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Gendered Leadership: Men and Women Governor's Responses to COVID-19

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Abstract

To alleviate a large-scale crisis, leaders have to choose mitigation strategies to best address the issue at hand while also avoiding the spread of panic among their constituents. This balancing act can be challenging and was especially demanding during the COVID-19 pandemic. The COVID-19 pandemic was not only a global health crisis, but also caused worldwide social, economic, and political turmoil. For three years, the pandemic riddled the United States with disease, economic hardship, food insecurity, and unemployment. Since its rise, COVID-19 has been the foremost concern on policy agendas nationwide. Governors, in particular, played a significant part in leading Americans through the pandemic by declaring stay-at-home orders, facilitating vaccine rollouts, and promoting economic stability in their state. One question that has emerged is whether women governors handled the pandemic differently than their men counterparts, as it has been historically proven that leadership styles differ greatly by gender. This thesis examines the relationship between governors' gender and COVID-related death rates and confirmed case rates. In doing so, I answer the following: How have responses to COVID-19 differed between men and women governors across the United States? In comparing nine women governors with their closest matching men counterparts, I found no major difference when it came to total deaths per capita and total confirmed cases per capita from January 16th, 2020 to January 4th, 2021

Introduction

According to a Pew Research Center poll in 2019, the majority of Americans state that men and women have inherently different leadership styles, but despite this, relatively few believe one gender's leadership approach is superior to the other.[i] Furthermore, of those who see women and men as inherently different, 22% perceive women to be stronger in most areas, specifically in sectors such as business and politics in comparison to 15% believing men have a superior approach.[ii] Some of the characteristics people attribute to women leaders include compassion and empathy, while men are known for risk taking and aggression. As more women leaders emerge around the world as managers, Members of Congress, and even a Vice President, it's important to study the possible effect gender has on leadership. This thesis aims to study the impact of a leader's gender on disaster and crisis management. In doing so, the following question will be addressed: How have responses to COVID-19 differed between men and women governors across the United States? I will examine the relationship between the governor's gender and two outcome variables: total cases of COVID-19 as well as deaths caused by COVID-19 per capita. My hypothesis is that women governors will have lower numbers of confirmed cases and deaths than men governors.

Given the modern unprecedented scale of a pandemic in a developed country, there has been limited research on gendered leadership in a pandemic specifically. Of the research published regarding the COVID-19 pandemic, a majority study the gendered pandemic leadership of heads of states (i.e., Prime Ministers, Presidents) as opposed to studies researching smaller-scale leaders. In studies comparing men and women leaders during the pandemic, common dependent variables include total cases, the mortality rate, the daily case growth rate, and dates when certain orders were issued. Findings among these studies varied as some results were inconclusive and some found that women leaders triumphed over their male counterparts when it came to COVID-19 outcomes. In a

preliminary study labeled "Women in Power: Female leadership and public health outcomes during the COVID-19 pandemic," results showed that countries governed by female leaders experienced much fewer COVID-19 deaths per capita and were more effective and rapid at flattening the epidemic's curve, with lower peaks in daily deaths.[iii] Contrarily, a study by Piscopo (2020), "Women Leaders and Pandemic Performance: A Spurious Correlation," found no relationship between women heads of state and COVID deaths.[iv] When examining within-country variation, there is, however, one relevant study using U.S. governors as a variable: "Women's Leadership Is Associated With Fewer Deaths During the COVID-19 Crisis: Quantitative and Qualitative Analyses of United States Governors" by Kayla Sergent and Alexander Stajikovic.[v] Using total deaths as of May of 2020 and dates of both stay-at-home orders and mask mandates, this study found that states with women governors had fewer COVID-19 deaths compared to states with men governors. In addition, they found that governor gender also affected early stay-at-home orders in that states with women governors who issued these orders early had fewer deaths compared to states governed by men who did the same.

