challenges of leadership inherent in federal systems particularly when faced with a crisis generally, but the COVID-19 pandemic specifically. Governors are the focus of this analysis because of the tools at their disposal as institutional leaders of government. We evaluate gubernatorial leadership through an examination of how governors responded to rising COVID-19 cases by choosing to mandate a key public health mitigation tool: face masks. We theorize that the decision to implement a face mask mandate was driven by the political and institutional context of the state and evaluate gubernatorial leadership in terms of how mask mandates were communicated through executive orders and ultimately whether the intervention worked to bring down the number of COVID-19 cases during the first year of the pandemic. Our findings yield important lessons for how political institutions and political leadership shaped public health messaging—face mask mandates—as states attempted to limit the transmission of the virus.

2 | FEDERALISM AND THE COVID-19 PANDEMIC

Federalism is a political system that is defined by the aspirational ideal of achieving "unity in diversity" (Palmermo & Kossler, 2017, p. 8) and characterized by at least two tiers of government that combine elements of self- and shared rule (Elazar, 1987; Watts, 1999). Modern federal systems have recognized the need for both cooperation and compromise to facilitate self-determination and autonomy (Hueglin & Fenna, 2015) to manage conflict and ensure stability (Elazar, 1994). Diversity in governance is a feature, not a bug, of federal systems. The expectation of self-rule dictates that leaders of each state have the agency to take and make decisions (Bednar, 2009) that ultimately result in variation across the provision and servicing of public policy. Autonomy facilitates individualized and tailored policy solutions that meet the needs of each state while providing comparative advantage to other states to learn and improve upon policies for their respective populations (Oates, 1999; Tarr, 2001). In practice, however, the arrangements of federal systems reveal critical flaws not only in terms of complexity (de Tocqueville, 2004), accountability, transparency, and efficiency (Cutler, 2004).

The prioritization of autonomy and diversity is strained during times of emergency when coordination and cooperation are critical to overcoming such uncertainty. The necessity for the levels of government to come together during crises is inherent in the division of powers and responsibilities that characterize federal systems. The COVID-19 pandemic represents a boundary-spanning crisis that extends beyond geographical and jurisdictional borders and easily overwhelms traditional responses to emergencies (Boin et al., 2021; Boin & Rhinard, 2008) in part because of the lack of coordination that is characteristic of heterogenous governance in federal systems. Emergencies, crises, and disasters are sudden, disruptive, dangerous, and create existential threats (Boin & 't Hart, 2007; Perry, 2007). These events focus attention on the roles and responsibilities of each level of government and whether there are sufficient institutional mechanisms in place to facilitate cooperation, coordination, and decision-making

across and within the federal system (Downey & Myers, 2020). What has become clear is that, around the world, no single level of government had the policy competence or the resources necessary to deal with the pandemic alone; cooperation and coordination became obligatory (Chattopadhyay et al., 2022). When authority is divided, systems of checks and balances and power sharing exacerbates gridlock and accompanying polarization prevents uniform and coordinated policies from being implemented (Swenden, 2013; Tsebelis, 2002).

3 | FAILURE OF FEDERALISM AND LEADERSHIP IN THE UNITED STATES

The United States entered the COVID-19 pandemic ranked first on the 2019 Global Health Security Index, which evaluated state capacity to address pandemics (Weber et al., 2020). During the first year of the pandemic, COVID-19 was the third leading cause of death in the United States and took the lives of 345,323 Americans (Ahmad & Anderson, 2021). The pandemic response in the United States was an acute failure of cooperative federalism because there was a failure to coordinate actions between levels of government (Kincaid & Lackrone, 2022).

The United States has a dual federal system where state governments wield police power—the authority to regulate citizens' health, safety, welfare, and morals—and are primarily empowered to address public health emergencies. All states can enact emergency disaster declarations and thirty-five states can declare public health emergencies that authorize state officials to address pandemics (Sunshine et al., 2019). Since the 1930s, the federal government has provided financial leadership and federal-state programs across social policy areas including health, emergencies, and disasters (Tani, 2016). Though the states administer health care programs for citizens over the age of 65 (Medicare) and low-income people (Medicaid) as well as the Affordable Care Act healthcare exchanges that provide insurance subsidies for low-income citizens (Kincaid & Lackrone, 2022, p. 241); state governments are dependent on federal agencies to coordinate these policies and direct aid to maintain their budgets. The success or failure of any significant policy response to a health emergency or disaster in the American federal system critically depends on coordinated leadership across the levels of government.

Addressing public health crises in the United States relies on federal and state governments to play complementary roles. Under ideal circumstances, the president declares an emergency, acts to coordinate the overall response across the federal bureaucracy, delegates responsibility to specialists to formulate policy actions, and secures funding and resources for the states. State governors act to confront public health emergencies, launch public health programs, guide public health agencies, and bring attention to public health issues.

Rather than leading the pandemic response by helping to formulate a unified plan of action to coordinate federal-state responsibilities or relying on plans that were developed in response to the last global public health disaster, President Trump pressed the states to take the lead. This abdication of leadership was significant because it forced states to compete against each other for personal protective equipment, face masks, and ventilators (Sheth, 2020). In response, some states organized regional pacts to cooperate on reopening their economies and purchasing medical supplies (Mallinson, 2020). The lack of vertical coordination led states to build horizontal coordination networks, but ad hoc coordination is not a replacement for an integrated national plan. The President then began making outrageous claims of his "total" constitutional authority when state governors refused to follow his calls for reopening (Flynn & Chiu, 2020) and sided with protestors against state health restrictions calling for "liberation" (Stanley-Becker et al., 2020). The President continued undermining the state-led response by frequently contradicting public health officials, refusing to wear a face mask, continuing to hold large campaign rallies without social distancing, and endorsed unproven drugs to treat COVID-19 (Kincaid & Lackrone, 2022, p. 244).

