Review of: "Governor partisanship explains the adoption of statewide mask mandates in response to COVID-19"

John Raymond[1]

1 Medical College of Wisconsin

Potential competing interests: The author(s) declared that no potential competing interests exist.

This is a well-written manuscript that compares political affiliation of US state Governors and the political leanings of the population of the states *vs.* other more traditional public health variables in the timing of various levels of state-wide mask mandates in response to COVID-19 in 2020.

The methods are clearly described and are appropriate for this type of study. The data sources are publicly available. The criteria for the levels of public mask mandates are well-defined.

The topic is timely and of broad interest.

The statistical methods are appropriate.

Although several COVID-19 variants have driven significant surges since the time frame of this manuscript, the findings are, nonetheless interesting.

The authors found that:

1. The presence of a Republican Governor was more important than COVID-19 indicators such as case rates or deaths per million population in determining the timing as to when public mask mandates were implements, being associated with a 98-day delay compared with states led by Democrat Governors.
2. The presence of a Republican-leaning population was also strongly associated with delayed implementation of public indoor mask mandates.
3. The effect was even stronger when there was a Republican Governor of a Republican-leaning state.

The data in Figure 1 will be of historical and sociological interest.

The remaining Figures are easy to interpret and compelling, showing the strong impact of partisan/ideological affiliations of the state Governor and populace.

The results seem to reflect growing polarization of opinion in the US about many social issues, which may have blunted the expected effect of “retrospective voting”.

I have minor suggestions for improvement.

1. The manuscript could be improved by shortening the words by about 25%, because there are many redundancies throughout the manuscript and discussion.
2. Because deaths from COVID-19 were delayed by 4-6 weeks after case surges began, the impact of deaths would be expected to be delayed. The authors could/should have compared the more proximate variable of hospitalization rates or census >90% to probe the impact of public health variables on timing of public mask mandates. Cases counts have been relatively meaningless to government officials throughout the pandemic. On the other hand, when hospital begin

to fill up, there has been significant media coverage and pressure form the healthcare community to increase the stringency of non-pharmacological interventions to mitigate the spread of COVID-19.