COVID-19 Impacts and Responses

A Capstone Project Report

submitted in partial fulfillment

of the requirements of the

Master of Public Administration

at

Texas A&M University - Corpus Christi.

Spring Semester 2020 Capstone Seminar Course

Table of Contents

Introduction iv

Report Contributors v

Acknowledgements and Permissions x

China 1

Italy 14

Spain 16

The United States 18

Federalism in the COVID-19 Pandemic 27

New York 32

Washington State 47

California 55

Texas 62

Florida 65

Los Angeles, Chicago, and Los Angeles 70

Los Angeles, California 70

Chicago, Illinois 78

New Orleans, Louisiana 85

Comparative Analysis for New Orleans, Chicago, and Los Angeles 91

Select Texas Cities and Counties 101

Houston, Dallas-Fort Worth, and El Paso, Texas 105

Houston, Texas 105

Dallas, Texas 108

Fort Worth, Texas 111

El Paso, Texas 114

Austin, Corpus Christi and San Antonio, Texas 127

Austin, Texas 127

Corpus Christi, Texas 129

San Antonio, Texas 132

Hamilton County 141

Robertson County 142

Grimes County 143

Conclusion 146
The Educational Impacts of COVID-19 in the United States 148
COVID-19 Higher Education Response and Impacts 152
COVID-19 Impacts on Communities of Color 160
Access to Technology and Training 165
Impacts of K-12 School Closure 169
COVID-19 and K-12 Student Instruction 176
Perceptions of COVID-19 Risk and Federal Government Response 180
Conclusion 184

Introduction

In mid-March of this year our Capstone Seminar class was in the midst of getting our university's Institutional Review Board approval to move forward with the research portion of four collaborative projects with the City of Rockport. In the last few days of our university's spring break COVID-19 changed all of that. As my students and I reeled to adapt to all the changes brought by our university, county, city, state, and federal governments' responses to the pandemic, we tried to figure out what this would mean for us as a class. Little was certain in the early days of our university and community's responses to COVID-19, but we knew that our projects would no longer be possible. As I worked to bring the course online, we began investigating a way forward. This project was the result of that discussion. In an effort to plan one project that could be completed by 14 individual students with different interests and skill sets that could be combined into one final report. Some of the students were interested in working on a survey exploring the impact of COVID-19 and the responses to it to education at many different levels. Other students were interested in aspects of various localities responses to COVID-19. A few students wanted to work on both projects.

In the following report, two MPA students—Cristiane Borges Quadros and Marlene Falcon—analyzed the COVID-19 response in China, Italy, Spain, and the United States. Theresa Gayle wrote an introduction to Federalism and created a timeline of state responses to provide context for her classmates reports on several key localities including Washington, California, New York, Texas, and Florida—written by MPA students John Garcia, Luisa Salazar, and Adriana Jimenez. Monica Tryon wrote a comparative analysis of the COVID-19 response in two or the largest U.S. cities, Los Angeles, California and Chicago, Illinois, and New Orleans, Louisiana—one of the hardest hit in the early days of the pandemic in the United States. Sandra Sanchez and Renee Kozak provided an analysis of the COVID-19 response in six major Texas cities—Houston, Dallas-Fort Worth, San Antonio, Austin, El Paso and, Corpus Christi, the city in which our university is located. Several students contributed questions to a survey: The Educational Impacts of COVID-19 in the United States. Samantha Miller reported on some of the higher education institutional responses to COVID-19 and the impacts on students. Ariana Rodriguez provided an analysis on the COVID-19 educational impacts on communities of color. René Hinojosa analyzed both higher education and K-12 access to technology and training prior to and during the COVID-19 institutional responses. Paula Szczepanek reported on the impacts of K-12 schools closing in reaction to the pandemic. John Garcia analyzed the challenges associated with the changes in instruction for K-12 students during this time and Cristiane Borges Quadros reported on the general perceptions of risk and the federal government response to COVID-19.

All fourteen students in the Spring 2020 Capstone Seminar in Public Administration at the Texas A&M University – Corpus Christi were responsible for writing and editing their contributions in fulfillment of a degree requirement for the TAMUCC Master of Public Administration program. This semester's Capstone Seminar was taught by Dr. Isla Schuchs Carr, who directed this project. For permissions, questions. or comments related to this report, please contact her at Isla.SchuchsCarr@tamucc.edu.

Report Contributors

Dr. Isla Schuchs Carr

Dr. Schuchs Carr is an Assistant Professor of Public Administration at Texas A&M University – Corpus Christi. She joined the TAMUCC MPA faculty in the Fall of 2018, and this was her first semester teaching the Capstone Seminar Course. She directed the projects and this resulting report. She also wrote the introduction and conclusion to the final report as well as for the survey response section.

Cristiane Borges Quadros

Cristiane completed her Capstone Project and will graduate with her Master of Public Administration degree from TAMUCC on May 16th, 2020. Cristiane contributed to the China and survey analysis sections of the final Capstone Project. After graduation Cristiane, plans to pursue a career in the U.S. government as a political officer who fosters sustainable economic growth and social equity on a global scale.

Phillip DeFrancesco

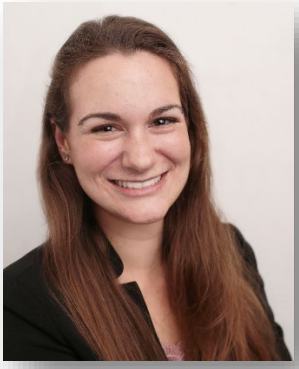
Philip is expected to graduate in May 2020 from the TAMUCC MPA program. He is a supervisor in the City of Corpus Christi Utilities department. For this project, he researched responses by rural Texas counties to the COVID-19 outbreak in Spring 2020. Following graduation, Philip plans to continue his career in Texas municipal government.

Marlene Falcon

Marlene completed her Capstone Project and will graduate with her Master of Public Administration degree from TAMUCC on May 16, 2020. Marlene contributed to the Italy, Spain, and the United States sections of the final Capstone Project. After graduation Marlene, plans to pursue a career as a Medical and Health Services Manager.

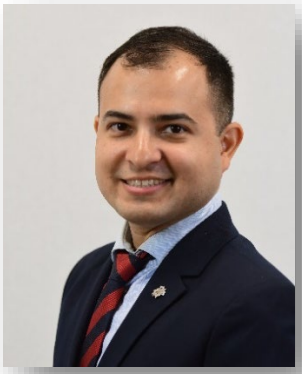
John Garcia

John completed his Capstone Project and will graduate with his Master of Public Administration degree from TAMUCC on May 16th, 2020. John contributed to the Washington State and survey analysis sections of the final Capstone Project. After graduation John plans to continue working in law enforcement and intends to use his degree to open new doors in his career.



Theresa Gayle

Theresa completed her Capstone Project and will graduate with her Master of Public Administration degree from TAMUCC on May 16th, 2020.Using her background in the Arts, she hopes to further her career in the nonprofit or public sector to continue supporting accessible and meaningful programming for Texans. Her role in this report was to develop a timeline capturing all 50 states' responses as well as the federal response to the COVID-19 pandemic and examine the argument for and against Federalism as an appropriate response.



René Hinojosa

René is a candidate to receive his Master of Public Administration degree from TAMUCC on May 16th. He returned to the United States from Saudi Arabia in the fall of 2018 after working there for twelve years. Rene took part in this Capstone Project by surveying the public to study the educational impacts of COVID-19 in the United States. He formed questions and analyzed the responses relating to technology and training in schools and universities. He looks forward to entering the field of Public Administration.

Adriana Jimenez

Adriana completed her Capstone Project and will graduate with her Master of Public Administration degree from TAMUCC on May 16th. Adriana contributed to the state sections of the final Capstone Project. After graduation Adriana, plans to continue working in higher education, either at Del Mar College or at TAMUCC in her hometown of Corpus Christi.

Renée Kozak

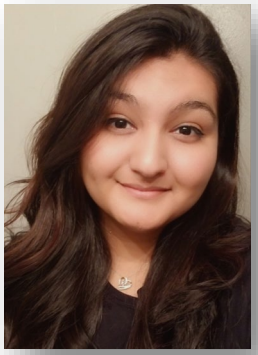
Renée completed her Capstone Project and will graduate with her Master of Public Administration degree from TAMUCC on May 16th. Renée has completed a full career in the U.S. Coast Guard. She hopes to pursue a career in either emergency management, community planning, public safety administration, or critical infrastructure management. Renée contributed reports on the COVID-19 public health response for Houston, Dallas, Fort Worth, and El Paso, Texas.

Samantha Miller

Samantha Miller is a student-athlete at Texas A&M University-Corpus Christi. She joined the TAMUCC MPA program after graduating with her Bachelor's in Criminal Justice in 2019. She created questions and helped analyze data for the Educational Impacts of COVID-19 in the United States survey, focusing on the effects of the pandemic within higher education. After graduating this summer with her Master's in Public Administration, she will attend Officer Candidate School for the United States Marine Corps in Quantico, Virginia.

Ariana Rodriquez

Ariana Rodriguez is a Master of Public Administration candidate at Texas A&M University-Corpus Christi. She will graduate in May 2020. In this project, Ariana created survey questions and analyzed the data. After graduation, Ariana hopes to further women's empowerment by working in the nonprofit sector. She is most passionate about increasing women's political representation and improving access to reproductive health care



Luisa Salazar

Luisa completed her Capstone Project and will graduate with her Master of Public Administration degree from TAMUCC on May 16th, 2020. Luisa contributed to the Texas, Florida, and California sections of the final Capstone Project. After graduation Luisa, plans to pursue a career in the field of Public Administration.

Sandra Sanchez

Sandra Sanchez completed her Capstone Project and will graduate with her Master of Public Administration degree from TAMUCC on August 8th, 2020. Sandra Sanchez contributed sections of the final Capstone Project on, Austin, Corpus Christi, and San Antonio, Texas. Sandra is a mother to two boys and the sixth daughter of Bertha and Narciso Sanchez. She graduated Magna Cum Laude in May 2018 with her a Bachelor of Arts degree in Communication from Texas A&M University- Corpus Christi.

NOT PICTURED

Paula Szczepanek

Paula completed her Capstone Project and will graduate with her Master of Public Administration degree from TAMUCC on May 16th, 2020. Paula contributed to the survey analysis section of the final Capstone Project. After graduation Paula plans to continue feeding America's kids great tasting, nutritious food and making good food policy.

Monica Tryon

Monica Tryon will graduate with her Master of Public Administration degree from TAMUCC on May 16th, 2020. Monica currently works at the Nueces Center for Mental Health and Intellectual Disabilities. Monica contributed to the city response section of the final Capstone project. Monica plans to pursue a career in Healthcare Administration and continue her education.

Acknowledgements and Permissions

This report was written by graduate students in the Master of Public Administration program at TAMUCC as part of their graded work in their Capstone Seminar, in fulfillment of their degree requirements. These Students were responsible for writing and editing their contributions. Dr. Schuchs Carr gave suggested revisions to each student as part of the report development process, but not all of the final submissions reflect those suggestions.

All students submitted written permission for their pictures, contributor information, and report to be shared publicly in this final report document.

This report and the corresponding projects were directed by Dr. Isla A. Schuchs Carr. Her full contact information is listed below:

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China

By Cristiane Borges Quadros

Introduction

This report analyzes the response of China's government to manage and address the spread of the novel Coronavirus (COVID-19) in its country. China was selected as a relevant location to be analyzed because the COVID-19 was first detected in the southern Chinese city, Wuhan, capital of Hubei province, in late December of 2019 (Taylor, 2020; Wong, 2020). Additionally, China is a country that demonstrated an exemplary contention of the virus' spread within its national borders (Kupferschmidt & Cohen, 2020). As of May 13, 2020, China has been affected with 84,018 COVID-19 infections and suffered from 4,637 deaths (Roser et. al., 2020a; Roser et. al. 2020b). Globally, so far, more than 4 million COVID-19 cases have been registered, with nearly 300 thousand deaths (John Hopkins University, 2020).

In analyzing China's governmental response to COVID-19, this report considers a brief history of China, data on GDP, population, demographics, access to healthcare, and national rates of chronic diseases related to increase the risk of aggravating COVID-19 disease symptoms. It also encompasses information about the Chinese government, the chronology of COVID-19, and major criticisms the Chinese government received in reaction to their response to tackle the pandemic.

Brief history of China

China is the oldest continuous civilization in the world (Wiesenberg et. al., 2020). The legendary Chinese history dates back to 2697 B.C. (Wiesenberg et. al., 2020). Qin-Shi-Huang was their first ruler who created a unified Chinese empire through the Qin dynasty (Wiesenberg et. al., 2020). The name of the country, China, originates from him (Müller, 2019; The Editors of Encyclopaedia Britannica, 2019). The empire existed briefly from 221-206 B.C., but made lasting cultural impacts and established the foundation for the administrative form of governance to all subsequent dynasties that followed for the next two millennia in China (History.com Editors, 2017; The Editors of Encyclopaedia Britannica, 2019).

The People's Republic of China is the heir of these ancient empires. Their last emperor, Puyi, reigned until 1912 when he abdicated in response to the Chinese Revolution (The Editors of Encyclopaedia Britannica, 2020). President Xi Jinping's father was born the next year (Houlan, n.d). Xi governs in the "cultural and geographic footprints of a proudly continuous Imperial Chinese civilization" that spreads a unified national value and demands strict obedience from their citizens (McLaughlin, 2020).

The paramount for all Chinese dynasties, and for every Chinese government, has been to show to their citizens that they had the power to control and ensure order internally and security externally (McLaughlin, 2020). Their secondary aim has been to display loyalty and respect to Chinese traditions and values. The exception to this rule occurred during Mao Zedong's Cultural

Revolution (1966 – 1976) when the use of brutal force temporarily repressed the reverence of the Chinese people's traditions (History.com Editors, 2017; McLaughlin, 2020).
It is important to comprehend China's history to understand Xi's worldview of politics and influential ideas for governance. Presently, China lives in an era of Communist stability, and the Reform and Opening Up policy of 1978 brought China to a remarkable economic growth (United Nations, 2019). Since 2010, China has ranked the second-largest economy in the world, with a Gross Domestic Product (GDP) that reached 13.41 trillion U.S. dollars in 2018 (Statista, 2020).

Demographics of China

China has the largest population in the world, with 1.44 billion people. The figure of 1.44 billion people represents 19% of the world's population (United Nations, 2019). Currently, 60.8% of the Chinese population is urban, which represents 875,075,919 people (Worldometers, 2020b). The median age is 38.4 years (Worldometers, 2020b). The life expectancy for females is 79.7 years, and for males, it is 75.4 years, which makes an average of 77.47 years for both sexes (Worldometers, 2020b). The infant mortality rate under age five is 9.8 per 1,000 live births (Worldometers, 2020b).

China's health care system and access

Since the 1950s, the Chinese government has been putting effort into expanding access to quality healthcare for its population (Fu, 2020; Hao et. al., 2020). They implemented a dual healthcare system in urban and rural areas (Hao et. al., 2020). However, according to studies, access to healthcare in China was not uniform, especially in rural areas (Hao et. al., 2020). Over the decades, the dual medical scheme went through changes and reforms nationwide (Hao et. al., 2020). In 2016, the merge of the Urban Resident Medical Scheme (URMS) with the New Cooperative Medical Scheme (NCMS) into one medical scheme allowed rural citizens to have the same healthcare benefits as urban citizens for the first time in the Chinese history (Hao et. al.,2020). Presently, China provides three options of public health insurance for its citizens (Fu, 2020; Hao et. al., 2020). The Urban Employee Basic Medical Insurance and the Urban Resident Basic Medical Insurance covers urban citizens, while the New Cooperative Medical Service, covers rural citizens (Fu, 2020; Hao et. al., 2020). Thus, the Chinese government made basic health care services accessible to 95% of its population, which is around 1.25 billion people (Fu, 2020; Hao et. al., 2020).

Statistics of chronic diseases that increase the risk of aggravating COVID-19 symptoms

China presents one of the highest cardiovascular disease (CVD) death rates in the world (World Heart Federation, 2017). The National Center for Cardiovascular Diseases published an official report in 2017 that included a total number of 290 million people with CVD in China (Bei et. al., 2018). The related risk factors to CVD can be associated with smoking tobacco, consumption of alcohol, hypertension, and obesity (World Heart Federation, 2017).

China is the world's largest producer and consumer of tobacco products (World Heart Federation, 2017). There are more than 300 million smokers in the country – with 28.1% of adults, and more

than half of all adult men, are regular smokers (World Heart Federation, 2017). Around 3,000 people die from tobacco-related illness in China every single day (World Heart Federation, 2017). China also ranks number one worldwide as a major epicenter in the diabetes epidemic (Hu & Jia, 2018). Around 109.6 million of Chinese adults have diabetes, which represents 10.9% of its population (Hu & Jia, 2018). The main cause of type 2 diabetes is obesity (Hu & Jia, 2018). The changes in lifestyle in China brought by modernization created sedentarism and eroded traditional dietary practices, which resulted in higher obesity rates and increased diabetes (Hu & Jia, 2018). Moreover, in accordance with Tulane's University (2018) study, 8.6% of the Chinese adult population has chronic obstructive pulmonary disease (COPD), which represents almost 100 million people suffering from chronic lung disease.

Lastly, obesity is also a major health concern in China. One in seven of the country's adults is obese (The Economist, 2019). Chinese obesity rates between 5% and 6% of its population, but in big cities where fast food is popular, the overall obesity rate is greater than 20%. (World Health Organization, 2003).

Information on China's government

China is a Republic with 23 provinces. The capital city is Beijing. The Constitution was promulgated on December 4, 1982 and amended several times. The type of government is Communist since 1949, justified by the need for stability (Nation Master, n.d.). The President is elected by the National People's Congress for a 5-year term and is eligible for a second term. The current President is Xi Jinping since March 12, 2013(Nation Master, n.d.). The executive power is constitutionally linked to a single political movement, the Chinese Communist Party or CCP (Nation Master, n.d.). In the Judicial branch, there are 3 courts: the Supreme People's Court where judges are appointed by the National People's Congress; the Local People's Courts that comprises higher intermediate and basic courts; and the Special People's Courts, which is reserved for military, maritime, railway transportation, and forestry cases (Nation Master, n.d.). The legal system is influenced by Soviet and continental European civil law systems, and the legislature has the power to interpret statutes (Nation Master, n.d.). The Legislative branch is unicameral with the National People's Congress (Nation Master, n.d.). With the dominant political party of the CCP, China's remaining 8 independent small parties are all controlled by the CCP (Nation Master, n.d.). China does not give space for political opposition groups. Voting is universal, starting from 18 years of age (Nation Master, n.d.).

Chronology of the novel Coronavirus or COVID-19 in China

The new coronavirus is highly infectious and can cause mild to moderate respiratory illness. Older people, or those with health conditions such as cardiovascular disease, diabetes, chronic respiratory disease, and cancer, are more susceptible to develop severe symptoms that can lead to death (Sauer, 2020; WHO, 2020).

The first case of COVID-19 was reported in late December 2019, in Wuhan city, the capital of Hubei province, located in southern China (Taylor, 2020; Schumaker, 2020). On December 31, 2019, Chinese Health officials informed the World Health Organization (WHO) about 41 patients diagnosed with unusual symptoms of pneumonia unknown source (Secon, Woodward, & Mosher,

2020; Taylor, 2020). Most of these patients were connected to the Huanan Seafood Wholesale Market that trades illegal wildlife (Secon et. al., 2020; Taylor, 2020). The next day, January 1, 2020, this market was closed down (Secon et. al., 2020).

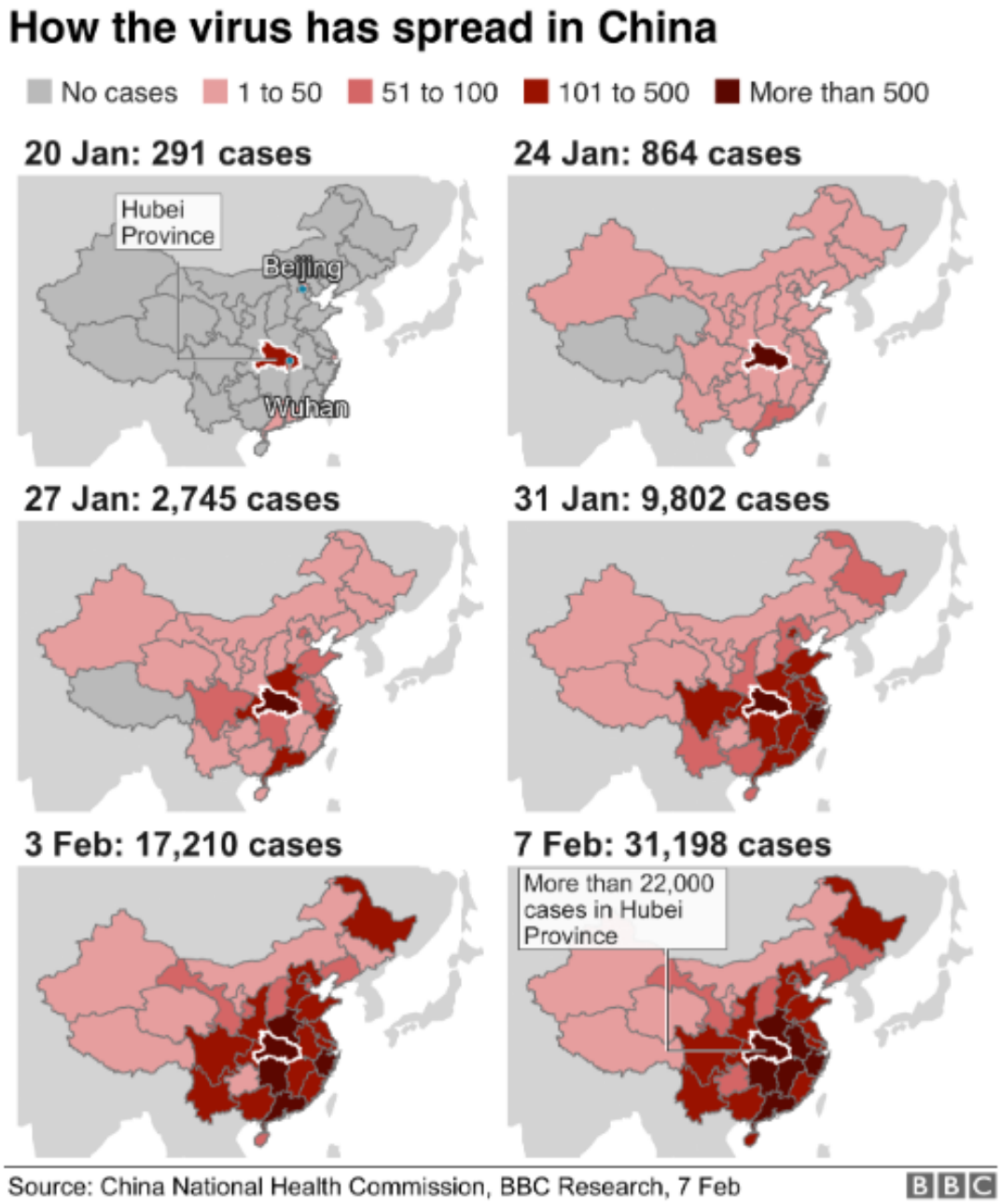
On January 7, 2020, Chinese authorities identified a new type of coronavirus, called novel coronavirus or nCoV (Secon et. al., 2020). On January 11, 2020, China registered the first death caused by COVID-19, a 61-year-old man who was a regular customer at the Huanan Seafood Wholesale Market in Wuhan (Secon et. al., 2020; Schumaker, 2020; Taylor, 2020).

After two days, the first case of COVID-19 outside of China was reported in Thailand, and three days later in Japan (Secon et. al., 2020). On January 20, 2020, the U.S. had its first case of COVID-19 reported in Washington State from a 35-year-old man who developed symptoms after visiting Wuhan (Secon et. al., 2020; Schumaker, 2020). That same day, the President of China, Xi Jinping, made his first public comment on COVID-19 stating that the outbreak "must be taken seriously" with "every possible measure pursued" (The Associated Press, 2020).

On January 23, 2020, Wuhan was put under quarantine, and Hubei province followed this policy within days (Secon et. al., 2020; Schumaker, 2020; Taylor, 2020). The following week, on January 30, 2020, WHO declared the COVID-19 crisis a global public-health emergency (Secon et. al., 2020; Schumaker, 2020; Taylor, 2020). The next day, foreigners who traveled to China less than 2 weeks prior were prohibited to enter the U.S. by President's Trump executive orders (Secon et. al., 2020; Taylor, 2020).

On February 2, 2020, the first death outside of China was registered, in the Philippines (Secon et.al., 2020; Taylor, 2020). On February 7, 2020, Li Wenliang, the Chinese doctor who tried to other doctors in his hospital about the coronavirus outbreak, died in Wuhan (Secon et. al., 2020, Sudworth, 2020; Taylor, 2020, BBC News, 2020).

Figure 1: COVID-19 spread in China from January 20, 2020 to February 7, 2020

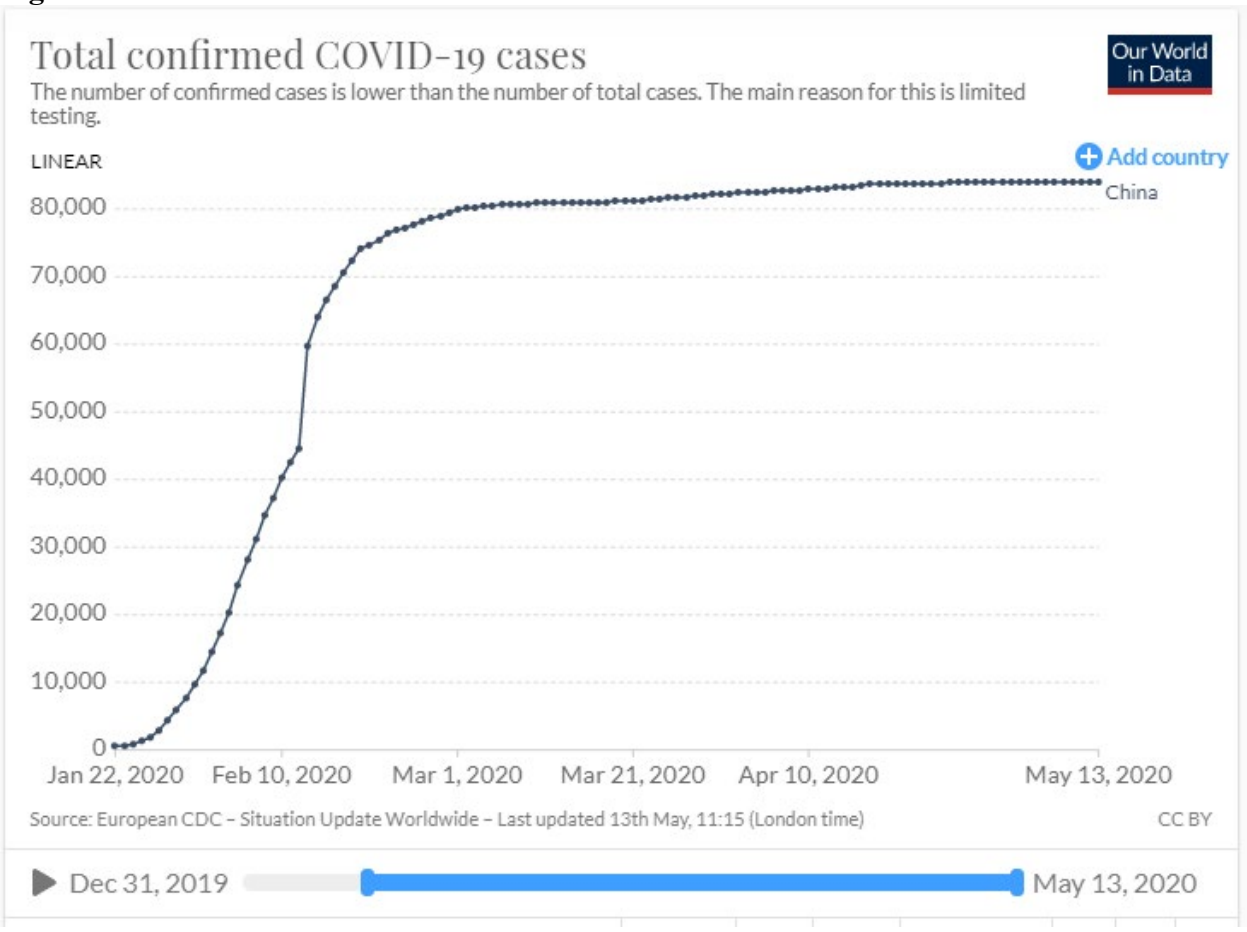


(BBC News, 2020)

The next day, the first U.S. citizen infected by COVID-19 died in Wuhan city (Secon et. al., 2020). On February 9, 2020, China's death toll surpassed the 2002-2003 SARS epidemic, with 811 deaths registered (Secon et. al., 2020). On February 11, 2020, WHO announced that the new coronavirus disease would be called "COVID-19", an acronym that stands for coronavirus-disease-2019 (Secon et. al., 2020; Schumaker, 2020; Taylor, 2020). On February 14, 2020, an 80-year-old Chinese tourist died in France (Secon et. al., 2020; Taylor, 2020). It was the fourth death from the virus outside China (Taylor, 2020). During the second and third weeks of February 2020, the outbreak began in South Korea, Iran, and Italy (Secon et. al., 2020; Taylor, 2020).

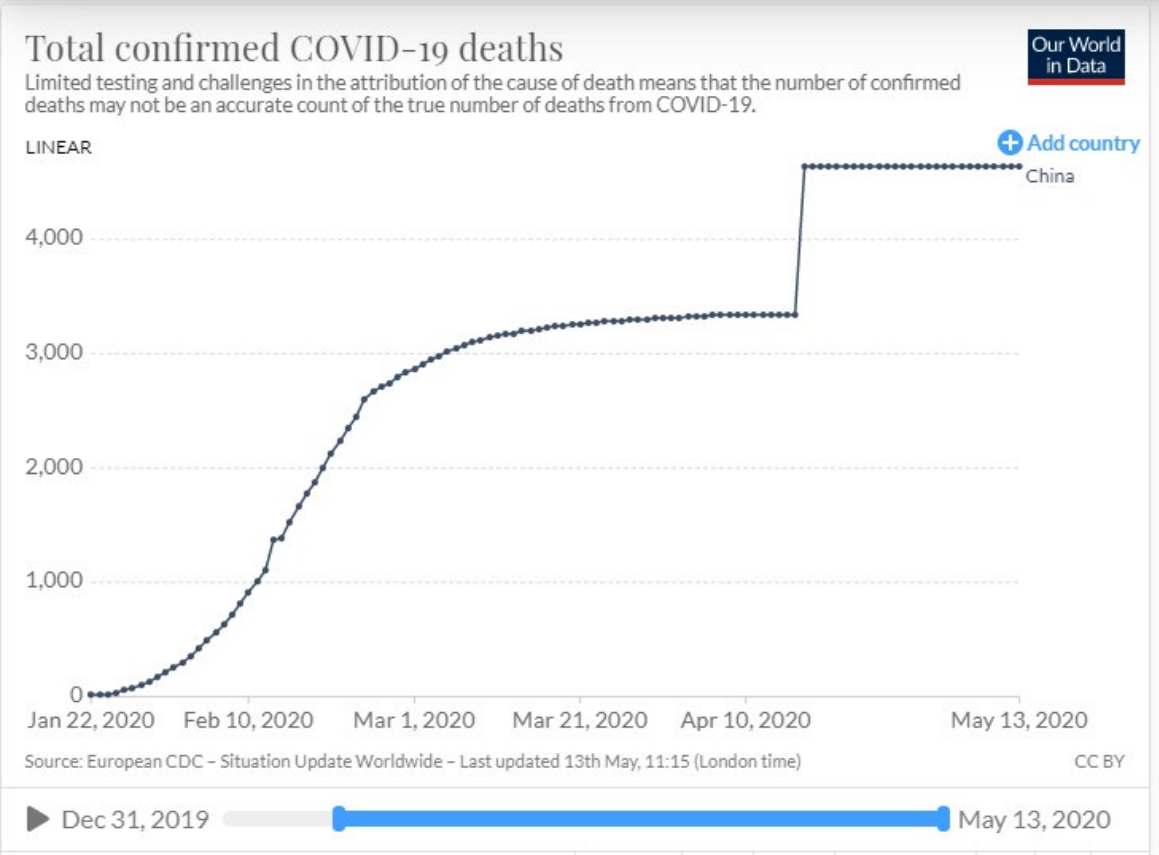
On March 11, 2020, with more than 118,000 confirmed cases globally, and 4,291 deaths, WHO declared the COVID-19 outbreak a pandemic (Wan, 2020). Eight days later, on March 19, 2020, China reported no new COVID-19 cases for the first time since the pandemic outbreak (Secon et. al., 2020; Taylor, 2020). On March 31, 2020, one-third of people in the world was living under some form of lockdown (Secon et. al., 2020). On April 2, 2020, COVID-19 worldwide infections passed 1 million, and the global death toll surpassed 100,000 over the following 8 days; millions of people lost their jobs (Secon et. al., 2020; Schumaker, 2020; Taylor, 2020). On April 15, 2020, the number of global COVID-19 infections exceeded 2 million (Secon et. al., 2020). As of May 13, 2020, China has been able to control the spread of COVID-19 in its national territory, reporting 84,018 COVID-19 cases, with 78,195 recovers, and 4,637 deaths (Roser et. al., 2020a; Worldometers, 2020a; Roser et. al., 2020b). The COVID-19 which started in the Chinese city of Wuhan now has spread to 188 countries, causing 4,347,015 infections, and 297,197 deaths globally (JHU, 2020).

Figure 2: Total COVID-19 cases in China



(Roser et. al., 2020a)

Figure 3: Total COVID-19 deaths in China



(Roser et. al., 2020b)

Figure 4: COVID-19 Dashboard of Worldwide affected areas with total confirmed cases and global deaths

(adapted from Johns Hopkins University, 2020)

Major initiatives taken by the Chinese government in response to COVID-19

Initially, the Chinese government did not address the COVID-19 with severity (BBC News, 2020). In early January, they reprimanded Dr. Li Wenliang when he tried to raise the alarm that infections could spin out of control to the public (BBC News, 2020; Sudworth, 2020). Once the first COVID-19 case was confirmed outside mainland China, in Thailand, on January 13, 2020, government leaders in the capital of China, Beijing, recognized the possibility of a pandemic and drastically changed their public policy actions (The Associated Press, 2020).

In response, the Chinese government launched a nationwide emergency plan to find COVID-19 cases and applied extreme measures to contain the spread of the virus (Kuo, 2020). Top leaders of the Center for Disease and Prevention (CDC) in Beijing were assigned to work with 14 groups to get funds, train health workers, collect data, conduct field investigations, and supervise

laboratories(The Associated Press, 2020). The CDC worked systematically to identify, isolate, test, and treat all cases of the COVID-19 in China (The Associated Press, 2020). The government made COVID-19 testing free and accessible throughout the country, built dozens of temporary new hospitals, used technology to monitor citizens and track every COVID-19 case, invested in massive propaganda to instill pride and solidarity in citizens by emphasizing sacrifices taken by health care providers and construction workers, and ultimately implemented an aggressive use of quarantines with several punishments and rewards to encourage public adherence (Brueck, Miller, & Feder, 2020; Chen, 2020; Kuo, 2020;Kupferschmidt & Cohen 2020).

The epicenter of COVID-19, Wuhan city, was put on lockdown on January 23, 2020, by the Chinese government, and was soon followed by other cities of the Hubei province. The order was to stay at home and practice social distancing (Kuo, 2020; Kupferschmidt & Cohen 2020). Private use of vehicles was banned, shops and non-essential businesses were ordered to close (e.g., restaurants, bars, schools, universities, gyms, etc.), and food and other essentials were to be delivered by supermarkets (Cheng, 2020; The CBI, 2020). Only essential workers were allowed to continue operating regularly, and the use of protective masks became mandatory to everyone (Bradsher, 2020; The CBI, 2020). Additionally, government authorities blocked roads, suspended buses and subways, canceled flights and trains leaving the city, and closed their borders to foreign nationals (Buckley & Hernández, 2020; Taylor, 2020). The lockdown and restriction policies were amplified to the entire country, varying in strictness, with the enforcement of local provincial governments (The CBI, 2020). Soon after, around 760 million people were confined to their homes in China for 76 days (Kuo & Yang, 2020; Zhong & Wang, 2020).

