Pandemic Politics

Julia Lynch, Michael Bernhard 🟢 *, and Daniel O'Neill*

We Need to Talk: Political Science and Public Health Research

Much of this special issue of *Perspectives on Politics* speaks to the impact of the ongoing COVID-19 pandemic on marginalized groups such as refugees, caregivers, and racial and ethnic minority populations. The reality of unequal experiences of COVID-19 has become even clearer since these articles were solicited in the early months of the pandemic, at a point when many in the public sphere were still seeking to reassure us that "the virus doesn't discriminate," or that "we are all in it together." Researching how politics feeds into these unequal impacts of the pandemic has the potential to illuminate the central role of power and powerlessness in generating well-being and illness. These are important questions that one of us has tried to answer in some of her own work (Lynch 2020; Bambra, Lynch, and Smith 2021). It heartens us to see the field of political science asking, and trying to answer, questions about the relationship between politics and the public's health using the full range of intellectual and methodological tools at our disposal.

At the same time, it is worth recognizing that political scientists are not the first to try to address these issues. A vast literature in the multi-disciplinary population health and health inequalities research fields (Collyer and Smith 2020), dating back to the nineteenth century, has demonstrated the law-like link between socioeconomic status (SES) and health status (e.g., Engels 1987; Marmot et al. 1978; Pickett and Wilkinson 2015). Scholars in these fields have also dedicated a great deal of effort to understanding how and why health inequalities exist, along the way generating real insights not only into the mechanisms underlying the correlation between better health and higher SES, but into more fundamental questions about how power relations in society "get under the skin" to influence health and well-being. Given this rich body of work that lies largely outside of political science, what can our discipline hope to contribute to understanding the politics of the current pandemic? And what could we learn from harnessing some of the methods and basic insights from other disciplines with longer histories of research in this area?

As the articles in this special issue show, political scientists have much to offer to the study of health inequalities, and public health more generally. Other disciplines likely came into the pandemic with an edge when it came to topics such as how public health agencies work on the ground (see, e.g., Erwin 2008), how the public was likely to respond to vaccine mandates (Wheeler and Buttenheim 2013), or the scale of inequalities in mortality and morbidity likely to emerge from the pandemic in various places (Lundberg et al. 2008). But political scientists—even those with little initial familiarity with public health—have the tools to make important contributions in several areas.

One example is political science's understanding of institutions, and how they may work to construct, channel, and amplify power and interests. Attention to institutions allows us to see how politics shapes the trajectory of a pandemic, often in unequal ways. Health researchers have not ignored political institutions—far from it. Katherine Smith fruitfully uses institutionalist insights to examine closely how the structure of health policy-making bodies shapes the take-up into policy of ideas about health equity, for example (Smith 2013). But less nuanced understandings of institutions have generated findings about the effect of party types or welfare regimes on health—often using aggregate-level cross-national comparisons that are unable to account for the internal dynamics of these organizations (see, e.g., Navarro et al. 2003; Mackenbach 2014)—that should be treated with more caution. Political scientists know that the internal structure and coalitions underlying complex political institutions can result in similarly labeled entities behaving differently or having different effects. For example, political parties bearing the same label may have quite different goals and methods and agendas. Understanding how aggregates such as "social democracy" or "neoliberalism" are connected to health requires unpacking them to understand the coalitions and compromises that created them, and the multiple actors and structures that comprise them.

Another area where political scientists can fruitfully contribute to a better understanding of the sources of public health is through robust analysis of ideas and

ideology. Health researchers have found that processes denoted by abstract ideas like stigma, habitus, or relative deprivation affect health (see, e.g., Hatzenbuehler, Phelan, and Link 2013; McCartney et al. 2019; Yang, Hu, and Schieman 2019). However, these research traditions have generated less information about how we ought to understand the etiologic role of ideas and ideology as distinct from resources and power relations. Much of the research on the impact of political ideologies on health, for example, could benefit from more careful thought about how ideas attain motive force in society. Lynch (2020) finds that a rather subtle change in ideas—a reframing of the problem of inequality from the maldistribution of material wealth to a problem of unequal health—made it more difficult for governments to act in ways that would improve population health and reduce inequalities because this change in ideas reshaped the policy-making environment and the tools that seemed like reasonable responses to the problem of inequality. Identifying more such mechanisms that link ideas, ideologies, and health could provide both political science and health-focused fields with more tools for understanding the relationship between politics and health. It would also open up more opportunities for collaboration between political scientists and health inequalities researchers.

