

Perceptions of Public Health Interventions Abroad: The Partisan Divergence



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Timothy S. Rich, Madelynn Einhorn, Andi Dahmer, and Isabel Eliassen

Since the initial outbreak of COVID-19 in Wuhan, China in December 2019, there have been well over 200,000 cases globally, while the United States, still in the early stages of an outbreak, has seen over 10,000 cases. The initial U.S. response was slow, however. Trump dismissed concerns about the coronavirus, and some of his claims, such as the assertion that the virus would be gone by April or that a vaccine would be available shortly, directly contrasted Center for Disease Control and Prevention (CDC) statements on the situation. Last week, several governors declared state emergencies, and schools, businesses, and libraries temporarily closed or switched to online service only. On March 13th, President Trump declared a national emergency and allocated billions of dollars in federal funds towards responding to the coronavirus. Even current measures may not be enough, with the CDC recommending even more extreme tactics such as banning gatherings of 50 or more people for eight weeks and limiting restaurants to pick-up and delivery only.

Criticism of the administration's response to COVID-19 highlights a deeper challenge to international public health. The Trump administration has repeatedly proposed massive cuts to the CDC, though Congress ultimately rejected these cuts. However, the administration remains focused on eliminating disease security programs, including disbanding the Obama administration's global health security team. In fact, the CDC was forced to reduce efforts aimed at preventing global disease outbreak by 80% due to funding cuts. The Trump administration's 2021 budget still proposes cutting CDC funding by 15%, and Russ Vought, the current director of the White House Office of Management and Budget (OMB), defended these budget cuts just a few days ago.

The coronavirus offers a unique opportunity to address public perceptions of U.S. health interventions abroad. Historically, the U.S. has provided billions of dollars in financial assistance to other countries, particularly developing countries, to provide vaccines and fight diseases including AIDS, tuberculosis, and Malaria. For instance, the U.S. played a key leadership role and provided unmatched funding in combating the 2014 Ebola outbreak in West Africa. Unlike COVID-19, Ebola was taken as a serious threat despite primarily affecting countries far from the United States. However, this effort was not entirely altruistic, as U.S. efforts in curtailing the virus abroad helped prevent widespread outbreak of the disease in the U.S.: only 11 American citizens contracted Ebola during the epidemic, and most were overseas when they contracted it. In contrast, the U.S. offered little aid to countries like China, South Korea, and Italy, which are currently struggling with exponential growth of coronavirus cases, and now the U.S. is beginning to experience similar rates itself.

Past public opinion data found that 53% of Americans believed the U.S. is already spending enough on health aid abroad and that 46% of Americans believe the U.S. is doing more than its fair share abroad. However, public opinion data during a global pandemic provides a chance to determine if the coronavirus—a disease affecting many Americans directly—alters public perceptions of U.S. health interventions abroad.

We assumed two factors would influence perceptions. First, priming respondents to think of the costs of international public health interventions in the context of the coronavirus would make people less likely to say the US spends enough on health programs abroad. Secondly, we expected that mentioning the Trump administration's attempts to cut the CDC's budget would have a similar effect on perceptions, especially for those who identified as Democrats.

To address public opinion on public health interventions, we conducted an online experimental web survey, recruiting 1200 American respondents via mTurk Amazon on March 11.

Respondents were randomly assigned one of four questions:

Version 1:

Do you believe the U.S. spends enough on public health interventions abroad?

Version 2:

In light of the coronavirus, do you believe the U.S. spends enough on public health interventions abroad?

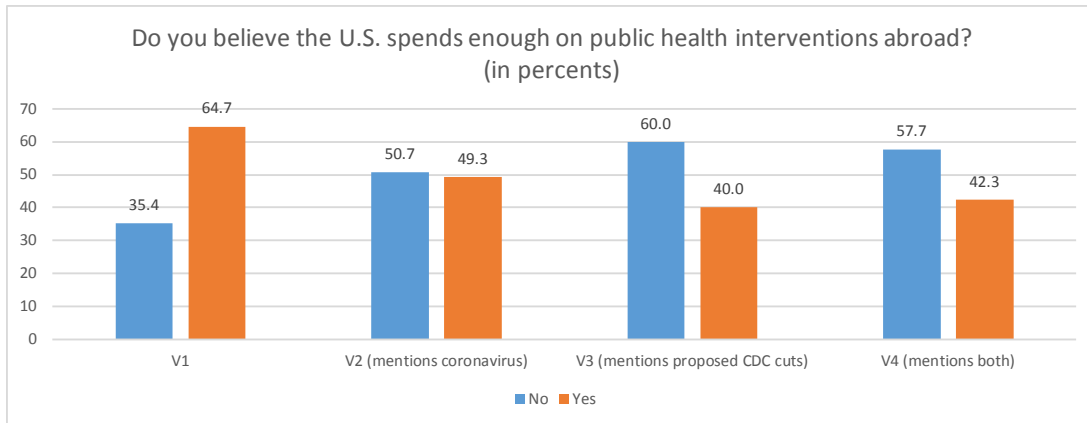
Version 3:

In light of proposed budget cuts to the Center of Disease Control and Prevention under the Trump administration, do you believe the U.S. spends enough on public health interventions abroad?

