

**The Politicization of COVID-19 and its Effect on Racial and Ethnic Minorities in the
United States**

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Coronavirus Disease 2019 (COVID-19) was first reported in Wuhan, China, in December 2019 (Wu et al., 2020) and in the United States in January 2020 (Schuchat et al., 2020). The United States comprises 4.2% of the world's population, yet, is responsible for 15% of the world's COVID-19 deaths (WHO, 2021). As of October 15, 2021 the United States (including all states, Washington D.C., and territories) have recorded 44, 709, 010 cases and 720, 228 COVID-19 related deaths (CDC, 2021).

In an attempt to lessen the transmission of COVID-19, the Center for Disease Control (CDC) recommended ever-changing mitigating measures including usage of masks, social distancing, limiting indoor activities, and vaccinations (CDC, 2021). Unfortunately, these public health recommendations highlighted the disparities and inequities in the United States and deepened the political divide. This paper seeks to explore the connection of COVID-19 infections and mortality rates in racial and ethnic minorities with the political party association of each state's Governor.

Review of Literature

COVID-19 and the U.S.A.

COVID-19 quickly spread with The World Health Organization (WHO) officially labeling COVID-19 a global pandemic on March 11, 2020 (Baker & Clark, 2020). Due to the ease of COVID-19 transmission and infection, 39 States and the District of Columbia (DC) implemented mask mandates in early 2020 and 49 states and DC closing in-person dining activities. Across the United States, counties that implemented mask mandates showed a decrease in COVID-19 infections and death rates within 20 days of the mandate. However,

counties that allowed restaurants to quickly reopen for dining-in had an increase in COVID-19 infections 41-100 days after reopening and an increase in COVID-19 death rates 61-100 days after reopening (Guy et al., 2021). This trend was confirmed with the study by Kaufman et al. 2020 who also evaluated the impact of mask mandates on the number of COVID-19 infections and subsequent deaths in the United States. Their study reveals COVID-19 cases were ten times the number in states that reopened without a mask mandate compared to those states continuing the mandate. The authors note mask mandates prevented an estimated 50,000 COVID-19 deaths within the first six weeks of the pandemic in the 13 states with a mask mandate; 11 of the 13 states were governed by a Democrat.

The Role of Social Determinants of Health

Understanding the role social determinants of health (SDOH) play in health disparities is of paramount importance. SDOH are major forces that shape health outcomes and are grouped into 5 domains: economic stability, education access and quality, health care access and quality, neighborhood and built environment and social and community context (Healthy People 2030 n.d.). The WHO report that disproportions in resources are significant contributors to the health and welfare of racial and ethnic minorities (WHO, 2020). The COVID-19 pandemic highlights these inequities and the systemic racism. For example, Holtgrave et al. 2020, stresses the difficulty adhering to social distancing guidelines when utilizing public transportation and/or living in small, crowded, and intergenerational households. Black non-Hispanics are disproportionately represented in neighborhoods with poor housing and a reliance on public transportation (Poulson et al., 2021). Xian et al. 2021, emphasizes the frontline or “essential” jobs tend to be related to food service (i.e. grocery and restaurants), public transportation, and healthcare; which allow for limited flexibility in working hours and environment. Further, Porter

et al. 2021, highlight the fact that black non-Hispanics are employed in the top nine occupations considered essential and black non-Hispanics and Hispanics are more likely to be employed in high-risk transmission industries. Economically marginalized communities historically rely on government-funded healthcare which routinely lack the funding necessary to provide appropriate, swift, and essential medical care during a crisis, let alone, a pandemic. This point is underscored by the specific issues with obtaining medical treatment for the American Indian/Alaska Native (AI/AN) population due to regulations mandating they can only receive treatment through the Indian Health Services (IHS) (Xian et al., 2021). Poverty and the accompanying lack of resources contribute to an increased risk of health issues; especially cardiovascular, lung, diabetes, and psychiatric disorders (Holtgrave et al., 2020).

Only 22% of the 3,142 counties in the United States have a higher than national average (>13%) of black non-Hispanics; yet these same counties account for 52% of the total COVID-19 cases (Porter et al., 2021). Data demonstrates that black non-Hispanics have a 1.4 times the risk of COVID-19 hospitalization, 2 times the risk of being admitted to an intensive care unit (ICU), and 11.36 times the risk of death compared to the white non-Hispanic population (Poulson et al., 2021 and CDC, 2021). During September 09-14, 2020 across the USA, the Hispanic population had a 158% higher COVID-19 infection, the black non-Hispanic population had a 50% higher COVID-19 infection, the Asian population with 100% in seven states and the AI/AN with 100% in nine states relative to their percent population (Xian et al., 2021). In one of California's largest health systems, compared to white non-Hispanic, black non-Hispanic patients diagnosed with COVID-19 had a 2.7 fold increased chance of hospitalization (Porter et al., 2021). In Texas, the Hispanic population had the highest mortality disparity where as in Montana, AI/AN had the highest disparity for mortality. Xian et al. 2021, notes the most striking disproportion was in

Nevada with 34% of all COVID-19 deaths from the AI/AN population despite only being 6% of the state's total population.

The Politicization of COVID-19

Republicans and Democrats differ in their acknowledgment of COVID-19 including how the virus is spread, its risks, and the best way to prevent the spread (Bernet, 2021). Republicans were much more likely to focus on the impact safety mandates had on the economy and individual freedom compared to Democrats who implemented stricter policies and focused on controlling the spread of the virus (Albrecht, 2021, as cited in Bruine de Buine et al. 2020; Hamilton and Safford, 2020). Guntuku et al. 2021, analyzed over 300,000 Twitter tweets by U.S. legislators from January to October, 2020. The authors specifically examined the language used surrounding COVID-19, finding that Democratic legislators focused on social services and racial disparities while Republican legislators concentrated on government relief and economic aid.