The following services were defined as essential by the Chinese government: military, police, doctors, nurses, pharmacists, manufacturers of protecting equipment and medical devices, food producers, supermarkets, transport providers, logistics, underground networks, delivery drivers, utility companies, state oil and gas processing plants, telecommunications, construction workers, and apartment and site management staffs (The CBI, 2020).

Major criticisms received in reaction to the Chinese government response to COVID-19

One major criticism received by the Chinese government in response to COVID-19 was the delay of 6 days to act and inform the world about the novel coronavirus (The Associated Press, 2020). Chinese authorities were aware of the likelihood of a pandemic from COVID-19 since late December but remained silent (The Associated Press, 2020; Wei & Deng, 2020; Yuan, 2020). On January 18, 2020, government authorities allowed the city of Wuhan, epicenter of the virus, to host a massive community banquet for more than 40,000 families that shared various dishes, in a tradition that marks the Lunar New Year (Wei & Deng, 2020; Yuan, 2020;). Additionally, millions were still allowed to travel through Wuhan for these celebrations (The Associated Press, 2020; Yuan, 2020). By the time President Xi Jinping warned the public, more than 3,000 people were infected with COVID-19 (The Associated Press, 2020).

Another major criticism attributed to China's government in response to COVID-19 relates to their reporting methodology. American intelligence agencies affirmed that Chinese authorities lied about infection rates, testing, and death numbers, and purposely submitted incomplete reports to the World Health Organization (Barnes, 2020; Wadhams & Jacobs, 2020). Moreover, the Chinese government revised its methodology for counting cases and excluded completely asymptomatic

people from its total number for several weeks (Wadhams & Jacobs, 2020). This approach relates to China's "authoritarian system, with strict censorship, and an emphasis on political stability above all else, [where] transparency and trust are in short supply" (Wei & Deng, 2020). President Xi is considered one of the most authoritarian leaders in decades which makes officials more hesitant to report cases (Barnes, 2020).

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Italy

By Marlene Falcon

Introduction

The reason why Italy, Spain and the United States are important to this case study is because these three countries have been the highest with confirmed cases worldwide. That could be subject to change as it is still an ongoing investigation. As of April 21, 2020, the United States had 788,920, Spain had 204,178 and Italy had 181,228 confirmed COVID-19 cases (Johns Hopkins Coronavirus Resource Center, 2020). Italy, Spain, and the United States, also have the highest number of deaths compared to other countries. These numbers keep rising daily for each of these countries and the reason behind that is still being investigated. In this report we will see what each of these countries are doing to help flatten the curve, what guidelines are set to help stop the virus from spreading, and how it has impacted their economy.

Italy's Demographics

The midyear population for Italy for 2020 is 62,403 individuals. Italy has three largest cities which include Rome, Milan and Naples. In 2014 Italy reported that 22% of their population was 65 or older and with just 13.5% under the age of 15, which means that Italy is a rapidly aging country (World Population Review, 2020). In 2017, the top ten causes of deaths in Italy were (1) Ischemic heart disease, (2) Alzheimer's disease, (3) Stroke, (4) Lung cancer, (5) COPD, (6) Hypertensive heart disease, (7) Colorectal cancer, (8) Diabetes, (9) Chronic kidney disease, and (10) lower respiratory infection (Institute for Health Metrics and Evaluation, 2017). The United States, Spain and Italy share similar causes of deaths. COVID-19 is now on the list of main causes of deaths in Italy. The life expectancy in Italy for Men is 79 years old and 84 years old for women (Ferre, de Belvis, Valerio, Longhi, Lazzari, Fattore, Ricciardi, & Maresso, 2014). Italy's health care system is almost similar to Spain's health care system in which it provides universal coverage largely free of charge at the point of delivery. According to the World Health Organization, Italy ranks among the top 10 countries for quality health services. Italy's national healthcare system (NHS) is tax funded and regionally based (Pearson & Triglione, 2020). The national healthcare system offers their residents to have free or limited cost emergency care and it also extended to visitors. They offer very low co-payments and they make access to healthcare fairly easy to residents. Individuals are also given the opportunity to pay for a private doctor who will charge more than the government rate, but the fees are usually very reasonable (Pearson & Triglione, 2020). When comparing the United States with Spain and Italy, it is said that Spain and Italy will provide quality and affordable healthcare. The people who live in Spain and Italy are to be healthier than those in the U.S.

Economic Impact and Government Influences

Italy's biggest problem was not only the economic impact, but the health care issues that arose due to a fast increase in demand. Italian hospitals ran out of room for patients fairly quickly and did not have any other resources to use. Italy has an overwhelmed health care system that Germany has reached out and offered to help. Italy is the second country with the most COVID-19 deaths. Germany who has hospital rooms to spare has now offered to take in coronavirus

patients from Italy (Reuters, 2020). The United States has also offered to help Italy by providing medical supplies, humanitarian relief and other assistance. The Italian government, like Spain and the United States has set strict social distancing and stay at home orders. These regulations were set in place to help slow down the spread and flatten the curve of the coronavirus. Italy has also encouraged industrial business to start producing respirators, mask and protective garments, and other helpful medical supplies. The difference with the COVID-19 economic crisis in Italy, Spain and the U.S. is a country of choice and action while in Italy and Spain their policy situations are more gradual in its adjustments (Taddei, 2020). The actions these countries are taking are certainly temporary as there is certainly a great deal of uncertainty in how long this pandemic will last.

Response to COVID-19

As of April 29, 2020, Italy had 203,591 total cases confirmed. Italy had their first case confirmed on January 31, 2020. It was believed that two Chinese tourists in Rome had tested positive for the virus. The third case was a man who had visited Wuhan, China tested positive for the virus only after leaving the hospital without a test the first time he went in. He is believed to have spread the disease widely before developing severe symptoms (Lawler, 2020). Italy was faced with a rapid spread of the virus. The hospitals were overflowing with positive COVID-19 cases and there was also a lack of protective medical equipment. Italy was placed on a nation-wide lockdown, but it had seemed a little too late for that. Italy failed to recognize the severity of the virus. To not cause a panic, Italian politicians had engaged in public handshaking in Milan causing the virus to spread to one of the politicians (Pisano, Sadun & Zanini, 2020). The inability to listen to experts has caused the spread to worsen as well. It was advised weeks earlier by several scientists about how bad and contagious the virus was. When the lockdowns occurred, it was only set on the locations that had confirmed cases ``red zones". Italy was following the virus instead of preventing it (Pisano, Sadun & Zanini, 2020). They were locking down areas that had been affected instead of placing a national lockdown from the beginning.

Another issue was Italy's health care system. Their health care system is decentralized making it difficult because different regions tried different policy responses (Pisano, Sadun & Zanini, 2020). Although each region dealt with health care differently, government officials believed it was important for public health to be a priority. Hospitals in Italy have been so overwhelmed that they had to call on its army to help transport bodies to be cremated (Delkic, 2020). Much like New York hospitals that are also overwhelmed and overflowing with COVID-19 patients (Marquez & Moghe, 2020). Germany has stepped in to help neighboring countries and taken in COVID-19 patients. "Germany has not been as badly impacted as other European nations by the pandemic and it is believed a combination of young people being infected, early testing measures and high hospital capacity have all played a role" (McCarthy, 2020). For this reason, the German government has decided to share some of the country's capacity with other countries. Currently Italy seems to be leveling off on the number of new cases and it is believed it is because of the country's strict lockdown efforts. The death toll continues to climb, and health officials say the country has not yet reached its peak (Lai, 2020).

Spain

By Marlene Falcon

Spain's Demographics

Spain's population is much less than the United States in which Spain's midyear population is currently 50,000,000 million individuals. The top five leading causes of death in Spain are (1) Ischemic heart disease: 14.6%, (2) Alzheimer and dementias:13.6%, (3) Stroke:7.1%, (4) COPD: 6.9%, and (5) Lung cancer: 5% (Soriano, Rojas-Rueda, Alonso, Pere-Joan Cardona, et al., 2018). The life expectancy in Spain for females is 86.7 years and for males 81.3 years (Worldometer, 2020). The two largest cities in Spain are Madrid and Barcelona in which those two cities have the most population. Spain's health care system is different from the United States health care. Spain has what they call Sistema Nacional de Salud. The Spanish Universal national health system (SNS) is based on the principles of universality, free access, equity and fairness of financing, and is mainly funded by taxes (IMTJ, 2018). "Spain believes that there are three ways to guarantee the financing of a quality public health system with universal coverage and free of charge health care, (1) to increase the efficiency and effectiveness of the health provision system, (2) prioritize health spending in relation to other public policies and/or, (3) increase income taxes for that purpose" (Avanzas, Pascual, & Moris, 2017, p. 432).

Economic Impact and Government Influences

Like most countries Spain was faced with economic hardship. Spain being the second country with the highest confirmed cases was already struggling in 2019 with their already high unemployment rate and high government debt (Trypsteen,2020). Now that Spain is on lockdown, it has become more sensitive to the COVID-19 shock. Spin's government approved a $21 billion package to help households, workers and firms. Other measures the Spanish government adopted was to help protect households who are in vulnerable situations because of the COVID-19 crisis. The government established that essential supplies be guaranteed such as electricity, water, gas, and telecommunications (Domenech, 2020). They have also allowed workers to work from home to help them maintain their income. In March 3.5 million people registered for unemployment. "To protect companies, Spain's government also established a deferral of tax payments, a reduction of Social Security contributions for workers, and a line of guarantees for companies and self-employed workers amounting to 100 billion euros in order to safeguard their liquidity, among other measures" (Domenech, 2020). Italy being the third country with the highest confirmed cases dropped six percent of their gross domestic product. Italian economy will also decrease in consumption value and the hotel and catering sector will experience the largest decrease (Statista Research Department, 2020).

Response to COVID-19

Spain currently has 236,899 confirmed cases as of April 29, 2020. The first case to have been detected in Spain was on January 31, 2020 by a German tourist in the Canary Island, who had been in touch with people who had travelled to China. At the time no one really knew the

severity of the virus and continued on with their daily activities. It wasn't until February 19th when Valencia fans traveled to Milan to watch a soccer match in Italy's Lombardy region that they realized that the virus spreads fast and easily. By February 25th seven days later, Spain started reporting cases that were linked to Lombardy, the place Valencia fans had traveled to. There were also 700 guests that were put in isolation after an Italian tourist had tested positive for COVID-19. As the virus continued to spread rapidly, Spain began advising its citizens to not travel to places that had been affected by COVID-19 such as China, Japan, and northern Italy. Close to two months later since the first case was reported, Spain reported their first coronavirus linked death. Between March 9th -14th Spain ordered schools to shut down and declared a 15-day state of emergency. The Health Ministry centralizes all decisions such as bars, restaurants and shops selling non-essential items to close. The 15-day to slow the spread happened in Spain a day before the United States also announced a 15-day state of emergency. Just like all other countries, Spain struggled to get a hold of much needed medical equipment. The lack of protective medical equipment has caused doctors and nurses to get infected with COVID-19. "Health care workers have filed a series of lawsuits against the government across Spain's regions and in the Supreme Court, in an attempt to force improvements to authorities to improve provisions" (Nugent, 2020). Doctors and nurses are having to reuse masks, gloves, surgical masks, and any protective gear because of the lack of available supplies. Doctors and nurses argue that their government is not helping them get the supplies they need. They see other countries who are receiving shipments of medical supplies and they feel left out. There seems to be a lack of coordination in Spain which has caused the virus to keep spreading.

Since then, Medecins Sans Forntieres (MSF) has stepped in to help Spain by starting medical, logistical and strategic support activities. "The goal is to help relieve the pressure on hospitals and health centers so that they can focus on treating the most severe patients, and to strengthen the protection of the elderly, one of the most vulnerable groups in this pandemic" (Noguera, 2020). The lockdown was placed in Spain as in other countries to help slow the spread of the virus. Strict regulations such as no one was allowed to go outside, travel bans were set, and those who traveled were put on a mandatory quarantine unless it was to get groceries or doctor visits. On April 1st, Spain began to see a drop in daily cases for four consecutive days (O'Kane, 2020).

The United States

By Marlene Falcon

United States Demographics

As of April 2020, the estimated population for the United States consists of 329,549,751 individuals. The United States is currently the third country with the most population. A breakdown of this population consists of 50% female persons, 16% persons 65 years and over, 22% persons under 18 years, and 6% persons under 5 years (United States Census Bureau, n.d). If we look at the 2018 timeframe for race in the United States the data shows 60% White, 12% Black, 18% Hispanic, 1% American Indian/ Alaska Native, 6% Asian, less and 1% Native Hawaiian/Other Pacific Islander, and 3% two or more races (Kaiser Family Foundation, 2020). The life expectancy for the U.S. population in 2018 was 78.7 years, an increase of 0.1 year from 2017 (XU, Murphy, Kochanek, & Arias, 2020). For females the life expectancy is 81 years and for males it is 76 years. The 10 leading causes of death in 2018 remained the same as in 2017. The 10 leading causes of death in the U.S. are (1) Heart Disease: 24.2%, (2) Cancer: 21.9%, (3) Unintentional Injuries: 7.6%, (4) Chronic Lower Respiratory Diseases: 5.2%, (5) Stroke: 4.3%, (6) Diabetes: 3.2%, (7) Alzheimer's Disease: 2.6%, (8) Suicide: 2.6%, (9) Influenza and Pneumonia: 1.8%, and (10) Chronic Liver Disease: 1.8% (Centers for Disease Control and Prevention, 2019). Chronic Obstructive Pulmonary Disease (COPD) is a progressive disease that makes it hard to breath and is mainly seen in people that smoke or have smoked. It is the fourth leading cause of death in the United States and in 2013 it was reported to have been seen mainly in women and people aged 65 to 75 years (Center for Disease Control and Prevention, 2019).

For many years U.S. adults have struggled with access and affordability to health care. Most Americans will go without health care because of costs. In a 2016 report, 33% of U.S. adults went without recommended care, did not see a doctor when sick, or failed to fill a prescription because of costs (Osborn, Squires, Doty, Sarnak, & Schneider, 2016). Another concern is that people who have a preexisting disease are afraid to change jobs because they believe they will lose insurance coverage. Another issue that still exists is that people believe that by decreasing their insurance benefits it will force them to actually pay more causing them to be reluctant to seek care when they need it. The United States might have the best healthcare, but not many Americans will have access to it. Barriers to health services include high cost of care, no insurance coverage, lack of availability of services, and lack of culturally competent care (HealthyPeople.gov, 2020). These barriers to accessing health services lead to unmet health needs, delays in receiving appropriate care, inability to get preventive services, financial burdens, and preventable hospitalizations. "Access to care often varies based on race, ethnicity, socioeconomic stats, age, sex, disability status, sexual orientation, gender identity, and residential location" (AHRQ.gov, 2018). Above all, the U.S. has however made significant progress in expanding insurance coverage under the Affordable Care Act. This Act was created so that health insurance would be made affordable and available to more people. It would also help expand the Medicaid program to cover all adults with an income below the federal poverty level and to also support innovative medical care delivery methods designed to lower the costs of health care generally (HealthCare.gov, n.d.).

Economic Impact and Government Influences

The Coronavirus (COVID-19) has impacted the economy worldwide. As of April 27th, there have been more than 3 million individuals that have been infected with COVID-19 and more than 210 thousand individuals have already died. Leading with 1,036,652 cases, the United States is far from seeing a decrease in COVID-19 cases. Some cities and states have flattened their curves, but as a nation the numbers keep rising. The coronavirus has put some pressure on federal and state governments. As the pandemic has gotten worse, governors have gone their own ways, with some adopting stringent measures and others shrugging off the need for immediate action (Science News Staff, 2020). It has become difficult for governors during this time as they must now make their own decisions. Part of that is shutting down business, closing schools and enforcing curfews. Many governors and local officials are reluctant to invoke such powers and suffer the political costs without clear direction from The White House (Science News Staff, 2020). Each state and city have their own set of guidelines and since the power was given to governors, each state is battling against each other for medical supplies and equipment. "There is a lack of medical supplies worldwide causing a worldwide bidding war for face masks and other safety gear that doctors and nurses desperately need to battle COVID-19" (Watkins & Mencarini, 2020). The worst part is that medical supplies when found are overpriced. This has caused states to go up against one another in that each state governor had to bid to get the medical equipment for their state (Mervosh & Rogers, 2020). Companies are constantly increasing the price due to the fact that they are getting better offers.

Another issue is that states are unable to purchase medical equipment from the private market because the federal government is buying up the supplies (Watkins & Mencarini, 2020). Since the virus has hit worldwide it has made it difficult for countries to receive medical supplies due to the fact that companies are shut down. Governors were left to fend for themselves and were told by President Trump to try and get the medical equipment they need such as ventilators and respirators on their own. Governors were forced to be depended on outside help that may never arrive (Kayyem, 2020). This has caused many businesses to retool their operations to produce medical equipment to help provide more ventilators, shields and masks. Other countries such as China and Russia have stepped up to offer aid to other stricken nations, a role long fulfilled by the United States (Sly, Birnbaum & De Young, 2020). Recently, "plane loads of Chinese medical equipment, masks, and protective gear have been landing in Italy, Spain, the Netherlands, Ukraine, Iran, and Iraq, among other nations" (Sly, Birnbaum & De Young, 2020). China is reluctant to help the U.S. because in the beginning President Trump and Secretary of State Mike Pompeo named the virus the Chinese virus and Wuhan virus (Wong & Swanson, 2020). It was putting the blame on China for creating the virus and not notifying the United States in time before the spread began to occur. Naming the virus by a Chinese name had caused concern and placed some sort of racism against Asian individuals. Since then, President Trump and Secretary of State Mike Pompeo have stopped calling the virus by a Chinese name. "The United States has reached out to South Korea and other nations for help in getting enough supplies to fight the coronavirus pandemic" (Gaouette, 2020). The United States must now fight to get medical supplies to their country and flatten the curve as the number of confirmed cases keeps rising.

Response to COVID-19

The number of people infected in the U.S. is so high that restrictions have been placed. The Center for Disease Control (CDC) has provided guidelines to help prevent the spread in the United States. These guidelines include social distancing and stay at home orders. Each state and city have also provided their own guidelines based on the number of confirmed cases in their state or city (CDC, 2020). These stay at home and social distancing orders have caused many people to work from home, schools have closed, and certain businesses have been forced to close. This has caused many people to lose their jobs causing many Americans to apply for unemployment. The U.S. unemployment rate is worse than when the Great Depression occurred. 22 million Americans have already had to file for unemployment benefits (Taddei, 2020). The United States has not experienced this magnitude of layoffs and economic contraction since the Great Depression and recovery is unlikely to be swift (Long & Van Dam, 2020). Congress approved a $2 trillion relief package to be sent to states and federal agencies in hopes to help small business and the newly jobless. It is really enough to cover all businesses who are losing their business. According to Taddei, the government is running out of funds to help businesses with loans. With unemployment rates rising and people not being able to work or receive funds has caused disorder and concern in several states. The CDC has then since sent out guidelines for those who are going to go back to work: wear a mask, stay at least six feet apart-social distance, disinfect and clean workspaces, pre-screen all employees, and regular monitoring is required. While Americans are battling to get back to work because they are needing to pay for their living expenses, health experts believe it is too soon to open up businesses. If the United States begins to open up business and lift regulations it could cause a spike in coronavirus case.

If we look at the timeline, the first person to test positive in Wuhan, China was on December 8th. On December 31st they reported 41 cases of COVID-19 to the World Health Organization. By January 11th Wuhan, China reported their first coronavirus death worldwide. By this time, the Center for Disease Control and Prevention had updated to Level 1 travel notice for China. On January 23rd, China put Wuhan on lockdown. The President of the United States established a COVID-19 interagency task force by January 30th. That same day, the World Health Organization declared a global public health emergency. It isn't until March 11th that the President of the United States addresses the nation along with restrictions to travel. On March 13th, the U.S. declared the COVID-19 outbreak a national emergency. It wasn't until March 16th, that the White House provided 15 days to slow the spread guidelines. The CDC also provided social distancing at all levels of society guidelines. By this time, there were more than 4,500 people that tested positive for the COVID-19 disease and at least 88 had died (CBS News, 2020). Worldwide, there were more than 181,000 individuals who had been infected and more than 7,100 individuals had died.

By providing stay at home orders, social distancing, closing business it would help to slow down the spread of the virus. Currently, there has been a decrease in the number of cases in some states like New York who is the city with the most cases and most deaths in the United States. Other countries such as China reacted quickly and placed lockdown orders early. By March 19th Wuhan, China had reported the first day with no new cases of COVID-19 since the outbreak. By this time nearly all U.S. states had declared a state of emergency in response to COVID-19. Other countries followed lockdown orders like China earlier on when the virus was first known. On the other hand, the United States as a nation failed to respond quickly to the virus that was quickly spreading worldwide. If we look at China, they flatten the curve fairly quickly compared

to other countries and their number of confirmed cases did not pass 83,940 compared to the U.S. who currently has over 1 million cases and Spain and Italy who currently have over 200 thousand confirmed cases. The U.S. is now looking to reopen business as there have been many Americans who have protested to reopen. Reason behind that is because many American lost their jobs and were forced to get unemployment. The issue with that is people are not receiving the same amount of funding as they are used to. People's concerns are how they are going to pay their bills and they are now having to be teachers since schools have also closed. On April 27, 2020 the President of the United states announced a blueprint for testing to help safely open up America again. Guidelines on the three phases of opening up America again were also provided in that month. The United States has been hit hard with the coronavirus and a huge part of that is how slowly they responded to the virus in the beginning.

Conclusion

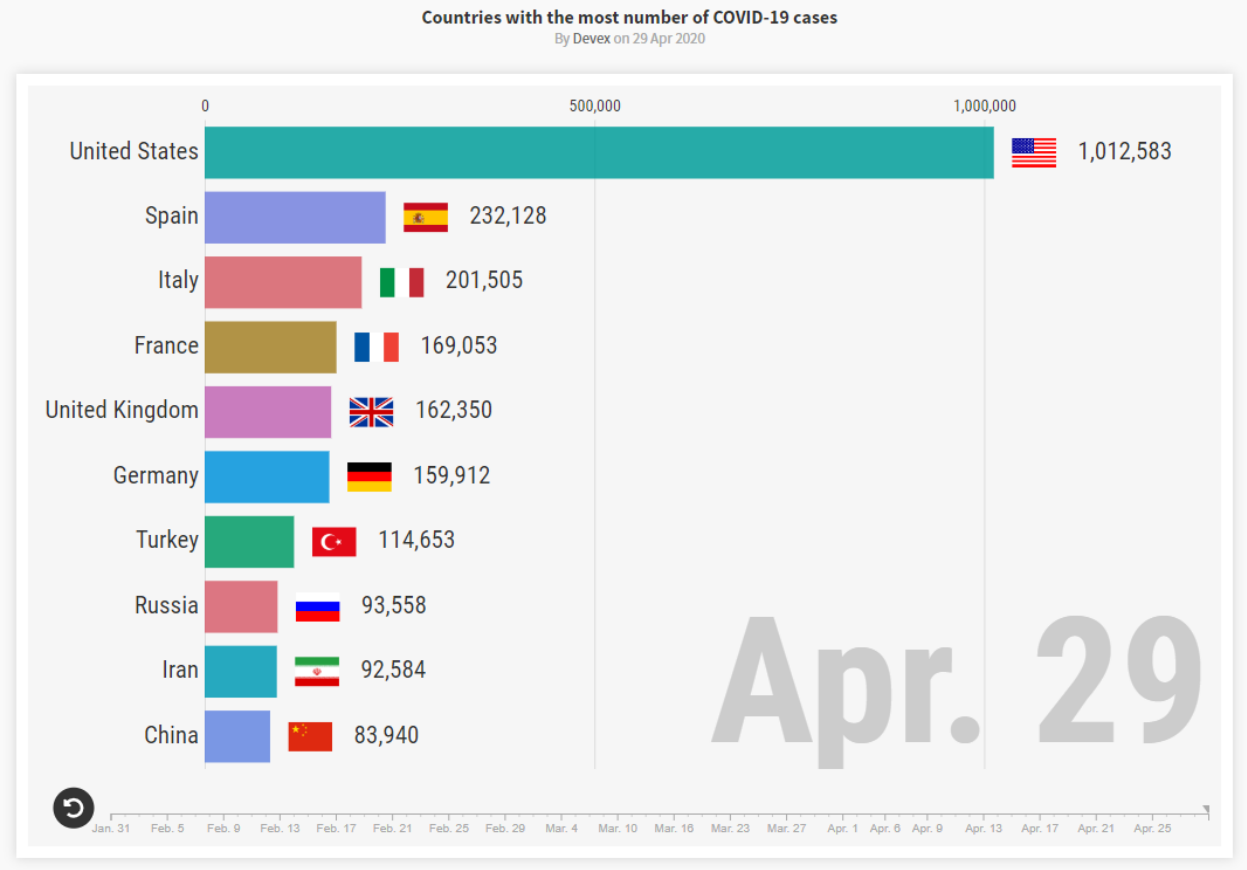
Data shows that stick lockdowns have helped states and cities in flattening the curve for the Coronavirus. Worldwide, it does not seem like we are there quite yet. In the United States, 31 states are partially going to be reopened by the end of the week May 1, 2020. Dr. Fauci who is the National Institute of Allergy and Infectious Disease physician advises that states that are going to reopen should follow federal guidelines and only begin to reopen if they have a two-week decline in the number of new COVID-19 cases. "He cautioned that states must have the capability of identifying, isolating and contract tracing people who test positive because there will be blips" (Shabad, 2020). Once they pass the two-week decline then they possibly can enter in phase one. The President of the United States explains three phases: (1) phase one includes much of the current lockdown measure such as avoiding non-essential travel and not gathering in groups, (2) phase two allows non-essential travel to resume and schools can reopen and bars can operate with diminished standing room occupancy, and (3) phase three states can allows public interactions only if they are still seeing a downward trend of symptoms and cases (BBC News, 2020). Spain has already taken steps to allow workers in manufacturing and construction to return to work. They have recently seen a decline in new cases and are slowly going to reopen as well. "By the end of June, the country will have entered into a new normality if the epidemic remains under control" (BBC News, 2020). Spain is allowing small business and hotels to reopen on May 11th but will still have to follow social distancing orders. School will also be able to reopen in May, but most will stay closed until the new term begins in September. Italy as well plans to reopen as they have also been seeing a decline in new cases. The Prime Minister Giuseppe Conte announced that the lockdown would begin to lift on May 4th. The lift will be slow and gradual as certain measures will still have to be followed.

Figure 1: COVID-19 Timeline

The information provided for this timeline was gathered from the U.S. Department of Defense and Reuters website.

Figure 2: Countries with the greatest number of COVID-19 cases

This graph was provided by Devex International Development to show the countries with the most cases. This graph may change day by day depending on the confirmed coronavirus cases.



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Federalism in the COVID-19 Pandemic

By Theresa Gayle

Introduction

Federalism is a system of governments including the local, state, and national levels unique to the United States. According to Poulin (2020), "the Census of Governments reports there are over 89,000 governments in the United States, each with their own authorities, resources, and responsibilities". These fragmented powers can work together when disasters strike and have emergency planning in place for responses to disasters that may be localized to a specific area. For instance, Northern California's local governments are well versed in wildfire disasters, whereas the Coastal Bend of Texas has localized hurricane emergency preparations. The local governing bodies are familiar with their own resources, constituents, and probability of disasters unique to them. When localities become overwhelmed, the state government can intervene with further resources and authority to remediate a disaster. Likewise, when the state needs further assistance of resources, authority, or responsibility, it can look to the federal government for further action.

A coronavirus pandemic (COVID-19) was first observed in December 2019 in Wuhan, China, and spread to the United States by January 20, 2020. COVID-19 presented a dynamic problem for public administrators as the threat of public health/safety evolved and government action increased at the local, state, and federal levels. COVID-19 introduced a major disaster that affected all systems of government at once, in varying degrees. The government actions taken include declarations of national, state, and local emergencies/disasters, bans on social gatherings of varying numbers, and restrictions of businesses operations such as dining in at restaurants, bars, gyms, hair/nail salons, etc. State and local governments also closed in-person learning for K-12 schools and universities and the majority of the country instituted stay-at-home or shelter-in-place orders in which citizens within specific jurisdictions (city, county, or statewide) were ordered to only leave homes for essential reasons such as obtaining food/gas.

These restrictions imposed on American citizens have never before been implemented causing unrest and even riots/protests as citizens grew impatient and fearful for their livelihoods as well as their lives. The point of contention this essay explores is the argument in favor or against Federalism as the best approach to COVID-19 for the United States. The gravity of COVID-19 is indisputable as it rages worldwide at alarming rates, but what does seem disputable across the nation is government action. Citizens begin to question what level of action is necessary, what criteria the jurisdiction must meet to warrant said action, and most importantly- when and how will resuming the American way of life be possible? Academics and Professionals in the Public Administration Field argue the case that while most countries have a Unitary form of government suitable for centralized response/action, the Federalist form of government is suitable for responding to a variety of issues at varying degrees.

Argument for Federalism

Kettl (2020, March 17) posits an idea that public administrators have an opportunity during this COVID-19 pandemic for leadership, which if done strategically could provide a foundation for improving public trust. Kettl recalls that "as Roosevelt demonstrated, it's the ability to build a bridge between diagnosing the situation and implementing the solution that is the hallmark of great leadership in tough situations" (2020, March 17). Just as Bardach and Patashnik (2016) postulate, the first step of policy making is identifying the problem which provides a reason for policy action. The diagnosis of the problem was an incredible challenge because the facts surrounding COVID-19 were not fully developed causing public administrators to constantly amend and increase orders and mandates in a short period of time. As Kettl (2020, March 17) mentions, policy makers must "seize a situation and define it, carefully and authoritatively and decisively, for everyone".

Poulin (2020) states that "a federal system of government creates the potential for mixed messages, often very different and sometimes conflicting, which can create chaos, as everyone is unsure of the scope and scale of the problem, what is being done, what needs to be done and what they should themselves be doing." Therefore, it would behoove the state and local jurisdictions if the federal level implements phasing guidelines that outline the criteria a jurisdiction must meet (for example: no new cases for 30 consecutive days before the ban on gatherings is lifted) to alleviate some of the public's stress in coping with the unknown. Frederickson, Smith, Larimer, & Licari (2012) suggest that policy windows happen infrequently and for very short periods of time during a crisis. The COVID-19 pandemic can serve as a policy window and a chance for government jurisdictions to implement effective policy that helps prevent the spread of the virus and gains the trust of the public it serves. The policies implemented must be communicated effectively and uniformly to ensure the public these measures are in place temporarily with the sole intent of public safety.

Argument against Federalism

In contrast, Kettl (2020, March 12) also presents that "the kind of government Americans get increasingly depends on where they live" and further observes that the political polarization has manifested in the COVID-19 pandemic. Research confirms that government actions were different across the country, the jurisdictions hit the hardest were often the first to implement restrictions and mandates. Yet, seven states- Arkansas, Iowa, Nebraska, North Dakota, South Dakota, Oklahoma, and Wyoming- have not implemented any statewide stay at home/shelter in place orders. Plenty of criticism has surfaced in regard to these governors with media pointing out that each resistant governor is republican and that despite their low rates of infection, it is a negligent failure to the public by not issuing a stay at home order due to the "asymptomatic transmission and the lack of a vaccine for a year or more" (Cillizza, 2020).

Kettl states that while Federalism matters, "this virus will provide a searching test of how well Madison's grand design works in the 21st century" (Kettl, 2020, March 12). Kettl argues that a nationwide approach to the virus is necessary and that the individual governing bodies cannot address the virus in a localized manner. Recalling other historic times of widespread crisis, Kettl (2014) suggests that "the biggest long-term challenge to an open society vulnerable to assaults on

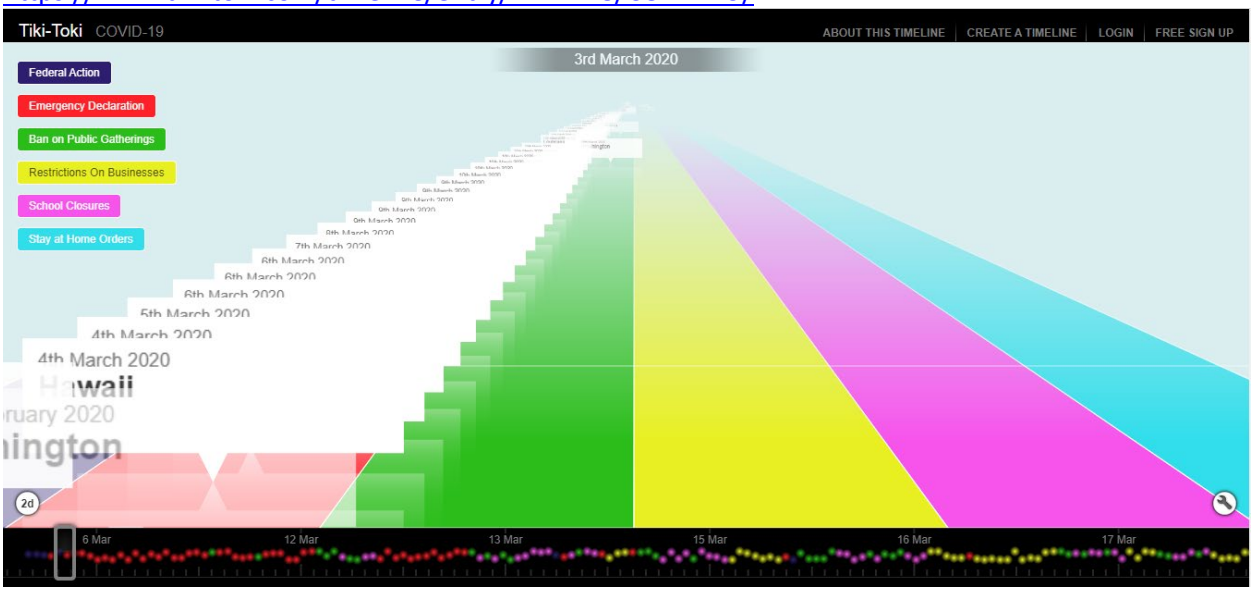
so vast a scale is striking the balance between safety and freedom" (p. 121). Large scale government action in response to a crisis is made quickly and with strategic priorities in mind, for example-the PATRIOT Act passed after 9/11 permits the expansion of the federal government to survey the American public. This Act served to remediate the public scrutiny that the government failed to be observant and preemptive about possible terrorist threats. However, since the Act passed many citizens have felt the expansion of power to be infringing on individual privacy. The appearance of safety does not necessarily imply the government has not gone too far, and the presence of a threat/attack does always implicate that the government has not gone far enough. While the safety of the public is important, jurisdictions of government should be held accountable for upholding the Bill of Rights. Bans on public gatherings and stay at home orders can be interpreted as a violation on the First Amendment that sanctions the right to assemble and the right to religious beliefs and practices.

Conclusion

Weighing the argument for and against Federalism, there are undoubtedly many ways to observe the issue. As long as public safety is coupled with regard and adherence to the constitutional rights of American citizens, Federalism will prevail as a viable solution even in unprecedented crises such as the COVID-19 pandemic. Government action of both federal and state levels can be observed in the timeline presented below in Figure 1. This figure details action into four categories: declaration of emergency, closure of schools, ban on public gatherings, and restrictions of business operations. The most notable conclusion is how generally close action within the aforementioned categories occurred. This phenomena is testimony that the states are laboratories of democracy and influence one another's decisions. It is also testimony that jurisdictions within the Federal system of government understand the fact that COVID-19 has no boundaries and the battle to fight it must be a united approach.