The President's actions did not foster coherent, national leadership, but rather turned fighting the pandemic into a political wedge issue. The polarization between Democratic and Republican elites and citizens (Green et al., 2020) has become the preeminent explanation behind the United States' poor response to the pandemic. The pandemic response provided the President with partisan incentives to attack Democratic governors (and vice versa) that undermined an effective, coordinated response (Lecours et al., 2021).

Leadership abhors a vacuum and with the system out of balance, state governors were ushered into positions of leadership that they have not generally held. Rather than states following the lead of or working in cooperation with the federal government, governors were forced into decision-making postures where the responsibility would be concentrated rather than dispersed across institutions and actors (Kettl, 2020; Lopez-Santana & Rocco, 2021; Rocco et al., 2020).

4 | LEADERSHIP IN CRISES

The study of leadership has been largely absent from federalism scholarship in general and during the COVID-19 pandemic (though see Broschek, 2022) where the focus has been on intergovernmental conflicts, the fragmentation of policy approaches, and the role of partisanship (Adolph et al., 2021; Adolph et al., 2022; Kincaid & Lackrone, 2022; Lecours et al., 2021). Political leadership is identified as a key factor though the concept is undertheorized and rarely utilized beyond description.

Comparative political leadership scholars have argued that the performance of political regimes depends on leadership (Helms, 2012). This is due to the fact that political leaders benefit from choice and action or agency. Leadership, as a concept, emphasizes agency as an interactive and contextualized process rather than a reflection of personality traits (Foley, 2013; Rhodes & 't Hart, 2014). Leaders are presumed to be able to direct, guide, and identify solutions to problems. Though the choices and decisions of leaders are shaped by rules, routines, and ideational scripts, many challenges and, particularly, moments of crisis are defined by the choices leaders make (Rhodes & 't Hart, 2014, p. 9).

Though crises are of course real, dangerous, and disruptive events, they are also socially constructed. A situation is understood as a crisis if a fundamental threat against a community is widely recognized (Schafer & Zurn, 2021, p. 132). Under such conditions, political leaders are expected to act decisively to address and resolve the crisis. The decisions of political leaders during crises have an outsize impact on outcomes compared to normal, routine circumstances because leaders are typically acting alone (Ansell et al., 2014). Some leaders are able to successfully navigate a crisis by adapting and learning while others resort to coping routines, defense mechanisms, and group pathologies that undermine decision-making, communication, and increase the chance of policy failure (Boin et al., 2012, p. 121).

The success or failure of the implementation of a face mask mandate depends very much on how the restriction is communicated to the public. Such public health restrictions that carry the force of law or regulation have the power to make sense of the confusion and chaos of the pandemic or it can increase it (Scheingold, 2010). By changing how the public can enter public spaces—with a mask—it has a significant effect on how that space is experienced by limiting, interrupting, or discouraging interactions (Ellickson, 1996) and how that burden is communicated can lead to either greater social cooperation or conflict (Miller & Rose, 1988). In this way, leadership communication must work to prevent an "against the law" mindset from taking root whereby the public develops an antagonistic relationship and resistance to public health regulations like face masks (Ewick & Silbey, 1998).

Scholarship on leadership in crisis emphasizes the importance of sense-making and meaning-making (Boin et al., 2005; Boin et al., 2012). Given that leaders have agency, their choices and discretion matter, but the crisis and potential solutions are informed by the

construction of ideas (Beland, 2009; Schmidt, 2008) and leaders will look to ideas that inform their strategic response to make the situation manageable. Sense-making depends on political leaders' ability to understand the logic of the crisis, its roots, potential options to get it under control, and the respective implications (Boin et al., 2012, p. 122). Political leadership depends then on the availability of coherent expertise, but also crucially how leaders interpret the situation based on the advice. Leaders can choose to align their policy response with scientific evidence and expertise or ignore it. A significant challenge in effectively communicating under these circumstances relates to how plainly and frankly the government can instruct the public on what they need to do to be safe without using excessively technical or complicated language (Boholm, 2019; Stephens & Malone, 2009).

Meaning-making is defined through political communication and whether strong and successful leadership is present and keeps the population informed on a regular basis (Boin et al., 2005). Policy plans need to be outlined, communicated, and put into action, but the emotional and psychological dimension of the crisis cannot be ignored (Coombs, 2010). Though leaders may have an incentive to deflect their failures and become adversarial ('t Hart et al., 2009), leaders must take ownership and show the ability to adjust and learn from updated scientific expertise and other successful leaders. The emotional and psychological stress experienced by the public must be recognized and care taken to lessen negative emotions like sadness and anger (Kim & Cameron, 2011; Kim & Kreps, 2020).

> *Sense-Making Leadership Hypothesis*: Governors with strong sense-making leadership abilities will communicate more plainly and frankly having a greater impact on the public's health.
> *Meaning-Making Leadership Hypothesis*: Governors with strong meaning-making leadership abilities will communicate with more emotional and social awareness having a greater impact on the public's health.