Research that confirms the superiority of women's leadership during crisis could have an impact on the election of women on all levels. If Americans can understand that women are just as capable – if not more – than men at political leadership, it is reasonable to contend that more female governors will become elected in the future. This trend may positively influence female electability from the bottom up- eventually reaching upper levels like the U.S. Congress or even President of the U.S.

My research builds on previous work by comparing U.S. governors instead of heads of state. In contrast to the one relevant study I found that compares U.S. governors, the outcome variables I use are different. My study advances knowledge by utilizing measurable variables such as death and total cases compiled by one consistent source like death and paired comparisons. In all, I find when

comparing nine women governors with their closest matching men counterparts, there was no major difference when it came to total deaths per capita and total confirmed cases per capita from January 16th, 2020 to January 4th, 2021

In the upcoming section, my literature review will outline in more detail the findings of previous studies including those on domestic and international levels. Next, I will put forth my theory and hypothesis. After that, my research methods will be explained followed by an analysis of my results, a discussion of findings, and a conclusion.

Literature Review

Gendered leadership has gained recent considerable attention within the scholarly community since the discovery that countries led by women have appeared to demonstrate better outcomes throughout the COVID-19 pandemic. The leadership styles of men versus women from a psychological and sociological standpoint have been widely debated: are men and women born with varying characteristics producing better leaders? Are men and women socialized in different ways, producing different forms of leadership?[vi] Consensus on these overarching questions is hard to reach as there is inconsistency in variables used and difficulties regarding measurement.

Using Deaths as a Dependent Variable

Concrete data such as deaths from COVID-19 is a reliable and measurable variable used in many previous studies regarding this topic. Almost initially, reporting became a high priority for governmental officials for a variety of purposes. Contact tracing helped officials limit the spread and this relied solely on independent and hospital reports. Fortunately, the process for reporting was incredibly thorough, and information was uploaded to public databases almost instantly.[vii] One study that focused almost exclusively on deaths as a dependent variable was conducted by a plethora of

political scientists from around the world in July 2020. Heads of states in 35 developed countries were analyzed to determine if there are both contingent and structural reasons why countries governed by female leaders may have experienced fewer COVID deaths.[viii] Dependent variables included *deaths occurred on the first day of lockdown*, *peaks in daily deaths, mortality rate*, and *number of days with reported deaths*. In this study, four mortality-related variables were used, and the authors found that women-led countries experienced much fewer COVID-19 deaths per capita and were more effective and rapid at flattening the epidemic's curve, with lower peaks in daily deaths.[ix] This study reasoned that this relationship stemmed from the introduction of restrictive measures at the most initial phase of the epidemic. Women-leaders were more apt to prioritize public health over economic concerns and better at eliciting collaboration from the population.[x]

A similar study by Jennifer Piscopo examined heads of state in 38 developed countries using *deaths as of June 1st, 2020* as a dependent variable.[xi] Unlike the July 2020 study, Piscopo found no relationship between women leaders and deaths. On a domestic level, a study examining women's leadership in the U.S. governorship in relation to the COVID-19 Crisis found that states with women governors had fewer COVID-19 deaths than states with men governors.[xii] Although on a subnational level, this finding is consistent with the July 2020 study of women heads of states in 35 developed countries.

Using Orders and Mandates as a Dependent Variable

Throughout the COVID-19 pandemic, there were a series of executive and state orders, as well as mandates that were issued to help mitigate the initial impacts of the spread. Among the most notable were stay-at-home orders and mask mandates issued by states. These sparked a lot of controversy between party lines, and much debate has been stirred regarding whether issuing these orders helped to significantly reduce the spread of COVID-19. Two primary studies that focused on

measuring the effectiveness of issuing these orders in relation to gendered leadership were 'Pandemic Performance: Women Leaders in the COVID-19 Crisis' and the study that looked at U.S. governors. While these studies assessed different levels of leadership in terms of the national versus state level, both included the variable: Date (if any) when stay-at-home orders were put in place. The gubernatorial study concluded that women governors had fewer COVID-19 deaths, but more specifically, women governors who issued these orders earlier tended to have better outcomes. [xiii] In terms of national level leaders, Piscopo found that when comparing women heads of states with their male counterparts, findings were largely inconclusive regarding stay-at-home orders and better outcomes.[xiv]

Theory and Hypothesis

There are multiple theories that can be devised about gendered leadership during COVID-19 with the primary factor of interest being the difference between male and female leadership. Few studies have examined the relationship between leadership through COVID-19 and even fewer theorize about gendered leadership during times of crises among U.S. governors specifically. Additionally, research needs to be conducted on how gender and party affiliation affect the success and efficiency of policy makers in addressing pandemic-related issues.