Restrictions are beginning to be lifted in phased waves for states and localities experiencing a decline in COVID-19 cases beginning with the reopening of businesses in limited capacities (National Governors' Association, 2020). As these states and localities lift restrictions, other parts of the Federalist system will continue to observe laboratories of democracy in action as decisions are made about the success and safety of reopening the country. This approach is optimal because rather than isolating the entire country in a mandatory quarantine, citizens who are not at high risk and in communities with no new cases can begin to return to normal and thus restart the economy (even if by only a small amount). If this process fails and the virus resurfaces in the community, then the restrictions will have to be reinstated and further scientific/medical research will be necessary to determine what went wrong and what action should be taken next.

Figure 1: Timeline of State Responses to COVID-19
To access the full interactive timeline ctrl+click on image below or follow this link:
https://www.tiki-toki.com/timeline/entry/1421178/COVID-19/



Research Note:
It is to be noted that while some States appear to have implemented "soft closures" or otherwise temporary closures with specific timeframe (two weeks for example), at the time of this research (April 2020), no state has reopened or reinstated the restrictions. Rather, every restriction has been further extended to the end of April, May, June, or in some cases a blanket "until further notice" statement. At the time of this research, the governors of Arkansas, Iowa, Nebraska, North Dakota, South Dakota, Oklahoma, and Wyoming have not implemented any statewide stay at home/shelter in place orders.

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New York

By Adriana Jimenez

The state of New York reported to be one of the first few states affected by coronavirus disease 2019 (COVID-19) in the United States. The first confirmed case was reported March 1st which was only forty-one days from the first confirmed case in the state of Washington. Governor of New York, Andrew M. Cuomo stated that this was no surprise, "As I said from the beginning, it was a matter of when, not if there would be a positive case of novel coronavirus in New York" (New York State Governor, 2020). Since then the reports of confirmed COVID-19 cases have multiplied exponentially and the state of New York continues to report the highest death tolls in our country.

The Center for Disease Control and Prevention (CDC) updates their website daily to reflect reported cases throughout the country. Numbers for the state of New York and New York city (NYC) are listed as separate line items, however, for the purpose of this report I have combined the totals. Figure 1 and 2 show numbers reported as follows, April 7, 2020, total deaths 2,214 for the nation, and 1,455 in the state of New York (CDC, 2020). The report of April 15, 2020, total deaths, 9,681 for the nation, and 5,661 in the state of New York (CDC, 2020).

Due to density in population, New York has been impacted the greatest. Governor Cuomo reports in daily press briefings, confirmed cases, the death toll, city action, health needs, and words of reason for not only New Yorkers but for the whole country.

Figure 1.
Deaths Involving COVID-19 as of April 7,2020.

https://www.cdc.gov/nchs/nvss/vsrr/COVID19/index.htm

Table 3. Deaths involving coronavirus disease 2019 (COVID-19) and pneumonia reported to NCHS by jurisdiction of occurrence, United States. Week ending 2/1/2020 to 4/4/2020.*

Data as of April 7, 2020

Jurisdiction of Occurrence	All COVID-19 Deaths (U07.1)	Deaths from All Causes	Percent of Expected Deaths	All Pneumonia Deaths (J12.0–J18.9)	Deaths with Pneumonia and COVID-19 (J12.0–J18.9 and U07.1)
United States	**2,214**	476,602	83	27,131	916
New York	**305**	19,446	95	1,561	163
New York City	**1,150**	13,091	119	1,395	414

Retrieved from: https://www.cdc.gov/nchs/nvss/vsrr/COVID-19/index.htm

Figure 2.

Deaths Involving COVID-19 as of April 15, 2020.

Table 5. Deaths involving coronavirus disease 2019 (COVID-19), pneumonia, and influenza reported to NCHS by jurisdiction of occurrence, United States. Week ending 2/1/2020 to 4/11/2020.

Date as of April 15, 2020

Jurisdiction of Occurrence	COVID-19 Deaths	Deaths from all Causes	Percent of Expected Deaths	Pneumonia Deaths	Deaths with Pneumonia and COVID-19	Influenza Deaths
United states	9,681	558,576	88	41,743	4,353	4,968
New York	1,493	23,353	105	2,802	842	171
New York City	4,168	18,991	158	2,947	1,519	426

Retrieved from: https://www.cdc.gov/nchs/nvss/vsrr/COVID-19/index.htm

Demographics

Located in the northeastern part of the country, the state of New York is estimated to have 20 million residents. As one of the first thirteen colonies in the United States, it secured its independence from Great Britain in 1776. The metropolitan area in NYC is known as the most overcrowded city in the world with a population of 8.4 million (Cubit, 2010). The number is confirmed by Figure 4, the U. S. Census Bureau Quick Facts (2019). Following in density is city 2 – 12 as listed in Figure 3. New York State Department of Motor Vehicles registers 11,284,546 licensed drivers and 10,697,644 registered vehicles (see Figure 5). Other transportation operations include, highways, railroads, mass transit systems, ports, waterways, aviation and in New York City the subway system.

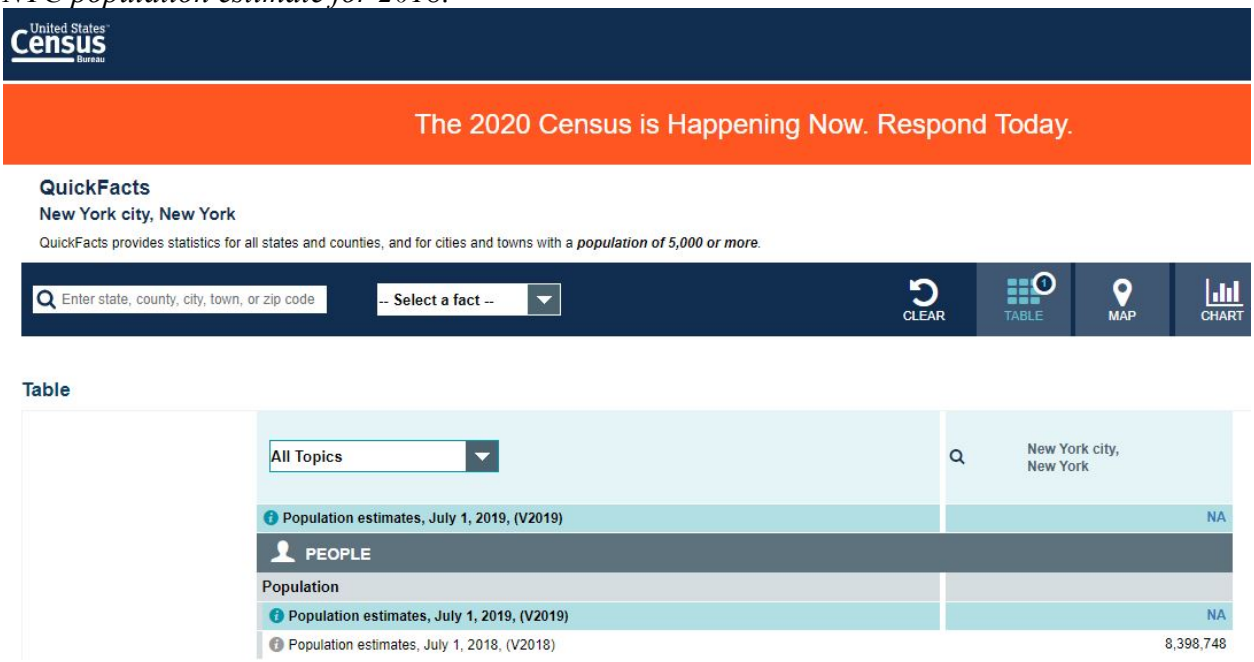
Figure 3.
Cubit, 2010: Top 12 dense cities in New York state.

New York Cities by Population

Rank	City	Population
1	New York	8,443,713
2	Hempstead	768,057
3	Brookhaven	484,671
4	Islip	332,862
5	Oyster Bay	297,531
6	Buffalo	257,518
7	North Hempstead	230,241
8	Babylon	211,562
9	Rochester	207,778
10	Huntington	202,673
11	Yonkers	199,745
12	Syracuse	143,293

Retrieved from: https://www.newyork-demographics.com/cities_by_population

Figure 4.
NYC population estimate for 2018.



Retrieved from: https://www.census.gov/quickfacts/newyorkcitynewyork

Figure 5.
DMV 2018 record of vehicles registrations for NYC and the state of New York.

NYS Vehicle Registrations of File - End of year 2018

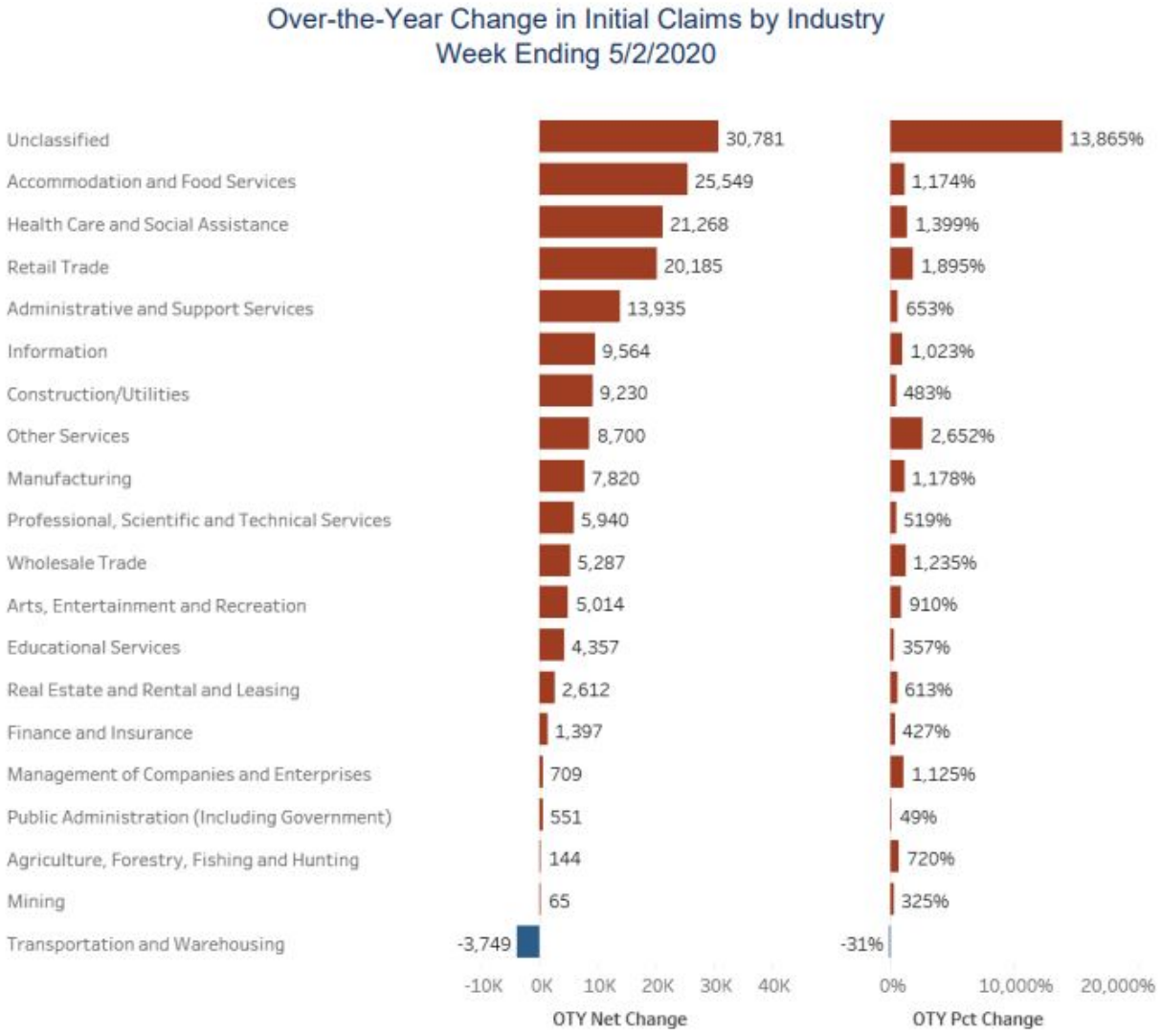
COUNTY	STANDARD	COMMERCIAL	TRAILER	MOTORCYCLE	MOPED	BUS	TAXI	AMBULANCE	RENTAL	FARM	TOTALS
RICHMOND	264,983	5,960	2,212	6,137	141	957	3,177	163	198		283,928
NYC	**1,912,468**	**75,069**	**10,754**	**44,784**	**2,283**	**8,573**	**111,562**	**1,935**	**18,800**	**45**	**2,186,273**
OUT OF STATE	39,798	32,809	7,234	992	131	94	6,000	2	61,766	13	148,839
NYS	**9,552,792**	**773,674**	**381,534**	**344,688**	**9,988**	**26,238**	**139,869**	**4,489**	**107,756**	**10,360**	**11,351,388**

Modified for easier reading. Retrieved from: https://dmv.ny.gov/statistic/2018reginforce-web.pdf

NYC is known for the tourist attractions, and the infamous Broadway shows. The glamour, the fashion, the excitement, and the thousands of lives counting on the show to go on. Today many actors, musicians, bartenders, box office workers, carpenters, choreographers, designers, dressers, programmers, prop masters, vendors, and publicists are out of work. Paulson from the New York Times reported how set designer David Korins was forced to abruptly lay off most of his employees for 24 productions, which included Beetlejuice, Hamilton, and Mrs. Doubtfire after only three performances. Broadway is known for being the peak of theater makers and a huge industry for New York. “Last year was the best attended on record, with 14.6 million patrons; Broadway shows collectively grossed $1.8 billion” (Paulson, 2020). In 2013-2014, Broadway shows sold approximately $1.27 billion worth of tickets. Although the population in the Arts and Entertainment industry only account for a fraction of the workforce, (see Figure 6), they are a significant group filing for unemployment. In addition, some may be included in the

numbers of those filing for unemployment in the unclassified, other services, and accommodations industry as mentioned earlier when discussing contract labor.

Figure 6.
NYDOL: PDF report page 2: Industry Unemployment Breakdown.



Note: With the exception of Public Administration, UI claims data by industry reflect both private and public sector workers.

Retrieved from: https://www.labor.ny.gov/stats/PDFs/Research-Notes-Initial-Claims-WE-5022020.pdf

The city of New York Visitors Bureau reports an estimated 40 million tourists in 2018 of which thousands attend at least a show on Broadway (n.d.). The unemployment rate had been on a slow and steady drop over the last few months, only to skyrocket in March (see Figure 7) and the graph on Figure 8. Haag reported that 1.2 million New Yorkers filled unemployment claims four weeks ago and many have not seen a dime.

Figure 7.

U. S. Bureau of Labor Statistics: Economy at a glance months before COVID-19 pandemic.

New York Economy at a Glance:

Data Series	Back Data	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020
Labor Force Data							
Civilian Labor Force(1)		(R) 9,527.9	(R) 9,529.1	(R) 9,527.7	9,542.9	9,551.7	(P) 9,419.4
Employment(1)		(R) 9,156.7	(R) 9,157.9	(R) 9,156.3	9,178.4	9,197.6	(P) 8,991.5
Unemployment(1)		(R) 371.2	(R) 371.2	(R) 371.5	364.5	354.1	(P) 428.0
Unemployment Rate(2)		(R) 3.9	(R) 3.9	(R) 3.9	3.8	3.7	(P) 4.5

Retrieved from: https://www.bls.gov/regions/new-york-new-jersey/new_york.htm

Figure 8.

U. S. Bureau of Labor Statistics: Unemployment Rate Graph.

Retrieved from: https://data.bls.gov/pdq/SurveyOutputServlet

In addition he reported that Google employees had been called to help overhaul the antiquated system and that people had been promised resolve within 72 hours. One of the problems is that the old computer programming language was not designed for the large amount of claims nor for "the class of workers – independent contractors and the self-employed – who are eligible for assistance during the outbreak" (Haag, 2020). Reports for April in the same New York Department of Labor shows that the age population affected the greatest, were those in the range of 25 – 34 year old's, (see Figure 9) as reported May 2, 2020.

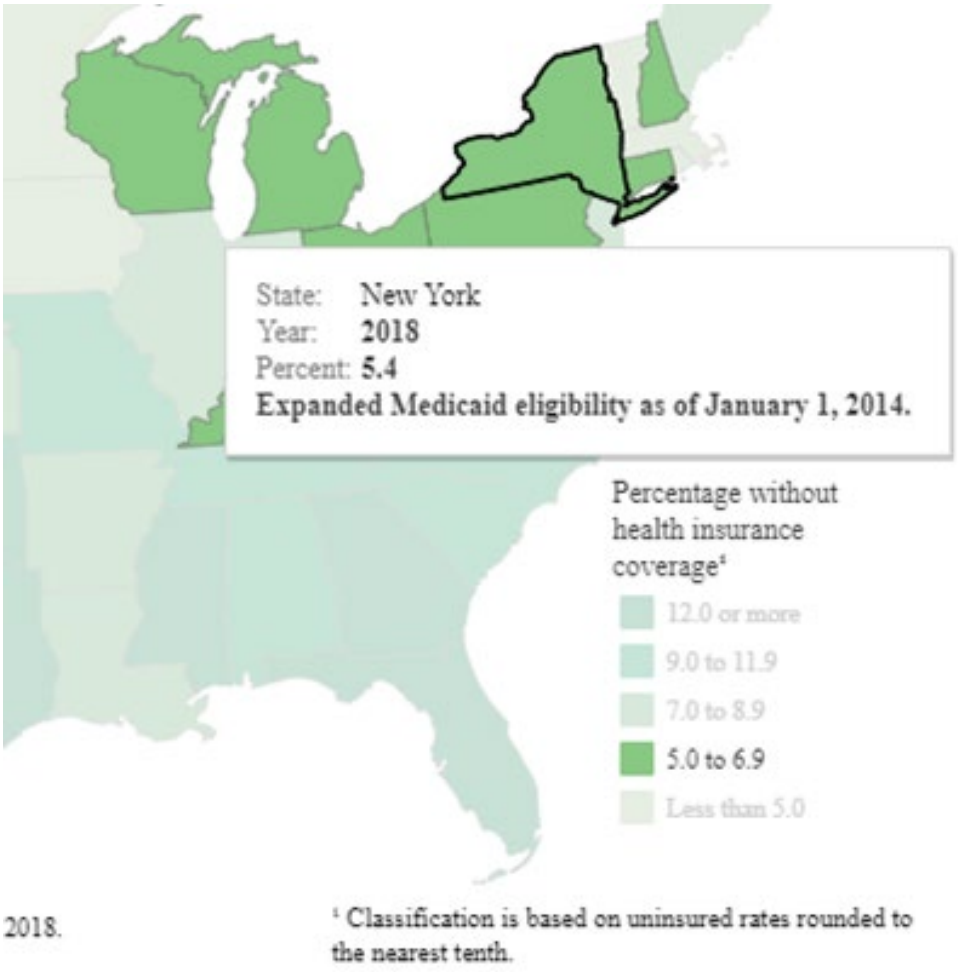
Figure 9.
NYDOL: PDF report page 16. Age group range filing for unemployment.

Age Group	Latest Week	Previous Week	Year Ago	OTY Net Change	OTY Pct Change
Under 25	35,062	33,005	1,147	33,915	2,957%
25-34	51,215	55,315	4,697	46,518	990%
35-44	37,248	43,669	5,114	32,134	628%
45-54	34,030	41,327	7,074	26,956	381%
55-64	29,248	36,009	7,120	22,128	311%
Over 64	10,804	12,715	3,096	7,708	249%
Total (Including Out-of-State Residents)	197,607	222,040	28,248	169,359	600%

Retrieved from: https://www.labor.ny.gov/stats/PDFs/Research-Notes-Initial-Claims-WE-5022020.pdf

Interestingly, the state of New York enacted a comprehensive insurance plan in 2013 of which enrollment has been increasing. Figure 10 shows that currently New York state ranks in second lowest uninsured rate in the nation. With below 5 percent reporting. States with the highest uninsured rank in the nation, 12 percent or higher rating are states like Texas with 17.7 percent according to the U. S. Census report of uninsured rate by state: 2008 to 2018 posted on September 26, 2019. The website of information on the state of New York of health reported that 4.7 million New Yorkers had enrolled in the state's comprehensive health insurance plan in 2019 thanks to the heavy promotion efforts. "During the 2019 Open Enrollment Period, NY State of Health sponsored more than 300 events throughout the state with a strong presence in Bronx and Queens, which are two areas of the state with higher uninsured rates" (NYSOH Open Enrollment Report.pdf, 2019 p.20).

Figure 10.
U. S. Census Bureau: Uninsured rate by state.



Retrieved from: https://www.census.gov/library/visualizations/interactive/uninsured-rate-2008-2018.html

History of Interaction - State and Government

New York state Governor Cuomo has been front and center on a daily basis, holding press conferences to advise New Yorkers on the status of infected, what the state is doing to handle the pandemic, how the states is addressing issues such as hospital needs and shortages, and giving everyone a rational perspective on the spread of COVID-19. As the state of New York confirms its first case of COVID-19 on March first, Governor Cuomo starts working closely with the White House Task Force to request assistance and aid despite his history of disagreements with President Trump. On a timeline of Cuomo and Trump's response to the pandemic, Torres comments on a critique by the White House on the late response from the New York Governor. However, Cuomo commented on the opposite, "We mobilized quickly, but the federal government has been slow off the mark and they continue to be slow" (Torres, 2020).

Government Interactions

As for the country's response time to the pandemic, there are plenty of critics who not only say that the federal government responded late to this outbreak and shut down our borders but that as a nation we are at least three years or two decades behind on being prepared to handle an infectious disease outbreak. Pierre Thomas, Senior Justice Correspondent at ABC News reported that the Bush administration had initially started taking protective measures but then faded off. On the same NightLine news report dated April 29th a summary of all the ways in which the country failed to act on warnings from specialists, experts, prior administrations and direct advisors to the current president was laid out in a fourteen minute report. An event hosted by John Hopkins Center for Health Security allowed experts in many areas of the field to role play scenarios that simulate what is happening in our country right now. NightLine reported that the details of the simulation of the fully imagined issues that would arise in the case of an infectious disease outbreak was reported in a Congressional Oversight Committee in which Dr. Fauci, Director of the National Institute of Allergy and Infectious Diseases, was in attendance. In addition, NightLine also reported that Peter Navarro, Assistant to the President, Director of Trade and Manufacturing Policy advised President Trump in February to warn the president that the Coronavirus "could cause the U. S. the economy trillions of dollars and claim half a million American lives" (Thomas, 2020). Meantime, President Trump insisted that the pandemic hit America by surprise and that our government could not have imagined such an outbreak because it was an unforeseen problem.

New York State and Local Government Interactions

Thirteen county supervisors agreed to meet about a coordinated summer reopening plan in the Nassau/Suffolk area to provide consistency throughout Long Island. The strategy is designed to avoid overcrowding in one area over another in case infections rates begin to climb again. The agreed upon guidelines and "policies will ensure that safest approach is applied uniformly for all residents of Long Island" are set to release May 18, 2020 (Town of Brookhaven New York, 2020). Included in the list of the thirteen counties is the city of Hempstead and Brookhaven, which are listed in second and third place on Figure C., Top 12 Dense Cities in New York State. Meanwhile in February during, The New York State Senate, (2020), a legislative public hearing, New York State Mayors opposed cuts in the executive budget that would shift state funded health costs to cities and localities. During this federal funding senate meeting, Mayor Bill de Blasio protested cuts to the Medicaid plan as it would force them to close 19 clinics and lay off many in the healthcare field. Localities were asked to deal with the cost of which would leave their cities bankrupt. State aid has been reduced every year for the AIM program, which his critical to communities. Both Syracuse Mayor Ben Walsh and Buffalo Mayor Byron Brown challenged the education budget cuts that would end programs in the schools and would cause layoffs for social workers. State initiatives to revive small businesses and start-ups will be affected drastically by the pandemic. After the month of March, de Blasio, Yonkers Mayor

Spano, Syracuse Mayor Walsh and Buffalo Mayor Brown all showed support for Governor Cuomo and joined in putting the safety and health of New Yorkers as top priority. They are all following the lead of Governor Cuomo on cautiously reopening the state and adhering to enforcement efforts.

Chronology

The Rise

On January 21, a report titled, First Travel-Related (2020), from the CDC confirmed the first case of COVID-19 in the United States. Due to an outbreak of a deadly and fast spreading virus, the World Health Organization declares a global health emergency on January 30 as reported by Ducharme (2020), and President Trump declares it for America on the 31st. The declaration also informed countries on travel policy and to prepare quarantine options or plans. Then, on February 2, President Trump imposes travel restrictions from China. The deadly respiratory virus that may have originated from Wuhan China was reported to have surpassed the death toll in 2003 due to SARS. In a statement titled Governor Cuomo Issues (2020), Governor Cuomo appropriates $40 million in emergency funding just in time for their first confirmed case on March 1st. Meanwhile, Washington state confirms its 2nd death. Governor Cuomo (2020) declares state of emergency on March 7 and announces the closure of schools and synagogues by the 10th. Ducharme (2020), on March 11th, the W.H.O. characterizes COVID-19 as a pandemic. On March 14th, an article is released from the Washington Post from Paul Farhi (2020) on a blogger who had warned about the infections in Wuhan China. It was covered by the New York post but got little traction until a doctor was interviewed about it at which point when President Trump commented on the subject, he was disregarding it as “hype, branding it a Democratic conspiracy” (Farhi, 2020).

The Pandemic

President Trump assures Americans that the White House is working on releasing stimulus monies and on “March 27, congress passes the $2 trillion coronavirus aid, relief, and economic security act” known as the CARES act (Singletary, 2020). March was the toughest month for Americans, many were struggling to make ends meet and waiting too long for the stimulus checks made them even more anxious. Meanwhile the hospitals in New York were running out of room and after several pleas to the White House, the USNS Comfort finally arrives at the New York port on March 30th. However, the end is nowhere in sight as mentioned in the article from Haag (2020), millions applied for unemployment. Food insecurity spreads as quickly as the virus, hospitals need space, help, tests and medical supplies and the body bags keep piling up.

Possible End in Sight

Over the month of April, the number of cases started on a slow decline. Near mid-April President Trump stated that he would be “authorizing each individual governor of each individual state to implement a reopening” of which was not taken well by anyone (Bosman, 2020). Regardless, state governors have enacted a “phase like” plan to transition Americans back to normal while reopening the country.

Major Criticisms

Heads of the National Governors Association states that governors from all across the nation held several conference calls to collaborate and work together and with the brightest minds on infections and science professionals for making decisions which they have handled on their own without the president and administration. The New York Times released an article titled, "Maryland's Governor, a Republican, Is Willing to Spar With Trump for Supplies". "Frustrated by limited support and unclear guidance from the Trump administration, governors across the country, including some Republicans, have been squaring off with the White House and striking out on their own to secure supplies" (Steinhauer, 2020). Steinhauer reports that Hogan held a governors' meeting in February in which they met with Dr. Fauci, director of National Institute of Allergy. According to Torres (2020), Cuomo banded together with New Jersey Gov. Phil Murphy and Connecticut Gov. Ned Lamont on March 16th to announce that the states were limiting crowd capacity for recreational and social gatherings to 50 people. Steinhauer (2020) reported that Hogan has acted with criminal charges and fines to those disobedient to the limited socializing restrictions. Governors have ordered beach closures, nonessential businesses such as restaurants and bars, movie theaters, gyms and casinos to close.

Cuomo calls for a cease in political partisanship so that they may together address the needs of Americans instead of fighting over who receives help and how long it takes. In an ABC YouTube clip on the report by Goldberg & Layne (2020), Governor Cuomo shows the slide in Figure 11, listing the government's efforts as to "who they want to fund", versus the state's efforts to fund the police, firefighters, nurses, school teachers and food banks. Stating that the American people are better than what they are getting from our government. Then he unveils a collage of homemade masks sent by Americans all over the county to the state of New York in an attempt to show their support for what they are enduring.

Figure 11.
PowerPoint Slide from YouTube video on report by Goldberg & Layne.

Retrieved from: https://www.reuters.com/article/us-healthcare-coronavirus-usa-new-york/new-yorks-cuomo-calls-politics-hammer-into-the-middle-of-u-s-during-pandemic-idUSKBN22B2JM

Bouie (2020) reports that protesters have gathered to speak up about their right to work, make money, gather, and die if it is the case. Governors have been criticized for overstepping their boundaries. Cuomo's communications director later issued a statement: "This is not the time to debate, but the states were not slow to respond -- the federal government was absent" (Bouie, 2020). Rule one is leave it to the localities, rule two is if they cannot handle it, then the federal government steps in. No state is equipped to handle this situation on their own.

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Washington State

By John Garcia

Introduction

Washington State was the first state to experience COVID-19 in the U.S.. On January 21, 2020, the Center for Disease Control and prevention confirmed the first case in America, as a 35-year-old male who had returned from Wuhan, China, showing no symptoms as he landed at the Seattle- Tacoma International Airport (Schnirring, 2020). After this confirmed case, Washington was also the first state to report confirmed deaths that were associated to CODID-19. On February 29, Washington health officials made the first announcement of a COVID –19 death in the U.S. and also reported that they had more confirmed cases from residents at Life Care Centers of America Nursing Home (Bacon, 2020).

At this point, it had been noted that Washington officials were not prepared to test for the new virus and had been instructed by the CDC to test subjects with COVID-19 symptoms who had recently visited China. It was evident that this virus was spreading on the state side and was affected those who were elderly and had not been out of the state. Most of the confirmed cases of elderly people, ranging from 50-90 years of age did have underlying health problems and could not fight the symptoms on their own and without a vaccine. By mid-March, Washington had begun to suspend schools and close small business in attempt to prevent the spread of this disease and help find a solution.

King County, which includes the cities of Seattle and Kirkland, is the largest county in the state of Washington and is the location of the Evergreen Health Hospital, where the first 6 confirmed COVID-19 deaths were reported. On March 11, the World Health Organization did characterize COVID-19 as a pandemic (World Health Organization, 2020), bringing fear to the nation and pressure to administrators to make bounded rational decisions. The governor of Seattle, Jay Inslee, declared a state of emergency after the first confirmed death in February, and Seattle Mayor, Jenny Durken, declared a civil emergency on March 3, the same day the Seattle-King county health department established a COVID 19 quarantine site (City of Seattle, 2020).

This was only the beginning of initiatives these two public figures would have to make in the next couple of weeks, that included decisions that were time sensitive due to the rapid spread of the coronavirus. The following is an analysis of how Washington State responded to the COVID-19 and how the city of Seattle followed the state mandates and utilized their local powers to help their citizens during this crucial time.

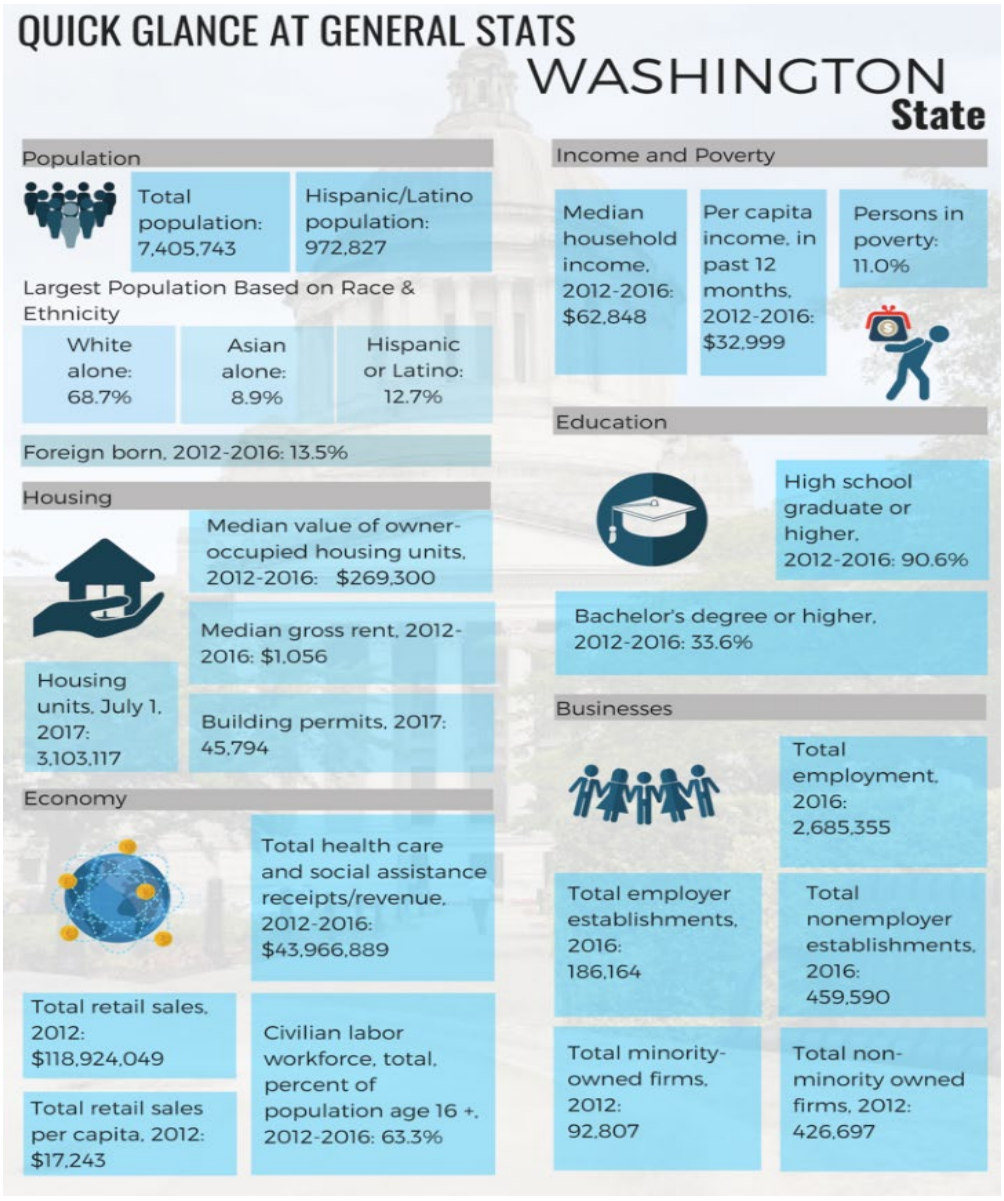
Demographics

Washington State sits in the far northwestern corner of the United States and is the 13th most populated state in the country and borders Idaho and Oregon. According to the Office of Financial Management, as of April 1, 2019, the state of Washington has a population of 7.54 million, in which migration is the primary driver for growth in this state, and rapid growth is expected to continue (OFM.WA, 2019). The population of Washington is 69.3% White, 12.4%

Hispanic, and 8.11% Asian. 19.3% of the people in Washington speak a non-English language, and 92.6% are U.S. citizens (Washington State Commission on Hispanic Affairs).

Washington's population has grown by 821,900 people since the last decennial census — April 1, 2010, and King County is the main contributor, with total growth of 295,100 people over nine years (OFM.WA, 2019). King county is the largest populated county in Washington, with a population of 2,188,649, and contains four of the top 10 cities for population growth, which include Seattle, Bellevue, Redmond, and Kirkland (World Population Review, 2020; OFM.WA, 2019). Listed in the chart (Table 1) below are some genral demographics taken in 2016 from the Washington State Commission of Hispanic Affairs:

Figure 1



State Mandates and Government Partnerships

With this virus quickly spreading, American leaders had to act quick and make decisions for the citizens to combat this pandemic. On March 13, 2020, President Donald Trump declared the COVID-19 as a National Emergency, which allowed health services to waive some or modify certain requirements of the Medicare, Medicaid, and State Children's Health Insurance programs and of the Health Insurance Portability and Accountability Act Privacy Rule throughout the duration of the public health emergency declared in response to the COVID–19 outbreak (Govinfo.gov). In this process, social gatherings of more than 10 people were prohibited, and gyms, beaches, movie theaters, large venues, and restaurants were forced to close to prevent the gatherings of large crowds.