Version 4:

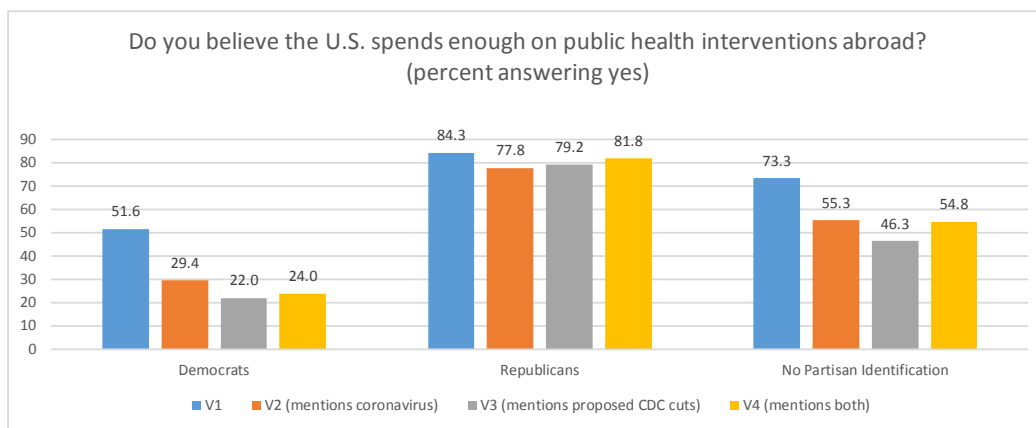
In light of the coronavirus and proposed budget cuts to the Center of Disease Control and Prevention under the Trump administration, do you believe the U.S. spends enough on public health interventions abroad?

The figure below shows how respondents answered each version of the statement. Here we see that nearly two-thirds of respondents answer in the affirmative in the first version, while a thin majority answer now in the coronavirus version and clearer majorities in both versions that mention proposed CDC cuts.



The second figure separates respondents by partisan identification. A slim majority of Democrats agreed that the US spends enough in the baseline version, while rates drop to under thirty percent for all other versions. Meanwhile, among Republicans, marginal variation is seen across versions, with over seventy-five percent of Republicans answering yes in all versions. Moving to those not claiming a partisan identification, nearly three-quarters answered affirmatively in the first version with a roughly twenty percent drop in the other versions.

Additional statistical analysis finds that, of the standard demographic variables, only age reaches statistical significance, corresponding with answering in the affirmative. As with most epidemics, the elderly and immuno-compromised are most at risk and would be the ones best served by greater prevention efforts. This is especially true of the Coronavirus where those aged 65 or older die at more than 15 times the rate of other age groups. Yet our results suggest older respondents to be more acceptant of current public health spending.



Acknowledging the standard limitations of surveys relying on opt-in convenience sampling, the results still suggest stark differences in concerns in public health spending, even when priming respondents to think of the coronavirus. This partisan divergence is likely connected not only to general views on foreign aid, but also to broader perceptions on healthcare. For example, according to two separate Gallup polls in 2019, 73 percent of Republicans are satisfied with the cost of their

own health care and 43 percent are satisfied with costs of healthcare in the country overall, compared to Democrats at 52 and 9 percent respectively.

The continued partisan divergence is also likely exacerbated by media framing. For example, coverage of coronavirus on Fox News consistently denoted the coronavirus as “foreign” rather than a global epidemic. One Fox host, Jesse Watters, went so far as to request that China apologize to the United States on behalf of the illness. Such rhetoric potentially depresses support for international public health interventions by delinking such interventions from its role in national health policy.

Currently, more than 44 million Americans are uninsured, including roughly 15 percent of adults 19-34 and roughly 17 percent of those in families earning under \$40,000. The uninsured, often unable to afford adequate medical care should they contract a virus in an epidemic, are often also unable to self-isolate and take unpaid leave from work. The broader dissatisfaction with healthcare raised by Democrats likely influences responses in this survey as well, even if respondents are not necessarily linking the costs of medical care to the need for collaborative efforts against epidemics.

It remains too early to identify whether the spread of the coronavirus will influence public support for broader international health interventions in the future. However, a public that does not see the linkages between international health efforts and lowering American outbreaks is unlikely to demand preemptive efforts in the future.

Timothy S. Rich is an associate professor of political science at Western Kentucky University and director of the International Public Opinion Lab (IPOL). His research focuses on public opinion and electoral politics, with a focus on East Asian democracies.

Madelynn Einhorn is an honors undergraduate researcher at Western Kentucky University, majoring in Political Science and Economics.

Andi Dahmer is a 2018 Harry S. Truman Scholar and recent graduate of Western Kentucky University.

Isabel Eliassen is an Honors undergraduate researcher at Western Kentucky University majoring in International Affairs, Chinese, and Linguistics.