It has been well-established that men and women differ in leadership styles, but which style is more effective in terms of addressing health? Numerous studies have found that women legislators propose more bills concerning health than do men legislators. [xv] A breakthrough study by Zhol Hessami and Mariana Lopes da Fonseca provides a cross-national lens on the substantive effects of female representation on policies.[xvi] They conclude that in developing countries, increases in women's political representation improves the provision of public goods- especially with regard to education and health. However, in developed countries like the U.S., higher female representation

has not affected public policies as measured by spending patterns. That being said, the study also concludes that women policy makers tend to prioritize and produce more legislation regarding a wide array of health-related bills. It is worth noting that this study measures the overarching policy goals and outcomes in a non-pandemic year. It is uncertain whether the prioritization of health-related policies affected the success of policymakers in a pandemic year when health is at the top of everyone's agenda. This begs the question: Did the historic prioritization of health-related policy by women lawmakers affect the success they experienced during the COVID-19 pandemic?

Politics have been historically dominated by men, and therefore, the stereotypical expectation of a political leader has been shaped by masculine traits. Thus, politicians who don't adhere to these stereotypical gendered traits risk backlash from constituents or male counterparts. Therefore, women are pressured to display masculine traits like aggression and toughness- but subsequently get ridiculed by not personifying feminine traits like empathy and care. "Gender and Political Leadership in a Time of COVID" written by Carol Johnson and Blair Williams argues that the pandemic has opened up an opportunity for female leaders to feel empowered by their everyday feminine traits.[xvii] During this crisis specifically, constituents wanted a leader who is strong, protective, and willing to eliminate threats- all traits that are forms of stereotypical protective masculinity. However, the pandemic opened up opportunities for female leaders to display forms of protective femininity. For example, it's traditionally the mother taking care of family members that are sick, fronting household hygiene, ensuring children wash their hands, and displaying care and empathy in times of trauma. The pandemic undermined the traditional divide between the feminine private sphere and masculine public sphere of politics. The media has largely portrayed women leaders positively in their effective responses to the pandemic. An example was a Washington Post headline declaring: "Female World Leaders Hailed as Voices of Reason." [xviii] This change in attitudes

towards female leaders has led to empowerment and confidence in decision-making, and it is a reasonable assumption to attribute this to rising leadership success.

The changing national context may affect the ability of women leaders to pass bills related to health. One notable study published in the *American Journal of Political Science* in 2013 conducted research on when women are more effective lawmakers than men.[xix] Authors found evidence that women who represent a minority party in the U.S. House of Representatives are better able to keep bills they've sponsored alive through later stages of the legislative process compared to minority party men. However, the opposite was found for women legislators who represent a majority party. While these women tend to introduce a greater amount of bills, they don't see a significant amount of success carrying them through. The central conclusion of this study is that majority party women have become less effective as Congress has become more polarized. While this study involved legislators, it is reasonable to assume the same phenomena can be explained in the case of governors. Because of massive polarization in terms of COVID-19 regulations, validity of the science about the virus, etc., the question emerges: Did polarization negatively affect the effectiveness of female governors in addressing the pandemic?