This "social distancing" mandate caused small businesses to close their doors and stir a frenzy of Americans to run to local grocery stores to stock up on essentials, leaving shelves empty. These federal mandates were carried out to the states and they were obligated to enforce these limitations within their state and local governments. With closures and food chains being forced to adapt to the new directives, like offering delivery, curbside, and take out services, they also had to find ways to make sure to stay above water in this economic downfall.

Washington State Governor Jay Inslee took hold of these mandates and began to make decisions that were best fit for their state and their citizens. He set new rules and guidelines throughout the state that required screenings upon entering certain places where the virus may be more susceptible to people, closures for schools, and allowed workers to be eligible for unemployment benefits if their hours were affected due to COVID-19 (Zdanowicz, 2020). These rules had been set in place for a limited time frame to combat the spread of the virus and would be evaluated in the weeks to come. In local areas, such as Seattle, they began to see a decline in their services as "stay home" policies from employers caused ridership to drop tremendously for the King County Metro agency and Sound Transit agency (Lindblom, 2020).

Seattle Mayor Jenny Durkan began to make changes considering recent rules and provisions handed down from the Governor's office. On March 16, Mayor Durkan announced $5 million in grocery vouchers for families impacted by COVID-19 and she used her emergency powers to prohibit evictions based on rent delinquency for 30 days or due to expiring leases (Beekman, 2020). Their goal, as the number of confirmed cases in King county continued to rise daily, was to prevent the spreading of this disease and "flatten the curve" of people who could possibly contract COVID-19. These mandates were sure to bring social imbalance and economic distress in the unforeseeable future due to the instability of the coronavirus. Flattening the curve will help prevent our health care system from being overloaded with patients and provide the property equipment needed to battle these cases.

Washington State Governor, Jay Inslee, issued a "Stay Home, Stay Healthy" order on March 23, 2020, that required every Washingtonian to stay home unless they need to pursue an essential activity, Ban all gatherings for social, spiritual and recreational purposes, and close all businesses except essential businesses (WA. Governor's Office,, 2020). Gov. Inslee stated that it's crucial to reduce social interactions where this highly contagious virus can spread and many businesses can, and should, continue using telework (WA. Governor's Office, 2020). This order would surely bring a financial issue to Washington State and their local governments.

Due to the COVID-19, it is no surprise that states and local governments are having to revise their budgets and allocate funds for some of unfunded mandates that have been imposed on the nation. Governor Inslee used his line-item veto authority today to trim $235 million from the 2020 supplemental operating budget the Legislature approved last month (Inslee, 2020). This was a tough decision for the Governor to make, but he felt that it had to be and explained:

> *"These are difficult and challenging times and we must make difficult and challenging choices. Under normal circumstances, I would not veto bills and budget items that are good policy and smart investments for the state. As everyone knows, these are not normal times." Inslee said. "As we address the health crisis, we must also look ahead to ease as much fiscal pain as we can. It is all but certain that we will need to make adjustments to our next budget cycle and we must get started now." (Inslee, 2020)*

While it is impossible to project how much the state's coronavirus response will cost, it is already expensive and will continue to grow and many of those costs will be covered by the Legislature's initial emergency allocation and by the economic stimulus and emergency aid packages the federal government recently approved (Inslee, 2020). Once the coronavirus crisis has abated, the state will still have to wrestle with the fiscal fallout from the economic downturn (Inslee, 2020).

With many people suffering from lost wages and resources due to the COVID 19, the City of Seattle is doing its best to help citizens ease the damage from this virus. They have made resources available to every citizen in their county, regardless of their immigration status. According to Seattle.gov (2020), all Seattle residents regardless of immigration status are eligible for City of Seattle programs and services unless noted otherwise, which gives them access to several government programs that include assistance with food, medical assistance, and mental health issues, just to list a few. Due to the stay at home mandate, several local businesses and nonprofits are offering services to help low income families get access to these government programs using the internet.

The nonprofit technology access organization InterConnection is offering refurbished laptops starting at $109 for low-income residents and Wave Broadband will offer free internet and WiFi for 60 days to all qualifying low-income households, especially students in low income households, who don't already subscribe to Wave internet service and who enroll in the new Internet First program (Seattle.gov, 2020). This would allow people to gain access to programs such as the Seattle Utility Discount program and Federal mortgage relief programs that are readily accessible on the internet. Seattle has set up a link on their website, Seattle.gov, under "Office of the Mayor" that can direct citizen to relief programs offered by both city, state, and federal organizations.

Washington State continues to support their local governments by offering programs to their citizens throughout the state. As a result of Governor Inslee's emergency declaration in the face of the COVID-19 pandemic, the federal government has approved implementing the Disaster Cash Assistance Program, or DCAP, in Washington state (Washington State Department of Social and Health Services, 2020). This program would bring relief to residents who are affected by COVID-19 and could help them meet their immediate needs, such as food, shelter cost, and other basic needs with the funds that Gov. Inslee made available for these unprecedented times.

Gov. Inslee has continued to be a voice of hope and guidance during these times as he and his office have been working around the clock to make the best decisions for new issues that they are faced with every day. In a recent press conference, Gov. Inslee spoke to the public about Washington's COVID-19 recovery plan and how they are going to take small steps to return to normal life. Gov. Inslee's plan is to make testing available for those who may have contracted COVID-19, trace for those who may have come into close contact with COVID-19 positive individuals, and isolation or quarantine for individuals who could transmit the virus, but for this to work, the state need to be processing 20,000 to 30,000 test a day (WA Governor's Office, 2020). For this reason, Gov. Inslee has reached out to the vice president to create a national testing system.

Gov. Inslee is preparing for the future as the state begins to make adjustments to transition to economic recovery. Due to the coronavirus, many families will face disparities to get back on their feet and move forward from the damage the COVID-19 has brought upon them. Gov. Inslee stated that the state will continue to follow strict guidelines when the workplaces re-open and will operate differently until there is a vaccine for the coronavirus. "It will look more like the turning of the dial than the flip of a switch," Inslee said in an address on April 21, 2020, "We're going to take steps and then monitor to see whether they work or if we must continue to adapt" (WA. Governor's Office, 2020).

Current COVID-19 Data

Table 2 is a representation of confirmed cases and deaths by county in Washington State as of May 5, 2020. The data was collected and presented by the Washington State Department of Health, and they post daily statistics of up to date cases and deaths on the Washington State Coronavirus Response website (https://coronavirus.wa.gov/).

Table 1

County	Confirmed Cases	Deaths
Adams	49	0
Asotin	18	2
Benton	548	46
Chelan	137	5
Clallam	19	0
Clark	341	20
Columbia	1	0
Cowlitz	62	0
Douglas	95	2
Ferry	1	0
Franklin	387	14
Garfield	0	0
Grant	179	3
Grays Harbor	12	0
Island	172	9
Jefferson	28	0
King	6,704	474
Kitsap	151	2

Kittitas	15	0
Klickitat	18	3
Lewis	29	3
Lincoln	2	0
Mason	26	1
Okanogan	21	1
Pacific	4	0
Pend Oreille	2	0
Pierce	1,454	52
San Juan	14	0
Skagit	379	13
Skamania	3	0
Snohomish	2,584	112
Spokane	379	24
Stevens	9	1
Thurston	116	1
Wahkiakum	2	0
Walla Walla	96	0
Whatcom	324	30
Whitman	14	0
Yakima	1,449	52
Unassigned	61	0
Total	**15,905**	**870**

Conclusion

The plan also emphasizes the necessity that community leaders from across the state to work together to provide guidance for a safe and sustainable recovery for all Washingtonians and the governor will appoint three leadership groups to advise on public health, economic recovery and social supports (WA. Governor's Office, 2020). The plan is the vision of the Governor for the state to overcome this virus together and to be united as a community to combat any battle that they will face in the road to recovery. "We are looking forward to making advances against this virus," Inslee said, "Only science, data and informed reasoning can lift us out of this crisis" (WA. Governor's Office, 2020).

Governor will continue to be the driving force for the state's recovery and many Washingtonians will take heed of his vision and have faith in the recovery of this pandemic. He will continue to push local governments to be strict with their guidelines and adapt to their respective environment and ensure that the health and well-being of their citizens is a priority. Like many states, flattening the curve is at the forefront of winning this battle and preventing the further spreading, and further economic distress, of COVID-19.

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California

By Luisa Salazar

Introduction

The State of California is an important case to study because it is a high populated state. California has been criticized based on their coronavirus testing availability. It has been stated this state continues to fall behind on testing their residents.

Based on the Library of Congress (2020), California's history is romantic and filled with legend that is fitting that the region was named for a fictional island paradise in the 16th century Spanish romance Las Serges de Esplandian. The state had become part of the life of the United States in the middle of the twentieth century, California seemed less exotic, and the land's promises seemed more limited. California faced the new century with a new maturity and sense of reality earned at a terrible cost.

Demographics

- Population (2019 est.): 39,512,223
- Age Breakdown:
  - Persons under 5 years: 6.2%
  - Persons under 18 years: 22.7%
  - Persons over 18 and under 65: No data found
  - Persons 65 years and over: 14.3%
- Economy:
  - In civilian labor force, total, percent of population age 16 years+, 2014-2018: 63.1%
  - In civilian labor force, female, percent of population age 16 years+, 2014-2018:57.2%
  - Total accommodation and food services sales, 2012 ($1,00): 90,830,372
  - Total health care and social assistance receipts/revenue, 2012 ($1,000): 248,253,592
  - Total manufacturers' shipments, 2012 ($1,000): 512,303,164
  - Total merchant wholesaler sales, 2012 ($1,000): 666,652,186
  - Total retail sales, 2012 ($1,000): 481,800,461
  - Total retail sales per capita, 2012: $12,665
- Major Employers/Industries: Under Appendix A is Table A1 with a list of the major employers and industries for the State of California based on the statistics provided by the U.S. Census Bureau.
- Rural/Urban: 94% of the population live in urban areas, while just 6% of the population (1.8 million) live in rural areas.
- Access to Healthcare: Per CA.gov (2020), California law requires health plans to provide timely access to care. To be more specific, there are limits as to how long you wait to get health care appointments and phone advice.
- Rates of Heart Disease: no. 1 killer in California

- Lung Disease (asthma, COPD): 4.6% of the state population
- Diabetes: 3.6% of the state population
- Obesity: 60.9% of the state population
- Smoking/Vaping: 11.3% of the population

The government of California is composed of three branches: the executive, consisting of the Governor of California and other constitutionally elected and appointed officers and offices; the legislative, consisting of the California State Legislature, which includes the Assembly and the Senate; and the judicial, consisting of the Supreme Course of California and lower courts (Wikipedia, 2020).

The first case of COVID-19 in California was announced to be on January 25th, 2020. The first coronavirus-related death occurred on February 6th, 2020. COVID-19 testing kits begin to arrive at the state public health laboratories on February 28th, 2020. The first coronavirus death of a minor was confirmed in Southern California on March 24th, 2020. I was unable to find statistics with information on deaths by reason for this time period in comparison to previous years. Table A2 and A3 are a visual presentation on the increase of COVID-19 cases and number of tests conducted.

Several major initiatives taken in response to COVID-19 includes sheltering in place, restrictions/closures of businesses or other services (religious worship, schools, stores, athletic events). A stay-at-home order was placed by the state Governor on March 19th, 2020 to protect the health and well-being of all Californians and slow the spread of COVID-19. It was also directed by the state for mass gatherings to be postponed or cancelled on March 11th, 2020. As for vulnerable populations, hand wash stations were placed around the Los Angeles area as well as in other California cities to promote and encourage hand washing within the homeless population. Governor Newsome encouraged Californians for community members to check in on senior neighbors, friends, and family as part of the 'Stay Home. Save Lives. Check In' initiative. The essential workforce is considered to be the Health and Public Health Sector, Emergency Services Sector, Food and Agriculture Sector, Energy Sector, Water and Wastewater Sector, Transportation and Logistics Sector, Communications and Information Technology Sector, Government Operations and Other Community-Based Essential Functions, Critical Manufacturing Sector, Financial Services Sector, Chemical Sector, Defense Industrial Base Sector, and Industrial, Commercial, Residential and Sheltering Facilities and Services (CA.GOV, April 28, 2020)'

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Appendix A

Table 1: List of the State of California's Major Employers and Industries

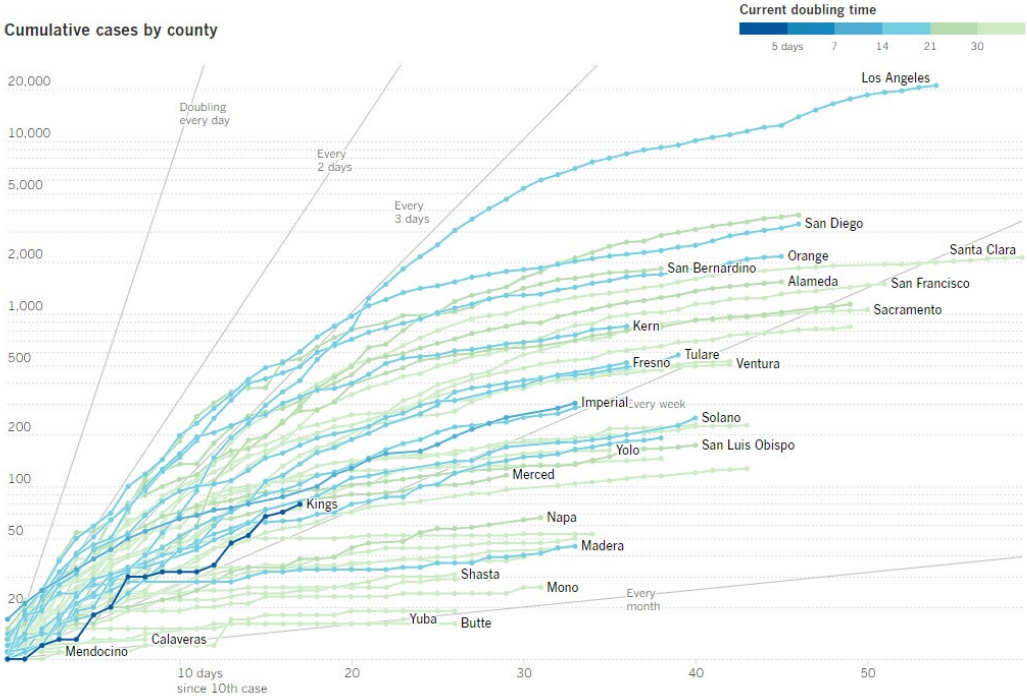
Employer Name	Location	Industry
32nd St Naval Station	San Diego	Federal Government-National Security
Alphabet Inc	Mountain View	Internet Search Engines
Amgen Inc	Newbury Park	Biological Specimens-Manufacturers
Applied Materials Inc	Santa Clara	Semiconductor Manufacturing Equip (mfrs)
Boeing Co	Huntington Beach	Aircraft-Manufacturers
Broadcom Corp	Irvine	Semiconductors & Related Devices (mfrs)
Cedar-Sinai Medical Ctr	West Hollywood	Hospitals
Chevron Corp	San Ramon	Oil Refiners (mfrs)
Cisco Systems Inc	San Jose	Computer Peripherals (mfrs)
Community Regional Medical Ctr	Fresno	Hospitals
D & G Mortgage Group Inc	Davis	Internet Service
Dept of Transportation In Ca	Sacramento	Government Offices-State
Ebay Inc	San Jose	E-Commerce
Edwards Air Force Base	Edwards	Military Bases
Flextronics International	Milpitas	Semiconductor Devices (mfrs)
Intel Corp	Santa Clara	Semiconductor Devices (mfrs)
JET Propulsion Laboratory	Pasadena	Research Service
Kaiser Permanente Los Angeles	Los Angeles	Hospitals
LAC & Usc Medical Ctr	Los Angeles	Hospitals
Lawrence Livermore Natl Lab	Livermore	University-College Dept/Facility/Office
Loma Linda Univ Health Board	Loma Linda	Univ/Clg-Governing Body/Regent/Trustee
Loma Linda University Med Ctr	Loma Linda	Hospitals
Los Angeles County Sheriff	Monterey Park	Government Offices-County
Los Angeles Intl Airport-Lax	Los Angeles	Airports
Los Angeles Police Dept	Los Angeles	Police Departments
Lumileds Lighting Co	San Jose	Lighting Fixtures-Supplies & Parts-Mfrs
Mccs Mcrd	San Diego	Towing-Marine
NASA	Mountain View	Federal Government-Space Research/Tech
National Institutes of Health	Pasadena	Physicians & Surgeons
Naval Air Station Lemoore	Lemoore	Military Bases

Ontario International Airport	Ontario	Airports
Oracle Corp	Redwood City	Computer Software-Manufacturers
Prime Materials	San Jose	Semiconductors & Related Devices (mfrs)
Space Exploration Tech Corp	Hawthorne	Aerospace Industries (mfrs)
Ucsd	La Jolla	University-College Dept/Facility/Office
University of CA Berkeley	Berkeley	Schools-Universities & Colleges Academic
University of Ca Los Angeles	Los Angeles	Schools-Universities & Colleges Academic
University of Ca Los Angeles	Los Angeles	University-College Dept/Facility/Office
University of CA San Francisco	San Francisco	Schools-Universities & Colleges Academic
University of CA-BERKELEY	Berkeley	University-College Dept/Facility/Office
University of Ca-Irvine	Irvine	Schools-Universities & Colleges Academic
University of California	La Jolla	University-College Dept/Facility/Office
University of California Davis	Davis	Schools-Universities & Colleges Academic
University-Ca-Berkeley Dept	Berkeley	University-College Dept/Facility/Office
University-Ca-Sn Francisco	San Francisco	University-College Dept/Facility/Office
University-Calfornia Sn Diego	La Jolla	Schools-Universities & Colleges Academic
Vxi Global Solutions	Los Angeles	Call Centers
Walt Disney Co	Burbank	Water Parks
Walt Disney Parks & Resorts US	Anaheim	Amusement & Theme Parks
Western Digital Corp	Fremont	Computer Storage Devices (mfrs)

Published in the U.S. Census Bureau site (2020), based on their collected statistical reports, Table A1 includes a list of major employers and industries for the state of California. The table is consisted of major corporations and universities in the state which are located in major cities in California.

Appendix B

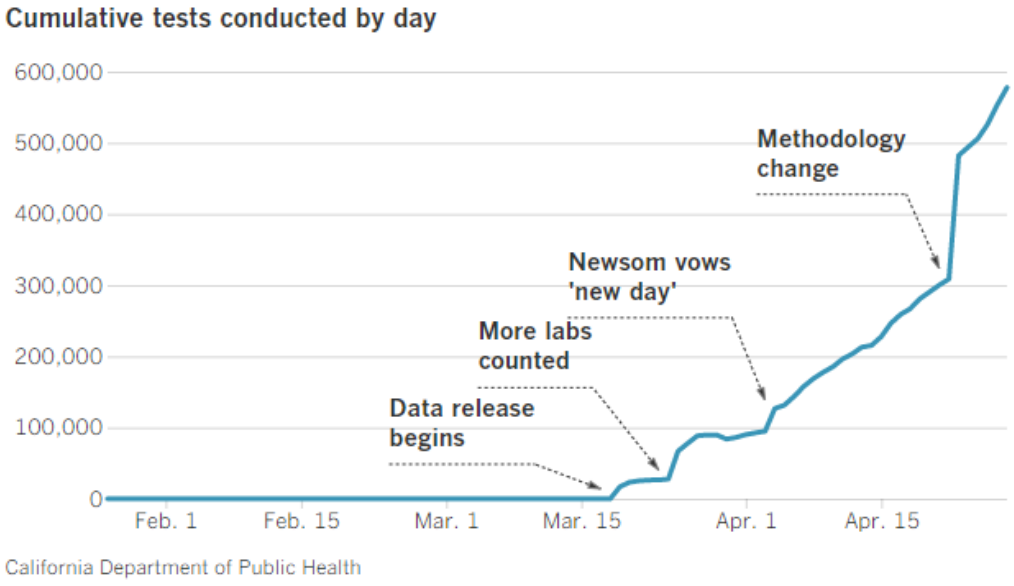
Figure 1: Cumulative cases by county for the state of California based on the Los Angeles Times published date (2020).



This chart tracks cumulative cases after each county confirmed its 10th case. Case counts are plotted on a logarithmic scale, which makes it easier to see when cases level off. Doubling rate is the estimate of how long it would take the county to double its number of cases, given the trend in the last week.

Appendix C

Figure 2: Cumulative tests conducted by day for the state of California based on the Los Angeles Times published date (2020).



Texas

By Luisa Salazar

Introduction

The State of Texas is an important case to study because it is a high population state such as California and Florida. Texas is currently experiencing criticism due to its plans of reopening businesses as early as May 1st. The date of statehood for Texas was December 29, 1845. According to history.com (2009, Nov 09), Spanish missionaries were the first European settlers in Texas, founding San Antonio in 1718. Hostile natives and isolation from other Spanish colonies kept Texas somewhat population. However, the Revolutionary War and War of Mexican Independence led to a dramatic population increase. Unfortunately, the newly formed Texas Republic was unable to defend itself from further incursions by the Mexican troops, and eventually negotiated with the U.S. to join the union in 1845.

Demographics

- Population: 28,995,881
- Age Breakdown:
  - Persons under 5 years: 7.1%
  - Persons under 18 years: 22.7%
  - Persons over 18 and under 35: No data found
  - Persons 65 years and over: 12.6%
- Economy:
  - In civilian labor force, total, percent of population age 16 years+, 2014-2018: 63.1%
  - In civilian labor force, female, percent of population age 16 years+, 2014-2018: 57.7%
  - Total accommodation and food services sales, 2012 ($1,000): 54,480,130
  - Total health care and social assistance receipts/revenue, 2012 ($1,000):145,035,130
  - Total manufacturers' shipments, 2012 ($1,000): 702,603,073
  - Total merchant wholesaler sales, 2012 ($1,000): 691,242,607
  - Total retail sales, 2012 ($1,000): 356,116,376
  - Total retail sales per capita, 2012: $13,666
- Major Employers/Industries:
  - Exxon Mobile Corp. – Oil and Gas
  - Phillips 66 – Oil Refining
  - Valero Energy Corp. – Oil and Gas
  - AT&T Inc. – Telecommunications
  - ConocoPhillips – Oil and Gas
  - Energy Transfer Equity – Oil and Gas
  - Enterprise Products Partners L.P. – Oil and Gas Pipelines
  - Sysco Corp. – Food Wholesale
  - Plains GP Holdings – Oil and Gas Pipelines

    - Tesoro Corp. – Oil Refineries
- Rural/Urban: 32 % urban, 68% rural by counties
- Access to Healthcare: 25% of adults aged 18-64 uninsured (2018)
- Rates of Heart Disease:
    - Men: 1.6%
    - Women: 4.7%
    - Total: 6.1 % of the state population
- Lung Disease (asthma, COPD): 3.5-4.7% COPD in adults 18 and over in Texas
- Diabetes: 11.4% of adult population (2017)
- Obesity: 34.8% (2018)
- Smoking/Vaping: 15.7% of adults (2017), 7.4% of high school students (2017)

The government of Texas operates under the Constitution of Texas and consists of a unitary democratic state government operating under a presidential system utilizing the Dillon Rule, as well as governments at the county and municipal levels (Wikepedia, 2020). The state of Texas has a plural executive branch system which limits the power of the Governor. The Texas Governor appoints the directors of a handful of state agencies, and the exercises direct authority over these offices (Wikepedia, 2020).

The first confirmed COVID-19 case was announced on March 4th. First COVID-19 death related case occurred on March 15th. On April 17th Governor Abbott issued Executive Order GA-17, establishing the Governor's Strike Force to Open Texas, for advertisement from political and medical leaders on "safely and strategically restarting and revitalizing all aspects of the Lone Star State" (Wikipedia, 2020).

According to the Texas Tribune (2020), some major criticisms the Texas Governor has received so far in reaction to his COVID-19 response are approaching this with a "patchwork system", leading to undermining response efforts. Numerous states around the U.S. have mandated the closure of schools, bars, and restaurants; deployed their militaries; or diverted state resources to COVID-19 response, Texas is largely leaving it up to the schools and local governments to decide how to proceed (Collier & Pollack, 2020).

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Florida

By Luisa Salazar

Introduction

The State of Florida is an important case to study because it is a high populated state. It is currently experiencing much criticism due to their packed beaches. This state has been viewed for their careless acts in neglecting social distancing.

Florida is known as the "Sunshine State" due to its warm climate and days of sunshine. The warm climate attracted a high volume of migrants and vacationers since the early 20th century. Throughout the 20th century a diverse population and urbanized economy gradually developed (Wikipedia, 2020). In 2011 Florida, with a surpassed population of over 19 million, became the third most populated state in the country.

Demographics

- Population: 21,477,737
- Age Breakdown:
  - Persons under 5 years: 5.4%
  - Persons under 18 years: 19.9%
  - Persons over 18 and under 65 years: No data found
  - Persons 65 years and over: 20.5%
- Economy:
  - In civilian labor force, total, percent of population age 16 years+, 2014-2018: 58.3%
  - In civilian labor force, female, percent of population age 16 years+, 2014-2018: 54.1%
  - Total accommodation and food services sales, 2012 ($1,000): 49,817,925
  - Total health care and social assistance receipts/revenue, 2012 ($1,000): 96,061,425
  - Total manufacturers shipments, 2012 ($1,000): 96,924,106
  - Total merchant wholesaler sales, 2012 ($1,000): 252,626,608
  - Total retail sales, 2012 ($1,000): 273,867,145
  - Total retail sales per capita, 2012: $14,177
- Major Employers/Industries: Under Appendix B is Table A4 with a list of the major employers and industries for the State of Florida based on the statistics provided by the U.S. Census Bureau.
- Rural/Urban (2010):
  - Rural: 8.8%
  - Urban: 91.2%
- Access to Healthcare (2018): 20.0% uninsured
- Rates of Heart Disease (2017): 145.8 (Death rates are age-adjusted)
- Lung Disease (asthma, COPD): 7.9% (age adjusted=7.1%) of Florida residents surveyed in 2011 reported having been told by a health care professional that they have COPD.

- Diabetes: Approx 2,350,231 people in Florida, or 13.1% of the adult population, have diabetes.
- Obesity: (Adult) 64.2% were overweight, with a Body Mass Index of 25 or greater. 26.6%, with a Body Mass Index of 30 or greater.
- Smoking/Vaping: 16.1% of adults smoked cigarettes in 2017

The government of Florida is established and operated according to the Constitution of Florida and is composed of three branches of government: the executive branch, legislative branch and judicial branch. The governor of Florida holds a close alliance with the federal government.

The first confirmed case of COVID-19 in Florida was on March 2nd. Governor Ron Desantis signed a state of emergency declaration on March 9 to help the state deal with the growing concerns over coronavirus (NBC, 2020). March 13th, testing has been expanded allowing people to be tested where there is confirmed community spread. In the beginning of March, COVID-19 began significantly affecting the state of Florida. Around this time, state and local government, businesses, and public institutions began to act to slow the spread of COVID-19 across the state. In addition, public school and universities began to transition learning online.

Some major criticisms Florida has received so far in reaction to his COVID-19 response are their careless behavior in dismissing the social distancing advisory by the CDC. There have been recent reports all over social media showing images of overcrowded beaches. Residents across the state are ignoring the safety advisories placed by the CDC or the state/local governments. There was also frustration over test kits; availability across the state.

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Appendix B

Table 4: List of the State of Florida's Major Employers and Industries

EMPLOYER	EMPLOYEES	DESCRIPTION
Polk County School Board	13,235	Administration, Staff and Educators
Publix Super Markets	12,500	Headquarters, Distribution, Manufacturing and Super Markets
Lakeland Regional Health	5,575	Main Hospital and Clinic Operations
Walmart	4,250	E-commerce, Distribution and Retail Stores
Geico	3,700	Insurance Center
City of Lakeland	2,800	All City Operations
Winter Haven Hospital	2200	Main Hospital and Clinic Operations
Polk County Board of County Commissioners	1,864	All County Operations
Watson Clinic	1,857	All Clinic Operations
Polk County Sheriff's Office	1,751	Administration, Staff and Deputies
Advent Health	1,550	Hospital Locations and Services
Legoland	1,500+	Legoland Florida Resort and Hotels
Mosaic	1,353	Manufacturing and Office Operations
Polk State College	1,200	Administration, Staff and Educators
Southeastern University	1,072	Administration, Staff and Educators
Lowe's	1,056	Distribution Center
Saddle Creek Logistics	1,050	All Logistic Operations
GC Services	1,000	All Call Center Operations
Sykes	950	Administration and Staffing
State Farm	944	Operations Center
Amazon.com Fulfillment Center	900+	Distribution Center
Rooms to Go	800	Distribution Center
Stryker	792	Manufacturing and Distribution
Oakley Transport Inc	750	All Logistic Operations
Summit Consulting	750	Operations Center
Florida's Natural Growers	656	Agricultural, Processing and Manufacturing
Advanced Auto Parts	615	Distribution Center
R&L Carriers, Inc.	600	Logistics Operation
Consulate Health Care	584	All Clinic Services
Florida Southern College	550	Administration, Staff and Educators
Coca-Cola	500	Manufacturing and Bottling Center
Badcock Corp	500	Headquarters and Distribution
W G Roe & Sons Inc	500	Agriculture and Shipping Operations
Southern Wine and Spirits	476	Distribution Center

Centerstate Bank	416	Headquarters and Financial Services
Lockheed Martin	334	Administrative and Finance Services

Published in the U.S. Census Bureau site (2020), based on their collected statistical reports, Table A1 includes a list of major employers and industries for the state of Florida. The table is consisted of major corporations and universities in the state which are located in major cities in Florida.

Los Angeles, Chicago, and Los Angeles

By Monica Tryon

Los Angeles, Chicago, and New Orleans and all have one common goal and that is to keep citizens safe during the COVID-19 pandemic. Each city has a distinctive reason why it should be important to study during this pandemic. Each city has a rich history, different government structure, different policies, a different timeline when responding to COVID-19, and different initiatives taken to combat COVID-19. In addition, each city has come across criticisms about how they are handling the COVID-19.

Los Angeles, California

By Monica Tryon

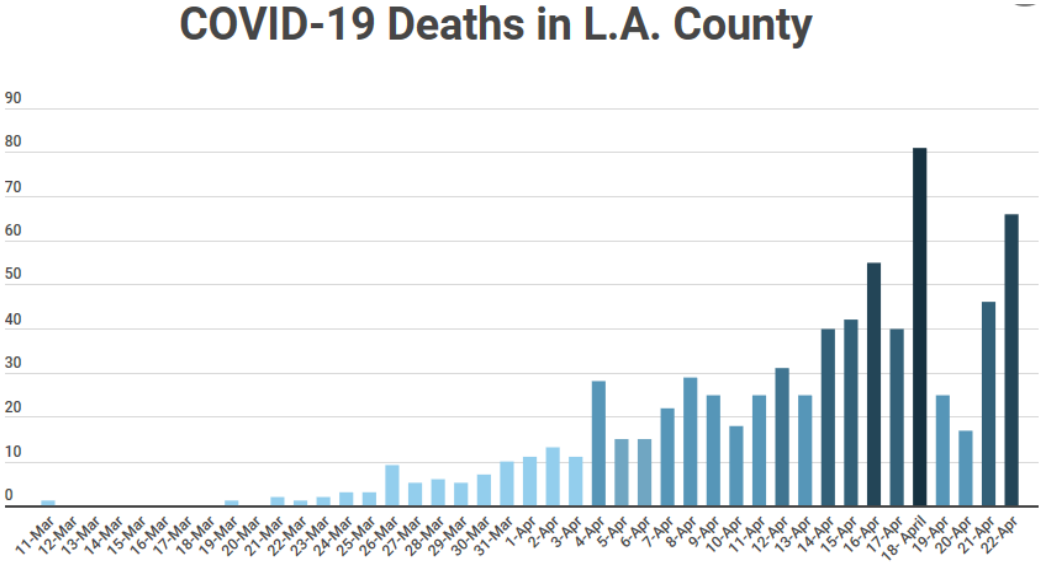
Introduction

The City of Los Angeles is the second largest city in the United States and at the time of research it has the highest one-day peak. On April 18, 2020, the City of Los Angeles reported 81 new death related to COVID-19, the country's highest one-day spike from the disease by far (Saldhieh, 2020). *Graph 1.* shows the spike in death for one day on April 18, 2020, compared to the first reporting in March, 2020 (Saldhieh, 2020). As of May 8, 2020 the total deaths for Los Angeles is 1,469 with 29,427 confirmed cases of COVID-19.

History of Los Angeles

The City of Los Angeles was originally founded and given the name El Pueblo de la Reina de Los Angeles (The Town of the Queen of Angels), over time the name changed to Ciudad de Los Angeles (City of Angels). The City of Los Angeles and surrounding areas were built by immigrants (City of Los Angeles, n.d.). The main product was grain. Spain ruled California until 1822, when Mexico assumed jurisdiction, trade with U.S. became more frequent (City of Los Angeles, n.d.). In 1846, the United States took control and the Treaty of Chauenga signed in 1847 and it ended the war in California. In 1848, the Treaty of Guadalupe Hidalgo was signed, and the rest of California was added to American territory (City of Los Angeles, n.d.).

Graph 1. *COVID-19 Deaths in L.A. County from March to April.*



Note: Graph shows the steading increase of deaths in L.A. due to COVID-19 and a sudden spike on April 18, 2020.

According to History (2019), the time line for the settlement of Los Angeles includes:

- In 8000 B.C. the by indigenous tribes, Chumash and Tongva tribes.
- In 1769, Gapar de Portola established a Spanish outpost in the Los Angeles area.
- In 1821, Mexico declared its independence from Spain, and California fell under Mexican Control.
- In 1842 and in 1848, the Gold Rush attracted many people to California.
- In 1881, Southern Pacific Railroad completed track into the City of Los Angeles.
- In 1913, the Los Angeles aqueduct opens, D.W. Griffith filmed first film, and Hollywood was annexed by Los Angeles making it the center of the entertainment industry.

The City of Los Angeles population in 2018 was 10.1 million people. According to DATAUSA (n.d.), in 20018 the median age is 36.7, for persons under 5 years is 6%, persons under 18 years is 21.7%, and persons 65% and over account for 13.6%. Race and Hispanic origins include 48.6 % are Hispanic or Latino, 25.9% are White, 14.6% Asian. 56.9%. Black of African American account for 9 %, and Native Hawaiian and other Pacific Islander alone is 1.4% (United States Census, n.d.). Households with computer from 2014-2018 accounts for 90.4%, household with broadband internet subscription from 201-2018 is 82.1%, 78.7% have a high school degree or higher of the age of 25 years in 2014-2018, 31.8% have a Bachelor's degree or higher, of percent of age 25 years (United States Census, n.d.). People who do not have health insurance under the age of 65 account for 10.2%.

The biggest industries in Los Angeles, California is Health Care and Social Assistance which employees 627,692 people. The retail trade industry employees 504,940 people, and Manufacturing employees 455,551 people (DATAUSA,n.d.). The highest pay industries are in Utilities that pays $85,305, Information pays an average $69,945, and Professional, Scientific and Technical Services pays $65,772 (DATAUSA, n.d.).

Since 2015, the City of Los Angeles has 341 community health centers; this is a 38 % increase from the years without the Affordable Care Act (Advance Project California, 2017). The community health centers in Los Angeles served a wide array of races. According to Advance Project California (2017), community health centers serve indigenous people and people of color, with 62% identifying Latino, 10% as Black, 7% as Asian/Pacific Islander. In 2015, the City of Los Angeles served healthcare to more than 140,000 people. There are obstacles that prevent people from receiving healthcare that include cost, getting and keeping providers, and transit net that can make utilizing available health safety net services difficult (Advance Project California, 2017).