5 | GUBERNATORIAL LEADERSHIP

Governors are the chief executive official of state governments and have increasingly become the central actor in state politics (Rosenthal, 2008). The rise of governors has come at the expense of the other branches of government and is closely associated with legislative reliance on bureaucratic expertise (Boushey & McGrath, 2017). Putting governors at the center of state politics has been justified as a means of giving clearer signals and lines of accountability for state policies and state decisions for the public's benefit (Lacombe, 2021, p. 1521). As legislatures back away from typical checks and balances institutional frameworks, the shift in prerogative power to the executive has become pronounced.

Like US presidents (Howell, 2003), governors wield unilateral power through executive orders, which facilitates their control as chief administrator over other executive branch officials and state agencies (Ferguson & Bowling, 2008). Governors are more likely to act alone when facing divided or professionalized legislatures while governors with more formal powers are less likely to employ executive orders (Cockerham & Crew, 2017). Utilization of executive orders occurs when legislation, regulation, or litigation is unavailable, or governors consider inaction imprudent.

The ability for governors to act unilaterally is particularly important during public health crises. Governors have used executive orders widely in the public health context to address public health emergencies, establish public health programs, direct public health agencies, and raise attention to public health issues (Gakh, 2013). A survey of public health executive orders from 2008 to 2014 found that governors in almost every state issued orders to shape the health of their citizens (Gakh et al., 2019).

During the first year of the pandemic, governors implemented a range of non-pharmaceutical interventions or NPI's because vaccines were not yet available nor was there any certainty about their eventual efficacy or availability. The more extreme policies focused on restriction of movement including stay-at-home orders, closing or restricting business operations, and limiting gathering size (Myers & Downey, 2021), which majorities of Americans supported (Mann, 2020).

One of the most important, low-cost, mitigation measures was for a state to mandate the wearing of a face mask covering the mouth and nose. Face masks have been shown to reduce the transmission of COVID-19 (Cheng et al., 2021) and when used broadly, in public and at work, mask wearing reduces the spread even further (Lyu & Wehby, 2020). Unfortunately, face masks became politicized very early in the pandemic. President Trump, quickly followed by other high-ranking Republicans, publicly mocked people who wore masks and opposed a national mandate even after he tested positive for COVID-19 (BBC, 2020). The President transformed wearing a mask into a litmus test for Republicans (Kaplan & Thrush, 2020), which made the adoption of a mask mandate politically fraught for governors. Partisanship has been consistently linked as the primary explanation of a state governor's decisions to adopt NPIs like face mask mandates (Adolph et al., 2022).

> *Unilateral Action Hypothesis*: Governors with more unilateral authority are more likely to implement a face mask mandate and positively impact the overall public health.
> *Divided Government Hypothesis*: Governors are more (less) likely to act unilaterally to implement a face mask mandate if the state government is divided (unified) and positively impact the overall public health.
> *Partisanship Hypothesis*: Democratic (Republican) governors will be more (less) likely to implement a face mask mandate and positively impact the overall public health.

6 | MEASURING GUBERNATORIAL ACTION AND CRISIS LEADERSHIP

Executive power and crises are inextricably linked. Emergencies demand leadership and no political figure in each state is better positioned or equipped than the governor. We define leadership as having agency and the benefit of choice and action in making decisions and, relatedly, leaders as elected holders of power in government with the authority to decide about the range and scope of the policy approach to the COVID-19 public health crisis. The pandemic presents an opportunity to evaluate how differences in executive leadership and autonomy influenced the diversity of state responses. The period under observation is the first calendar year of the pandemic, January–December 2020, because public health policy responses available to governors relied on non-pharmaceutical interventions (NPIs) that required the decision to place regulations and restrictions on individual and group behavior. Policy decisions made during crises, in general, and the COVID-19 pandemic, specifically, are contingent and uncertain. Governors were faced with life and death policy choices—under extreme uncertainty—but were operating under varying leadership capacities, political pressures, and baseline demographic differences. The decision by governors to call for and implement a statewide mask mandate as well as how that order was communicated allows for an assessment of gubernatorial crisis leadership. The summary statistics for all proceeding variables are found in Table 1.

The first outcome variable is whether a governor issued an executive order mandating the use of a face mask or covering in public (coded as 1) or not (coded as 0). Each states' governor's office has a publicly available archive of executive orders that was used to identify the first state mask order made by each governor, which was then verified using Ballotpedia's collection of state-level mask requirements (Ballotpedia, 2022). Public mask policies require individuals to wear masks or other mouth and nose coverings when they are outside of their places of

TABLE 1 Summary statistics.

Variables	N	Mean	Standard deviation	Minimum	Maximum
Outcome variables					
Mask mandate	50	.80	.40	0	1
Total cumulative cases per capita	50	5.70	6.41	.87	48.51
Political					
Democratic governor	50	.48	.51	0	1
Divided government	50	.26	.44	0	1
Trump 2016	50	49.14	10.22	30.00	68.20
Institutional					
EO provisions	50	6.44	1.91	0	8
EO procedures	50	1.08	.90	0	3
Demographic					
Over 65%	50	17.00	1.93	11.40	21.20
Population density	50	194.96	261.09	1.20	1195.50
LIWC variables					
Authenticity	40	31.80	9.90	12.56	58.9
Clout	40	47.71	5.52	35.21	58.28

residence and in public. Face masks were among the most prominent NPIs and exhibit distinct advantages over lockdowns, travel and business restrictions, or school closures given the enormous economic cost to national, state, and local economies (Tooze, 2021).

