Approximately 200,000 Americans have died from the coronavirus, and the toll is continuing to mount. The University of Washington’s Institute for Health Metrics and Evaluation model suggests this number could double by the end of the year. COVID-19 is now the third leading cause of death in the United States, after cancer and heart disease.

Several countries—including Australia, New Zealand, Iceland, and South Korea—have dramatically lowered their COVID-19 infection and death rates. By contrast, the United States has failed to control the spread of the disease, despite ample warning and considerable resources. It’s been suggested that one reason for this has been the politicization of the U.S. outbreak response.

PARTISAN AND MIXED MESSAGING
To measure early polarization of political communication regarding COVID-19, researchers from the Ohio State University and the University of South Carolina analyzed tweets sent by members of Congress from January 17 to March 31. Their findings expose distinct party-line differences: Republican tweets emphasized China, national unity, and business, whereas Democrats’ tweets focused on public health and aid to workers, including issues such as leave and testing.

Congressional tweets reflected, and perhaps influenced, public opinion. According to a July survey by the Pew Research Center, about twice as many Democrats (85%) as Republicans (46%) said COVID-19 poses a major threat to public health. Democrats are more likely to support wearing face coverings and to trust the Centers for Disease Control and Prevention (CDC).

The absence of a unified national response forced state and local officials to set their own policies, with widely varying mitigation strategies. Republican-governed states were generally slower to impose restrictions and quicker to reopen. Texas largely shuttered in late March, for instance, reopening many services (at limited capacity) in May. Within two months, cases and hospitalizations reached record numbers. When the state’s infection rate soared to 10.4%, Republican governor Greg Abbott reversed course, shutting down bars and imposing a statewide mask mandate.

Georgia shut down relatively late in the crisis—on April 2—compared with most states, and was among the first to reopen businesses, less than a month later. Republican governor Brian Kemp not only declined to order statewide mask wearing, in mid-July he sued Atlanta’s Democratic mayor, Keisha Lance Bottoms, to block her citywide mask requirement. According to a White House report released a month later, Georgia had the nation’s highest rate of new COVID-19 cases. Facing criticism over these alarming statistics, Kemp dropped his lawsuit and allowed cities and counties to mandate mask wearing in public and on government property (private businesses and restaurants can opt out).

Kemp wasn’t alone in his opposition to mask mandates. Florida’s Republican governor, Ron DeSantis, refused to authorize a statewide mask mandate, even after COVID-19 cases exploded in the state in late June. As we went to press, 34 states plus the District of Columbia and Puerto Rico have mandated face coverings in public.

PERSONAL MASK USE DIVIDE
Just as mask mandates at the state level reveal a partisan split, so do choices about personal mask use, with Democrats more likely to wear face coverings than Republicans. This sharp political divide—attributable at least in part to the reluctance of President Trump, the leader of the Republican Party, to wear a mask—escalates the health crisis by pitting public safety against perceptions about personal liberty.

People who refuse to wear masks cite several reasons, including perceived violations of their freedom...
and beliefs that masks won’t stem the spread of COVID-19. Yet, evidence demonstrates the effectiveness of masks. A recent study led by researchers at Virginia Commonwealth University analyzed the association of COVID-19 mortality with demographics, testing, lockdowns, and mask wearing in 200 countries. The researchers found lower death rates in countries where mask wearing was routine. Another study, published in August in Health Affairs, showed mask mandates slowed the spread of COVID-19 in 15 states and the District of Columbia. In South Carolina, where there is no statewide mask mandate, the Department of Health and Environmental Control reported in mid-August that coronavirus cases had dropped nearly 50% more in jurisdictions that had mask mandates compared with those that did not.

**Rhetoric Fuels Bigotry**

Recognizing the power of language to incite intolerance and stigma, the World Health Organization developed best practice guidelines in 2015 that strongly urge the avoidance of geographic names for human diseases. Yet, President Trump has repeatedly called COVID-19 the “Chinese virus” or “kung flu,” raising fears that his rhetoric is emboldening attacks on Asian Americans. The Asia Pacific Policy and Planning Council and Chinese for Affirmative Action created a website for reporting hate incidents in mid-March and documented more than 2,100 anti-Asian incidents related to COVID-19 between then and June.

A Pew Research Center survey conducted in June revealed that 58% of Asian Americans say it’s more common since the pandemic began for people to express racist or insensitive comments about people who are Asian. More than 30% said they had endured racist slurs and jokes, and 26% feared physical violence.

In the beginning of the pandemic, Congressman Ted Lieu (D-CA), told USA Today he was also worried about his safety in public. “No one should be thinking about that,” he was quoted as saying. “Especially when we’re dealing with a health pandemic, we should all be working together trying to figure out what’s the best way to solve this crisis and keep it from spreading.”

**Threats to Health Officials**

Partisan rhetoric during the COVID-19 pandemic has also led to threats against public health officials. Anthony Fauci, MD, director of the National Institute of Allergy and Infectious Diseases, has received numerous death threats for making recommendations contradicting President Trump. Ohio’s state health director, Amy Acton, MD, MPH, resigned after Republican politicians challenged her authority and armed protesters appeared at her house. Nichole Quick, MD, chief health officer of Orange County, California, quit after her home address was publicized and threatening statements were made against her by people protesting her order requiring face coverings. Since April, according to an August report by Kaiser Health News and the Associated Press, more than 49 state and local health leaders have resigned, retired, or been fired in 23 states.

This mass exodus of health care professionals—during a pandemic, when their expertise is essential—has contributed to a slower, more disjointed U.S. response to the COVID-19 crisis.

**Undermining Public Health Agencies**

Public health agencies are supposed to base their decisions on sound scientific data and eschew partisan politics. Yet, there are numerous examples of the Trump administration discounting science in favor of political objectives during this pandemic. When the CDC issued guidelines for reopening schools safely, for example, Education Secretary Betsy DeVos and President Trump dismissed this directive and threatened to withhold federal funding unless schools fully reopened. Many did, and in several states subsequent coronavirus cases forced staff, students, and parents into lockdown. A judge ruled Florida’s order to reopen schools for in-class instruction five days a week violated the state constitution’s requirement to operate schools safely. President Trump has persistently blamed testing for the rise in COVID-19 cases and told federal officials to slow the rate of testing. On August 24, the CDC revised its guidelines to no longer recommend testing people who don’t have symptoms, even if they were exposed to COVID-19. This change was later revealed to have been made without undergoing the CDC’s standard scientific review process. The guidance to not test asymptomatic people has since been reversed.

Data show that about 40% of people who have COVID-19 are asymptomatic, and a reduced amount of testing can contribute to the spread of coronavirus. CDC director Robert Redfield, MD, subsequently clarified that testing would be available to anyone who wanted it.

The Food and Drug Administration (FDA) appeared to succumb to political pressure in August, when it granted emergency approval for convalescent plasma as a COVID-19 treatment. Citing insufficient clinical evidence, experts such as Dr. Fauci protested the decision before it was announced. A day later, FDA commissioner Stephen Hahn, MD, admitted he’d overstated convalescent plasma’s effectiveness. Similarly, in June, the FDA revoked its earlier emergency use authorization for the malaria drug hydroxychloroquine as a treatment for COVID-19, a use promoted by President Trump. The FDA said the known and potential benefits of the treatment didn’t outweigh the risks.---Lucy Wang Halpern ▼