Rates of heart disease is 4.8% for adults 18 years of age of and greater. Asthma among adults ages greater than 18 years of age in 2017 is 9.0%, COPD accounts for 5.0% for adults aged 18 or greater in 2017, Diabetes among adults aged 18 or greater is 10.0%, Obesity among adults aged 18 or greater is 25.2% in 2017, Smoking among adults ages 18 or greater is 14.2%

The percentage of people who have access to healthcare based on what type of insurance they have or if they have any insurance at all. The rate for uninsured under the age of 65 years of ages in 2017 is 10.1%. People who have employer coverage is 43%, 26.9% have Medicaid, 8.37% have Medicare, 12.1% have non-group, 8.97% are uninsured and 0.637% have military or VA (DATAUSA, n.d.). These percentages suggest that many people do not have any type of insurance therefore, they cannot see a doctor for regular checkups. Preventative care is important for those people who have underlying diseases.

Government

Los Angeles, California has a Mayor-Council-Commission form of government (Los Angeles, 2020). The Mayor-Council-Commission includes Mayor of California Eric Garcetti and fifteen city council members representing fifteen district who are elected by the people for four-year term. Boards & Commissions are appointed by Mayor Eric Garcetti. Los Angeles's jurisdictions include Beach/Airport Area, Crescenta Valley, Downtown/Central City, Harbor Area, Northeast, San Fernando Valley, South, and Westside. Within each jurisdiction, there are multiple communities.

On March 19, 2020, Governor Gavin Newsom was the first governor to impose the stay- at-home order. Other neighboring states do not influence California or Los Angeles. All the west side neighboring cities follow the lead of the Los Angeles County Department of Public Health and the Centers for Disease Control and Prevention (CDC) in implementing protocols (City of Santa Monica, 2020). Governor Newsom is aggressive in getting ventilators early on. On April 1, 2020, Governor Newsom announced schools are to remain closed for the remainder of the year. California is one of the states making quick decisions to contain the coronavirus. Mayor Eric Garcetti asked citizens of Los Angeles to follow CDC guidelines and wear a mask but California is not mandating it. Governor Newsom has a good relationship with President Trump. He believes that partisanship should not be in a crisis. According to Brown (2020), Governor Newsom notes a list of things the feds have done for the state.

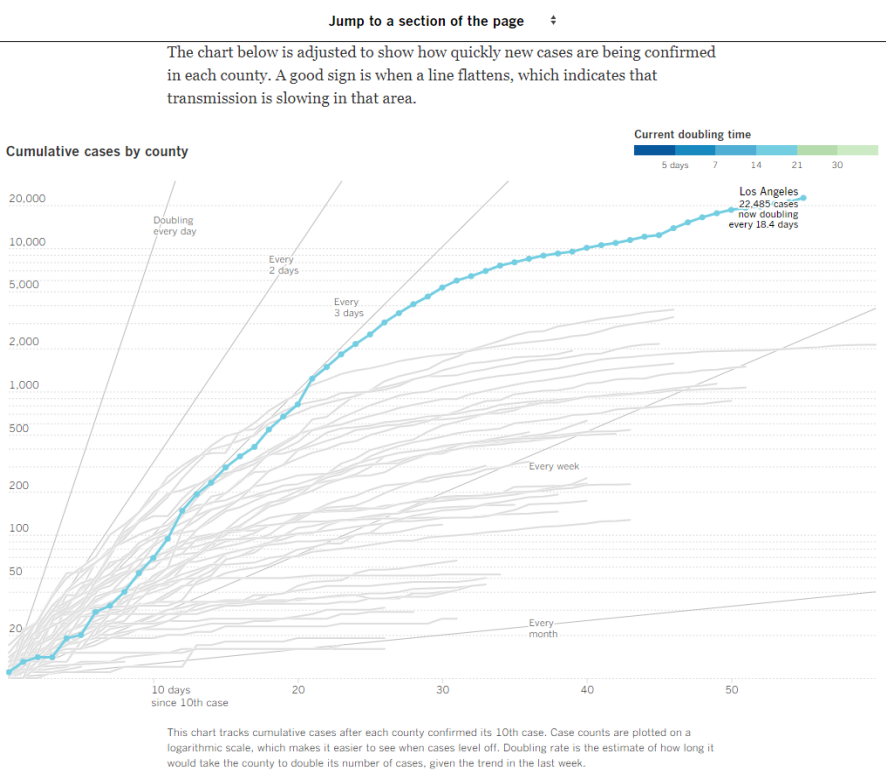
Timeline of COVID-19

The City of Los Angeles confirmed its first COVID-19 case in January 26, 2020. On March 11th the first death is reported in Los Angeles three days after that person landed in Los Angeles on

March 8, 2020. No information available for when first testing began in the City of Los Angeles. As of April 29, 2020 current cases confirmed are 22,485, total death cases are 1,056. As of April 29, 2020, cases in Los Angeles are now doubling every 18.4 days (Los Angeles Times, 2020) see *Graph 2*.

COVID-19 is affecting the whole world in different ways, even in the world of crime. Due to the stay-at-home orders, Los Angeles's crime rate has decreased during the pandemic. Violent crimes dropped about 10% and overall crime has decreased 6% (City New Service, 2020). The City of Los Angeles is not a stranger to crime. In 2019, there were 253 murders in Los Angeles; there were 26 officer shootings in 2019, down from 33 in 2018 and 44 in 2017. The drop in crimes is credited to gang intervention, hours of patrol and community outreach (YU, 2020). In 2019, there were 62 hit and run incidents, compared to 56 in 2018 attributed by distracted driving, texting and driving under the influence (YU, 2020). Citywide homicides are down from 260 in 2018, and 253 in 2019.

Graph 2. *As of April 29, 2020, COVID-19 cases doubling every 18.4 days.*



Note: Graph show the increased of covid-19 cases then starting to double on April 29,2020.

Major initiatives taken to response to COVID-19

On March 4, 2020, Governor Newsom declared a state of emergency to California which include a list of guidelines. At the same time so did the City of Los Angeles. The number of confirmed cases stood at seven. The Office of Eric Garcetti, Mayor of Los Angeles, announces guidelines for the City of Los Angeles (2020). On March 4, 2020 Mayor Garcetti announced a declaration

of local emergency and on March 12, 2020 they were implemented. The guidelines include social distancing, respiratory etiquette, and hand hygiene must be encouraged. Other guidelines include:

- Public events are to be canceled, especially if they include 50 or more people.
- On March 13th at schools are closed.
- General managers are to develop Emergency COVID-19 telecommuting plan.
- On March 15th, Mayor Gracetti orders all bars and nightclubs in Los Angeles that do not serve food to close. Restaurants and bars with food can only serve delivery or pickup.
- March 19th, 2020 a Safer-Stay-at-Home order is announced.
- No property owner can evict a resident if tenant cannot pay rent due to circumstances.
- Churches need to limit their gatherings and practice social distancing.
- On April 7, 2020, Mayor Gracetti orders for essential workers to wear face masks starting April 10, 2020.

In addition, Governor Newsom implemented a new Federal Benefit Payment of $600 to unemployment benefits on top of the weekly benefits, which congress recently approved.

Governor Newsom put in place an initiative to help kids who are out of school and do not have the resources to attend virtual sessions. In addition, he accessed $30 million to help schools ensure that families have internet access and computing devices for distance learning. School lunches are being served in 60 locations in the Los Angeles's Unified School district where student can grab and go with two meals for the day. California Insurance Commissioner has ordered insurers to refund some premiums to help with financial relief, since many people are driving less to work due to COVID-19 (Fox5, 2020). On April 7, 2020 Mayor Garcetti issue an order that requires companies who have 500 or more employees have to provide 80 hours of Supplemental Paid sick leave for qualifying reasons related to COVID-19 (JDSUPRA, 2020).

For the vulnerable population the City of Los Angeles has put initiatives to help the homeless, seniors, and people with disabilities. Governor Newsom issued an order in which Home Supportive Services [HSS] caseworkers for people with disabilities and seniors can continue to provide services (Office of Gavin Newson, 2020). The City of Los Angeles has put together medial street teams to get homeless of the streets. The county also has 2,400 rooms from hotels to use as temporary housing for the homeless during COVID-19. As of April 18, 2020, the state of California has secured 10,974 hotel and motel rooms and 4,211 are occupied. The city of Los Angeles has put out some hand-washing stations around the city, including in bus shelters where homeless camp out at. Some of the shelters have quarantined sick individuals, put space between beds, and implemented protective PPE for workers.

According to CA. Gov (2020), essential workers include from any of these sectors:

- Healthcare/public health
- Emergency services
- Food and agriculture
- Energy
- Water and wastewater
- Transportation and Logistics

- Communication and information technology
- Government operations and other community-based essential functions
- Critical manufacturing
- Financial services
- Chemical and hazardous materials
- Defense industrial base
- Industrial, commercial, residential, and sheltering facilities and services

In addition, to be more specific farmer's markets, convenience stores, pet food stores, emergency shelters, car dealers, exterminators, funeral homes, dry cleaners, post offices, public transportation, airlines, hotels and motels, and marijuana dispensaries to name a few CBS Los Angeles, 2020).

Major Criticisms

California has faced some criticisms on how they are handling COVID-19. According to the Los Angeles Times (2020), people who want to apply for unemployment benefits are not able to get through on jammed lines despite making dozens of calls to the agency. The Los Angeles's nursing home population is suffering too. As of April 18, 2020 in the state of California there are 3,000 positive cases which only represents 86% of the state's 1,224 nursing homes (Dolan, Chabria, and Mejia, 2020. One of the facilities hit hard is the Brier Oak nursing facility, it has reported 62 staff cases and 80 resident's cases of COVID-19. The staff complains they are understaffed, not enough testing, need more gear, and it is not controlled. Governor Gavin Newson's administration has also faced criticism again, because they advise hospital to prioritize younger people with greater life expectancy for care during the coronavirus outbreak (Luna, 2020).

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Chicago, Illinois

By Monica Tryon

Introduction

Chicago, Illinois is the third most populous city in the country**.** In addition, Cook County Jail in Chicago, is the fourth largest City jail in the United States. On April 8, 2020, Cook County Jail is one of the top U.S. Hot Spot as virus spreads behind bars (William and Ivory, 2020). It started with two inmates confirmed and within two weeks, it spread to 350 inmates. With these outbreaks are popping up everywhere, some officials are not happy because it may expose the real problems in their jails. For the Cook County Jail, the problem lies with the overcrowded and unsanitary of jails. Furthermore, on March, 2020 it was reported that in Los Angeles, had their first infant die due to the COVID-19. It shows that COVID-19 has no boundaries.

History

In 1973 Frenchman Jacques Marquette and Louis Joliet arrived in this area and gave it the name "checagou", but it was African American that first made a home there his name was Jean Baptistie du Sable (Lambert, 2019). Chicago spreads along the lakeshore and extends inland to meet its suburbs in a ragged line and it extents the city sin some 25 miles from north to south and 15 miles from east to west (Encyclopedia Britannica, n.d.). Chicago lies on the southwestern shores of Lake Michigan and it was incorporated into a city in 1837 (Roche, 2019). Chicago became a transportation hub, and in 1848 and 1860, the Illinois and Michigan Canal opened (Lambert, 2019).

According to Lambert, (2019) the following is a timeline of Chicago's evolution:

- In 1884 World's first skyscraper and Home Insurance Building was build.
- In 1886 the Haymarket Massacre took place in Chicago.
- In 1903the Iroquois Theater suffered a fires and killed 600 people.
- In 1927 Chicago Airport Opened, John G Aquarium opened in 1930 (Lambert, 2019).
- In 1950 Chicago's population was at 3.6 million.
- In 1973 Willis Tower opened.
- Navy Pier opened in 1995.
  Through the years the city has grown to what it is now in 2020 with a population of 2.75 million people.

Chicago has one of the biggest international hub for fiancé, commerce, industry, technology, telecommunications, and transportation (Roche, 2019). The nickname "Windy city" has stuck with Chicago because of the wind weather and the freezing cold wind it blows from Lake Michigan through the city. Chicago is made up of different cultures and races.

According to the United States Census, (2019). Chicago's population from 2018 is estimated at 2,705,994. In Chicago there are 6.5% of persons under the age of 5, 21.2% under the age of 18 years, 12% for 65 years and over, and female persons' account for 51.4% (United States Census, 2019). Chicago has 49.4% of White alone, Black or African America alone account for 30.1%, American Indian are 0.3%, Asian alone account for 6.4%, Native Hawaiian have 0.0%, people

who are two or more races account for 2.7%, Hispanic or Latino account for 29.0%, and White alone, not Hispanic or Latino are 32.8% (United States Census, 2019). There are 71,067 veterans living in Chicago, and 20.6% people who are foreign born. Median gross rent is $1,077, and about 45% own their homes. Family and living arrangements account for each home has an average of 2.52 people living there, and 84.7% have lived in the same home for one year (United States Census, 2019). In Chicago 36.0% of the population speak other languages other than English at home. High school graduate or higher of the ages of 25 years or higher account for 84.5%, and 38.4% have a Bachelor's degree or higher. People with disabilities under the age of 65 are 6.9%, and 11.9% without health insurance are under the age of 65 (United States Census, 2019). 90.2% of the population has health coverage, 46.1% have employee's plans, 25.6% have Medicaid, 9.11% are on Medicare, 8.81% have non-group plans, and 0.647% has military or VA plans (DATA USA, 2019). The median household income for 2018 was $55,198, and persons in poverty accounted for 19.5%. Poverty in 2017 by race includes Blacks to account for 259,625 $\pm$ 3,496, White account for 177,208 $\pm$ 3,288, and Hispanics account for 168,182 $\pm$ 3,000. The median household income for men is $57,238 while women are $55,889; the income inequality is 0.48, which is greater than the national average (DATA USA, 2019).

Chicago's major employers through February 2020 include industries from nonfarm, education, government, construction, financial activities, manufacturing, professional and business services, and trade (U.S. Bureau of Labor Statistics [BLS], 2020). Occupational pay for each differs securities and financial services is $27.48, registered nurse is $37.22, market research analysis and marketing specialist is $31.59, machinists get paid $20.76, laborers and freight, stock, and material movers, hand get $15.27, and stockers and orders fillers get $14.56 (BLS, 2020).

Employment rate from February 2019 through February 2020 has had up and downs percentages. In February 2019, a major increase of 0.5 % took place and then declined dramatically in February 2020 from 0.6% to 0.0% (BLS, 2020). The Unemployment rate for February 2019 through February 2020 fell from 4.3% to 3.6%.

Access to healthcare in Chicago depends on where you live. Pervasive negative social determinants, socioeconomic asymmetry, and public health challenges continue to exacerbate our "tale of two cities" (Health Care Council, 2018). The tale of two cities means in Chicago thre is the West and South sides. In Chicago, it is difficult to access healthcare in large urban areas. One problem is that clinics ae scattered and family doctors are few and many patients do not get help for small medical issues, which turn into big problems (Moser, 2012). Furthermore, the cost for private health insurance in Illinois in 2020 is $451 monthly. Access to healthcare is also based on if people have health insurance. In 2017, Chicago had 263,376 people with no health insurance, which is a rate of 9.8% (Chicago Health Atlas, 2020). The highest rate of 17.5 accounts for Hispanic or Latino. Chicagoans between the ages of 19-64 account for 239,919 who do not have health insurance. Males account for 148,053 and women account for 115,323 who do not have health insurance (Chicago Health Atlas, 2020). Chicago has 110 free and income based clinics in Chicago, Illinois (FreeClinics,n.d.) Those clinics offer dental, medical, women's health, pediatric health, pediatric dental, behavioral health, and adult's health clinics. The largest population with no insurance is Hispanics. In 2018, 18% of Hispanics were lacking coverage, this could be because at this time Trump administration tried to curb immigration and discourage from using benefits like Medicaid (Zaldivar, 2019).

Rates for different health diseases for 2017 include adults 18 years of age and older that include Coronary Heart is 5.2%, Chronic obstructive pulmonary is 6.2%, Diabetes is 11.0%, Obesity accounts for 32.3%, and Smoking accounts for 17.9 (Center for Disease Control and Prevention [CDC], 2019).

Government

The City of Chicago's government consists of the executive and legislature braches. The mayor Lori Lightfoot is the chief executive and the City Council is the legislative body that is elected from 50 wards (City of Chicago, n.d). Chicago has jurisdiction over 22 districts. The districts Chicago overseas are Central, Gresham, Harrison, Jefferson Park, Rogers Park, Rogers Park, Wentworth, Englewood, Grand Central, Ogden, Austin, Grand Crossing, Town Hall, Shakespeare, Chicago Lawn, and South Chicago. Government neighbors do not influence Chicago, but it does depend on the situation. Chicago has been the first state to call for stay-at-home orders, and first state to offer testing for those who do not have symptoms.

Governor J.B. Pritzker is not happy with the federal government. He notes that despite their pleas to the Trump Administration, starting two months ago, federal support has been minimal, unpredictable, and deeply disappointing, as they explained in interview this week (Slevin, 2020). Pritzker says he cannot rely on the Federal Government due to many promises and they never came true. Mayor Eric Garcetti said when the ventilators did arrive they were not working.

Timeline COVID-19

The City of Chicago has first confirmed COVID-19 case on January 2020. The patient was in her 60's and had landed in United States on January 13, 2020 after traveling from Wuhan, China. The first confirmed death due to COVID-19 on March 16, 2020, the patient's name was Patricia Frieson, a 61-year-old resident of Chicago, Illinois. COVID-19 testing for medical personal and first responders were held on March 24, 2020. The latest update as of May 8, 2020, there are confirmed cases and 1,471 deaths due to COVID-19. In Chicago, and there has been 1,874 related deaths due to COVID-19. The total cases for the state of Illinois are 41,777.

The number of killings in Chicago from last year to this year has seen a 43% increase. Citywide, the numbers of people who have been shoot—killed or wounded—have risen by 36%, according to the police department (Main and Charles, 2020). In violent cities, like Chicago, the coronavirus has dropped 42% of violent cities, drug arrest since the city shutdown, from the same period last year (CNBC, 2020). In March, domestic calls were up 9.5%. The number of domestic violence in April calls to CPD, since the stay at home order has increased up to 14.9% compared to the same time last year without the COVID-19 pandemic. The numbers of car accidents have decreased due to fewer cars on the road. In March before the stay-at home order there were 2,063 reported crashed, and after order the reported crashed reported was down to 803 (Risvold, 2020).

Response to COVID-19

According to Salinki and Weisenstein (2020), the Governor and Mayor of Chicago have implemented major initiatives to help fight COVID-19 which include:

- On March 11, 2020, Pritzker Administration announced his administration would be filing for emergency rules for those who need unemployment could get it.
- All bar and restaurants will close beginning March 16, 2020 through April 30, 2020. Other places to be closed include dine-in restaurants, gyms, hair and nail salon, movie theaters, libraries, museums, and country clubs.
- Shelter in place order is announced on by Gov. J.B. Pritzker to start on March 21, 2020 for the entire state
- On April 7, 2020 Chicago Public School will be closed until April 20, 2020 according to Mayor Lori Lightfoot,
- Governor Pritzker has extended stay-at-home order to May 30th and people must wear a mask starting May 1, 2020 when out in public.
- Essential workers are those who can work to keep the city going. According to City of Chicago, anyone who work from these industries are considered essential and are able to continue to go to work:
- Emergency City services and other essential government services
- Hospitals, healthcare and public health operations
- Grocery stores, pharmacies, corner stores, and all other stores that sell groceries and medicine
- Laundry services
- Restaurants for consumption off-premises
- Gas stations and businesses needed for transportation, including bike shops
- Transportation, for purposes of Essential Travel
- Financial institutions
- Day care centers for employees exempted by this Executive Order (see Executive Order for more information)
- Hardware and supply stores
- Essential Infrastructure: Working in food production, distribution and sale; construction; building management and maintenance; airport operations; operation and maintenance of utilities, including water, sewer, and gas; electrical; distribution centers; oil and biofuel refining; roads, highways, railroads, and public transportation; ports; cybersecurity operations; flood control; solid waste and recycling collection and removal; and internet, video, and telecommunications systems
- Food, beverage and cannabis production and agriculture
- Organizations that provide charitable and social services
- Media
- Critical trades, including: plumbers, electricians, exterminators, cleaning and janitorial staff for commercial and governmental properties, security staff, operating engineers, HVAC, painting, moving and relocation services, and other service providers that maintain the safety, sanitation and essential operation of residences, Essential Activities, and Essential Businesses and Operations
- Mail, post, shipping, logistics, delivery and pick-up services

- Educational institutions, for purposes of facilitating distance learning, performing critical research, or performing essential functions
- Supplies to work from home
- Supplies for Essential Businesses and Operations
- Home-based care and services
- Residential facilities and shelters
- Professional services
- Manufacture, distribution, and supply chain for critical products and industries
- Critical labor union functions
- Hotels and motels, to the extent used for lodging and delivery or carry-out food services
- Funeral services

The City of Chicago has put in place measures for the vulnerable population. Mayor Lightfoot announced that some of the homeless population who has been diagnosed with the virus are sheltered at YMCAs or hotel rooms. The state has $8 million to help crowded shelters and help the homeless of the street (Davis, 2020). The Chicago Department of Family and Support Services will install portable bathrooms and handwashing stations around town (Davis, 2020). In addition, the city of Chicago expects to have nurses visit homeless facilities to have screenings and informational sessions with the homeless. This effort is to see if any people are sick, since many cannot go see a doctor. Chicago has set specials hours for seniors to shop in stores to minimize the big crowds. The Chicago school system is offering grab-and-go lunches at 136 school sites for kids who are at home from school.

Major Criticisms

The state of Illinois has been under criticisms on the handling of unemployment claims. The state has received 513,173 of unemployment claims, and the state is accused of not working fast enough (5Chicago, 2020). House parties are still going on in Chicago despite the stay at home order and videos are put on social media for everyone to see. Furthermore, people who are testing for COVID-19 in Chicago, are experiencing a long delay for results, some even ten days. Chicago uses Quest Diagnostics and LabCorp, and Quest has said they are backlog at about 115,000 tests.

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New Orleans, Louisiana

Introduction

New Orleans is important to study as a case study due to fast increasing cases of COVID-19 and number of deaths per capita. New Orleans, Louisiana has been linked to a spike of COVID-19 cases due to the celebration of Carnival and Mardi Gras in February. About 1 million people gathered for the month-long celebration, the ultimate annual display of celebration, lack of inhibition, and lots of close contact (Edwards, 2020). New Orleans is seeing a rapid increase of new cases than any other places in the world since March 2020. In addition, New Orleans has the highest number of deaths per capita of any county in the nation. (Reckdahl, 2020). Governor John Bel Edwards said that the reason so many people are dying is that Louisiana residents have the highest rates of obesity, hypertension, heart disease and kidney disease (Calvert, 2020). In addition, the death per capita in New Orleans as of April 5, 2020 is 37.93 per 100,000. New Orleans is in second place following New York, which has 18.86 per 100,000 as of April 5, 2020 (Salo, 2020).

New Orleans History

The City of New Orleans lays along 105 miles upriver the Gulf Coast of Mexico along the Mississippi River Delta and near Lake Pontchartrain (TECC|EAST, n.d.). The first people to settle in New Orleans were the Native Americans of the Woodland and Mississippian Cultures History, 2019). According to History (2019), the following is a time line of New Orleans evolution:

- 1543 De Soto and La Salle 1682 passed through the area.
- In 1722, Jean-Baptiste transferred Louisans' capital form Biloxi.
- In 1762 and 1763, France signed treaties ceding Louisiana to Spain.
- In 1803, Louisiana reverted to the French, sold it to the U.S.
- The War of 1812 was fought in defense of New Orleans.
- After the Civil War New Orleans was the largest city in the Confederacy.
- By the 20th Century, New Orleans has streetcars, New Orleans jazz was born in clubs and dance halls.
- In August 29, 2005, Hurricane Katrina struck New Orleans. Hundreds were killed and flooded 80% of the city.

New Orleans city's population is 391,006, according to the 2018 Census. Different cultures, races and heritages make up the city. New Orleans is 59.7% Blacks, African Americans, and the second highest with White alone at 30.6%. The lowest percentage is Native Hawaiian or other accounts for 0.2%. The city has people of different ages. People under 5 years of age account for 6%, person under 18 years are 20.2% and persons 65 years and over account for 13.5%. The city is made up of 86.2% of people who have a high school degree or higher. The percentage of people who own their own home is 47.4%. The mean gross rent from 2014-2018 is $503. About 81.8% of household in New Orleans have a computer. Only 69.9% actually have internet. The education in New Orleans is 86% of people who have a high school degree or higher of the age of 25 years +. People who have a Bachelor's degree or higher account for 36.8% of the age of

25 years +. The income level for 2014-2018 in a median household is $39,576. People in the poverty level account for 24.6%. (United States Census, 2018).

According to Hand (2012), New Orleans major employers include:
(1) Ochsner Health System, health care, 9107 employments
(2) St. Tammany Parish Public School Board, Elementary & Secondary Schools, 7651 employments.
(3) Jefferson Parish School Board, Elementary & Secondary Schools, 7000 employments.
(4) Northrop Grumman, Ship building & Repairing, 5400 employments.

New Orleans economy consists of petrochemical plants, National Aeronautics and Space Administration, and manufacturing. New Orleans is a major grain port to United States and worldwide; other exports include raw and processed agricultural products, fabricated metals, chemical, textile, oils, petroleum and petroleum products, tobacco, and paperboard (Jackson, n.d.). New Orleans industry consist of tourism and ship/boat building, and oil and gas. The city also has universities and hospitals that contribute to the economy.

New Orleans has access to healthcare in urban and rural areas. Louisiana has 27 critical access hospitals, 160 rural health clinics, 33 short-term hospitals located outside of urbanized areas (Rural health information hub [RHIB], 2019). About 8 percent of Louisiana residents lack health insurance (RHIB, 2019).

According to the Center for Disease Control and Prevention (n.d.) rates for heart disease for New Orleans in 2017 accounted for 6.2 percent for adults aged greater than 18 years, rates for COPD in New Orleans in 2017 is 7.3 percent for adults aged greater than 18 years. Chronic diabetes accounted for 13.3 percent for adults aged greater than 18 years. For asthma it accounts for 9.8 percent in 2017 for adults older the age of 18 and for Obesity it is 36.1 percent, and for smoking the percentage is 22.1 (Center for Disease Control and Prevention, n.d.).

Occupation pay rates in New Orleans are different per industry. For example, human resources managers get paid $49.54, accountants $33.61, registered nurses $33.41, construction laborers $15.65, retail salesperson $12.51, and cooks fast food $9.58 (U.S. Bureau of labor Statistics, 2020). In 2018 the median income per household was $38,423. The male average salary was $65,054, while the women was $41,815 (Data USA, 2020).

Employment from 2017 to 2018 declined at a rate of -1.85%, from 179k employees to 176k employees. (Data USA, 2020). The unemployment rate has dropped from February 2019 from 4.1% to 3.9% for February.

The rate for people without health insurance for under the age of 65 years is 12.3%. Children uninsured in 2018 was 4.25%, adults in 2018 uninsured was 7.13%, blacks uninsured in 2018 7.69%, Hispanics in 2018 uninsured were 24.31%, low income households uninsured were 10.2%, and high-income household uninsured were 5.20% (Kiernan, 2019).

Government

John Bel Edwards is the Governor of New Orleans, Louisiana. The Louisiana Government has a mayor and city council. The form of government is municipal and the city council serves as the city's primary legislative body (Ballotpedia, n.d.). The Mayor of New Orleans is LaToya Cantrell. The mayor is over the city and state, national, and international levels. The City council has seven members, which are elected from five districts, while two are elected at large (Ballotpedia, n.d.). New Orleans also has council committees, boards, and commissions. The boards and commissions review, debate on city policies and legislation. New Orleans shares legal jurisdiction with New Orleans Police department. The NOPD serves eight districts. According to NOLA.GOV, (2020) the eight districts include:

1. Treme and Mid-City area
2. Uptown and Audubon area
3. Lakeview, Gentilly and West End neighborhoods.
4. Eastern New Orleans
5. Upper and Lower 9th Ward and Bywater
6. Irish Channel, Central City, and Garden District
7. not available
8. Eight District: French Quarter and Central Business District

Neighboring state's government do not influence the City of New Orleans. The City of Louisiana issued at stay at home order on March 23, 2020. Louisiana's neighbors Texas and Mississippi issued theirs in April. School closing for New Orleans started on March 16, 2020. Texas announced their school closure on March 19, 2020. Mississippi announced on March 19,200 their schools would close.

The Governor of New Orleans, Louisiana does have up and down alliance with the current president. Recently, the president has supported Governor Edwards during the COVID-19 pandemic. In article by Montgomery (2020), he stated that Governor Edwards said he ordered 12,000 medical devices and had only received 192, but they did not come from the federal government. President Trump took notice and three days later responded that ventilators were on their way. President Trump also praised Governor Edwards for doing a good job cooperating during with federal relief efforts.

Timeline of COVID-19

The first case of COVID-19 reported on March 9, 2020. The first confirmed death due to COVID-19 reproted on March 14, 2020. The first testing started on March 22, 2020 by drive-thru testing in two locations. As of April 26, 2020, New Orleans had 6.342 reported cases, and 406 deaths, 14,927 presumed recovered in the state 1,700 patients in hospitals (WDSU Digital Team, 2020).

The number of murders in New Orleans has decreased in the last few years. In 2016, they had 173 murders, 2017 they had 157 murders, in 2018 they had 146 murders, and 2019 they had 119 (WGNO Web Desk, 2020). In comparison to 2020, they account for 38 murders by the end of March 2020. Deaths by car accidents in 2019 were 41. In 2018, fatalities due to car accidents were 40 (LSU.edu, n.d.).

Responses to COVID-19

According to the Office of Governor of Louisiana (2020), it has issued several orders to help stop the spread of Corona virus. The timeline includes orders of the governor of Louisiana to all cities. On March 11, there was a Public Health Emergency, restrictions. March 13th, the restrictions on transportation, health care, administrative are announced. In addition, all schools ordered to be closed and elections are moved. March 14th, the restrictions on hours of operation of a commercial motor vehicle may drive, fees and fines for Dept. of Health are waived, and unemployment is approved those affected by the pandemic. March 19th, the use of telehealth is advised. March 22, 2020 stay at home order is announced. On April 2, an extended stay at home order to April 30 is announced.

The City of New Orleans imposed programs to help the vulnerable in the city during the pandemic. The Orleans Parish School Board teamed with The New Orleans Recreation Development Commission and Second Harvest Food Bank to fee school children while they were out of school (WDSU Digital Team,2020). Kids get breakfast and lunch at 43 sites around town. The homeless people are the most vulnerable against COVID -19 so the City of New Orleans implemented several measures. The city is providing handwashing stations and toilets around two major homeless camps (Wendland, 2020). Aimee Grainer part of *The Breakfast Club* volunteers to serve food to the homeless on Sundays. For now, they are doing sack lunches and using all safety precautions. Another measure used to help the homeless is by housing them in vacant housing units (Kasakove, 2020). The rooms are paid from federal, states, and local nonprofit funding.

To help the elderly, they can call 311 and it is set up to connect them with Hands on Volunteer Center. The center helps homebound seniors who cannot go and get groceries or pick up necessary things. Volunteers pick meals at the New Orleans Culinary Hospitality Institute and deliver to senior (Ferrando, 2020). According to Mayor LaToya Cantrell, non-essential business must close. Essential businesses include health facilities, grocery stores, corner stores, banks, gas stations, electricity and utility industry, transportation, and logistics pharmacies (Office of the Governor, 2020). In New Orleans Medical, marijuana is an essential business.

Major Criticism for COVID-19 responses

Mayor Cantrell has faced criticism about why she let Mari Gras continue. She pushed back by responding that federal government (Fausset and Kravitz, 2020) had not raised “no red flags”. Infectious disease specialist says that the celebration of Mardi Gras and Fat Tuesday are the reason why coronavirus is in New Orleans. The New Orleans criminal justice system did not want to release low risk inmate to prevent the outbreak of corona in jails. After much, push back, judge’s order jails to release low-risk inmates that meet the criteria. They have to be in jail for four minor offenses. The city of New Orleans is criticized because people are not following the social distancing order. New Orleans police have gotten 800 calls about big crowd still going on in one week (Bartolotta, 2020).

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Comparative Analysis for New Orleans, Chicago, and Los Angeles

By Monica Tryon

New Orleans, Chicago, and Los Angles all have one common goal and that is to keep citizens safe during the COVID-19 pandemic. Each city has a different government structure, different policies, a different timeline when responding to COVID-19, and different initiatives taken to combat COVID-19. In addition, each city has come across criticisms about how they are handling the COVID-19.

Rates of underling Diseases

Elderly people are usually the ones that have underling conditions like COPD, diabetes, coronary heart disease and smoke which can affect a person's health and contract COVID-19, but not all people who are dying in the South are elderly. Comparing rates of diseases that affect people in New Orleans, Chicago, and Los Angeles gives us an accurate picture of what population COVID-19 is killing. New Orleans has the highest rate of COPD with 7.3 %, Diabetes with 13.3%, Heart disease with 6.2%, and Smoking with 22.1%. Chicago has 6.2% of COPD, Diabetes is 11.0%, heart disease is 5.2% and Smoking accounts for 17.9%. Los Angeles rates include COPD is 5.0%, Diabetes is 10.0%, Heart Disease is 4.8% and Smoking account for 14.2%. The high disease rate in New Orleans correlates with the highest death per capita during the COVID-19 pandemic. According to Brooks (2020), 97% of those killed by COVID-19 in Louisiana had a pre-existing condition, according to state health department. In addition, an analysis from Kaiser Family Foundation found that people over 60 are not the only ones dying from underling conditions, states like Louisiana have more young people that make up more than a quarter of vulnerable population (Newkirk, 2020). In Louisiana people who are between the ages of 40 to 59 account for 22% of all deaths (Newkirk, 2020). The reason behind the deaths of young people in Louisiana is because the lack of healthcare, high-quality doctors and care, and Medicaid expansion is not offered by the state (Newkirk, 2020). According to Benfer and Wiley (2020), note that the lower a person's socioeconomic status, the more limited their resource and ability to access goods and services, and the greater their chance of suffering chronic disease, including conditions like heart disease, lung disease, and diabetes that may increase the mortality risk of CODI-19. In addition, many of these people don't have the luxury to work from home or have flexible work schedules so they have to go out and be among other people. Furthermore, when low income people have to stay at home for a long period of time it can become dangerous. It becomes dangerous because many live in low-income housing that have poor air quality, mold, and asbestos, lead, pest infestation, and inadequate space to separate the sick form the well (Benfer and Wiley 2020).

Access to Healthcare

Access to healthcare in New Orleans is difficult for several reasons. Only 8% of New Orleans residents have health insurance, while 9.3% Chicagoans have insurance, and 8.97% Los Angeles residents are uninsured. In addition, in New Orleans, after Katrina most hospitals still remain close. New Orleans has 27 free and income-based clinics. While Chicago has access to

110 free clinics to the citizens. Los Angeles has 341 community hospitals and clinics available for the community. Los Angeles has a population of 10.1 greater than New Orleans and Chicago. Not only is access based on available hospitals it is also based on the affordability and finding good doctors. According to Pipes (2018), California expanded their Medicaid program called Medi-Cal, doctors were increasingly refusing to see its beneficiaries because of extremely low reimbursement rates. According to Porterfield (2020), in 2018, nearly 25% of New Orleans residents lived below the poverty line- along with higher than-average numbers of people living preexisting medical conditions and a lack of access to healthcare and affordable housing. Furthermore, Chicago and New Orleans have a high level of poverty. In Los Angeles after the Affordable Care Act many residents got some form of insurance. The majority got Medicaid known as Medi-Cal which has shown more difficulty to access healthcare. In Los Angeles less than half of providers accept Medi-Cal, many of the plans in Medi-Cal have a limited number of providers. With all the obstacles people have a difficult time getting access to healthcare.