To measure the public health impact of the pandemic, our second outcome variable, the number of reported cases was prioritized because cases are the leading indicator of both hospitalization and death as well as an indication of the potential spread of COVID-19. State governments and the CDC focused their attention on cases during the first year of the pandemic for these reasons. The Center for Systems Science and Engineering at the Johns Hopkins University (Dong et al., 2022) collected and tabulated the total cumulative per capita number of COVID-19 cases in each state during calendar year 2020. The mean number of cases per capita across all states was 5.70 whereas the mean for states that imposed a mask mandate was 4.75. This measure allows for an assessment of how well state face-covering policies protected their citizens and to what extent the governor's messaging proved effective. Governors of states that imposed mask mandates had significantly fewer cases per capita than governors of states that did not.

Government actors whose duties are directly implicated by a crisis have the responsibility to proactively assert their authority and explain what steps need to be taken through each phase of emergency (Colineau et al., 2012). The choice of words is particularly important as public acceptance of such policy-related information depends on how it is understood (Ansell & Boin, 2019; Baekkeskov & Rubin, 2017). Both the Sense-Making Leadership Hypothesis and Meaning-Making Leadership Hypothesis rely on how the governor communicated about the statewide mask mandate in their executive order. As noted above, each governor's first executive order was downloaded from their respective websites. Focusing on the first executive order is important because communication missteps in the early stages of a crisis, when the public's need for information is so high, can create additional crises over time (Coombs, 2010), such as rising numbers of COVID-19 cases.

The language used in executive orders varied enormously in terms of length, complexity, and topics covered. For example, Connecticut Governor Ned Lamont issued Executive Order

No. 7BB on April 17, 2020, that states "cloth face coverings or higher level of protection required in public wherever close contact is unavoidable" and went to explain how a face mask should be worn, that it is required during virtually all modes of transportation, but that children under 2 years of age or individuals with a documented medical condition are exempt. Compare this to Governor Chris Sununu of New Hampshire who issued Emergency Order 63 on August 11, 2020, which required individuals to wear a mask when part of any gathering greater than 100 people. Governor Gary Herbert of Utah announced Executive Order 2020-74 on November 9, 2020, that defined and explained how a facemask should be worn, defined both individual and business responsibilities, and included general exceptions and specific exemptions for religious services.

The text of each governor's mask mandate executive order was analyzed using a sentiment analysis program, LIWC (Linguistic Inquiry and Word Count). LIWC has been utilized across an increasingly wide range of social science contexts beyond psychology, where it was developed, that includes analyzing the language used by dictators to remain in office (Windsor et al., 2018) to the analysis of Supreme Court opinions (Ballingrud, 2021; Corley & Wedeking, 2014). LIWC enables the quantitative analysis of language use through a nonstatistical machine-readable dictionary-based approach that counts the keywords in a text from previously defined categories (Pennebaker et al., 2015). The dictionary includes nearly 6400 words and word stems across 82 dimensions that are used to detect and extract psychologically meaningful characteristics from text (Chung & Pennebaker, 2007; Tausczik & Pennebaker, 2010).

The Sense-Making Leadership Hypothesis argues that governors with the ability to communicate more plainly and frankly will have a greater impact on the public health, which, in this case, is the total number of COVID-19 cases in the state. Authenticity is a summary variable[1] that was derived from a series of studies where people were induced to be honest or deceptive (Newman et al., 2003) as well as a summary of deception studies (Pennebaker, 2011). Authenticity refers to how honest or deceptive a person is in their communication; those with low authenticity use less complex language, fewer references to self, and more negative emotions (Pennebaker et al., 2015). Authenticity has been identified as a key element of successful pandemic communication, planning, and crisis management (McGuire et al., 2020). The mean Authenticity score is 31.80, which suggests the executive orders were, on average, impersonal, arrogant, and guarded. Higher values of Authenticity shows that communicators are more personal, humble, and vulnerable.

The Meaning-Making Leadership Hypothesis argues that governors with the ability to communicate with more emotional and social awareness will have a greater impact on public health by lowering the number of COVID-19 cases in their states. Like Authenticity, Clout is a summary variable that was developed based on studies where people were interacting with one another (Kacewicz et al., 2013). Clout refers to relative social status, confidence, or leadership that people display through their communication. Governors who communicate with Clout are focused on others rather than themselves; they are confident leaders whose interest in others is not based on their relative standing in the social hierarchy (Pennebaker et al., 2015). The mean value of Clout across governors' executive orders is 47.71, which suggests that, on average, governors are seeking to lead based on their position in the social hierarchy in a top-down manner.

An overlooked aspect of state responses to the pandemic, and gubernatorial decisions to implement NPIs like mask mandates, is their institutional authority to act alone or unilaterally. The Unilateral Action Hypothesis argues that a governor's use of executive orders to engage in unilateral action to implement a statewide mask mandate is a function of the breadth and scope

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[1]LIWC summary variables rely on proprietary algorithms, which are based on and validated through peer-reviewed research. The numbers are standardized scores that have been converted to percentiles based on the area under a normal curve and range from 0 to 100.
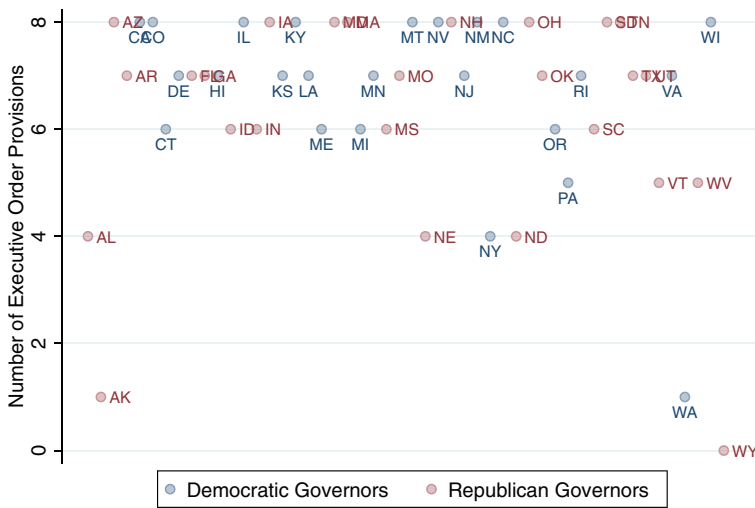
FIGURE 1 Unilateral power of governors.