Such collaboration is essential in part because, as political scientists begin in large numbers to work with health data, we are bound to make rookie mistakes that could be avoided with more knowledge about the on-the-ground processes that generate these kinds of data. To their credit, the authors in this special issue have for the most part avoided hanging their results on epidemiologic data that were, at the early stage in the pandemic when the issue was launched, incomplete and unreliable. When sub-optimal data sources have been used, it has been in the spirit of doing the best job possible to answer pressing questions with the limited information available. Imagine, however, a world in which political scientists have collaborators with a deep knowledge of health data —who understand, for example, why excess mortality figures from a source like the European Mortality Monitoring Project (EUROMOMO 2022) are, paradoxically, a better and more comparable measure of the geographic impact of the pandemic than state-level COVID-19 death rates reported to the U.S. Centers for Disease Control. In this brave new world, political scientists could also contribute to knowledge about public health by examining not only what kinds of data are collected or not collected, by whom, and about whom—but also, why or why not? For example, Lynch's book project (launched before the start of the pandemic but given new urgency now) examines how states "see" the health of their populations, and how their choices about what to observe and report are linked to broader political debates about inequality and security.

Political scientists can likely learn even more from public health and epidemiology research than where to find the best data, however. The field of economics (and medicine, via economics) has inspired much current research into causal inference in political science; but health equity scholars have still other ways of thinking about causation and causal inference that may prove useful to political science.

The first is as a corrective to what many see as a danger of relying too heavily on experiments at the expense of careful observational research—particularly under conditions like the pandemic, when broad swaths of society are exposed near-simultaneously to "treatments" (epidemiologists would call them "risks") that would be unethical to administer selectively. In the health inequalities research field, scientific progress has relied on a combination of careful observational and experimental research. Some political science methodology research (see, e.g., Dunning 2008; Beck 2010) has taken "modern *scientific* epidemiology" (Beck 2010, 501, emphasis original) to be valuable mainly for its ability to make clean causal inferences by exploiting natural, medical, or policy experiments. The many epidemiologists and scholars of public health who rely mainly on observational or qualitative data might be amused (or irritated) to find their work portrayed as "unscientific" by political scientists. Yet in political science, too, we must ask, in Beck's words, "Who gets to claim John Snow?" (Beck 2010, 500). That is, what lesson will political scientists take from Snow's pioneering research uncovering the means of transmission of the 1848–1849 cholera epidemic in London? Is it that clean causal inference from experimental (or at least quasi-experimental) data is the holy grail for social science? Or that "The force of the argument results," as statistician David Freedman (1991, 298) argued, "from the clarity of the prior reasoning, the bringing together of many different lines of evidence, and the amount of shoe leather Snow was willing to use to get the data"? In public health, scientific progress has relied on a combination of shoe leather, observational, and experimental research. The lesson for political science seems obvious: not "either/or" but "both/and."

Public health research also offers at least two useful alternative models for thinking about causation that have so far received little attention in political science, but that must surely enter our lexicon if we are to begin to study public health—and that may indeed prove useful in our investigations of other domains as well: the notion of etiologic period, and the idea of fundamental causation.

Much contemporary political science research trades in problems and explanations in which causes and effects occur close together in time. Much of political science remains, in other words, wedded to eighteenth-century models of causation (Kurki 2008, 108). But

epidemiologists recognize that the length of time required for a cause of a later health state to create its effect—the etiologic period—can vary substantially, depending on the nature of the cause and the outcome. Peter Hall (2003) and Paul Pierson (2011) have shown that similarly, many phenomena that should be of concern to political scientists cannot be explained through parsimonious, variable-centered causal models focused on the *court durée.* But if we were, as a discipline, to consider only phenomena that occur from causes with medium or long etiologic periods, we would be no better off. Thinking in terms of variability in etiologic period is a more promising approach. (For a similar argument with respect to sociology, see Beckfield 2018.)

A second useful way of examining long-term, root causes that has only rarely been applied in political science, but that is highly relevant for an understanding of politics and policy, is that of "fundamental causation" (Link and Phelan 1995). Fundamental cause theory argues that the unequal distribution of power and resources in society is tightly interconnected with health through multiple different mechanisms and pathways. This means that even if one causal pathway linking social privilege to better health is interrupted (e.g., through the expansion of sanitation infrastructure to neighborhoods where poor people live), the fundamental cause will act through a different mechanism to create a similar outcome—for example by substituting socioeconomic inequalities in deaths from delayed cancer screenings for socioeconomic inequalities in deaths from cholera. Fundamental causation can occur when both cause and effect are complex phenomena like "socioeconomic inequality" and "health" that have multiple internal dimensions that may be operationalized and measured in different ways—i.e., when both cause and effect are "multiply realizable" (Lutfey and Freese 2005; Ward 2007). Given that many, if not most, of the concepts that we use in political science are complex and multidimensional (Goertz 2012), the idea of fundamental causation could be a useful tool in the toolbox of political scientists. Indeed, scholarship in the health field has examined "power relations," including structural racism, as fundamental causes of health inequalities (see, e.g., Williams, Lawrence and Davis 2019; Reynolds 2021). Political science would do well to familiarize itself with this terminology—both in order to contribute what we know about power to the study of public health, and to incorporate this powerful understanding of causation into other substantive areas of focus within our own field.