There are contradictory messages over how to measure the success of a political leader. While simply winning an election is a measure of success, it is what the candidate does with this earned seat that should be most important. In terms of a pandemic, many regard the measure of success to be measured by the examination of factors like mortality rate, infection rate, and economic success during periods of instability. However, the unprecedented level of uncertainty the COVID-19 pandemic caused in developed countries allowed for new measures of success as politicians were the people to look to in terms of leadership. In terms of gubernatorial success specifically, success is largely determined by the fulfillment of promises made on the campaign trail or traditional measures like unemployment rate and GDP. However, no one could have predicted

the pandemic, and almost all governors examined in this study were elected prior to the detrimental effects the pandemic had on the U.S. For sake of consistency and reliability, success factors used in this study will be quantitative measures and rather than determining if women or men had more 'success', data will be provided to form independent conclusions.

While many theories exist surrounding gender, policy, party, and COVID-19, the primary concern for this research study involves outcomes during the COVID-19 pandemic of women versus men U.S. governors. Through paired analysis, the following question will be researched: *How have responses to COVID-19 differed between men and women governors across the United States?* My hypothesis is that states with women governors will have lower numbers of confirmed cases and deaths. In terms of qualitative research, I plan to explore whether there are differences across women and men within the same parties in terms of where they fall on the sliding scale and how this affects decision making.

Data and Methods

My research will look at 10 female governors who were in office in October 2022. All of these women have served as governor of their state throughout the 2019/2020 years- two critical years in terms of leadership during the COVID-19 pandemic.

Figure 1 lists the women governors along with their party affiliation, state, the month/year they took office, and their age as of 2022. All of these factors play an important role in pairing each woman governor with their 'male equivalent'. Party politics played an important role in decision-making as Democratic governors were faster and more likely to implement stay-at-home orders and other COVID-related mandates than their Republican counterparts.[xx] From a geographic standpoint, the state in which a governor rules is important because states in the Southern U.S. tend to have a Republican majority, and therefore, be ruled by a conservative governor enacting different policies

than Democratic governors. Lastly, age tends to be a significant factor in how one feels about the COVID-19 virus. A study by Jung Ki Kim and Eileen Crimmins found that while people of all ages were affected by the pandemic, older persons were far more likely to suffer the most severe health consequences if infected. Although this study did not look at politicians specifically, it is reasonable to consider the governor's age may affect responses to COVID.

Figure 1. Women Governors in the United States, 2022

Name	Party	State	Year Elected	Age
Gretchen Whitmer	Democrat	Michigan	1/2019	51
Janet Mills	Democrat	Maine	1/2019	74
Kate Brown	Democrat	Oregon	11/2018	62
Kay Ivey	Republican	Alabama	4/2017	77
Kim Reynolds	Republican	Iowa	5/2017	63
Kristi Noem	Republican	South Dakota	1/2019	50
Laura Kelly	Democrat	Kansas	1/2019	72
Lou Aflague Leon Guerrero	Democrat	Guam	1/2019	71
Michelle Lujan Grisham	Democrat	New Mexico	1/2019	62

I then sought to find the closest male match to the women governors. *Figure 2* displays the women governors along with their men counterparts that will be used for comparative analysis. The way I determined each male match was by looking at a variety of contributing factors, comparing possible options, and picking the best suitable fit. Factors taken into account included party, age, and state. These factors in particular were prioritized based on a study in 2020 that found that gender, party affiliation, and a higher perceived risk for infection and dying (older aged individuals) were

related to adopting more pandemic mitigating behaviors[xxi] All data from both *Figure 1* and *Figure 2* were gathered using the National Governor's Association.