of their executive order power. The Book of the States[2] identifies eight different provisions or categories where state governors are authorized to issue executive orders: civil defense disasters, public emergencies; energy emergencies and conservation; other emergencies; executive branch reorganization plans and agency creation; create advisory, coordination, study or investigative committees/commissions; respond to federal programs and requirements; state personnel administration; and other administration. To capture the breadth of executive order power, we summed up the total number of executive order provisions available to each governor; the average is 6.44 provisions. Figure 1 displays which state governors have extensive or limited executive order power. Most governors, 40 out of 50, have at least six executive order provisions at their disposal. Only two states, Alaska and Wyoming, do not provide executive order authorization for their governors to act under civil defense disasters and public emergencies such as a pandemic.

It is also important to recognize that several states require executive orders to comply with various procedures. Thus, even if a governor has been authorized through the constitution, statute, or case law to act unilaterally there may still a series of actions that are required. There are three procedures used by states that executive orders are subject: filing and publication procedures; subject to administrative procedures act; subject to legislative review. On average, gubernatorial executive orders are subject to 1.08 procedures. These procedural constraints should not necessarily be seen as limitations on authority, but as the conditions attached to unilateral action. In other words, governors must be required to publicly disclose their actions so that the public and the legislature can hold them accountable, which is consistent with the movement toward accountability rather than traditional checks and balances (Lacombe, 2021). To account for how executive order power may be affected by the procedural requirements, an interaction between the two is included.

On April 3, 2020, the Centers for Disease Control (CDC), at a White House press briefing, urged the public to wear a facemask when outside the home. Over the proceeding 8 months, every state with a Democratic governor, 24 in total, issued a state-wide executive order requiring mask-wearing compared to 16 out of 26 states with Republican governors. Given the disparities between states, it is of no surprise that the primary explanation of a state's decision to

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[2]Executive order provisions and procedures are located in Table 4.5 Gubernatorial Executive Orders: Authorization, Provisions, and Procedures.

TABLE 2 Political control of US states.

	Unified government	Divided government
Democratic governor	15	9
Republican governor	22	4

implement a statewide mask mandate has been related to the partisanship of a state's governor (Adolph et al., 2022). We expect to observe a similar finding in our analysis, which is consistent with the Partisanship Hypothesis. To further account for political differences between the states, the percentage of the vote that candidate Trump received during the 2016 presidential election (The New York Times, 2017) is included in our models. The President maintained an active resistance toward state-led pandemic response policies by frequently contradicting public health officials, refusing to wear and politicizing mask wearing, among other antics (Kincaid & Lackrone, 2022, p. 244). The percentage of the vote that candidate Trump received in each state during the 2016 presidential election serves as a proxy for his influence on state electorates and state elected officials.

At the time of the outbreak of the pandemic, political control of the US states was mostly unified, with 15 states having unified Democratic governments and 22 states having unified Republican control. Table 2 displays the political control of the states. The Divided Government Hypothesis suggests that governors will be more likely to act unilaterally when government is divided and less likely to act when government is unified. The political party of the governor as well as the political party of with a majority in the legislature were identified (The Council of State Governments, 2021). If the political party with a majority of the legislature was different than the governor, a state was classified as having divided government. The ability to assess the differences between unified and divided control of government by partisanship provides the additional benefit of addressing the conflictual response to the pandemic in states like Michigan and Wisconsin where state legislatures engaged in litigation to prevent governors from using public health emergency powers to enact NPIs (Quinton, 2020).

Lastly, key characteristics of the states must be controlled and accounted for in our models. Two of the most important factors affecting public health decision making during the first year of the COVID-19 pandemic were population density and the aging population. High population-density states, especially those in the Northeast, were hit hardest during the early stages of the pandemic compared to Republican states dominated by rural residents with lower levels of population density (Kincaid & Lackrone, 2022, p. 245). The population group at greatest risk of becoming seriously ill from COVID-19 were those adults over 65 years old. In July of 2020, adults over 65 accounted for 80% of COVID-19 deaths even though they only made up 16% of the total population (Freed et al., 2020). The percentage of the population over 65 years old and the population density of each state were collected from the United States Census Bureau (2021). The mean percentage of the population over 65 years old by state is approximately 17% with a minimum of 11.4% and a maximum of 21.2%. The mean population density by state is approximately 195 with a minimum of 1.2 and a maximum of 1195.5. The expectation is that states with higher levels of population density and higher proportions of older residents will be more likely to mandate public mask wearing.

In the analyses that follow, we fit two groups of models to assess our hypotheses, one set focused on the decision by state governors to mandate face mask wearing in public and another centered on the total number of COVID-19 cases per capita across the states. The dependent variables in both sets of analyses lend themselves to utilizing ordinary least squares regression. In order to account for unobserved differences among our units of analysis, each state, we cluster standard errors by state.

7 | RESULTS

The first set of results examines the likelihood that a governor issued an executive order mandating a statewide requirement to wear a mask or face covering in public. Table 3 reports the results. The likelihood of a governor issuing an executive order requiring a public mask mandate is strongly related to key aspects of unilateral power and to a lesser extent partisanship and political control.