The Special Issue Contributions

One rule of politics is never let a good crisis go to waste. Kate Hunt addresses this with respect to pro-choice and pro-life movements in "Exploiting a Crisis: Abortion Activism and the COVID-19 Pandemic." She examines the twitter feeds of abortion-focused social movements in four countries to gauge whether social movements try to capitalize on moments of crisis in ways similar to opportunistic elites. Using "Crisis Exploitation Theory" she finds that anti- and pro-abortion movements framed the pandemic tactically as both a threat and an opportunity to gain leverage in struggle over reproductive rights.

In "Who Do You Trust? The Consequences of Partisanship and Trust for Public Responsiveness to COVID-19 Orders," Johannes Wiedemann and Daniel A.N. Goldstein look at citizen compliance with public policies aimed at mitigating the pandemic. They use county-level cellphone data to gauge the compliance of citizens with stay-at-home orders. Partisanship plays an important role with counties that lean Democratic exhibiting greater compliance than those that lean Republican, indicating that trust in government and science affects the outcome. However, this gap between the parties narrows when stay-at-home orders are introduced by Republicans. This finding shows that trust in government increases when it is under the control of co-partisans.

Raymond Foxworth, Laura E. Evans, Gabriel R. Sanchez, Cheryl Ellenwood, and Carmela M. Roybal document the powerful negative effect of the pandemic on Native American populations in "'I Hope to Hell Nothing Goes Back to The Way It Was Before': COVID-19, Marginalization, and Native Nations." Leveraging new and original data, the authors show how the marginalized position of Native Americans has exacerbated the impact of the pandemic on their communities. Native America has suffered greater rates of infection, hospitalization, and death as result of COVID-19. Furthermore, they show that these effects are magnified in states that supported former president Trump and that have Republican governors. They also find that in areas where non-members travel with greater frequency onto tribal lands, the inability of tribal authority to hold them to tribal health regulations under federal law leads to an increase in infections.

One of the most controversial and contested areas of policy in the COVID-19 era has been the question of whether to open schools. In "Politics, Markets, and Pandemics: Public Education's Response to COVID-19," Leslie K. Finger and Michael Hartney consider how partisanship has shaped this controversy in one of the areas of local politics often seen as devoid of partisanship historically—public schooling. They examine the question of the reopening of schools in the fall of 2020 and find that partisanship and actor interest played very important roles, indicative of further nationalization of local politics. Republican-controlled districts were more likely to reopen whereas Democratic districts were more like to remain remote. Further, districts with stronger unions were also more likely to remain remote, whereas those with more Catholic schools are somewhat more likely to open due to the threat of exit from the public system.

Bob Hancké, Toon Van Overbeke, and Dustin Voss compare the policy responses of a coordinated market system (Germany) and a liberal market economy (England) to the COVID-19 economic collapse in "Crisis and Complementarities: A Comparative Political Economy of Economic Policies after COVID-19." Unexpectedly, the two countries responded in very similar ways with worker furloughs and business credits to stabilize both supply and demand. However, because of difference in their varieties of capitalism, the outcomes produced by the policies differed, yielding better results in Germany. From a policy perspective, this highlights the importance of tailoring policy responses to the specificity of the institutional framework to have the most sanguine effect.

In "Government Targeting of Refugees in the Midst of Epidemics," Alex Braithwaite, Michael Frith, Burcu Savun, and Faten Ghosn investigate how epidemics affect the physical integrity rights of refugees. Looking at a comprehensive sample of countries from 1996 to 2015, they find that governments repress refugees more frequently during epidemics. Theoretically, they suggest two reasons explain this behavior. First, refugees are convenient scapegoats for poor government performance in public health protection during epidemics. Second, taking advantage of the crisis allows the government to signal to refugees that the time may be right to depart and may deter new populations from seeking refuge. The effect of pandemics on refugee treatment is magnified in non-democratic countries. From a policy perspective they highlight the monitoring of vulnerable refugee populations during the current COVID-19 epidemic as an important priority to avoid the exacerbation of the current humanitarian crisis created by the epidemic.

Gerda Hooijer and Desmond King investigate the impact of the epidemic on racial minorities in developed Western democracies in "The Racialized Pandemic: Wave One of COVID-19 and the Reproduction of Global North Inequalities." Their contribution focuses on differences between white and non-white communities in the United States, the United Kingdom, the Netherlands, and Sweden. They find that existing patterns of racial and ethnic discrimination regarding health inequality are exacerbated by the pandemic. They show that racial discrimination in health is not a uniquely American problem and that the more pervasive nature of the problem is due to a failure to acknowledge that the disadvantages non-whites face made them more vulnerable to the adverse effects of the pandemic.