Access to health care is not the only reason for high rates of COVID-19 among the three cities. For example, it is the wealthiest people like in Los Angeles who travel internationally. One major reason for New Orleans to have high COVID-19 is the city celebrated Mari Gras in February. Chicago has a high rate of disparities among the black community. As of April 9, 2020, 70% of black people have died in Chicago, hospitals in Chicago have focused on the education on the virus to the community on prevention by partnering with local community organizations (Brewster, 2020). One of things community leaders reported was that young people do not believe they can get infected, they are not taking it seriously. One big problem is the disinformation and misinformation about COVID-19.

Below is table which shows the highest confirmed death cases in New Orleans. Particularly in the Black community.

Table 1 Neighborhoods with the Most COVID-19 Cases.

Neighborhoods With The Most COVID-19 Cases

According to the Louisiana Department of Health, these are the census tracts with the most confirmed COVID-19 cases. Jefferson Parish shows a number of neighborhoods have been hard hit across the parish. In Orleans, the areas with most confirmed cases appear to be concentrated in New Orleans East.

	County	census tract	Cases	Pct. Black	Pct. White	Pct. Hispanic	Poverty Rate
1	Jefferson	277.01	170	92%	3%	3%	25%
2	Orleans	17.24	128	93%	5%	1%	33%
3	Jefferson	275.01	125	47%	39%	8%	21%
4	Jefferson	278.04	125	36%	39%	9%	12%
5	Orleans	17.25	122	93%	3%	3%	25%
6	Jefferson	278.07	120	25%	54%	8%	4%
7	Jefferson	250.01	107	47%	39%	8%	21%
8	Orleans	17.23	107	95%	2%	1%	25%
9	Jefferson	278.10	103	69%	16%	6%	9%
10	Orleans	17.46	103	95%	2%	2%	35%

Table: Patrick Madden WWNO/WRKF • Source: LDH, ACS • Created with Datawrapper

CREDIT PATRICK MADDEN / WWNO

Note: Table shows New Orleans with more confirmed cases which have the highest percentage of black people and highest poverty rate.

Chronology COVID-19 Responses

New Orleans, Chicago and Los Angeles differ in the how fast each city responded to COVID-19. When comparing all three cities, Los Angeles, had its first confirmed case in January 26, 2020 and stay-at home order was issued on March 29, 2020, first death reported on March 11, 2020. In Chicago, the first confirmed case was confirmed on January 2020 and stay-at home order was issued on March 21, 2020, first confirmed death was on March16, 2020. New Orleans first confirmed case was on March 9, 2020, and stay-at home order was issued on March 22, 2020, first death confirmed was in March 14, 2020. All the cities waited for the first confirmed death and then issued a stay-at home order. New Orleans moved faster that LA and Chicago. New Orleans response was within 8 days after their first death confirmed. The reason Chicago and Los Angeles stay-at home- orders dates are similar because the state of Illinois followed California's stay-at-home order (Richwine and Borter, 2020). New Orleans first COVID-19 testing stared on March 22, 2020. There is no information for the City of Chicago for their first testing took place. The first testing in the state of Illinois began in February 2020. No data available for when Los Angeles first started testing for COVID-19. Below is a comparative chart for several states, but most importantly information for Illinois, California and Louisiana. The Table 2. shows the test conducted, confirmed and deaths.

Table 2*. Table shows by state the confirmed cases, deaths, tests conducted and test per million people*

State	Confirmed cases	Deaths	Tests conducted	Tests per million people
New York	288,045	16,966	805,350	41,399
New Jersey	109,038	5,938	223,144	25,123
Massachusetts	54,938	2,899	236,100	34,255
Illinois	43,903	1,933	214,952	16,963
California	42,164	1,710	526,084	13,314
Pennsylvania	41,165	1,550	198,593	15,513
Michigan	37,778	3,315	193,879	19,413
Florida	31,528	1,094	345,796	16,100
Louisiana	26,773	1,670	143,036	30,768
Connecticut	25,269	1,924	79,811	22,386
Texas	24,631	648	276,021	9,519
Georgia	23,401	912	123,223	11,606

Data updated April 27; testing includes positive, negative, and pending results.

Source: COVID Tracking Project, Census Bureau

Vox

Government Structure

Each city has a different type of government and operates differently. New Orleans, has a mayor and city council type government, Chicago has an executive and legislature branches, and Los Angeles has Mayor-Council government. The New Orleans operates with city council adopting the city budget, approving mayoral appointees, and making or amending policies and ordinances; the mayor is responsible for proposing a budget, signing legislation into law, appointing departmental directors and overseeing the city's day-to-day operations. (Ballotpedia, n.d.). Chicago has legislative bodies which can include city, town, a county councilmembers and county commissioners and the executive branch includes auditors and commissioners (MRSC, 2020). Los Angeles operates with mayor-council government. Mayor is elected separately from council, is full-time and gets paid while the council gets elected and maintains legislative powers (National League of Cities, n.d.). Los Angeles mayor has the responsibility to appoint general managers and commissioners and revoke officials from city post. In comparison New Orleans, Chicago and Los Angeles are considered to have strong mayors. This means the level of political power and administrative authority assigned to the mayor in the municipal charter (National League of Cities, n.d.).

New Orleans, Chicago, and Los Angeles are following each other's approach to some guidelines in the response to COVID-19. California is one of the first states to expand COVID-19 testing for those without symptoms and for free. According to Lin (2020), she notes that Brando Brown, epidemiologist at UC Riverside, stated, "California is leading the way" to test more people, identify them and isolate them and flatten the curve. Neighbor's government did not influence New Orleans when issuing a stay-at –home order on March 23, 2020, which Texas and Mississippi issued their orders on April 2020. States are grouping together and following each other's lead on when to open their states. Many of the Midwest states, which include Illinois, will group together and agree on when they want to reopen states. The Five Pacific coast states, which include California, called themselves "Western States Pact" will coordinate their time to open. The reason they want to work together is know each other's approach. There is no information from Los Angeles to note if neighbors influence it.

Each governor from each state has an up and down relationship with the Federal Government due to the handling of aid they have received. In comparing all three each governor started with a good alliance with President Trump. As time went on, each state started complaining about promises the government has not fulfilled. New Orleans ordered 12,000 medical devices and only received 192, but not from the Federal Government. They have not send any. The Governor of Chicago says he send out pleas to the Trump Administration two month ago and federal support has been disappointing. On March 22, 2020 there was a twitter war between Governor Pritzker and President Trump. Pritzker said that the federal government was like the "wild west" for medical supplies (Halligan, 2020). President Trump lashed back and said governors should not blame the federal government for their failings. Governor Gavin Newsom has praised the president because of the USNS Mercy in California to help with medical stations. He also says that every demand they have asked for; President Trump has met.

Pandemic Effects

Each city has seen increases of domestic violence during the stay-at-home order. In Chicago the number of domestic violence is up to 14.9% after the stay-at-home order, this is a 15% increase from this time last year. In New Orleans, the number of domestic assault is on a slight increase from 79.8 to 80.8 (Boraks, 2020). Los Angeles has seen a decrease of domestic violence before the stay-at-home order, but now after the order it has increased by 7.6%. These results show that people need their space and time away from each other. Many people are stressing about the pandemic and financial situations and it will increase domestic violence. According to Taub (2020), notes that Marianne Hester, a Bristol University sociologist who studies abusive relationship, says domestic violence goes up whenever families spend time together. According to Serrata (n.d.), she found in a research study, that factors that put people more at risk for violence are reduced access to resources, increased stress due to job loss or strained finances, and disconnection from social support systems. This correlates with the fact that the stay-at-home order is increasing domestic violence and is creating a new crisis. Domestic violence has also increased in Spain, China and France. In France there has been a 30% increase.

Car accidents have decreased due to the stay-at –home order. In New Orleans death by car accidents have dropped from 2019 to 2020. No data available as by how many. In Los Angeles, hit and run accidents have decreased, in 2018, 56 cases had been reported and in 2019 there were 62 cases reported which were attributed to texting, under the influence or distractive driving. In Chicago there has been a decrease of car accidents from before the stay-at-home order at 2,063 to after the order for only 803, due to fewer cars on road.

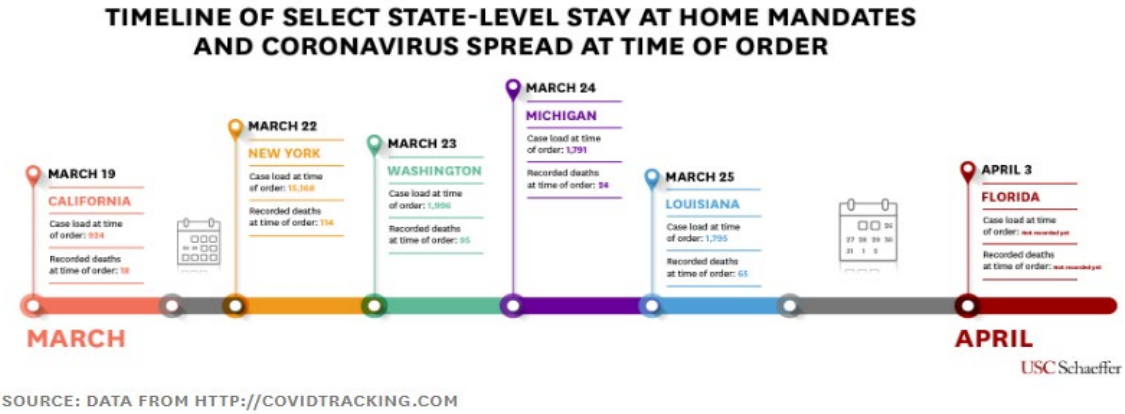
Major initiatives in response to COVID-19

New Orleans, Chicago, and Los Angeles responses occurred at different times. All the states agree the federal governments slow response to issuing information and orders cost them crucial time. New Orleans, Chicago and Los Angeles took initiative to issue a stay-at-home order, close schools, issue social distancing, imposed ways to help the valuable, and keep essential business open at different time frames. In comparing states on who issued the stay-at-home order faster, California wins. California has the largest population compared to New Orleans and Chicago, so makes sense. Followed by Chicago who has the second largest population within this group of states. The last one to issue a stay-at-home order was New Orleans who has the least population of these three cities. In analyzing that fact, the size of the population matters. Each governor took in account the size of their states and cities and concluded what was the best course of action for their states.

Each city response to help the vulnerable population. Each city is helping the homeless by putting them in hotels and putting handwashing station around the city. The state of California seems to be doing more for the vulnerable population and citizens. For example, the school system has $30 million to help kids with internet and computing devices for those who don't access to it. There are 60 locations for school lunch pickups. The California Insurance Commissioner ordered insurers to refund some premiums to help with financial relief. For the elderly, Home Supportive Services are ordered to continue services or disabled and elderly. Los Angeles has also put together street teams to help homeless of the streets. New Orleans has imposed a few things for the homeless, like furnishing hotel rooms and putting handwashing station in the city. Kids can pick up lunches at 43 are cites. For the elderly there is 311 phone number that can be called and it is set with a program that will help the elderly pick up essentials

for them if they cannot go. When all the cities are compared, from this analysis Los Angeles, California has the upper hand on providing for their citizens. In comparing, New Orleans Governor Edwards has issued policies for now and after the pandemic. The pandemic seems to have shed more light on some disparities that the city has been fighting before the pandemic. For example, Gov. Edwards creates resilient Louisiana commission to a state commission charged with examining Louisiana's economy amid the COVID-19 pandemic and making recommendations for more resilient business-related activities and commerce in the coming months (Office of the Governor, 2020). Graph 3. Shows the timeline of shelter in place mandates and which state was first to implement it.

Graph 3*. Timeline of Select State-level stay at home mandates and Coronavirus spread at the time of order.*



Note: *California was the first state followed by Louisiana. Does not show Illinois.*

Major Criticisms received in response to COVID-19

The Mayor of Louisiana has faced criticism on why she did not cancel Mardi Gras in late February. Illinois is facing criticisms for how they are handling the unemployment claims and not work fast enough. In Los Angeles also faces criticism for the handling the jammed lines for unemployment. In addition, in Los Angeles criticism is focused on the Brier Oak nursing facility, that reported 62 staff and 80 resident's cases of COVID-19. When comparing the criticism for each state or city it appears that no one was prepared to handle this pandemic. In addition, if the federal government had given states a faster response on guidelines and timelines, the state could have reacted sooner and had the available medical equipment, staff, resources and plans of action. It seems that when Governors push back on the federal government, that is when they get criticized and shamed. The governors push back because they are responsible for their states and need the help from the federal government.

Conclusion

New Orleans, Chicago and Los Angeles main goal is to keep the citizens of their cities safe. Each city or state is accomplishing that by implementing orders from the Governor's desk to the Mayors. Each state has the same type of government structure which means they are uniform in

their processes. Each city has different demographics therefore outcomes due to the COVID-19 pandemic are different. In this comparative analysis each states or cities analyzed are compared to see who responded to the pandemic faster, who put forth more resources for their cities, and what were some of the pandemic affects.

Mayor Gavin Newsom isued the first stay-at-home order. From day one California has been the leading for implementing guidelines. Now, California is the first state to offer free COVID-19 test to all. Los Angeles has really focused on their vulnerable population. This city has put more initiatives to help the homeless, elderly, and disable. New Orleans and Chicago have too, but according to the information that was found during research suggest that outcome.

Governor J.B. Pritzker has done a great job for his state of Chicago, despite having disagreement with President Trump. This governor seems to have tested the waters with Trump along with Governor Como from New York. Gov. Pritzker, may have not moved first to implement orders, but he moved quickly. When he couldn't rely on the federal government, he went around them out of desperation.

New Orleans governor John Bel Edwards moved quickly to impose orders since they had the highest deaths per capita. Edwards recently extended the stay-at-home order, because he feels some other regions have not had enough time to show progress. That is very critical because he is thinking scientifically not only about the economy. As of May 5th, New Orleans has 6,575 confirmed cases and 459 deaths, which is more reason to extend the stay-at-home order. After Katrina, New Orleans is experiencing a nightmare all over again.

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Select Texas Cities and Counties

Introduction

Texas is the biggest state in the United States, and many policies that Texas implemented were observed by many researchers and reporters (ABC News, 2020a; ABC News, 2020b). The reason that reports of Texas were highlighted, is because they had unexpected implementation of policy from cities such as Laredo being the first city in United States to require masks, the state being the first state in the United states to lift "stay at home" order, and city leaders questioning such policies along the way (Carlisle, 2020; Reston, Kenny, Judd, & Jones, 2020; ABC News, 2020b). The CDC recommendations were sometimes utilized by the federal government, but mandating masks was not something that was written into orders coming from the government and was reported on April 24, 2020, that the governor of Texas was still not sure whether to mandate masks (Wallace, 2020). Therefore, when Laredo was the first to implement the policy of mask requirement in the state, which is something that no one in the nation had attempted to do, all eyes were on Texas (Carlisle, 2020; KXAN Staff, 2020).

The opportunity for Laredo to implement policy in such a way was due to the decentralized power that Texas is able to utilize if necessary, through federalism. Decentralization of power in government, stems from the 10th amendment which states, "The powers not delegated to the United States by the Constitution, nor prohibited by it to the States, are reserved to the States respectively, or to the people (Longley, 2019; Milligiser, 2020). Decentralization of power allows what is also called a "home rule" for counties and cities in the state to utilize. Home rule "involves the authority of a local government to prevent state government intervention with its operations, extent of its power, however, is subject to limitations prescribed by state constitutions and statutes (US Legal, 2020)

The first order from the federal government that Texas enacted, was created shortly after "the White House announced the formation of the Coronavirus Task Force to help monitor, contain the spread of the virus and provide updates to the President (Trump-Pence, 2020)." According to Trump- Pence (2020), the task force was designed to create orders and guidelines that would be carried down to states, counties and cities around the nation**.** The first order was introduced to the nation on March 16, 2020, at which the Governor of Texas, thereafter, announced several guidelines that the counties were asked to implement (White House Statements & Releases, 2020; Office of the Texas Governor, 2020). There is no evidence as to whether any of the cities in Texas had any concerns in implementing their *decentralized* power of *home rule* despite the fact that the Governor of Texas had a history of opposing the process for particular ordinances and charters (Vock, 2017). There were moments when leaders in certain Texas cities did not agree with some of the policies, and questioned the state's authority (ABC News, 2020b). However, prominent cities such as Austin, Corpus Christi, Dallas-Fort Worth, Houston and San

Antonio Texas, along with counties such as Hamiltion, Roberston and Grimes county, followed state policy with no hesitation but made slight changes along the way that were not detrimental to their governors stance.

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Houston, Dallas-Fort Worth, and El Paso, Texas

By Renee Kozak

The following section is an exploration of the three Texas cities of Houston, Dallas, Fort Worth, and El Paso and their public safety response to the COVID-19 crisis. These key cities are highly populous areas with complex structures and significant population diversity demographics. The cities of Houston, Dallas, and Fort Worth are among the largest in the nation, with Houston being the most populous incorporated city in the state of Texas and the fourth most populous in the United States; and the Dallas-Fort Worth "metroplex" region is the largest populous metropolitan region in Texas and the tenth largest metropolitan area in the United States. This density of population over a large geographical area lends to a wide diversity in population demographics. These key features are what make Texas cities highly representative of the U.S. population, and is therefore a great sample population for research projects regarding issues of social concern that could potentially affect the nation. The City of El Paso is also being sampled for comparison. El Paso lacks the diversity of the other Texas cities, but as a community of predominately Hispanic/Latino demographics it is a good sample city representing a growing sector of our American society and culture.

Houston, Texas

The "greater Houston area" is the metropolitan area in and around Houston consisting of all the cities, towns and communities of Austin, Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty, Montgomery, and Waller Counties. Recent data for the entire region can be found as published on the Texas Medical Center (2020) website as compiled data for the greater Houston area by USAFacts.org.

The City of Houston Health Department's COVID-19 data at the city level is contained in a city of Houston Health Department and Harris County Public Health Department combined tool called a "dashboard" that can be found through the Houston Health Department (2020). The City of Houston Emergency Operations Center (2020) and Harris County Public Health Department (2020) websites provide updated data daily as to the current COVID-19 numbers in both the city of Houston and Harris County separately, as well as combined city/county data.

The first confirmed case in the greater Houston area was reported from Fort Bend county on March 4th, 2020 of a man in his 70's who had recently traveled abroad (Debenedetto, 2020). However, testing for COVID-19 was not first offered to the general public until March 16th, 2020, and was offered only in the north Houston area population (Ketterer, 2020). The first

COVID-19 related death occurred in the City of Houston on March 24th, 2020 (Hensley, 2020). As of the day of April 29th, 2020 the City of Houston has 3,515 confirmed cases; 2,833 active cases; 630 recovered cases; and 52 COVID-19 related deaths (Harris County Public Health Department, 2020).

Geography and Socio-Demographic Profile

Houston is a predominantly urban city located on the southeast Texas coast of the Gulf of Mexico in the United States with a land area of 599.59 square miles. Population estimates as performed by the U.S. Census Bureau (n.d.) estimates the city's population to be at 2,325,502 as of July 1st, 2018; with 3,501 people per square mile.

The racial/ethnic make-up of Houston consists of the following: 57.6% consider themselves "white alone", with 24.6% considering themselves as "white alone, not Hispanic or Latino", 33% considering themselves as "Hispanic/Latino white alone", and 44.8% of the population of all races considering themselves ethnically Hispanic or Latino; 22% of the population consider themselves as "black" or of "African-American" descent; 0.3% report being "American Indian or Alaskan Native alone"; 6.9% are of "Asian" descent alone; 0.1% are of "Native Hawaiian or Pacific Islander alone"; and 2.1% consider themselves of two or more races (U.S. Census, n.d.). The sex of the population is of even distribution, with 50% male and 50% female. The age of the population is 7.7% under 5 years old, 25% under 18 years old, 57% of the population between the ages of 18 and 65, and 10.3% age 65 or older (U.S. Census, n.d.)

Education, Economy, and Health Demographics

High school graduates comprise 78.3% of the population over age 25, with 32.1% of those of age 25 or older holding a bachelor's degree or higher (U.S. Census, n.d.).

Most of the population is employed in the civilian workforce, with 67.5% of the population over age 16 employed with a mean household income of $51,140. The unemployment rate was 3.6% in October 2019 (U.S. Bureau of Labor Statistics, n.d.); with 20.6% of the population considered in poverty (U.S. Census, n.d.). As per the U.S. Bureau of Labor Statistics (n.d.) the largest employment sectors last year are in trade, transportation, and utilities with 630,000 workers; business and professional services are the second largest with 515,000 workers; and government employment is the third largest sector, with 412,000 employees.

The U.S Census Bureau (2018) estimates that 25.4% of Houstonians under the age 65 did not have health insurance; and as per the Conduent Healthy Communities Institute (2020), 14% among those uninsured in Houston were children. Current important health conditions of concern within the U.S. effect Houstonians at the following rates: Heart disease 10.56%; emphysema 1.29%; asthma 7.87%; chronic bronchitis 3.45%; diabetes 8.68%; kidney disease 1.93%;

smoking 14.35%; and obesity 31.01% (Simply Analytics, 2019). This data is also represented on Appendix A.

Government

The City of Houston has a strong Mayor-Council form of government that does not employ a city manager. All of Houston's officials serve concurrent two-year terms (City of

Houston, 2020). These officials include the Mayor, the City Controller and the sixteen members of City Council. The City Charter provides the constitutional framework within which city government operates (City of Houston, 2020). It is difficult to ascertain the leanings of the City of El Paso's government and its current relationship with the federal government, as few news reports can be found regarding the topic and the City of Houston's governmental organizational pages are devoid of reference to party affiliation.

Timeline

It should be noted that the Texas Medical Center (2020) has offered a tool for use by the City of Houston of which a link can be found on the City of Houston's website to help with emergency planning purposes to provide updates on critical information daily, such as the Houston area infection growth rate, COVID-19 positive case trend, TMC's daily new hospitalization, total ICU bed capacity, new daily cases, TMC equipment and personal protective equipment needs, testing capacity. Of particular use to the public safety emergency planning community is the Proposed Early Warning Monitoring and Mitigation Metrics tool (appendix B)

- On *March 11, 2020,* Harris County Judge Lina Hidalgo issued a Declaration of Local Disaster for Public Health Emergency in accordance with Section 418.108 of the Texas Government Code (Harris County, 2020).
- The first order to be imposed by the judge restricting business activities was issued on *March 19th,* when Judge Hidalgo issued an order requiring restaurants and bars to provide only carry-out, delivery, or drive-thru services. The Judge additionally called for the closing of nightclubs, lounges and taverns, and restricted activities at other private clubs (Harris County, 2020).
- A "Stay Home, Work Safe" Order was issued On *March 24th* by the Harris County Judge prohibiting gatherings and provided that residents stay home other than to perform "Essential Services" as defined in Federal guidance that applied to all City of Houston residents (Harris County, 2020). This order was further extended on April 4th.
- The City of Houston "Stay Home, Stay Safe" Order effectively closed all non-essential businesses such as gyms/fitness centers, pools, sports facilities, hair/nail salons, massage therapy and tattoo businesses, concert and dance halls, theaters, stadiums, game rooms, bowling alleys, arcades, other indoor recreational centers and community halls, indoor and outdoor flea markets and swap meets, indoor malls, indoor shopping centers, and

bingo halls; and additionally further defined those businesses and governmental activities that were considered "essential" (Harris County, 2020).

- The "Stay Home, Stay Safe" order was effectively extended on *April 3rd until April 30th* (Harris County, 2020).
- A "use of Face Coverings" Order was issued by Judge Hidalgo for all people over age ten (with some exceptions) on *April 22nd,* with a fine of up to $1000 for violation of the Order.
- On *April 24th*, Houston's Mayor Turner announced the grassroots public health campaign "MASK UP!" in concert with local area celebrities to encourage Houstonians to heed the Harris County facial coverings Order (City of Houston, 2020).
- Upon issuance of Gov. Abbott's Executive Order GA-18 on *April 27th* where the governor encourages individuals to wear appropriate face coverings, but additionally stated that no jurisdiction can impose a civil or criminal penalty for failure to wear a face covering, Harris County Judge Lina Hidalgo amended the Harris County "Use of Face Coverings" Order to remain consistent with the Governor's newly issued executive order on *April 28th,* lifting the requirement of Harris County residents from wearing a face covering (Harris County, 2020).
- It should be noted that as of *April 30th* there was no information regarding either Harris County's or the City of Houston's stance on Gov. Abbott's Phase One of the Governor's Strike Force to Open Texas that established statewide minimum standard health protocols allowing for the reopening of business on the city's webpage, but that a link is provided on the city's Emergency Operations Center home webpage to the Governor's initiative webpage (City of Houston Emergency Operations Center, 2020).

Dallas, Texas

The "Dallas-Fort Worth Metroplex" is a modern colloquial term used to describe the urbanized and suburbanized north-central region of Texas in, around, and about the cities of Dallas and Fort Worth. The metroplex is the most populous area of the state of Texas and the fourth most populous area of the United States, encompassing a thirteen-county area with thirty-nine cities or towns. The U.S. Census Bureau differentiates the region into each incorporated town, city, or county entity – while the U.S. Bureau of Labor Statistic does not track statistics for each of the separate incorporated municipalities in the Dallas-Fort Worth metroplex, but rather collects for the entire thirteen county "metroplex" region and divides the area into two regions: the Dallas-Plano-Irving Division and Fort Worth-Arlington Division (U.S. Bureau of Labor Statistics, n.d.). For simplicity of this report, the incorporated areas of the most populated cities in the region of Dallas and Fort Worth will be examined separately, with labor statistics referred to in relation to the Divisions as used by the U.S. Bureau of Labor Statistics.

The statistics specific to the COVID-19 virus will be discussed on a regional or county specific basis, as the City of Dallas is not tracking statistics only within the city limits since the City of Dallas is located predominantly in Dallas County, with portions of the incorporated city are also located in Collin, Denton, Kaufman, and Rockwall Counties; and the city of Fort Worth is predominantly located in Tarrant County, but portions of the incorporated city area also extend into Denton, Parker, and Wise Counties. Links to daily updated statistics for Dallas and all surrounding counties in the region can be found on the "DFW Regional Summary Dashboard" through the City of Dallas (n.d.) official website. Statistics specific to Tarrant County can be found as updated daily though the City of Fort Worth (2020) official website via a link to the Tarrant County Public Health Department (2019) official website

Geography and Socio-Demographic Profile

Dallas is an urban city located in north-central Texas of the United States with a land area of 340.52 square miles. The incorporated city limits of the City of Dallas extend over six counties: Tarrant, Collin, Denton, Kaufman, and Rockwall Counties. Population estimates as performed by the U.S. Census Bureau (n.d.) estimates the city's population to be at 1,345,047 as of July 1st, 2018; with 3,517.6 people per square mile.

The racial/ethnic make-up of the City of Dallas consists of the following: 62.5% consider themselves "white alone", with 29.0% consider themselves as "white alone, not Hispanic or Latino", 33.5% consider themselves as "Hispanic/Latino white alone", and 41.7% of the population of all races consider themselves ethnically Hispanic or Latino; a total of 24.3% consider themselves as "black" or of "African-American" descent; 0.3% are "American Indian or Alaskan Native alone"; 3.4% are of Asian descent alone; 0.0% are "Native Hawaiian or Pacific Islander alone"; and 2.5% consider themselves of two or more races (U.S. Census, n.d.). The sex of the population is of relative even distribution, with 50.6% male and 50.4% female. The age of the population is 7.7% under 5 years old, 25.4% under 18 years old, 56.8% of the population between the ages of 18 and 65, and 10.1% age 65 or older (U.S. Census, n.d.).

Regarding education, 76.5% of people over age 25 is a high school graduate, with 32.3% of those of age 25 holding a bachelor's degree or higher (U.S. Census, n.d.).

Education, Economy, and Health Demographics

High school graduates comprise 76.5% of the population over age 25, with 32.3% of those of age 25 or older holding a bachelor's degree or higher (U.S. Census, n.d.).

Most of the population is employed in the civilian workforce, with 68.3% of the population over age 16 employed with a mean household income of $50,100 (U.S. Bureau of Labor Statistics, n.d.). The unemployment rate was 4.2% in March 2020 (U.S. Bureau of Labor Statistics, n.d.); with 20.6% of the population considered in poverty (U.S. Census, n.d.). As per the U.S. Bureau

of Labor Statistics (n.d.) the largest employment sector is the government sector with 73,500 employees; the trade, transportation and utilities sector is the second largest with 68,500 workers; and education and health care is the third largest sector with 48,600 employees.

The U.S Census Bureau (2018) estimates that 26% of Dallas residents under the age 65 did not have health insurance. Current important health conditions of concern within the U.S. effect Houstonians at the following rates: Heart disease 10.55%; emphysema 1.30%; asthma 7.93%; chronic bronchitis 3.47%; diabetes 8.63%; kidney disease 1.94%; smoking 14.51%; and obesity 31.50% (Simply Analytics, 2019). This data is also represented on Appendix 1

Government

The city of Dallas uses a council-manager form of local government, with a city manager, mayor and fourteen council districts (City of Dallas, n.d.). It is difficult to ascertain the leanings of the city of Dallas' government and its current relationship with the federal government, as few news reports can be found regarding the topic, and the city of Dallas' governmental organizational pages are devoid of reference to party affiliation.

Timeline

- On *March 16th* the City of Dallas issued the First Amendment to Emergency Regulations to adopt regulations for the reporting of COVID-19 tests; orders restaurants to be permitted to be open for only take-out; orders bars, gyms, indoor commercial services, private services, theaters, and indoor commercial amusement businesses closed; clarifies the definition of community gathering as limited to fifty people; defines the social distancing requirement of 6 feet; and the public spaces by which gathering of fifty people is permitted – such as grocery stores, public transit locations, temporary shelters, schools, shopping malls, and hospitals (City of Dallas, 2020).
- On *March 24th* the City of Dallas issued the Second Amendment Emergency Regulations that includes modifications to the conduction of city council meetings and prohibits certain council committee meetings except via telephonic or videoconference means (City of Dallas, 2020).
- Dallas County Judge Clay Jenkins issued a "Stay Home, Stay Safe" Executive Order on *March 25th* (Dallas County, n.d.). The Executive Order summary found on the county website clearly defines in chart format (appendix C) the locations and activities and the restriction of each of the Order (Dallas County, n.d.). The Dallas County Order defines essential activities and provides the parameters of the restrictions for each of the following: public and private gatherings; non-essential businesses; food establishments; gyms; worship services; elective medical/surgical/dental procedures; nursing homes; essential healthcare operations; essential government functions; critical infrastructure; essential retail; providers of basically necessities to the economically disadvantaged; essential services to maintain residences or essential businesses; public and private

educational institutions; childcare; animal care; hotels and motels; documentation required for essential employees; and applying for an exemption (Dallas County, n.d.).

- On *March 30th*, the City of Dallas issued their Third Amended Emergency Regulations which included an adoption of orders regarding long-term care facilities; the adoption of Dallas County Stay Home Stay Safe Orders and rules as it applies to the construction industry; and regulations requiring hospitals to report their bed availability status, as well as the number of Intensive Care Unit beds available and ventilator availability (City of Dallas, 2020). The regulations also prohibit certain city board and commission meetings except via telephonic or videoconference means (City of Dallas, 2020).
- On *April 23rd*, the Dallas County Judge issued two orders: An Amended Order of Judge Clay Jenkins to the Stay at Home Order and an Amended Order of County Judge Clay Jenkins Regarding Long-Term Care Facilities (Dallas County, 2020). The Stay at Home amendment addresses changes to the original order in alignment with Gov. Abbott's initiative to open certain retail establishments for to-go operations; and the Long-Term Care facilities amendment addresses additional concerns and restrictions to protect the most vulnerable of populations (Dallas County, 2020).
- Additional guidance was provided by Dallas County in a more informal manner with the county's Stay Home Stay Safe Rules for Reopened Services notice posted on the county's website on *April 23rd* (Dallas County, 2020). This guidance defines what businesses can re-open, specifications for "to-go" orders of retail establishments permitted to re-open, how to conduct home delivery services and mail-order services (Dallas County, 2020).

Fort Worth, Texas

Geography and Socio-Demographic Profile

Fort Worth is an urban city located in north-central Texas in the United States with a land area of 339.82 square miles that sprawls over a four-county area of Tarrant, Denton, Parker, and Wise Counties (U.S. Census Bureau, 2018). Population estimates as performed by the U.S. Census Bureau (n.d.) estimates the city's population to be at 895,008 as of July 1st, 2018; with 2,181.2 people per square mile.

The racial/ethnic make-up of Fort Worth consists of the following: 64.1% consider themselves "white alone", with 39.5% considering themselves as "white alone, not Hispanic or Latino", 24.6% considering themselves as "Hispanic/Latino white alone", and 35.0% of the population of all races consider themselves ethnically Hispanic or Latino; a total of 19.0% consider themselves as "black" or of "African-American" descent; 0.5% are "American Indian or Alaskan Native alone"; 4.2% are of Asian descent alone; 0.1% are of "Native Hawaiian or Pacific Islander alone"; and 3.3% consider themselves of two or more races (U.S. Census, n.d.). The sex of the

population is of relative even distribution, with 48.9% male and 51.1% female. The age of the population is 7.9% under 5 years old, 28.0% under 18 years old, 54.5% of the population between the ages of 18 and 65, and 9.6% age 65 or older (U.S. Census, n.d.).

Regarding education, 81.7% of people over age 25 is a high school graduate, with 28.6% of those of age 25 holding a bachelor's degree or higher (U.S. Census, n.d.).

Education, Economy, and Health Demographics

High school graduates comprise 81.7% of the population over age 25, with 28.6% of those of age 25 or older holding a bachelor's degree or higher (U.S. Census, n.d.).

Most of the population is employed in the civilian workforce, with 66.9% of the population over age 16 employed with a mean household income of $59,255 (U.S. Bureau of Labor Statistics, n.d.). The unemployment rate was 4.4% in March 2020 (U.S. Bureau of Labor Statistics, n.d.); with 16% of the population considered in poverty (U.S. Census, n.d.). As per the U.S. Bureau of Labor Statistics (n.d.) the largest employment sector is the government sector with 73,500 employees; the trade, transportation and utilities sector is the second largest with 68,500 workers; and education and health care is the third largest sector with 48,600 employees.

The U.S Census Bureau (2018) estimates that 20.2% of El Paso residents under the age 65 did not have health insurance. Current important health conditions of concern within the U.S. effect Houstonians at the following rates: Heart disease 10.44%; emphysema 1.25%; asthma 7.85%; chronic bronchitis 3.42%; diabetes 8.49%; kidney disease 1.88%; smoking 14.16%; and obesity 30.93% (Simply Analytics, 2019). This data is also represented on Appendix A.

Government

Fort Worth adopted a council-manager form of government when it received its charter from the Texas Legislature in 1924 (City of Fort Worth, 2020). As in most council-manager forms of government Fort Worth has a city manager appointed by the council and an elected mayor (City of Fort Worth, 2020). The city council consists of nine council districts with elected council members (City of Fort Worth, 2020). It is difficult to ascertain the leanings of the city of Fort Worth's government or its elected officials and its current relationship with the federal government, as few news reports can be found regarding the topic, and the city of Fort Worth governmental organizational pages are devoid of reference to party affiliation.