Recall that the Unilateral Action Hypothesis argued that governors with greater ability to act unilaterally would be more likely to implement a mask mandate. The executive order provisions estimate is negative and marginally statistically significant at the greater than 90% level, which means that increasing the scope of unilateral action decreases the likelihood of acting on mask mandates. The coefficient is also negative for the executive order procedures variable and is highly statistically significant ($p < .001$), which suggests that more procedural requirements lessen the likelihood of unilateral action. The interaction between these two variables is positive and statistically significant ($p < .004$). The substantive effects of this interaction are visualized in Figure 2. Governors that are subject to no procedural requirements to issue an executive order to governors that are subject to the maximum of three procedural requirements vary significantly as their executive order powers move from the lowest levels (zero) to the highest levels (eight). Ultimately, there is convergence across governors as unilateral power increases, but the variation is strongest where their unilateral power is at its lowest level. Governors with the least amount of unilateral power to issue executive orders are significantly constrained by the number of procedures required for their use, but this changes dramatically as unilateral authority grows. For instance, governors subject to three procedures (orange) and zero executive order powers have a 56% likelihood of not issuing a mask mandate whereas a governor with eight executive order powers now has a 74% likelihood of issuing a mask mandate.

The Divided Government and Partisanship Hypotheses receive conditional support. Democratic governors are more likely to enact a mask mandate than their Republican counterparts ($p < .056$). This is consistent with other findings from the literature (Adolph et al., 2022), but the strength of the effect is weaker than expected. Similarly, governors facing legislatures controlled by the opposite party are more likely to issue a mask mandate ($p < .086$) compared to their counterparts in unified control states. The interaction term, seeking to capture the

TABLE 3 State mask mandate executive order.

Variables	Coefficient	Standard error
Democratic governor	.41	(.21)^
Divided government	.45	(.26)^
Democratic governor × Divided government	−.33	(.36)
Trump 2016 % vote	−.00	(.01)
EO provisions	−.07	(.04)^
EO procedures	−.63	(.19)**
EO provisions × EO procedures	.08	(.03)**
Over 65%	−.02	(.03)
Population density	.00	(.00)
Constant	1.54	(.78)^
N	50	
R-squared	.46	

Note: OLS regression with clustered standard errors by state.
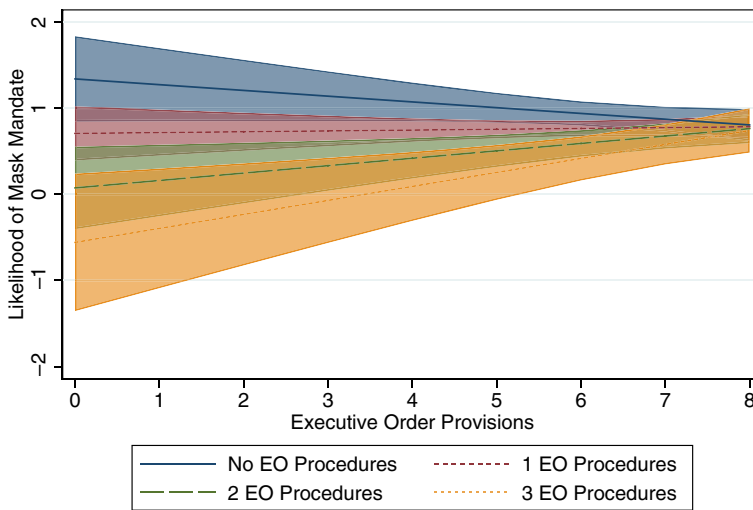***$p < .001$; **$p < .01$; *$p < .05$; ^$p < .10$.

FIGURE 2 State mask mandate executive order.

differences between political control by party, is not statistically significant. Once the institutional differences in governors' ability to act unilaterally is considered, the partisanship explanation for mask mandate adoption weakens considerably.

Additionally, neither the percentage of votes for candidate Trump in 2016 nor the percentage of state residents over 65 years of age or the population density of the state had any observable effect on the likelihood of a governor mandating public mask wearing. It is especially striking that features of the state population that made the spread of the virus either more deadly or more likely to multiply did not factor into the gubernatorial calculus and is contrary to expectations from the literature (Kincaid & Lackrone, 2022, p. 245).

The second set of results focuses on the total number of COVID-19 cases per capita in each state during the first year of the pandemic, 2020. This analysis includes all the variables used in the previous analysis as well as the two LIWC variables that tap into the sentiment and leadership dimensions of a governor's executive order; therefore, the 40 states whose governor issued a mask mandate through executive order are included. This allows for an assessment of gubernatorial leadership among those states whose governors issued a mask mandate to protect the public health. Table 4 reports the results. The total number of COVID-19 cases per capita is strongly affected by the leadership communication from governor's executive orders, institutional indicators of governor's unilateral powers, and key demographic and political characteristics of the states, but crucially not the partisan identity of the governor nor the control of government.

We begin by assessing the unilateral authority of the governor and its impact on the total number of COVID-19 cases per capita in the states. The coefficient estimates for executive order provisions ($p < .008$) and executive order procedures ($p < .014$) are both positive and statistically significant, which suggests that governors with more unilateral authority or more procedural requirements attached to that authority were related to greater numbers of COVID-19 cases. These results are surprising because it suggests that governors with more executive authority did not use that power effectively given the rise in cases. Relatedly, that the procedures variable is also positive can be interpreted as procedural requirements led to greater numbers of cases. However, this interpretation is misleading because it fails to account for the relationship between provisions and procedures. In contrast, the interaction term between both variables is statistically significant and negative ($p < .022$). Figure 3 visualizes the substantive effects of this interaction. Governors subject to the most procedural requirements and the least amount of executive order powers

TABLE 4   Total COVID-19 cases per capita.