Women Governship in the United States, 2022					
Gender	**Name**	**Party**	**State**	**Year Elected**	**Age**
Female	Gretchen Whitmer	D	Michigan	January, 2019	51
Male	J. B. Pritzker	D	Illinois	January, 2019	57
Female	Janet Mills	D	Maine	January, 2019	74
Male	Ned Lamont	D	Connecticut	January, 2019	68
Female	Kate Brown	D	Oregon	November, 2018	62
Male	Jay Inslee	D	Washington	January, 2013	71
Female	Kay Ivey	R	Alabama	April, 2017	77
Male	Brian Kemp	R	Gerogia	January, 2019	58
Female	Kim Reynolds	R	Iowa	May, 2017	63
Male	Pete Ricketts	R	Nebraska	January, 2015	58
Female	Kristi Noem	R	South Dakota	January, 2019	50
Male	Doug Burgum	R	North Dakota	January, 2016	66
Female	Laura Kelly	D	Kansas	January, 2019	72
Male	Jared Polis	D	Colorado	January, 2019	47
Female	Lourdes "Lou" Aflague Leon Guerrero	D	Guam	January, 2019	71
Male	Albert Bryan Jr.	D	U.S. Virgin Islands	January, 2019	54
Female	Michelle Lujan Grisham	D	New Mexico	January, 2019	62
Male	Steve Sisolak	D	Nevada	January, 2019	68

Figure 2 [xxii]

After gathering data regarding women governors and their male counterparts, I utilized the Center for Disease Control's database on the COVID-19 virus to build a data set to analyze, focusing on the 12-month period, January 16th, 2020 through January 4th, 2021. The starting date was chosen based on when states first began reporting confirmed COVID-19 cases. Since the start of the pandemic, data has been gathered through a robust process and has played an important role in guiding mitigation strategies. A CDC data team reviews information obtained by each state, and uses a comprehensive data selection process comparing each county and state source.[xxiii]

Figure 3 depicts the data gathered and used. Column **1** is to make for easy referencing to the corresponding pairs of governors. Columns **2**, **3**, and **4** are gender, party, and state. Column **5** is the

population of the state according to the 2020 Census Bureau Data.[xxiv] This is to ensure that when looking at COVID-19 statistics, the population of the state is taken into account given the differences in population size in some pairs. Column **6** is the total confirmed cases a state reported between January 16, 2020 and January 4, 2021. Column **7** represents the percentage of confirmed cases based on the state's population; it's important to note that confirmed cases could include individuals who contracted the virus multiple times in the one year period. Column **8** depicts the total reported deaths from the COVID-19 virus within the 12-month period. Finally, row **9** shows the percentage of deaths from COVID-19 as a percentage of the total confirmed cases.

Pair	Gender	Party	State	Population	Total Cases (12 mo)	Case - % of Population	Total Deaths (12 mo)	TD % of Total Cases
A	F	D	Michigan	10,077,331	551,498	5.5%	13,664	2.5%
A	M	D	Illinois	12,812,508	999,288	7.8%	18,735	1.9%
B	F	D	Maine	1,362,359	27,625	2.0%	384	1.4%
B	M	D	Connecticut	3,605,944	199,454	5.5%	6,230	3.1%
C	F	D	Oregon	4,237,256	120,223	2.8%	1,558	1.3%
C	M	D	Washington	7,705,281	262,155	3.4%	2,221	0.8%
D	F	D	Kansas	2,937,880	238,208	8.1%	3,057	1.3%
D	M	D	Colorado	5,773,714	353,965	6.1%	5,175	1.5%
E	F	D	Guam	153,836	7,378	4.8%	123	1.67%
E	M	D	U.S. Virgin Islands	87,146	2,106	2.4%	24	1.14%
F	F	D	New Mexico	2,117,522	149,984	7.1%	2,641	1.76%
F	M	D	Nevada	3,104,614	237,393	7.6%	3,295	1.39%
G	F	R	Alabama	5,024,279	384,185	7.6%	4,987	1.3%
G	M	R	Gerogia	10,711,908	713,842	6.7%	11,165	1.6%
H	F	R	Iowa	3,190,369	290,777	9.1%	4,060	1.4%
H	M	R	Nebraska	1,961,504	169,998	8.7%	2,320	1.4%
I	F	R	South Dakota	886,667	101,678	11.5%	1,518	1.5%
I	M	R	North Dakota	779,094	93,826	12.0%	1,366	1.5%

Figure 3: State-level COVID-19 outcomes for women and men governors between January 16th, 2020 to January 4th, 2021