Timeline

The City of Fort Worth's restrictions and guidelines were the most comprehensive of the cities studied. The Mayor of the City of Fort Worth issued and subsequently amended seven Declarations of Public Health Emergency for the city of Fort Worth to implement measures to

help mitigate the impacts of COVID-19 and stop its spread across the City and surrounding areas. The amendment timeline is as follows:

- The first amendment issued on *March 17th* allowed for gatherings of no more than 125 people; an occupancy rate of places of public gatherings such as restaurant, bars, stores, public buildings, churches, gyms, event centers, retail stores, theaters, retail establishments of no more than 50% of occupancy rate or 125 people (whichever is less); states those public gathering places to which this occupancy limit does not apply – such as grocery stores, office buildings, homeless shelters, airports, non-profit service providers, manufacturing locations, and residential buildings (City of Fort Worth, 2020).
- The second amendment was issued on *March 19th* limited the size of public gatherings to no more than fifty people; further restricted occupancy rates of retails malls; restricted restaurants from providing dining-in service by only allowing to-go or home delivery ordering; and ordered bars, amusement and entertainment centers, theaters, gyms, and private clubs closed (City of Fort Worth, 2020).
- Later in the day on *March 19th* a third amendment was signed to take effect the following day which further restricted the size of public gatherings to ten people or less (City of Fort Worth, 2020).
- The fourth amendment was issued on *March 21st* which restricted gathering of ten people or less to maintain six feet social distancing; restricted restaurants to employing no more than ten people at one time; it further clarified and specified businesses that were to close – to include bingo halls, hair and nail salons, estheticians and other personal care services, spas and massage parlors, tattoo parlors, barber shops, piercing parlors, tanning salons, hotel meeting spaces and ballrooms, outdoor plazas and markets, mall and retail stores that sell essential household goods, and closed in-person worship services (City of Fort Worth, 2020). The amendment also specified those services that were permitted to remain open while maintaining social distancing standards; and orders people who have tested positive for COVID-19 to isolate at home and seek medical attention if necessary (City of Fort Worth, 2020).
- The fifth amendment was issued on *March 24th,* which ordered all residents of the City of Fort Worth who were not essential employees to stay home, except when traveling for essential goods and services; further defines essential businesses and activities that can remain in the workplace; prohibit public gathering of any number of people; prohibit elective medical, surgical, or dental procedures; prohibit visitation of nursing homes, long-term care facilities, and retirement homes; non-essential travel was prohibited; offers specific guidance to homeless individuals; further defines essential activities, health care services, government functions, critical infrastructure, retail, travel, basic needs for the economically disadvantaged, and services to maintain businesses or residences; it also further defines the activities permitted by the new media, real estate transactions, child care services, animal shelters and other businesses that maintain live

animals, construction, funeral services, worship services, and moving services (City of Fort Worth, 2020).

- The sixth amendment was signed on *April 7th*, and even *further* defined the following: social distancing and hand washing procedures; minimum basic operations; essential activities to include health care services, government functions, critical infrastructure, retail, providers of needs for the economically disadvantaged, services to maintain residences or businesses, and other essential services; new media, real estate transactions, child care services, animal shelters and "other" businesses that maintain live animals, construction, funeral services, worship services, moving services (City of Fort Worth, 2020). The amendment also added a statement that nothing in the declaration prohibits or regulates the transfer, possession, or ownership of firearms (City of Fort Worth, 2020).
- Amendment seven was issued on *April 23rd* and appears to be loosening certain restrictions for the reopening of certain activities in accordance with the Governor's initiative to re-open Texas (City of Fort Worth, 2020). In this amendment they call for "minimized" social gatherings and refers to the Governor's Order GA-15 regarding permissible medical procedures and surgeries; and attempts to modify some language that was previously utilized in other amendments (City of Fort Worth, 2020)

El Paso, Texas

The City of El Paso does not maintain or publish statistics for the incorporated city limits of the City of El Paso, but rather combines the data of the City of El Paso and El Paso County (City of El Paso, 2020). The first confirmed positive COVID-19 case was reported on March 13th, 2020 (Montez & Dearman, 2020). Testing for COVID-19 was first made available to the general public through the El Paso Department of Health on March 24th, 2020 (Montes, 2020); and the first COVID-19 related death reported by city health officials was on April 9th, 2020 (City of El Paso, 2020). As of April 29th, 2020, the El Paso region has tested 1,642 people; has had 857 confirmed positive cases – 548 of which are still active cases and 35 are currently hospitalized (El Paso, 2020). The El Paso area has also sustained fourteen COVID-19 related deaths to date (El Paso, 2020).

Geography and Socio-Demographic Profile

El Paso is a predominantly urban city located in the furthest western portion of the state of Texas in the United States with a land area of 255.2 square miles. Population estimates as performed by the U.S. Census Bureau (n.d.) estimates the city's population to be at 682,254 as of July 1st, 2018; with 2,543 people per square mile.

The racial/ethnic make-up of Houston consists of the following: 80.8% consider themselves "white alone", with 13.2% considering themselves as "white alone, not Hispanic or Latino",

67.6% consider themselves as “Hispanic/Latino white alone”, and 80.9% of the population of all races consider themselves ethnically Hispanic or Latino; a total of 3.8% of the population consider themselves as “black” or of “African-American” descent; 0.5% are “American Indian or Alaskan Native alone”; 1.4% are of Asian descent alone; 0.2% are of “Native Hawaiian or Pacific Islander alone”; and 2.7% consider themselves of two or more races (U.S. Census, n.d.). The sex of the population is of relatively even distribution, with 49.9% male and 51.1% female. The age of the population is 7.5% under 5 years old, 26.9% under 18 years old, 53.2% of the population between the ages of 18 and 65, and 12.4% are age 65 or older (U.S. Census, n.d.). Regarding education, 79.9% of people over age 25 are high school graduates, with 24.7% of those of age 25 or older holding a bachelor’s degree or higher (U.S. Census, n.d.).

Education, Economy, and Health Demographics

High school graduates comprise 79.6% of the population over age 25, with 24.7% of those of age 25 or older holding a bachelor’s degree or higher (U.S. Census, n.d.).

Most of the population is employed in the civilian workforce, with 59.9% of the population over age 16 employed with a mean household income of $46,656 (U.S. Bureau of Labor Statistics, n.d.). The unemployment rate was 3.7% in October 2019 (U.S. Bureau of Labor Statistics, n.d.); with 20% of the population considered in poverty (U.S. Census, n.d.). As per the U.S. Bureau of Labor Statistics (n.d.) the largest employment sector is the government sector with 73,500 employees; the trade, transportation and utilities sector is the second largest with 68,500 workers; and education and health care is the third largest sector with 48,600 employees.

The U.S Census Bureau (2018) estimates that 24.7% of El Paso residents under the age 65 did not have health insurance. Current important health conditions of concern within the U.S. effect El Paso residents at the following rates: Heart disease 11.41%; emphysema 1.44%; asthma 7.92%; chronic bronchitis 3.57%; diabetes 9.20%; kidney disease 1.93%; smoking 14.61%; and obesity 33.43% (Simply Analytics, 2019). This data is also represented on Appendix A.

Government

The City of El Paso uses a council-manager form of local government, with a city manager, mayor and eight council districts (City of El Paso, 2020). It is difficult to ascertain the leanings of the City of El Paso’s government and its current relationship with the federal government, as few news reports can be found regarding the topic and the City of El Paso’s governmental organizational pages are devoid of reference to party affiliation.

Timeline

- On *March 24th*, the El Paso County Judge Ricardo Samaniego issued a “Stay Home, Work Safe” Order for all county residents (El Paso County, 2020). This order outlines

permissible activities that can be performed outside the house, the limitations to business activity, and what constitutes essential businesses and services (El Paso County, 2020). The county's website simplifies the legal language of this order for the lay citizen by listing what individuals are permitted to do, and those businesses and services that can remain open (El Paso, 2020). The website further states county residents:

· "If you are not leaving for one of the following reasons, you must stay home." (El Paso, 2020).

- leaving home to perform an "essential activity;"

- leaving home because your job is considered part of an essential critical infrastructure;

- leaving home because your job is an essential government function;

- leaving home because your job is at an essential business;

- leaving home to perform essential travel.

- On *April 23rd*, the County Judge issued an amendment to Order No. 7 to strengthen El Paso's original order (El Paso, 2020). In this amendment the Judge recognized Governor Abbott's singling out of El Paso when he declared on April 10th that El Paso is seeing a "completely different type" of trend in comparison to other parts of the State regarding COVID-19, noting that "Clearly, El Paso is still in an uptrend right now" (El Paso, 2020). This order further defines things such as social distancing and adds the requirements of all residents to wear face coverings when out of the home and engaged in certain activities (El Paso, 2020). The amendment additionally clarifies and defines enforcement measures (El Paso, 2020).
- On *April 28th*, Order No.8 was issued to become effective on May 1st (El Paso, 2020). It is not expressly stated in the Order or on the county's website, but upon review of this order it is clear it is intended to align with Gov. Abbott's ban on criminal or civil penalty for wearing face masks, and also addresses the Governor's initiative to re-open Texas by allowing for the opening of retail to-go operations (El Paso, 2020)

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Appendix A

Table 1: Rates of Chronic Health Conditions for Houston, El Paso, Dallas, and Fort Worth

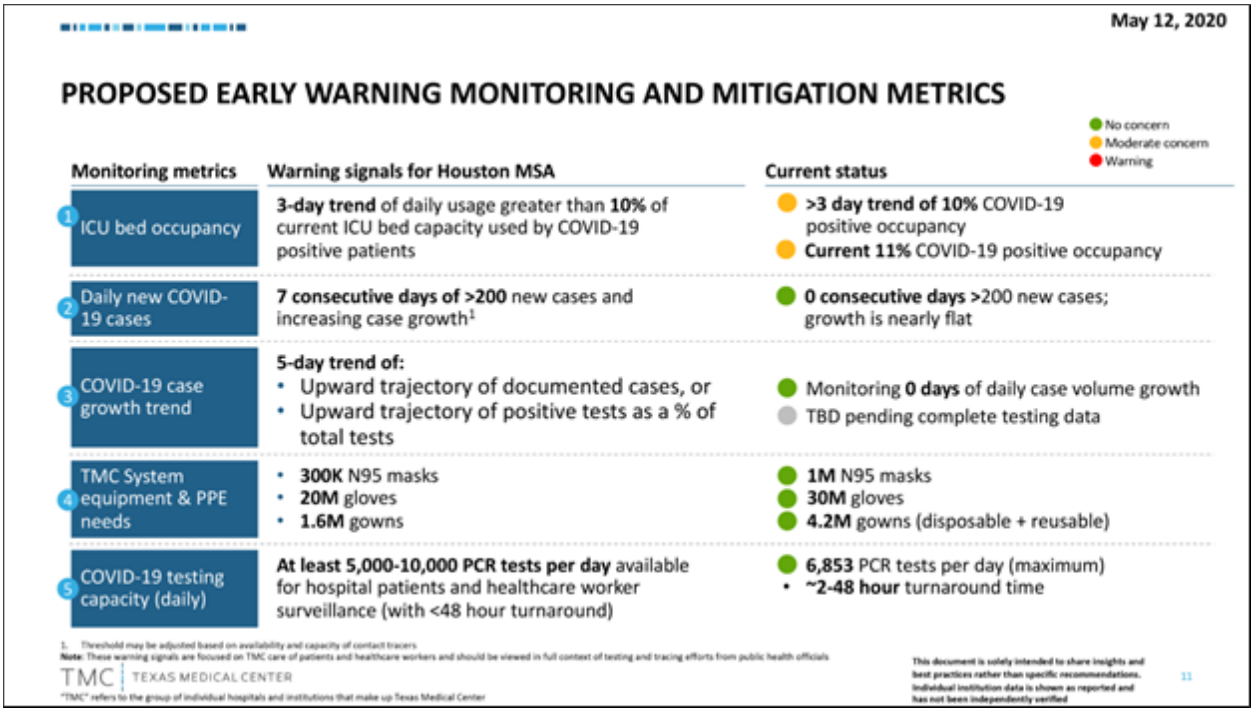
Simply Analytics (2019)

Attribute	Houston, TX	El Paso, TX	Dallas, TX	Fort Worth, TX
Geographic Unit	**City**	**City**	**City**	**City**
% All Types Heart Disease, 2019	10.56%	11.41%	10.55%	10.44%
% Emphysema, 2019	1.29%	1.44%	1.30%	1.25%
% Still has Asthma, 2019	7.87%	7.92%	7.93%	7.85%
% Chronic bronchitis, 2019	3.45%	3.57%	3.47%	3.42%
% Diabetes, 2019	8.68%	9.20%	8.63%	8.49%
% Kidney disease, 2019	1.93%	2.09%	1.94%	1.88%
% All Current smokers, 2019	14.35%	14.61%	14.51%	14.16%
% Body mass index - Obese, 2019	31.01%	30.43%	31.50%	30.93%

Appendix B

Proposed Early Warning Monitoring and Mitigation Metrics

Texas Medical Center (2020)



May 12, 2020

PROPOSED EARLY WARNING MONITORING AND MITIGATION METRICS

No concern
Moderate concern
Warning

Monitoring metrics	Warning signals for Houston MSA	Current status
1 ICU bed occupancy	**3-day trend** of daily usage greater than **10%** of current ICU bed capacity used by COVID-19 positive patients	**>3 day trend of 10%** COVID-19 positive occupancy **Current 11%** COVID-19 positive occupancy
2 Daily new COVID-19 cases	**7 consecutive days of >200** new cases and increasing case growth[1]	**0 consecutive days** >200 new cases; growth is nearly flat
3 COVID-19 case growth trend	**5-day trend of:** • Upward trajectory of documented cases, or • Upward trajectory of positive tests as a % of total tests	Monitoring **0 days** of daily case volume growth TBD pending complete testing data
4 TMC System equipment & PPE needs	• **300K** N95 masks • **20M** gloves • **1.6M** gowns	**1M** N95 masks **30M** gloves **4.2M** gowns (disposable + reusable)
5 COVID-19 testing capacity (daily)	**At least 5,000-10,000 PCR tests per day** available for hospital patients and healthcare worker surveillance (with <48 hour turnaround)	**6,853** PCR tests per day (maximum) • **~2-48 hour** turnaround time

1. Threshold may be adjusted based on availability and capacity of contact tracers

Note: These warning signals are focused on TMC care of patients and healthcare workers and should be viewed in full context of testing and tracing efforts from public health officials

TMC | TEXAS MEDICAL CENTER

"TMC" refers to the group of individual hospitals and institutions that make up Texas Medical Center

This document is solely intended to share insights and best practices rather than specific recommendations. Individual institution data is shown as reported and has not been independently verified

11

Appendix C

Dallas County Executive Order of Dallas County Judge Clay Jenkins

DALLAS COUNTY

Nursing Homes, Retirement, and Long-term Care Facilities	• Prohibit all non-essential visitors unless to provides critical care or for end-of-life visitation
Essential Business: Healthcare Operations	• Allowed to remain open • Social distancing required Essential Healthcare Operations Include: ➢ Hospitals; clinics; dentists; chiropractors; optometry offices; physical therapy; pharmacies; healthcare suppliers; mental health providers; substance abuse service providers; blood banks; and any other healthcare facility ➢ Home-based and residential-based care for seniors, adults, or children
Essential Business: Government Functions	• Provide all services to provide for the health and safety of the public • Social distancing required
Essential Business: Critical Infrastructure Defined by defined by the 16 critical infrastructure sectors identified by the National Cybersecurity and Infrastructure Agency (CISA), listed below: 1. Emergency Services Sector 2. Healthcare and Public Health Sector 3. Food and Agriculture Sector 4. Transportation Systems Sector 5. Critical Manufacturing Sector 6. Government Facilities Sector 7. Chemical Sector 8. Energy Sector 9. Water and Wastewater Systems Sector 10. Dams Sector 11. Nuclear Reactors, Materials, and Waste Sector 12. Defense Industrial Base Sector 13. Information Technology Sector 14. Communications Sector 15. Financial Sector 16. Commercial Facilities Sector	• Allowed to remain open • Social distancing required Includes: ➢ Food production, distribution and sale; construction; building management and maintenance; airport operations; operation and maintenance of utilities, including water, sewer, and gas; electrical; distribution centers; oil and biofuel refining; roads, highways, railroads, and public transportation; ports; cybersecurity operations; flood control; solid waste and recycling collection and removal; and internet, video, and telecommunications systems Financial Services Sector ➢ Depository lenders, such as banks and credit unions are allowed ➢ Non-depository lenders, such as payday lenders, are PROHIBITED

2

	➢ Payroll services, accounting services, and insurance companies can continue to operate ➢ Services related to financial markets can operate Construction ➢ Public works construction, residential, commercial, and school construction ➢ Business who provide essential supplies to contractors, such as flooring and roofing
Essential Business: Essential Retail	• Allowed to remain open • Social distancing required Food & Other Essential Supplies ➢ Grocery stores, warehouse stores, big-box stores, bodegas, liquor stores, convenience stores, farmers' markets ➢ Food banks ➢ Food cultivation (farming, livestock, & fishing) ➢ Food delivery services ➢ Delivery of groceries, food, hygiene products, goods or services directly to residences or essential businesses ➢ Schools and other entities that typically provide free services to students or members of the public on a pick-up and take-away basis only ➢ Hardware and building material stores Transportation ➢ Gas stations, auto-repair, auto-supply, tire shops, and bicycle repair ➢ Online auto sales are permitted ➢ Dealerships can offer only mechanical repairs for in-person service Cleaning ➢ Laundromats, dry cleaners, and laundry service providers

	➢ Janitorial, maintenance, and security services ➢ Storage and printing for essential businesses ➢ Moving and relocation services
Essential Business: Public and Private Educational Institutions	• Only for the purposes of facilitating distance learning or performing essential functions • Social distancing required
Essential Business: News Media	• Allowed to remain open • Social distancing required
Essential Business: Childcare	• Can only provide services to employees who are going to work at an Essential Business • Childcare must be carried out in stable groups of 12 or fewer (the same 12 or fewer children are in the same group each day) • Children shall not change from one group to another • Each group shall be in a separate room • Groups shall not mix with each other • Childcare providers shall remain solely with one group of children
Essential Business: Animal Care	• Animal shelters • Veterinary care and pet food and supply stores can remain open • Grooming if necessary for the health of the animal • Pet daycare, but only for employees of essential businesses • Social distancing required
Hotels and Motels	• Only for the purpose of lodging and delivery or carry-out food services
Documentation for Employees of Essential Businesses	• Documentation for employees of essential businesses is not required

DALLAS COUNTY

Applying for an Exemption	• Manufacturers who retool their business for the purpose of manufacturing and producing ventilators, masks, personal protective equipment, or any supply necessary for Essential Healthcare Operations may apply for an "essential business" exemption • BusinessCOVID19@dallascounty.org

This list is not exhaustive. If you have questions about whether your business is considered essential please email: Businesscovid19@dallascounty.org

Austin, Corpus Christi and San Antonio, Texas

By Sandra Sanchez

The following section is an analysis of response rate to the COVID-19 of the three Texas cities Austin, Corpus Christi, and San Antonio. All three cities are important to review because they each have prestigious educational systems that are well known universities, significant history, and major amenities that are important to the state.

Austin, Texas

The city of Austin is vital to observe because it not only has the state capitol, but it is also where a prestige university is located at (Office of the Texas Governor Greg Abbott, 2020; University of Texas-Austin, 2020). It is home to the indigenous people called the Lipan Apache and Caddo people, which still reside in the location (Native American Tribes of Texas, 2020). The University of Texas- Austin was established in 1883 and is where thousands of students get their education at (University of Texas-Austin, 2020a). With a population of over 51,832 in enrollment and a city population of close to one million, the university and city immediately took steps to prevent the spread of COVID-19 (University of Texas-Austin, 2020b).

Geography and Socio-Demographic Profile

Austin is in the south-central part of Texas, is the largest city in Travis County, the 11th populous city in the state, and the 2nd most populous state capitol (City Data, 2020a; InfoPlease, 2020; Austintexas.gov, 2020b; City of Austin, 2015). The City of Austin is mainly urban, has a population of close to one million people, and the average household size is 2.5 persons (City of Austin, 2015; Austintexas.gov, 2020b). The city has over 424,725 women and 417,840 men living in Austin.

"The City of Austin population comprises about 3% of the State of Texas population. The median age of the city's population is 31.7 years. Twenty two percent of the population is younger than 18 years and 7% are 65 years of age or older. In Austin, 37% of the population is 15 to 34 years of age compared with 29 % of the Texas population. A majority 76 % of people living in Austin is white , and 66 % are non-Hispanic. From 2007 to 2012, the percentage of Blacks in the population decreased slightly from 8.3% to 7.8%. Conversely, the percentage of Asians in the population increased slightly from 5.8% to 6.4%. Spanish is spoken at home in 24.3% of the households in Austin compared with 29.8% of the households in Texas. Chinese

and Vietnamese are spoken in 1.3% and 1.0% respectively of the Austin household (City of Austin, 2015)".

Education, Economy, and Health Demographics

The major employer that Austin has in its city is Apple electronics, City of Austin, and Austin Independent School District (Austin Chamber, 2020). The Austin population has a *higher level of education* and has several schools along with prestige University of Texas- Austin (Austin Chamber, 2020). The percentage of the Austin population that is 25 years of age or older and has received a bachelor's, graduate, or professional degree is 45.5% compared with 26.7% of the Texas population (City of Austin, 2015). However, approximately 20.3% of the Austin population is living below the poverty level, with a median income of $52,453 (City of Austin, 2015). According to the City of Austin (2020b), between 2002-2017 the percent of households with income below $15,000 increased slightly from 8.1% to 10.5%.

About 20.3% of the population lacks health insurance and of that, 10% of the civilian non-institutionalized population is less than 18 years of age. Hispanic or Latinos are more likely to have no health insurance compared to Whites (Appendix A).

Government

According to the City of Austin, (2020d), "The City of Austin operates under a Council-Manager form of government whereby the elected City Council sets policy objectives and the City Manager ensures they are carried out and administered effectively. This form of government can be likened to the private sector relationship between a board of a corporation and its Chief Executive or Chief Administrative Officer".

Timeline

The following are significant implementation of policy and COVID-19 information that was carried out by the City of Austin and recorded by the health district.

- *March 6, 2020*- By the authority of the Travis County judge, it was implemented that under Texas Government Code Chapter 418, Section 418.108, the judge is declared a local state of disaster (Austintexas.gov, 2020a). Exercising the declaration right would allow the county and city to start placing safety measures to prevent the spread of COVID-19 in the Austin and surrounding area(Austintexas.gov, 2020a). First order of business for the judge was to draft up an order regarding mass gatherings (Austintexas.gov, 2020a).
- *March 13, 2020*- FIRST CONFIRMED CASE OF COVID-19 in Austin (Austintexas.gov, 2020a).

- *March 15, 2020*- City had begun shutting down mass gathering, but now the first order from the county judge had been implemented (Austintexas.gov, 2020a). It was called the "Order of Control for Mass Gatherings" (Austintexas.gov, 2020a).Gatherings were reduced from 250 people to no more than 10 people. Violation would result in $1000 fine and 180 days in jail (Austintexas.gov, 2020a).
- *March 16, 2020*- Austin students did not go back to school after Spring Break and the school district stated that school would be out from March 16th - April 3rd. However, it was confirmed on *April 14th* that school would be out indefinitely until further notice, but distance learning would continue (Austin I.S.D., 2020).
- *March 19, 2020*- Executive Order issued by federal on 16th and implemented to state, county and city, "NO social gatherings of more than 10 people, bars, restaurants, gyms, barbers, spas, only drive thru, delivery or pick up, NO visits to nursing homes, schools are closed (Austintexas.gov, 2020a).
- *March 24, 2020*- Stay At Home Order was added to previously written orders (Austintexas.gov, 2020a).
- *March 27, 2020*- FIRST DEATH CAUSED BY COVID-19 in Austin (Austintexas.gov, 2020a).
- *April 17, 2020*- Reopening of select services. In order, it orders that by April 30, 2020 certain services will be available for reopen and will be retail to go. (Austintexas.gov, 2020a).
- *May 5, 2020*- Order to open certain businesses. Most but not all businesses are set to open and will operate at 25% customer in store capacity (Austintexas.gov, 2020a).
- *May 8, 2020*- Stay Home Order- The Mayor issued an order to stay at home and added mandatory facemasks. There is no indication whether this violates state order. But it orders for people to stay at home (Austintexas.gov, 2020a).
- As of May 8th, no further orders have been implemented

Rate of positive cases/Death Rate/Recover

As of May 8, 2020- Confirmed cases: 2,235/ Deaths: 71/ Recover: 760 (Austintexas.gov, 2020a).

Corpus Christi, Texas

The City of Corpus Christi is important to analyze because it has the 3rd largest port in the United States, and also is the only university that sits on an island in the whole nation. (Port of Corpus Christi, 2020 ; Texas A&M University-Corpus Christi, 2020). It is the home of indigenous people called the Karankawa people and has the 2nd largest burial ground in Texas (Native American Tribes of Texas, 2020). The university that is in Corpus Christi is an extension of Texas A&M, which had its first session of classes in 1876 (Texas A&M University, 2020).

However, the university in Corpus Christi did not start sessions until 1947 and now has an enrollment of over 12,000 students (Texas A&M University-Corpus Christi, 2020). Being one of the last cities to report cases in Texas, they implemented state policy simultaneously with other cities when COVID-19 was gaining traction in the state (City of Corpus Christi, 2020c).

Geography and Socio-Demographic Profile

According to the United States Census Bureau (2018), Corpus Christi has a total area of 460.2 square miles and is a coastal city in the South Texas region of the U.S. state of Texas. It is the eighth-most populous city in Texas and has a population of 326,554. The same data revealed that in 2018, 80.9% of Corpus Christi's population was White; 4.3% was African American; 1.8% Asian; 0.1% Pacific Islander; 10.4% of some other race; and 2.5% of two or more races (United States Census Bureau, 2018).

In the city, the population was distributed as 28.1% under the age of 18, 10.6% from 18 to 24, 29.2% from 25 to 44, 21.0% from 45 to 64, and 11.1% who were 65 years of age or older(United States Census Bureau, 2018). The median age was 33 years and for every 100 females, there were 95.6 males (United States Census Bureau, 2018). About 14.1% of families and 17.6% of the population were below the poverty line, including 22.9% of those under age 18 and 15.5% of those ages 65 or over (United States Census Bureau, 2018).

Education, Economy, and Health Demographics

Corpus Christi is the home to two prominent institutions of higher education: Del Mar College and Texas A&M University-Corpus Christi. Texas A&M University-Corpus Christi is a State university in Corpus Christi originally founded in 1947. In 1989, the university joined the Texas A&M System and has since grown to five colleges (Texas A&M, 2020). The university now has more than 12,000 students from across the nation and 50 countries (Texas A&M University-Corpus Christi, 2020). Texas A&M University-Corpus Christi is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award baccalaureate, masters, and doctoral degrees (Texas A&M University-Corpus Christi, 2020).

The City of Corpus Christi is the eighth largest city in the State of Texas and the largest city on the Texas gulf coast with a population of 326,554 in 2019 as per the United States Census Bureau. The Corpus Christi region has a varied manufacturing and industrial base in close proximity, including industrial, petrochemical, construction, banking, and financial services (City of Corpus Christi, 2020b).

Between 2016 and 2017, the percent of uninsured citizens in Corpus Christi, TX grew by 2.2% from 16.5% to 16.9% (U.S. Census, 2020). As of 2018, 19.5% have no insurance in the city and the majority are under the age of 65 years old (U.S. Census, 2020). Forty nine percent are obese

and 20 years or older have diabetes (Center for Disease Control and Prevention, 2020; City Data, 2020b).

Government

According to the City of Corpus Christi (2020a), "the city council consists of the Mayor and eight Council Members elected for two-year terms. The Mayor and three Council Members are elected at large, and five Council Members are elected from single member districts. The City Council is responsible for passing ordinances, adopting the budget, appointing committees, and appointing the City Manager, City Secretary, City Auditor, and Municipal Court Judges. The City Manager is the Chief Administrative and Executive Officer and is responsible for carrying out policies and ordinances of the City Council, overseeing day-to-day operations, presenting an annual budget, and hiring all other City employees.

Timeline

The following are significant implementation of policy and COVID-19 information that was carried out by the city and recorded by the health district.

- *March 14, 2020*- By the authority of the Nueces County judge, it was implemented that under Texas Government Code Chapter 418, Section 418.108, the judge is declared a local state of disaster (City of Corpus Christi, 2020c). Exercising the declaration right would allow the county and city to start placing safety measure to prevent the spread of COVID-19 in the Corpus Christi and surrounding area (City of Corpus Christi, 2020c).First order of business for the judge was to draft up an order regarding mass gatherings (City of Corpus Christi, 2020c).
- *March 16, 2020*- Order for no "Mass Gatherings" was added to the emergency declaration(City of Corpus Christi, 2020c). City had begun shutting down mass gathering, but now the first order from the county judge had been implemented (City of Corpus Christi, 2020). It was called the "Order of Control for Mass Gatherings" (City of Corpus Christi, 2020c).Gatherings were reduced from 250 people to no more than 10 people. Violation would result in $500 fine and 180 days in jail (City of Corpus Christi, 2020c).
- *March 16, 2020*- CCISD students did not go back to school after Spring Break and the school district stated that school would be out from March 16th - April 3rd. However, it was confirmed on *April 16th* that school would be out indefinitely until further notice, but distance learning would continue (Corpus Christi Independent School District, 2020).
- *March 16, 2020*- Texas A&M university- Corpus Christi closes campus for classes and goes fully online.
- *March 21, 2020*- FIRST CONFIRMED CASE OF COVID-19 in Corpus Christi.

- *March 27, 2020*- Stay At Home Order was added to previously written orders (City of Corpus Christi, 2020c). Also added by the Mayor was COVID-19 results from the health district to be reported daily to the city.
- *April 2, 2020*- Mayor extends "Stay At Home" order to April 30th.
- *April 8, 2020*- Order is given for Easter weekend ONLY, for beaches, popular city parks and state parks to be closed.
- *April 20, 2020*- FIRST DEATH CAUSED BY COVID-19 in Corpus Christi (City of Corpus Christi, 2020c).
- *April 29, 2020*- Reopening of select services. In order, it orders that by April 30, 2020 certain services will be available for reopen and will be retail to go. (City of Corpus Christi, 2020c).
- *May 1, 2020*- Phase one was given of opening up businesses.
- *May 8, 2020*- Order to open certain businesses. Most but not all businesses are set to open and will operate at 25% customer in store capacity (City of Corpus Christi, 2020c; Appendix B).
- As of *May 8, 2020*, no further orders have been given

Rate of positive cases/Death Rate/Recover

As of May 8, 2020- Confirmed cases: 128/ Deaths: 3/ Recover: 73 (City of Corpus Christi, 2020c).

San Antonio, Texas

The City of San Antonio is significant to observe because it not only has a famous downtown river that is visited yearly, was where a famous Texas war was taken place, the city has an extension of the UT branch, and has an enrollment of over 32,792 students (City of San Antonio, 2020a; UTSA, 2020a). It is most importantly the home of the forgotten tribes of Texas, Carrizo Comecrudo and Coahuiltecan (Native American Tribes of Texas, 2020). The prestige University of Texas- San Antonio, opened its doors in 1972 and had its first graduation was in 1976 (UTSA, 2020b). It is also significant to report on because San Antonio was the first city to report COVID-19 case in the state (City of San Antonio, 2020b).

Geography and Socio-Demographic Profile

San Antonio is the seventh-most populous city in the United States, and the second-most populous city in both Texas and the Southern United States, with more than 1.53 million residents (City of San Antonio, 2020a). According to the 2010 U.S. Census (2020), the city has a population of 1,327,407 people. The racial makeup of the city is 72.6% White (non-Hispanic

whites: 26.6%), 6.9% Black or African American, 0.9% Native American, 2.4% Asian, 0.1% Native Hawaiian or Pacific Islander, 3.4% two or more races, and 13.7% other races (U.S. Census, 2020). Furthermore, 63.2% of the city's population was of Hispanic or Latino origin, of any race (U.S. Census, 2020).

U.S. Census (2020), provides data that the city proper has a population of over 1,144,646, making it the ninth-most populated city in the country. The age of the city's population is 28.5% under the age of 18, 10.8% from 18 to 24, 30.8% from 25 to 44, 19.4% from 45 to 64, and 10.4% who are 65 years of age or older (U.S., 2020). Additionally, 48% of the population are males, and 52% of the population are females (U.S. Census, 2020). For every 100 females, there are 93.5 males. For every 100 females age 18 and over, there are 89.7 males (U.S. Census, 2020).

Education, Economy, and Health Demographics

San Antonio has over 100,000 students at the 31 higher-education institutions. These include, UT Health San Antonio, the University of Texas at San Antonio (UTSA), Texas A&M University–San Antonio, and the Alamo Community College District. UTSA is San Antonio's largest university (City of San Antonio, 2020a).

San Antonio Metropolitan is home to Air Force bases such as Fort Sam Houston, Lackland Air Force Base, Randolph Air Force Base, Lackland AFB/Kelly Field Annex, Camp Bullis, and Camp Stanley (City of San Antonio, 2020c). San Antonio has heavy tourism and generates millions a year based on hotel taxes and holding huge events in the venues (City of San Antonio, 2020a). The city has tourist attractions such as the Alamo, the River Walk and River Walk mall (City of San Antonio, 2020a).

Between 2016 and 2017, the percent of uninsured citizens in San Antonio, TX grew by 2.08% from 16.1% to 16.5% (U.S. Census, 2020). In 2018, Eighty percent of the population of San Antonio has health coverage but of that percent only 20 % is not covered and predominantly Hispanic low income (U.S. Census, 2020).) It was revealed by the San Antonio health district that those who have lower income or education are more likely to report having diabetes. In 2018, 27.2% survey responders with <$25,000 income reported they have diabetes, compared to only 8.1% of those with >$50,000 income (Figure 1; Figure 2).

Government

The City of San Antonio runs under the council-manager system of government which is governed by home- rule policy implementation (City of San Antonio, 2020d). The city council is divided into 10 council districts in order for it to be of equal to the population (City of San Antonio, 2020d). Each district elects the person they want to be the city councilperson, along with the mayor elected on a citywide basis. All members of the San Antonio City Council, including the mayor, are elected to two-year terms, and are limited to four terms(City of San

Antonio, 2020d). However, this is only for those that were not in office prior to November and are limited to a total of two terms(City of San Antonio, 2020d). The city council is a nonpartisan body and makes decisions as such (City of San Antonio, 2020d).

Timeline

The following are significant implementation of policy and COVID-19 information that was carried out by San Antonio, Texas and recorded by the health district.

- *February 13, 2020*- FIRST CONFIRMED CASE OF COVID-19 in San Antonio. First in Texas as well. (City of San Antonio, 2020c).
- *March 13, 2020*- By the authority of the Travis County judge, it was implemented that under Texas Government Code Chapter 418, Section 418.108, the judge is declared local state of disaster (City of San Antonio, 2020c).Exercising the declaration right would allow the county and city to start placing safety measure to prevent the spread of COVID-19 in the Austin and surrounding area(City of San Antonio, 2020c).First order of business for the judge was to draft up an order regarding mass gatherings (City of San Antonio, 2020c).
- *March 16,2020*- Colleges and Universities go online (UTSA, 2020a).
- *March 17, 2020*- Students did not go back to school after Spring Break and the school district stated that school would be out from March 16th - April 3rd. However, it was confirmed on *April 14th* that school would be out indefinitely until further notice, but distance learning would continue (San Antonio I.S.D., 2020).
- *March 18, 2020*- City had begun shutting down mass gathering, but now the first order from the county judge had been implemented (City of San Antonio, 2020c).It was called the "Order of Control for Mass Gatherings" (City of San Antonio, 2020c).Gatherings were reduced from 250 people to no more than 10 people. Violation would result in $1000 fine and 180 days in jail (City of San Antonio, 2020c).
- *March 19, 2020*- Executive Order issued by federal on 16th and implemented to state, county and city, "NO social gatherings of more than 10 people, bars, restaurants, gyms, barbers, spas, only drive thru, delivery or pick up, NO visits to nursing homes, schools are closed (City of San Antonio, 2020c).
- *March 23, 2020*- Stay At Home Order was added to previously written orders (City of San Antonio, 2020c).
- *March 22, 2020*- FIRST DEATH CAUSED BY COVID-19 in San Antonio (City of San Antonio, 2020c).
- *April 16, 2020*- Reopening of select services. In order, it orders that by April 30, 2020 certain services will be available for reopen and will be retail to go. (City of San Antonio, 2020c).

- *April 30, 2020*- Masks are required. Order to open certain businesses. Most but not all businesses are set to open and will operate at 25% customer in store capacity (City of San Antonio, 2020c).