Eden et al. 2021, looked at what effect the 2020 political party of U.S. state governors and the 2016 county-level voting preference for the 2016 presidential election had on COVID-19 infection and death rates. A total of 3,102 counties within the United States and D.C. were included. Analysis showed Republican counties with a 12% higher COVID-19 case rate compared to Democratic counties. Furthermore, for counties with an average resident age of less than 50 years old, Republican counties had a 7% increase in diagnoses and when the average resident age was higher than 50 years old, the case rate increased to 54% higher than Democratic counties. The death rate from COVID-19 for Republican controlled states were 22% higher than Democratic states. Additionally, for counties with an average resident age of less than 50 years old, Republican counties had a 20% increase in deaths but when the average resident age was higher than 50 years old, the death rate increased to 91% compared to Democratic counties. The

authors concluded that overall the data showed a 59% stronger relationship between the 2016 presidential election party affiliation and COVID-19 death rates for citizens above age 50.

Neelon et al, 2021, reviewed COVID-19 infection and death rates by U.S. state governor political party between March and December 2020. Their analysis shows early in the pandemic, March-June 2020, Republican-led states had fewer COVID-19 diagnoses than Democratic-led states. However, this changed beginning in early June and continuing through December 2020 as the infection rates in Republican-led states was higher than Democratic-led states. This pattern repeated for COVID-19 deaths – with lower rates of deaths initially then increasing in Republican-led states vs Democratic-led states. Additionally, it was found the best predictor for adherence to mask mandates was if the citizen considered themselves a Democrat (Neelon et al, 2021, as cited in Adolph, C., 2020).

Chen and Karim (2021) evaluated COVID-19 mortality rates amongst Republican and Democratic leaning counties. Of the 3,140 counties reviewed, 486 were considered Democratic and 2,654 Republican. From February to December 2020, data analysis showed that initially Democratic counties had higher death rates than Republican counties. However, by the end of 2020, deaths in Republican counties surpassed those in Democratic counties. The authors also analyzed characteristics for each county and found Republican counties, compared with Democratic counties, had a smaller population density per square mile, less hospital beds, lower unemployment rate, lower median household income, less black non-Hispanic population and less adults over the age of 65.

State Examples

In Florida, counties that supported Republican candidates for political offices in 2016 already experienced overall worse public health outcomes including dying younger with elevated rates of drug, alcohol, or suicide-related mortality. Counties won by Democrats had twice as many black non-Hispanic and Hispanic citizens as those counties won by Republicans. This study shows Florida counties with a higher proportion of Democrats complied with stay-at-home orders and voluntarily self-quarantining than residents in Republican leaning counties (Bernet, 2021). The legislators and Republican governor of Florida limited local autonomy and unilaterally reopened educational, restaurant, and other facilities while demanding a “no mask mandate”. Moreover, the governor restricted the ability to classify a death as COVID-19 related thereby skewing the data (Bernet, 2021). Black non-Hispanics and Hispanics are 41% of the Florida population but are 51% of positive COVID-19 cases and account for 46% of COVID-19 hospitalizations (Bernet, 2021). Counties with a larger share of black non-Hispanics showed an elevated infection rate compared to counties with a lower proportion of black non-Hispanics. However, counties with the highest Republican share, had the highest infection rates for both black non-Hispanics and Hispanics. Unfortunately, the governor restricted the ability to classify a death as COVID-19 related thereby skewing the data (Bernet, 2021).

From the first diagnosis in New York, a Democratic-led state, through March 2020, it is estimated the COVID-19 infection rate in white non-Hispanic at 8%, black non-Hispanic at 18.7%, and Hispanic at 28.4%; the hospitalization rate in white non-Hispanic at 0.93%, black non-Hispanic at 1.89%, and Hispanic at 1.85%. Adult mortality rates from COVID-19 compared to the state’s total adult population as 0.03% for white non-Hispanic, 0.12% for Hispanic, and 0.18% for black, non-Hispanic. Additionally, it was noted that black non-Hispanics were 5.38 times and Hispanics were 3.48 times likely to die from COVID-19 compared to white non-

Hispanics (Holtgrave et al., 2021). The Bronx, a borough of New York City, experienced the highest number of COVID-19 related hospitalizations and deaths despite having lesser number of residents, younger inhabitants, and sufficient hospital beds than other boroughs. However, the Bronx area has a greater percentage of black non-Hispanics and a higher proportion of residents living below the poverty level (Porter et al., 2021).

Georgia, a Republican-led state and one of the first states to ease “stay at home” policies, consistently show an increase in diagnosis of COVID-19 relative to the higher amount of residents who are black non-Hispanic and Hispanic populations. During the first seven weeks of the pandemic, counties in Georgia with the highest rates of COVID-19 mortality also had the highest proportion of black non-Hispanic, over age 60, income of less than \$20,000, resided in rural areas and had a 13-fold increase in odds of dying from COVID-19 (Porter et al., 2021).

Conclusion

Combine the longstanding inequalities in SDOH and their effect on health disparities with a pandemic, it is not surprising that racial and ethnic minorities are disproportionately impacted by COVID-19. Abundant research analysis shows that areas of the country with large numbers of Republican supporters initially had lower COVID-19 infections and deaths but as they continued to ignore public health safety recommendations the number of cases and deaths surpassed those of Democratic-led areas. This review highlights the link between political leanings and higher infection and mortality rates for those areas that are considered Republican. The connection between government mandates, SDOH, and COVID-19 infections and deaths in racial and ethnic minorities cannot be ignored. The data supports the

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