Variables	Coefficient	Standard error
Democratic governor	−.21	(.98)
Divided government	−1.68	(1.10)
Democratic governor × Divided government	1.03	(1.64)
Trump 2016	.09	(.04)*
EO provisions	.25	(.09)**
EO procedures	4.36	(1.70)*
EO provisions × EO procedures	−.53	(.22)*
Over 65%	−.40	(.13)**
Population density	.00	(.00)***
Authenticity	.04	(.02)*
Clout	−.13	(.04)**
Constant	9.97	3.60**
N	40	
R-squared	.70	

Note: OLS regression with clustered standard errors by state.

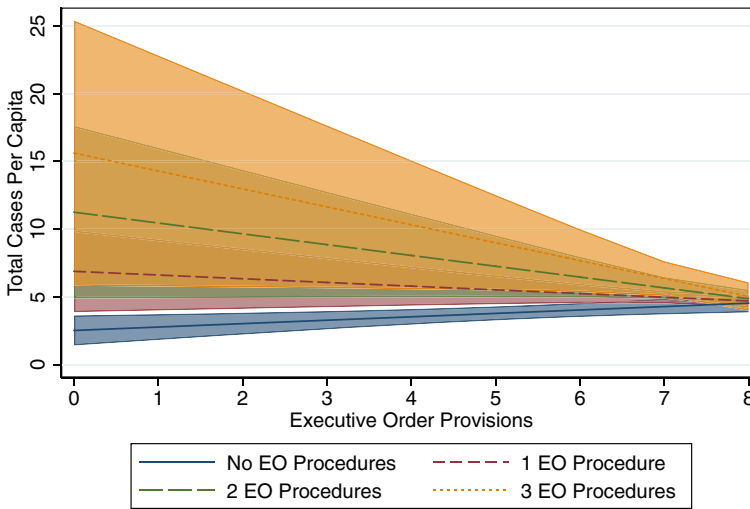***$p < .001$; **$p < .01$; *$p < .05$; ^$p < .10$.

FIGURE 3   Total number of COVID-19 cases per capita.

(orange) had the highest number of cases per capita, but those estimates converge with governors of other states with fewer procedures attached to the use of executive orders. The trajectory of the estimates across levels of procedures indicate that the total number of cases declines as the scope of executive order provisions increases. The interaction term demonstrates the joint effect of provisions and procedures on the total number of cases and is consistent with the expectations of the unilateral action hypothesis; governors with broad authority took actions that lowered the public health threat.

Both the Sense- and Meaning-Making Leadership Hypotheses relied on the sentiment or latent emotional language underpinning a governor's executive order to order a mask mandate.
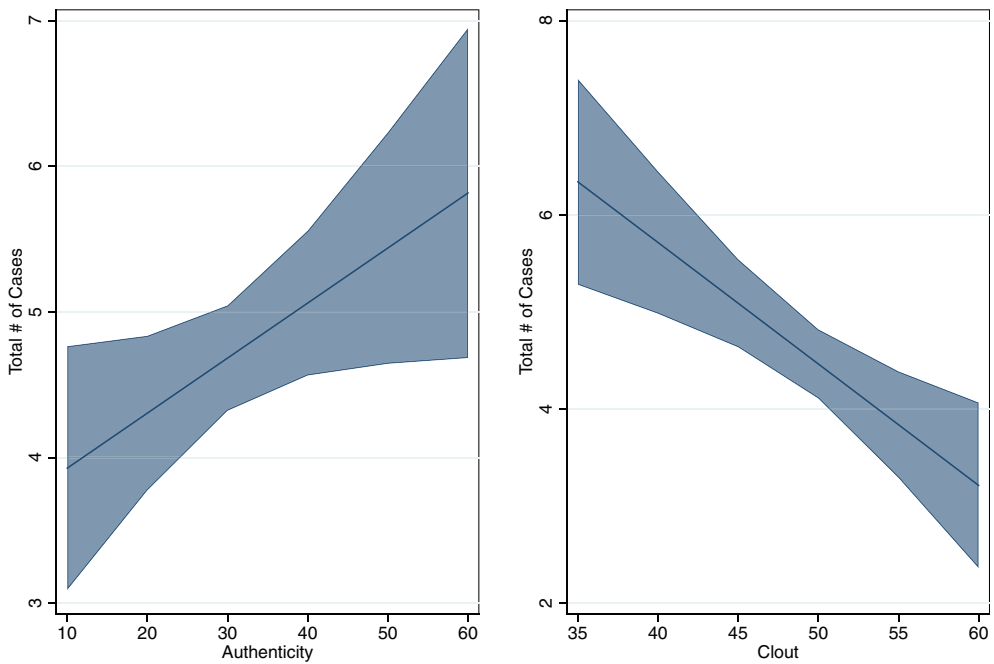
FIGURE 4 Total number of COVID-19 cases per capita.