To further exemplify the data, Michigan, or Pair A, will be used as an example. Given Michigan's total population of just over 10 million, 5.5% of the population (551,498) tested positive for the COVID-19 virus at some point between first reported cases and January 6th, 2021. Of the 5.5% of the population that contracted COVID-19, 2.5% (or 13, 664 people) died as a result of the virus. When comparing these numbers to Michigan's equivalent, one can see that Illinois was riddled with over 2% more cases. However, these cases resulted in a lower number of deaths at 1.9% in comparison to Michigan's 2.5%. This comparison alone was interesting given the different death percentages in relation to cases. In this pair comparison, the state with a women governor suffered more deaths from COVID-19 but had fewer cases. When looking closer at each state in pair A and B, both states have major metropolitan area; Chicago and Detroit. These states were coupled given their major metro areas that posed unique circumstances relating to the pandemic. For example, there generally tends to be pockets of overcrowding, high diversity rates, and higher poverty rates in inner-city, metropolitan areas; all of which led to higher contraction rates of COVID-19. Subsequently, these demographics tend to be members of marginalized communities which also tend to have lower rates of healthcare coverage, are less likely to go to the doctor, and are more likely to die from COVID-19.

Analysis

I now turn to determining whether men or women governors performed better during the COVID-19 pandemic, meaning who had lower infection rates and subsequent death rates.

Total Outcomes of Women Governors versus their Male Counterpart between 1/16/2020-1/4/2021						
	Sum of Population	Sum of Total Cases	Total cases as a %	Sum of Total Deaths	Total deaths as a % of Total Cases	Total deaths % of Total population
Female	29,987,499	1,871,556	6.2%	31,992	1.71%	0.1067%
Male	46,541,713	3,032,027	6.5%	50,531	1.67%	0.1086%
Grand Total:	76,529,212	4,903,583		82,523		

Figure 4

Figure 4 depicts the outcomes of women governors compared to total outcomes of their male counterparts. As shown, the constituent population of men governors far exceeds the total constituent population of women governors. Thus, percentages according to population are appropriate for comparison. When looking at total number of cases across all women governors compared to men, they are relatively similar: 6.2% of cases in women-ran states and 6.5% of cases in men-equivalent states. I found similar results when it came to total deaths as a percentage of the total cases. In women-run states, there was a death rate of 1.71% with men-equivalent states having a death rate of 1.67%. For analysis purposes, these rates are virtually indistinguishable. When looking at the percentage of deaths of the total population of the states, numbers were identical up to the third decimal place. These numbers suggest that the difference between women versus men governors during the COVID-19 pandemic is nearly undisguisable. Men governors had a larger percentages of total cases per population, but a smaller percentage of people who tested positive for COVID died.

Discussion

The undistinguishable results uncovered when comparing women and men governors prompted me to use the same data set to compare results by party for exploratory purposes. There have been a series of studies done, a few mentioned above, that compare COVID policies brought

forward by Republicans versus Democrats. At the start of the pandemic, it wasn't clear the way in which a virus could discriminate. But, as the pandemic progressed, it became clear that marginalized communities were being affected at a greater rate than groups of a higher socioeconomic status. This was in part due to lack of healthcare and other access issues. However, this, coupled with the controversy sparked by mandates that conservatives believed to be an infringement upon American rights, were major points of contention. This only strengthened the divide between parties. Throughout the pandemic, conservative politicians tended to be more critical of mandates like mask-wearing policies, stay-at-home orders, and social distancing requirements. Numerous studies by the CDC have shown these guidelines are proven to slow the spread of infection. When it came to death rates by COVID-19, some factors involved were quality of healthcare, hospitalization access, and social determinants. A study by Health Affairs found that the majority of Republican counties experienced 72.9 additional deaths per 100,000 people relative to a majority of Democratic counties.[xxv]

I explore whether Republican governors have a higher total case percentage per population than Democratic governors in my sample. To see if my matched pair data confirms the findings of previous studies, I sorted the governors by party. Then, I compared total cases and total deaths. Below, *Figure 5* displays the results.