V. Ximena Velasco-Guachalla, Calla Hummel, Jami Nelson-Nuñez, and Carew Boulding explore differential local responses to the pandemic and its policy impact in "Legitimacy and Policy during Crises: Subnational COVID-19 Responses in Bolivia." They focus on how polarization delegitimizes attempts to coordinate national policy responses. Based on an original dataset that pairs mobility data with cases of infection and death, they show how polarization affects policy implementation at the local level and citizen compliance with that policy. In departments opposed to the government, measures tended to be less stringently enforced and citizen mobility and protest were widespread. In departments that supported the national government local policy more closely aligned with stricter national directives and citizens respected quarantine restrictions for longer periods of time.

Eric Guntermann and Gabriel Lenz use the pandemic as an opportunity to test if policy choices can overcome the pervasive partisanship of our current politics. In "Still Not Important Enough? COVID-19 Policy Views and Vote Choice," they explore whether an acute crisis that disrupts daily life can incentivize voters to think in policy terms in choosing for whom to vote. Despite the fact that many voters know someone who tested positive or even died from the disease, they find that voters are not more aware of candidate positions on COVID-19 policy. Like on many other issues, voter awareness of candidate positions is middling with many completely unaware of their stances.

In "COVID-19 and the Paradox of Scientific Advice," Zeynep Pamuk considers the role of an under-studied institution whose importance became clear during the pandemic: the scientific advisory committee. What Pamuk describes as "the paradox of scientific advice" refers to the fact that the two basic expectations demanded of scientific advice—neutrality and usefulness—are inherently in tension. This puts such committees in a double bind, since if they try to be more useful, they compromise the neutrality that is the source of their authority and legitimacy; while if they try to remain neutral, they sacrifice usefulness. She argues that this dilemma cannot be solved within the committees themselves, but that broader democratic scrutiny could mitigate its force. She concludes that advisory committees, in turn, should be structured to facilitate this scrutiny.

Events like pandemics can function as shocks that disrupt the way political and economic systems operate. Elaine Denny considers the impact of COVID-19 in this light in "Crisis, Resilience, and Civic Engagement: Pandemic-Era Census Completion." The initial impact of the pandemic was a deep economic crisis that left twenty-three million unemployed. This coincided with the period in which the decennial census of the population of the United States was underway. Denny looks at how the income shock and sources of economic resilience affected rates of census completion. She finds that policies that support the economically disadvantaged in the face of the recession lead to higher census completion rates. She also finds that areas in which there is more intense search for jobs among the population (using Google Trends data) have lower completion rates.

The easing of measures meant to contain the pandemic has been controversial and highly polarizing. Christopher Adolph, Kenya Amano, Bree Bang-Jensen, Nancy Fullman, Beatrice Magistro, Grace Reinke, John Wilkerson, Rachel Castellano, and Megan Erickson provide a wide-ranging discussion of this in "The Pandemic Policy U-Turn: Partisanship, Public Health, and Race in Decisions to Ease COVID-19 Social Distancing Policies in the United States" They use an event history approach to understand why some states eased social distancing policies earlier than others after the initial surge in cases in the spring of 2020. While economic performance seems to have had an impact, the reduction of infection and death rates also had an impact on the easing of social distancing. Politics—as measured by the governor's party—had a big impact, leading to the easing of distancing a week earlier on average. Finally, despite the higher rates of infection and death among Black Americans, states with higher Black populations also eased their social distancing policies earlier.

Another way in which external shocks like pandemics can shape politics is through their impact on specific groups. Nathan Kar Ming Chan, Jae Yeon Kim, and Vivien Leung assess how the pandemic affected the party affiliation of Asian Americans in "COVID-19 and Asian Americans: How Elite Messaging and Social Exclusion Shape Partisan Attitudes." They gauge the impact of Trump's rhetoric towards Asian-Americans through a combination of twitter data and biweekly voting preference surveys. In the period from July 2019 to May 2020 they find that Asian Americans leaned more towards the Democratic Party.

Our issue closes with a reflection by Mala Htun, "Women's Equality and the COVID-19 Caregiving Crisis." The piece documents how U.S. policies toward reproductive labor forced women to shoulder the burden of the crisis unequally in two ways. First, with the closure of schools and daycare, women had to shoulder the brunt of the extra burdens of carework during the pandemic. Second, this burden was distributed unequally across women depending on the benefits to which they had access from federal and state programs, and their employers. The crisis affected all women, even the most privileged, but the burden was greater among those with fewer benefits. The impact of the crisis demands that we reconceptualize how we think of carework, how it is compensated, and its importance to the economic and social welfare of society and especially future generations.

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