Republicans Die More From COVID-19: Why We Care

In a September 2022 study from the National Bureau of Economic Research (NBER), in Cambridge, Massachusetts (http://www.nber.org/papers/w30512), Wallace et al. compared the excess mortality among Republicans and Democrats from 2018 to 2022. Excess deaths during the pandemic were computed relative to the number of deaths observed in 2019. There was no difference in excess deaths along partisan lines in 2018, indicating that the two groups were comparable. However, since the introduction of COVID-19 vaccines, the excess death rate among Republicans was 10.4 percentage points higher than among Democrats, or 1.5 times that of the Democrats.

If 234 000 deaths from COVID-19 could have been prevented with a primary series of vaccinations (https://bit.ly/3XrFXfz) between June 2021 and March 2022, I estimate that 140 400 of these deaths would have been among Republicans. This is, of course, not a surprise because Republicans are less likely to be vaccinated than Democrats, and, as the Texas Department of Health put it, "Texas Data Shows Unvaccinated People 20 times More Likely to Die From COVID-19" (https://bit.ly/3H0ACog). The Republicans die at higher rates than Democrats mostly in counties with low vaccination rates.

This is not a study based on county-level statistics, which are often tricky to interpret in terms of causal relation. The authors have linked individual-level information both on mortality from 2018 to 2021 and on political affiliation from 2017 voter registration in Ohio and Florida.

In the current state of tension between the most vocal and extremist faction of the Republican party and Democrats, some people may think: if COVID-19 kills Republicans, why should we care? The answer is very clear. Such reasoning is incompatible with the public health approach. Public health needs to be all-inclusive to succeed. Viruses do not sense political affiliation. The overmortality among Republicans stems from sectors of the population being unvaccinated. This has translated into a longer duration of the pandemic, more new variants, more deaths, more school closures, small businesses filing for bankruptcy, and misery for everyone. The response to a public health emergency is either successfully collective, or it fails. A striking finding of the NBER study is that in the counties with at least 50% of the population vaccinated, there were no excess death differences between Republicans and Democrats. The vaccinated protected the unvaccinated.

There are three reasons why some Americans may not have been vaccinated. The first and most important one is that some people may want to be vaccinated and do not have access to the intervention. This is the main challenge for public health. It is also the main reason why protecting the community involves using the force of the law when needed to implement a public health mandate. Most Americans got the point that vaccines are a collective response to a collective threat and that the mandates are also the optimal solution for individuals. They voted with their arms.

A second reason for not being vaccinated comes from a misunderstanding about what public health is. Vaccines are different from a medical prescription that each of us is free to accept or refuse. They are prescribed for the whole community. Vaccinated persons protect those who are unvaccinated, and the unvaccinated put vaccinated persons at risk. The main and often only interface between Americans and the health sector is clinical medicine, not public health. The current pandemic is an opportunity to explain the difference between the individual approach of clinical medicine and the collective approach of public health. Both have the same goal: protecting each individual.

Finally, the third reason for not being vaccinated is to be opposed to it. The public health approach prioritizes trying to convince as much of the population as possible to follow public health recommendations. Making public health mandates the law enables reaching a political consensus that makes them enforceable. Few will disagree that today's employers should be punished if they employ minors in their warehouse, but the principle behind the 1938 Fair Labor Standards Act is the same as for a vaccine mandate, a collective defense of the right to health that no individual can wage alone.

So, yes, we should care about Republicans dying more than Democrats because of the COVID-19 pandemic. Public health is all-inclusive. It should be able to reach and protect everyone: Republicans, immigrants, the poor—everyone. AJPH

Alfredo Morabia, MD, PhD
AJPH *Editor-in-Chief*
@AlfredoMorabia

DOI: https://doi.org/10.2105/AJPH.2023.307237

30 Years Ago

Pennsylvania's Birth Rates After Medicaid Abortion Restrictions

The right to legal abortion was effectively terminated for many Pennsylvania women in 1985, when state lawmakers restricted Medicaid funding for abortion to pregnancies that are life-threatening or result from rape or incest. An examination of state health department statistics from 1980 through 1990 . . . reveals that, beginning in 1985, there was a marked increase in the ratio of live births to abortions. . . . During these years, live birth rates did not increase nationwide to the degree that they did in Pennsylvania and in other states with newly initiated Medicaid restrictions. Thus, one might reasonably infer that the change in Pennsylvania rates was due in large part to Medicaid-eligible women who, faced with unintended pregnancy, chose to give birth as the only affordable option. Because of the ramifications of poverty, the denial of Medicaid-funded abortion to poor women is likely to cause financial, emotional, and physical hardships even beyond those that would be experienced by more affluent women who for some reason were unable to get legal abortions. Thus, many of the babies born to these lower-income women must begin their lives with the risks of poverty compounded by the risks of unwantedness.

From AJPH, *June 1993, pp. 911–912*

52 Years Ago

Legal Authority of Health Departments to Regulate Abortion Practice

The first health department to take action to regulate abortion practice was in New York City which enacted amendments to its Health Code. . . . The New York City regulations are quite thorough and detailed. The greatest amount of publicity has been given to the prohibition of abortions in doctors' offices. All legal abortions in New York City under these regulations must be performed in an "abortion service." . . . It has been argued that prevention of abortions in doctors' offices forces the entire load on inadequate facilities in hospitals and clinics and that waiting lists will be dangerously long. This is a serious problem. However, it is aggravated in New York City by the fact that the population is so great and by large numbers of nonresidents coming to the city for abortions. It points up the fact that the change in the laws in this country on a state-by-state basis is a problem in itself, particularly on such matters as abortion.

From AJPH, *March 1971, pp. 623 and 625*