Total Outcomes of Republican versus Democratic Governor's between 1/16/2020-1/4/2021						
	Sum of Population	**Sum of Total Cases**	**Total Case as a %**	**Sum of Total Deaths**	**Total Deaths as a % of Total Cases**	**Total Deaths % of Total Population**
Democratic	53,975,391	3,149,277	5.8%	57,107	1.81%	0.106%
Republican	22,553,821	1,754,306	7.8%	25,416	1.45%	0.113%

Figure 5

According to the matched pair data, which neglects large portions of the United States, Democratic governors had 2% fewer cases than their Republican counterparts. This aligns with the Health Affairs study that found the mandates Democratic governors enacted at higher rates led to slower infection rates. However, my data shows surprising results when it comes to deaths. According to the data I collected, Democratic governors have a slightly higher death rate percentage of 1.81% in comparison to their Republican counterparts who have a death rate percentage of 1.45%. My initial theory was that people who live in states with Democratic Governors would have more access to healthcare given that Democratic politicians prioritize policy surrounding public health. However, another theory that could explain the higher death rate in Democratic states is because of the presence of a major metropolitan area. For example, large cities tend to lean more left, and therefore elect Democratic governors. Cities tend to have overcrowding, larger minority communities, and higher rates of homelessness. These factors could all increase someone's chance of dying of COVID-19 due to limited access to healthcare. Furthermore, it is also possible that the data set includes too small of a sample to adequately measure and make assumptions about the effect of the governor's party, especially given the limited number of states represented.

Conclusion

It has been made evident in decades of previous research that men and women in positions of political power differ in leadership style, policymaking, and more. The COVID-19 pandemic was no exception, and as many reports began to emerge claiming men and women handled the pandemic in varying ways, a prepossessing gender in terms of outcomes prevailed. Numerous studies were brought forward following the culmination of the pandemic that ran outcome comparative analysis across international leaders. These studies compared the outcomes of countries across entire regions. However, research and information surrounding this topic lacked in the domestic sphere-

particularly within United States governorship. The purpose of this research paper was to compare the COVID-19 outcomes of women governors against a male governor counterpart. Using data compiled by the CDC, total case rates as well as death rates from the virus were compared between men and women governors.

Analysis uncovered that outcomes between women governors and their male counterpart were shockingly similar with only a 0.3% increase in total cases in men-run states and nearly indistinguishable death rates. In fact, when looking at the total death percentage of the total population of each states, numbers were identical up to the third decimal place. These results indicate that there was little difference in leadership influencing these specific variables. However, it's important to note that these results include only a small sample of female politicians. Yet the population representation is still relatively significant given the large metropolitan areas in many of the states within the dataset. However, because there are only 9 women governors out of the 50+ total U.S. state and territorial governors, it is possible that the sample size was too small to get accurate results. Future research could compare COVID-19 outcomes among men and women mayorship as there are more women mayors represented across the United States than women governors.

A question that arose throughout the analysis was how the results would differ if political party affiliation was the dependent variable. Results concluded that Democratic Governors had 2% less cases than their Republican counterparts. However, when it came to deaths, Democratic Governors had a slightly higher death rate percentage. Future research in comparative analysis of party politics could look at all 50 states.

No one could have predicted the unprecedented amount of damage the COVID-19 pandemic caused. The CDC reports that well-over one million lives were lost to the virus since the emergence of the pandemic.[xxvi] While the vast majority of those who died at the hands of COVID

were a part of the immunocompromised or elderly population, there were also individuals whose loved-ones were left shocked and confused as to why the virus claimed perfectly healthy lives. Among the words we heard most amidst the worst of the pandemic was "uncertainty". New questions were being presented every day, and answers changed in a matter of hours. Two years later, the pandemic has slowed, and things are gradually returning to a new 'normal'. However, now is when political scientists must analyze the choices politicians made during the pandemic, and determine how and if they can be improved. God forbid there ever be another global pandemic, it is imperative we learn from our mistakes and make choices, implement policy, and mitigate risks to ensure a better outcome next time.

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