Effective communication during crises relies on leaders being able to share information plainly and frankly while, at the same time, leading confidently by focusing on the needs of others. Authenticity and Clout, respectively, tap into those key elements of successful leadership. Both variables are statistically significant, but their effects are in opposing directions. Authenticity is positive ($p < .043$) and indicates that governors who communicated in a more authentic or honest way with their residents about the need to wear a mask in public did not have the intended effect; the total number of cases per capita increased by .04 for every unit increase in Authenticity. Governors that exhibited leadership Clout ($p < .001$) did see a decrease in the total number of cases. For every unit increase in Clout, the total number of cases per capita decreased by .13. Figure 4 displays the substantive effects graphically. The total number of cases rises as we move from the minimum to the maximum values of Authenticity (on the left), which suggests that governors who communicated in a less authentic, open, or honest way were much more successful in communicating plainly and frankly with their residents. On the other hand, governors who communicated with Clout (on the right) were much more successful in communicating about the need to focus on others rather than themselves. The total number of cases declines as we move from the minimum to the maximum values of Clout.

These results are important for our assessment of how successful governors were in communicating and leading the public through the first year of the COVID-19 crisis when so much was uncertain. While it may be unfair to suggest that the total number of COVID-19 cases per capita is directly tied to how governors communicated about a crucial public health directive—face masks— the literature is clear about how important the initial phases of communication are in the early stages of a crisis and if mishandled can create additional crises over time (Ansell & Boin, 2019; Baekkeskov & Rubin, 2017; Coombs, 2010). The Sense-Making Leadership Hypothesis suggests that leaders are best served by communicating in an authentic and honest way, but our findings suggest that in the context of the first year of the COVID-19 pandemic this approach did not bring about the desired public health ends. However, the Meaning-Making Leadership Hypothesis

emphasized communication focused on confident leadership centered on others or Clout. Our findings indicate that this aspect of leadership communication is effective at eliciting the outcomes hoped for when governors around the nation issued mask mandate orders by lowering the number of cases. The importance of identifying the most effective communication attributes is critical to successful crisis response and to increase compliance among the public while decreasing rejection of such interventions (e.g., Ewick & Silbey, 1998).

The Partisanship and Divided Government Hypotheses do not find support. Neither the partisan identity of the governor nor the political control of government (or their interaction) explains the total number of cases per capita. At least among states that adopted a mask mandate, there are no differences attributable to these factors. However, there is a positive and statistically significant ($p < .044$) effect for the percentage of the vote that Trump received in 2016. Substantively, for every percentage increase of the vote that Trump received there is a .09 increase in the total number of cases per capita. States that supported Trump politically in 2016 were more likely to have greater numbers of cases even where masks were mandated.

Lastly, state demographic characteristics were significant predictors of the total number of cases per capita. As the percentage of the population over the age of 65 increased, the total number of cases decreased ($p < .005$); for every percent increase in the over 65 population, total cases decreased by .40. This is a remarkable turnaround given the concern for this highly vulnerable population at the early stages of the pandemic (Freed et al., 2020). As the population density of a state increased, the total number of cases increased ($p < .000$). This is consistent with observations that states with greater populations living in urban centers suffered more cases than those states dominated by rural areas with diffuse populations (Kincaid & Lackrone, 2022, p. 245).

8 | CONCLUSION

We began by discussing how federal systems are organized and how their basic structure is put under stress during crisis. The acute failure of federalism and leadership in the United States was examined with particular emphasis on how the typical policy response to crises requires national leadership and state cooperation for coordination across the levels of government to operate effectively. As the responsibility to act shifted to the states, the ability of governors to act unilaterally to address the public health crisis depended critically on the breadth and scope of their executive order authority and the extent to which those actions were burdened by procedural requirements. Those governors that did take action to address the spread of COVID-19 cases mandated the wearing of face masks in public and how those executive orders were communicated directly implicated key dimensions of successful crisis leadership. We evaluated why governors chose to mandate face masks and ultimately how the communication of the mandate affected the total number of COVID-19 cases.

The results draw attention toward specific dimensions of leadership communication—Authenticity and Clout—by assessing how governors communicated about their decision to implement a public face mask mandate. Our findings suggest that governors faced significant challenges when communicating in an authentic way but were much more confident leaders when using their clout to focus on others. Successful crisis leadership is defined by political communication (Boin et al., 2005) precisely because failure to adequately capture the public's support for public health interventions, like a face mask mandate, can lead to rejection (Ewick & Silbey, 1998) and ultimately failure to manage the crisis.

Our results underscore the importance of how states organize executive authority. The power of governors has expanded across the states with the intention of creating clearer accountability (Lacombe, 2021) and this has created conditions conducive to governors acting unilaterally especially in crises. Executive orders have been identified as key tools of unilateral action used to manage and direct the bureaucracy (Ferguson & Bowling, 2008) and can enable

action when political control is divided (Cockerham & Crew, 2017). Our findings suggest that unilateral action through executive order depends on procedural requirements; governors with the least authority to act alone and highest procedural requirements were less likely to implement a mask mandate and had higher numbers of COVID-19 cases. Whereas governors with greater unilateral authority were more likely to act and have a greater impact on the public's health even when required to submit to specific procedural conditions such as filing and publication.

The conditions that determine how well the states and the nation as a whole respond to future pandemics depends critically on the political power and will to enforce public health mitigation regulations that reduce transmission and elicit greater cooperation through public health messaging and responses to the interventions. Party control is producing significant differences across states and policy areas (Grumbach, 2018) and these differences have had a marked impact on the health of citizens with conservative (liberal) policies leading to decreased (increased) life expectancy (Montez et al., 2020). Given the vital role that governors have played during the COVID-19 pandemic given the allocation of state authority, we can expect outcomes to vary accordingly to how these leaders utilize their power to protect the public and to the extent that they are able to effectively exhibit leadership through their actions and communications.

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DATA AVAILABILITY STATEMENT
Data are available upon request from authors.

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