Rate of positive cases/Death Rate/Recover

April 30th, 1,400 confirmed cases, 48 deaths were reported, 638 recovered

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Appendix A

Educational Attainment, Poverty Status, and Health Insurance Coverage of Population, City of Austin, Travis County, and Texas

Population Characteristic	City of Austin		Travis County		Texas
	Number	%	Number	%	%
	842,595	100.0	1,095,584	100.0	100.0
Educational Attainment					
Population 25 years and over	548,469		711,001		
No high school diploma	72,823	13.3	93,930	13.2	18.6
High school graduate, includes equivalency	91,797	16.7	119,889	16.9	25.2
Some college or Associates degree	134,613	24.5	179,317	25.2	29.5
Bachelor's degree	162,033	29.5	206,925	29.1	17.7
Graduate or professional degree	87,203	15.9	110,940	15.6	9.0
Poverty Status over the Last 12 Months					
Persons under 18 years of age		30.0		26.4	25.8
All People		20.3		18.4	17.9
All Families		17.8		16.1	14.0
Health Insurance Coverage					
Civilian non-institutionalized population	837,661		1,087,905		
With health insurance coverage	667,282		879,122		
No health insurance coverage	170,379	20.3	208,783	19.2	22.5
Civilian non-institutionalized population under 18 years of age	182,330		259,894		
No health insurance coverage	18,935	10.4	25,457	9.8	12.4
White alone, not Hispanic or Latino	414,058		543,499		
No health insurance coverage	55,795	13.5	63,341	11.7	13.2
Hispanic or Latino (of any race)	285,918		368,802		
No health insurance coverage	93,228	32.6	117,604	31.9	34.4

Data Source: American Community Survey 2012 1-year estimates

Appendix B

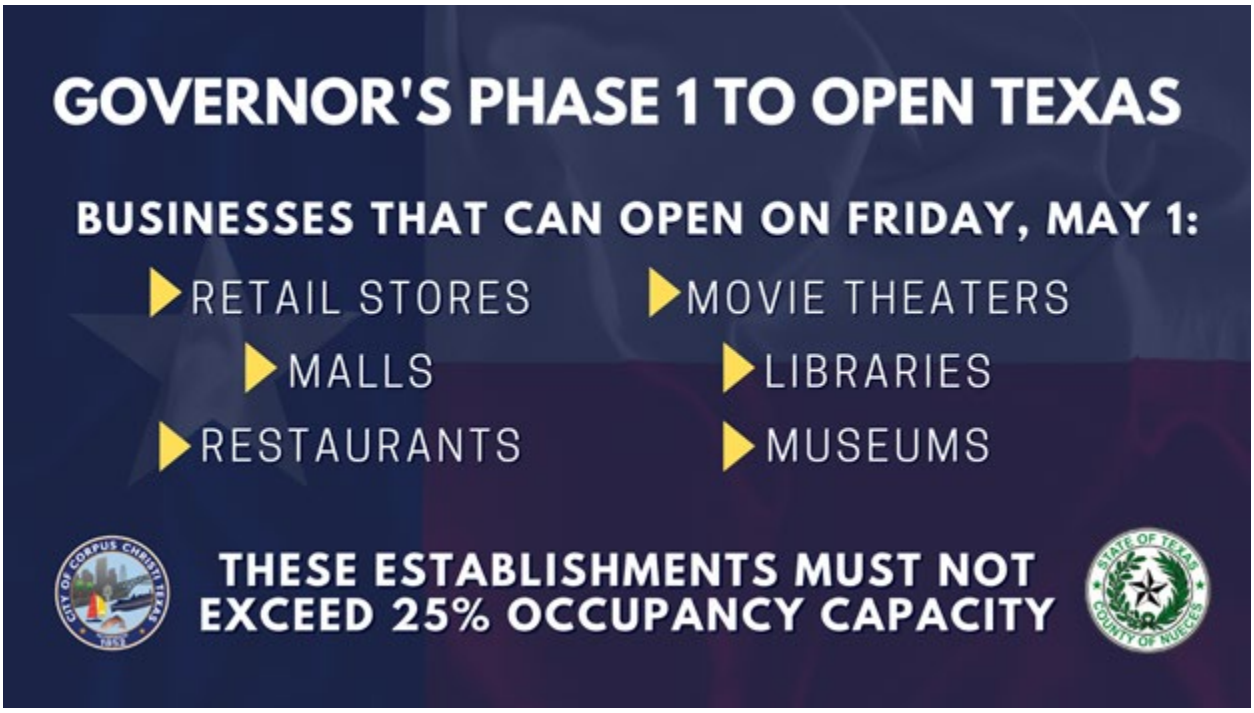
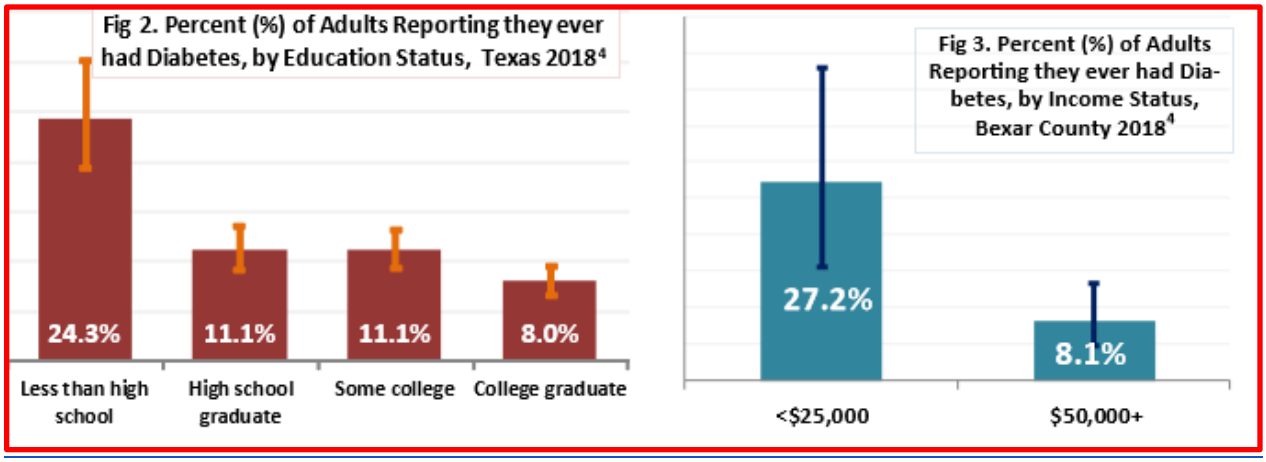

GOVERNOR'S PHASE 1 TO OPEN TEXAS
BUSINESSES THAT CAN OPEN ON FRIDAY, MAY 1:
RETAIL STORES
MOVIE THEATERS
MALLS
LIBRARIES
RESTAURANTS
MUSEUMS
THESE ESTABLISHMENTS MUST NOT EXCEED 25% OCCUPANCY CAPACITY

Figure 2 & Figure 3



Three Rural Texas Counties: Hamilton County, Robertson County, and Grimes County

By Philip DeFrancesco

In this report, responses by small rural counties in Texas to the Covid-19 pandemic of 2020 are studied. The challenges that small counties encounter differ from large counties and cities. While a smaller population density may assist in resistance to disease transmission, smaller counties face challenges that a larger population may not encounter. A small county health agency, or lack of an agency, was one selection of the criteria used in this study. Another criterion was the county's population density.

The Census bureau defines a small county as one with fewer than 48 persons per square mile (US Census Bureau, 2019). For this study, Hamilton County, Robertson County, and Grimes County were selected. Each one qualifies as a small county from the Census definition.

The Texas Department of State Health Services ("DSHS") is a state-run agency designed to assist local level administrators in instances. Two goals of the DSHS are "Optimize public health response to disasters, disease threats, and outbreaks" and "Promote the use of science and data to drive decision-making and best practices" (Texas Department of State Health Services, 2020). None of the selected counties have a county-based health department.

This study will consider what guidance was received from the state level agencies to assist the county administrators in their decision-making processes.

Hamilton County

Geography and Socio-Demographic Profile

Hamilton County covers approximately 844 square miles and has a population of around 8,500 (US Census Bureau, 2019). The two incorporated towns are Hamilton and Hico. With a population density of 10.2 persons per square mile, it meets the Census definition of a small rural county. The major industry is agriculture (Hamilton County Texas, 2020). 24.9% of persons are over 65 years of age (Census Bureau, 2019).

Government

Hamilton County does not have a health department. For the decision makers in the county, they relied on information from the DSHS as well as the Office of the Governor.

Timeline

- The Office of the Governor issued a State of Disaster on March 13, 2019.
- The DSHS issued a Public Health Disaster Declaration on March 19, 2020.
- Hamilton County issued a resolution on March 27, 2020. This resolution stated that all citizens comply with the directives of the president, the directives of the Center for Disease Control, and the Executive Order issued by the Governor. The resolution was issued by the county commissioner's court and signed by the county judge as well as the clerk and four precinct commissioners.
- In addition to the resolution, the county judge, W. Mark Tynes, issued a letter to the citizens of the county. In it, he clarified the resolution and wrote in a more familiar tone. He stated that essential businesses are to remain open and that for the majority of the county, they are considered essential due to be a heavily agriculture-based economy. In addition, Mr. Tynes stated that the two cities in the county were "well-positioned" to advise businesses within their city limits. The letter then gave directions on how to find further information online.
- As of April 15, 2020, there were no positive cases of COVID-19 in Hamilton County (Hamilton County Texas, 2020).

Robertson County

Geography and Socio-Demographic Profile

Robertson County covers approximately 865 square miles and has a population of around 16,000 (US Census Bureau, 2019). The county has four cities, Hearne, Bremond, Calvert, and Franklin. With a population density of 19 persons per square mile, it meets the Census definition of a small rural county. 19.3% of the population is over 65 years of age (Census Bureau, 2019).

Government

Robertson County does not have a health department. For the decision makers in the county, they relied on information from the DSHS as well as the Office of the Governor and Office of the President.

Timeline

- The Office of the Governor issued a State of Disaster on *March 13, 2019*.
- Robertson County issued a Declaration of Local Disaster for Public Health Emergency on *March 17, 2020.* This declaration was issued by the county Commissioner's Court.
- The DSHS issued a Public Health Disaster Declaration on *March 19, 2020*.
- Robertson County issued an order on *March 19, 2020*. The order was issued by the county judge. This order stated findings from the state office of the Governor and federal office of the President. The order adopted the findings stated and closed county offices to the public until *April 3, 2020* (Robertson County Texas, 2020).
- On *March 23rd*, Robertson County confirmed its first case of COVID-19. This notification came from the DSHS (Gorbutt, 2020). It was then relayed to the public by the county.
- On *April 3, 2020*, the county judge issued a Shelter in Place order and extended the *March 19, 2020* order. The orders were valid through *April 30th*. The Shelter in Place order granted power to the county Sheriff's department to enforce the order. The order stated that if any items are inconsistent with the Governor's order, the Governor's order prevails.

Grimes County

Geography and Socio-Demographic Profile

Goliad County covers approximately 852 square miles and has a population of around 7,210 (US Census Bureau, 2019). The county has one city, Goliad, and smaller unincorporated communities. With a population density of 8.5 persons per square mile, it meets the Census definition of a small rural county. 19.3% of the population is over 65 years of age (Census Bureau, 2019).

Government

Goliad County does not have a health department. For the decision makers in the county, they relied on information from the DSHS region 8 and did not reference the Office of the Governor in their declaration.

Timeline

- Goliad County issued a Declaration of Local Disaster for Public Health Emergency on *March 17*, 2020. The declaration closed county offices, but did not specifically reference the DSHS or Governor's office findings. The declaration was to take effect for 7 days.

Goliad County did not have COVID-19 testing, but has partnered with Bee County, to perform testing for Goliad County residents (Goliad County Texas, 2020).

- The DSHS issued a Public Health Disaster Declaration on *March 19, 2020* (DSHS, 2020).
- On *April 8, 2020*, after receiving two positive confirmations for COVID-19, the City of Goliad issued an order requiring citizens to stay at home, wear masks in public, and respect a 10pm curfew.
- On *April 14, 2020,* County Judge Michael Bennett released a press release stating that the Sheriff's department would not be enforcing the curfew or wearing masks. Goliad Mayor Trudia Preston countered by saying that the city code enforcement officer would be in charge of enforcement of these new rules (Gibson, 2020). The disagreement in Goliad County showed that cities that are creating additional regulations beyond county requirements should be prepared to enforce them without assistance from the county agencies.

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Cities and Counties of Texas

Conclusion

For larger urban areas of Texas, the county and city responses were immediately implemented upon state announcement (Carlisle, 2020; Reston, Kenny, Judd, & Jones, 2020; ABC News, 2020b). Some studied cities, such as Laredo enacted measures that went beyond the governor's orders or recommendations, but most cities stayed within the policy orders (Carlisle, 2020; Reston, Kenny, Judd, & Jones, 2020; ABC News, 2020b). Decision makers in Texas were aided by their own local agencies and administrators with expertise on their community health.

Major criticisms were how the State of Texas wanted to lift all safety orders despite that mass testing had not started, but the cities began to open up and testing started. Many COVID-19 kits were sent to the state and the numbers of confirmed cases started to rise. Cities emphasized that safety guidelines should still be taken into consideration when going outside. Corpus Christi, Texas was the only city that never mandated face masks, but San Antonio and Austin did.

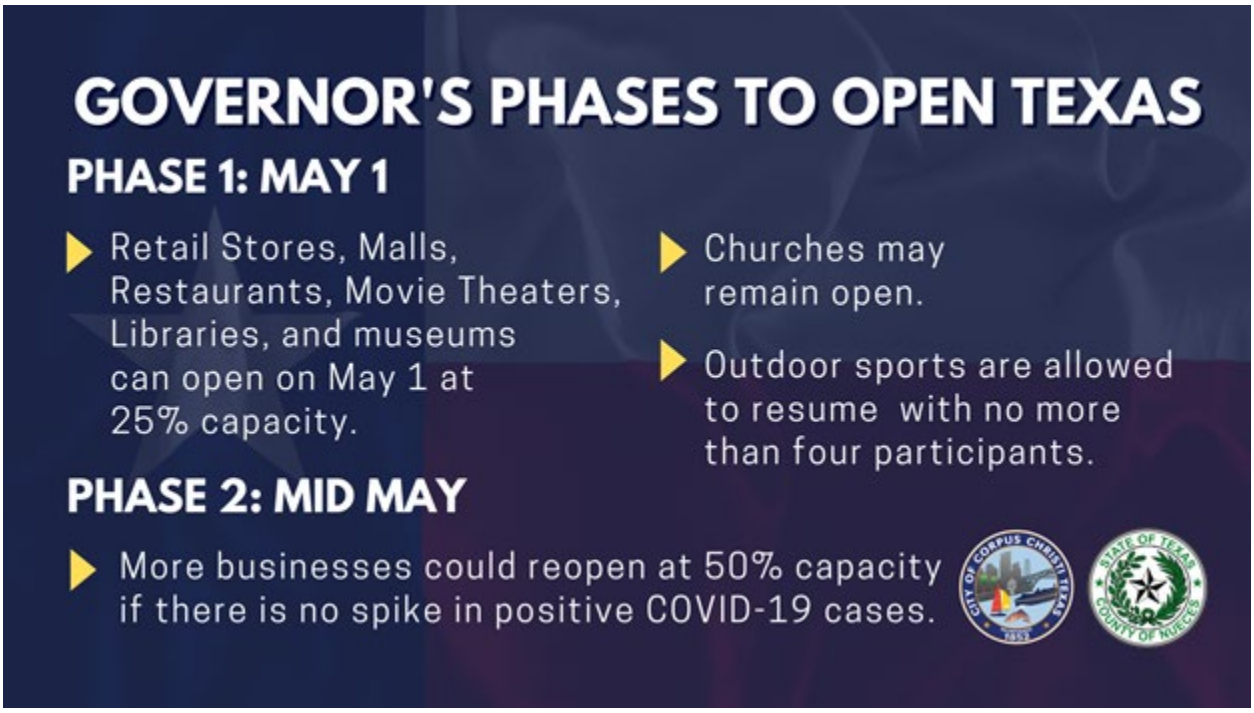
For small, rural counties in Texas, the primary sources of direction and information on COVID-19 are state offices. All of the studied counties rely on the Department of State Health Services as their public health entity. The counties have their primary COVID-19 response phone number sent to the appropriate regional DSHS office. The online contact goes to the DSHS coronavirus website.

Two of the three studied counties, Robertson, and Goliad issued declarations of local disaster. One county, Hamilton, issued a resolution. All counties referenced guidance from the state of Texas in their documents, with two counties, Hamilton, and Robertson, referencing findings from federal offices.

Each Texas city and county response differing from one another shows a form of Federalism in action. The city and county administrators, even though within the same state, are able to tailor their policy to their specific needs.

Another criticism was how the school system handled the online sessions for K-12 and also Universities. Despite these safety measures being taken to keep everyone from contracting the virus, many students felt the strain of the transition and those who were set to walk the stage in high school and college could not as scheduled. Lots of people lost work and money during this time, but this pandemic was out of the hands of the government and the safety policy was required to be set accordingly.

As of May 5, 2020, The State of Texas is now going into phase two and there is still much deliberation of what is to come with COVID-19 (Appendix ***)**


GOVERNOR'S PHASES TO OPEN TEXAS
PHASE 1: MAY 1
Retail Stores, Malls, Restaurants, Movie Theaters, Libraries, and museums can open on May 1 at 25% capacity.
Churches may remain open.
Outdoor sports are allowed to resume with no more than four participants.
PHASE 2: MID MAY
More businesses could reopen at 50% capacity if there is no spike in positive COVID-19 cases.

The Educational Impacts of COVID-19 in the United States

By Dr. Schuchs Carr

The current situation faced by students, educators, and education institutions across the United States is unprecedented. This section will include an analysis of data collected as part of a larger survey project: The Educational Impacts of COVID-19 in the United States in an attempt to provide information for both ongoing and future strategic and emergency planning efforts. The main survey content was developed by Dr. Schuchs Carr as part of her own research interests. Students in the Capstone Seminar were invited to submit between two-to-five survey questions related to the current situation to be included in the final survey before it was submitted to the TAMUCC Institutional Review Board (IRB) for approval.

The target populations of interest were college or university students, parents of students at all levels—K-12 and higher education, teachers, faculty, staff members and administrators (K-12 and higher education) in the United States of America. The survey was distributed on Facebook using the Qualtrics platform. The survey took approximately ten minutes to complete and did not require participants to answer every question. The research involved minimal risks or risks that are no more than what you may experience in everyday life and was classified by the TAMUCC IRB as exempt category: 45 CFR 46.104(d)(2) (Research involving use of educational tests, survey procedures, interview procedures or observation of public behavior).

Between April 10th and April 20th, 2020, this survey was completed by 464 individuals. The largest two groups of respondents were K-12 teachers (32.54) and K-12 parents (29.74%). Table 1 shows the breakdown of respondents by role. Participants were only allowed to choose one category per survey submission but were encouraged to complete the survey additional times if they fit in multiple categories. Most of the respondents indicated they reside in Texas (54.98%), and the states with the next highest rates of representation were Mississippi (3.73%), California (3.32%), Florida (2.7%), Arizona (2.28%), Ohio (2.07%), and Virginia (2.07%). There were no respondents from the states of Alaska, Hawaii, Maine, Montana, New Mexico, North Dakota, Oregon, Rhode Island, South Dakota, Utah, Vermont, or Washington, D.C. The remaining states were represented by respondents in the survey responses, but each had under two percent of the total respondents.

Table 1: Overview of Respondents by Category

Response Category	Percent of Total Respondents	Total Response
college or university student	17.03%	79
parent of a K-12 student	29.74%	138
college or university student	4.09%	19
higher education faculty member	7.76%	36
higher education staff member	3.66%	17
K-12 teacher	32.54%	151
K-12 para-professional or staff member	3.23%	15
higher education administrator	0.86%	4
K-12 administrator	1.08%	5
Total	100%	464

As the respondents were not required to answer every question, the total number of responses for each question varies. Out of the 444 respondents who chose to identify whether they or their child attended a public or private educational institution, 85.39% of them indicated that they attended a public institution, 11.69% indicated a private education institution and other answers given included virtual schools and specialized schools for deaf. The majority (87.41%) of the 421 respondents who indicated a gender, identified as female, with 10.93% of respondents identifying as male, and the remaining seven respondents identified as non-binary, third gender, preferred not to identify or to self-describe. There were 460 responses self-identifying a race or ethnicity, and multiple selections were allowed for this question. Roughly 60% of the respondents identified as white or Caucasian with the next highest percentage being Hispanic, Latino or Spanish origin. Table 2 provides an overview of the respondents' self-identification by race or ethnicity.

Table 2: Overview of Respondents by Self-Identified Race or Ethnic Origin

Self-Identified Race or Ethnicity	Percent of total respondents	Total Response
Asian (For example, Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, etc.)	1.30%	6
Black or African American (For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somalian, etc.)	6.09%	28

Hispanic, Latino, or Spanish origin (For example, Mexican, Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Colombian, etc.)	28.04%	129
Native American or Alaska Native (For example Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Burrow Inupiat Traditional Government, Nome Eskimo Community, etc.)	2.17%	10
Native Hawaiian or Other Pacific Islander (For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)	0.00%	0
Middle Eastern or North African (For example, Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian, etc.)	0.43%	2
White or Caucasian (For example, German, Irish, English, Italian, Polish, French, etc.)	59.78%	275
Other (please explain below)	0.87%	4
Prefer not to answer	1.30%	6
Total	100%	460

This survey was conducted entirely online and in these instances researchers are often concerned about the effect this may have in representativeness of the responses as there may be differences in those individuals who can or will participate in online research and those individuals who cannot or will not. One expected difference is the role socio-economic status plays in the role of access to technology. Out of the 422 respondents who answered the question about their annual income, the socio-economic dispersion was fairly even as can be seen in Table 3.

Table 3: Overview of Respondents by Annual Household Income

Current or Usual (Gross) Annual Household Income	Percent of total respondents	Total Response
Less than $10,000 a year	3.08%	13
$10,000-$24,999 a year	2.84%	12
$25,000-$34,999 a year	3.08%	13
$35,000-$49,999 a year	9.24%	39
$50,000-$64,999 a year	11.61%	49
$65,000-$79,999 a year	13.27%	56
$80,000-$94,999 a year	10.66%	45
$95,000-$109,999 a year	9.48%	40
$110,000-$129,999 a year	7.58%	32

$130,000-$149,999 a year	6.40%	27
More than $150,000 a year	11.61%	49
Other (please explain below)	0.24%	1
Prefer not to answer/ Information not known	10.90%	46
Total	100%	422

In the following sections, MPA students Samantha Miller, Ariana Rodriguez, René Hinojosa, Paula Szczepanek, John Garcia and Cristiane Borges Quadros report on the questions that they included in this survey and provide an analysis of their findings. All of their reports are based on responses during the first ten days (April 10th-20th) that the survey was distributed and cover a range of topics from specific facets of the educational impact on K-12 and higher education, to the respondents general perceptions of the threat of and federal response to COVID-19.

COVID-19 Higher Education Response and Impacts

By Samantha Miller

Almost every aspect of the world has changed because of the COVID-19 pandemic, and the educational system is no exception. Declining enrollment, a shift towards a technology-based classroom, and e-graduations are commonplace. However, the social-emotional impact will not be known for a very long time, and it is vital to get feedback from all individuals affected by university policies and decisions. It is important to be able to analyze this information to help shape the future of educational institutions policies and procedures for not if, but *when,* the next disaster occurs.

The following questions were devised with an emphasis towards higher education learning communities, and most of the questions were made available to respondents who categorized themselves as the following:

- College or University Student
- Parent of a College or University Student
- Higher Education Faculty Member
- Higher Education Administrator

Question 1: *"Do you believe that your (or your students) educational institution, school, or school districts response to COVID-19 was communicated clearly to you?"*

Key findings:

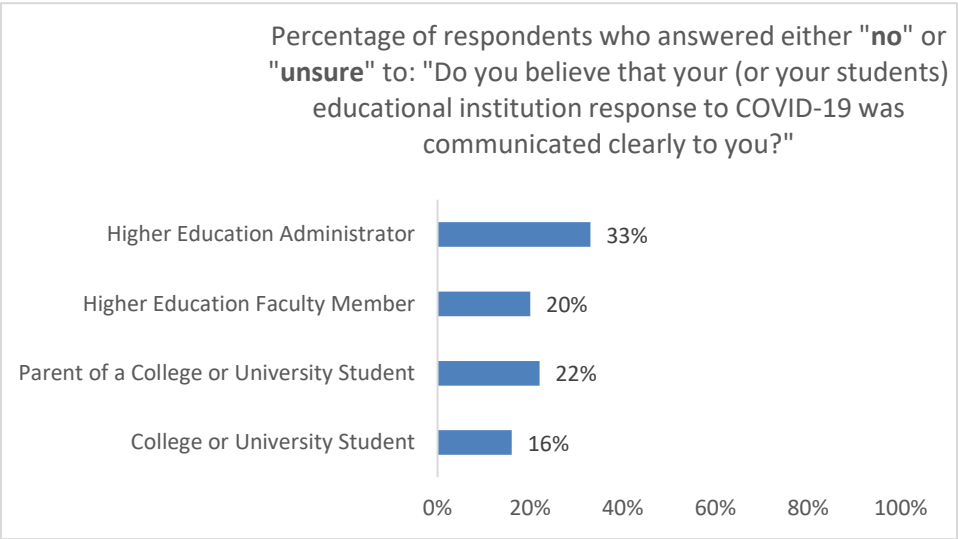


Figure A

This question was asked to evaluate if students of universities, parents of university students, faculty, or administration felt that their institution responded adequately and clearly to what the new pandemic-related protocol was. This includes shutdowns, classes being moved online, cancellation of after school and extracurricular programs, the closing of facilities, etc. The key findings in Figure A indicate that nearly one fifth of all respondents felt that the institution either

did *not* communicate clearly, or they were unsure about the institution's communication method. This is important because it shows that the timeliness of institutions preparedness has room for improvement. Clear and consistent communication can help all the respondents (students, faculty, etc.) prepare better and provide an opportunity for actions early in a crisis.

In the "elaborate" section, we hoped that respondents would share specific issues they may have had with communication efforts. This information could help higher education leadership tackle specific issues regarding communication.

Many respondents stated that their institutions provided clear and consistent communication, such as:

- "The governor of Texas stated the shelter-in-place in a press conference and the University stated that the university would be shutting down and classes would resume online. Both of these acts were clear to me"
- "Frequent communication through emails and social media"
- "Timely, orderly, thorough and well-communicated"

However, those who were unhappy or unsure about the school's communication stated:

- "It was very confusing about what was going to happen and how things would be handled for a while."
- "The department of Education was not very forthcoming with information. Things kept changing by the week and we didn't know anything regarding graduation till April 1st. That is not enough time to get things ordered if they were going to go ahead with graduation. We were told 3 different things and finally TEA told us what to do. Even with that, last week was a bit confusing because a lot of people didn't know what to do for student teaching."
- "The university was very slow in acting on COVID-19 until it was absolutely necessary for them to respond"

Question 2. *"Do you agree that your (or your students) institution should implement a policy to give students the option to make their credits pass/fail during the current semester?"*

Many college students across the country are struggling with more than their health during the Coronavirus, including concerns related to housing, access to food, slow internet, and social constraints. All of this, combined with the already present stress of college course loads, has created distraught within the grading system. In light of the drastic lifestyle changes for many students, institution officials have applied optional pass/fail grading policies instead of the traditional letter grade. One university official stated [in regards to the policy change] "Our goal was to give students as much flexibility and choice as possible and allow our students to focus on learning and doing their best work knowing they have control over how they are evaluated" (Retta, 2020).

Following nationwide trends, institutions across the nation began to implement this policy. While the policy can provide relief to students (and faculty alike), it has potential consequences related to institutional research methods and financial aid that may be more apparent to administrators. This notion was supported by the data below that respondents who identified as a higher education administrator were far less likely to support pass/fail initiatives than students and faculty. *Figure B* displays the responses for respondents who either selected "strongly agree" or "somewhat agree" to the policy question.

Key findings:

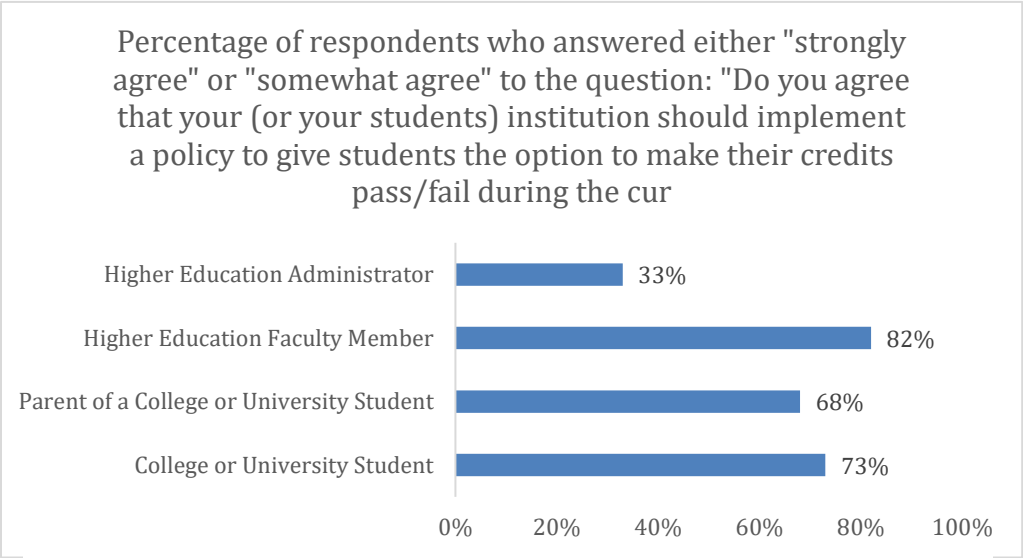


Figure B

Almost 75% of students either "strongly agreed" or "somewhat agreed" with implementing a pass/fail policy, and surprisingly an even higher percentage of faculty (82%) agreed with this policy. This is in contrast to the 33% of administrators who agreed with the policy. This grading policy displays sensitivity towards students and taking in *all* aspects of the student's overall wellbeing. However, the potential accreditation and financial aid issues that linger in the background appear to be more apparent to administrators. This data can be used to support student-focused changes to grading during the pandemic, but also encourages further research into why administrators are less likely to support the change.

Question 3. *"Do you believe you are receiving the same quality of education online as you were in your in-person classes?"*

In wake of the Coronavirus, news about students filing lawsuits against their universities are surfacing. These students are claiming that they are not getting the same quality of education online as they were in-person, and are demanding* partial refunds on their tuition and campus fees. The students state that the "quality of academic rigor of courses has significantly decreased", as well as "no online course can stimulate the applicable, real-world experience" (Binkley, 2020).

Key findings:

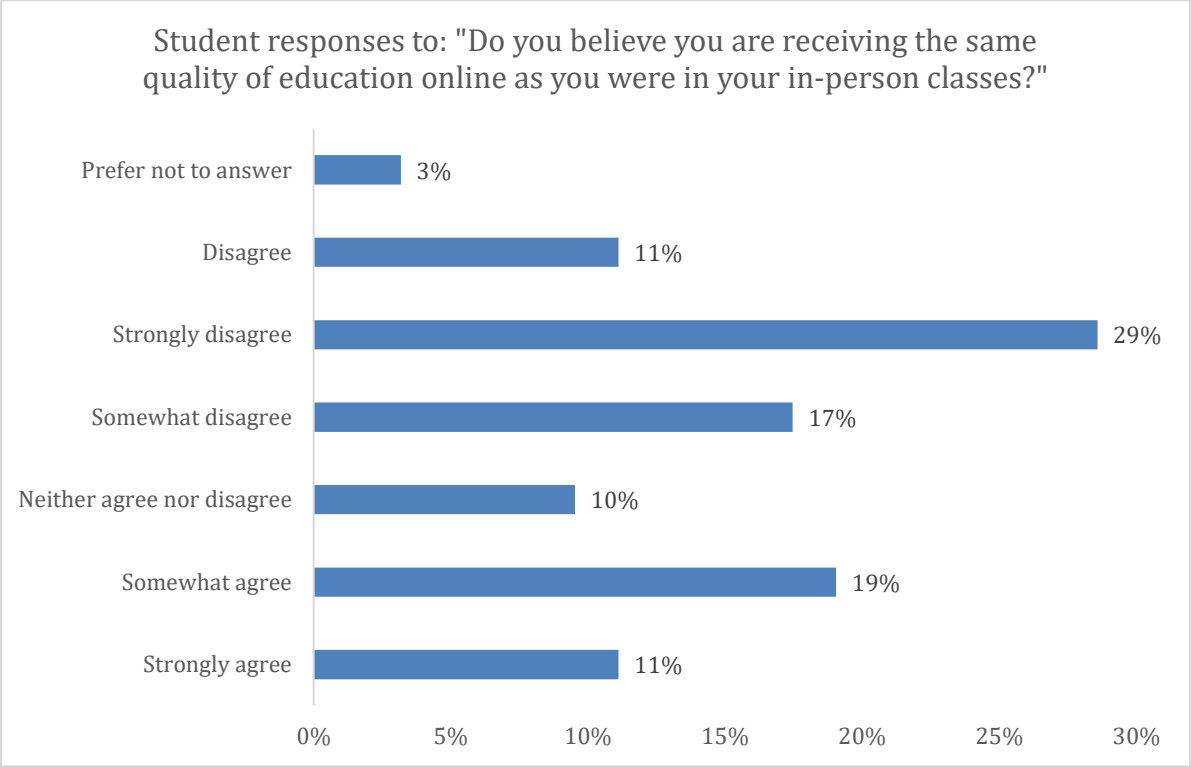


Figure C (note: there was an error with this question by having one of the answers as "disagree")

This question was only available towards those who identified as a "college student" and out of 63 respondents, the majority either strongly disagreed or disagreed that they were receiving the same quality of education online as they were in their in-person classes. This is an important question because students went into this term with the choice of which educational delivery method they preferred to have class, and the safety precautions the university instated effectively took that option away.

Students also learn in different ways; online classes can be challenging if a student's learning style makes online classes harder than traditional, in-person classes. Additionally, there are fiscal ramifications to this question, because students may feel they did not receive the value for their educational dollar by taking online courses that should have had in person (such as nursing practical's, labs, student teaching, etc.) Similar questions should be analyzed by education officials to not only deem if tuition could be partially reimbursed, but to also fund ways to enhance online learning in the future so that students receive similar quality of education whether it be online or face to face.

Some of the "elaborate" comments are shared below:

> For those who signified they were *not* receiving the same quality of education online versus in-person:

- "Absolutely not. I didn't sign up for completely online classes. I know nobody signed up for Coronavirus but not everything can just work as usual."
- "Unfortunately, it is by nature of many programs to require hands-on experience for optimizing the quality of the learning experience. That being said, I believe this situation has inevitably lessened the quality of learning for most. However, I am certain all of my professors and all other supporting faculty are trying their very hardest to ensure the success of their students and best possible delivery of our education and other resources typically available."

While others held positive views about the switch to online-only:

- "In many ways the online approach of my institution has created more access to study materials (recorded lectures and access to online powerpoint slides and lecture notes). The downside is that it is slightly more difficult to interact with professors. However, many channels such as email and online appointment still exist to speak with instructors."
- "It is different online than it would be face-to-face. I feel that the quality of the professor has not changed in that they are still available to meet with you via online and respond to emails within at least 24 hours."

Question 4. *"Have the effects of COVID-19 disrupted your (or your students) expected degree completion date?*

Fall enrollment for universities is projected to be at an all-time low this year due to COVID-19 concerns, and deadlines for applications have been extended by months. While enrollment suffers, degree completion paths are also suffering. Many students have had to drop out or choose to not return due to health or financial concerns. While a majority of the respondents answered "no" to this question, it is unclear how long the pandemic will last, or the lasting impact on universities and colleges across the nation.

Key findings:

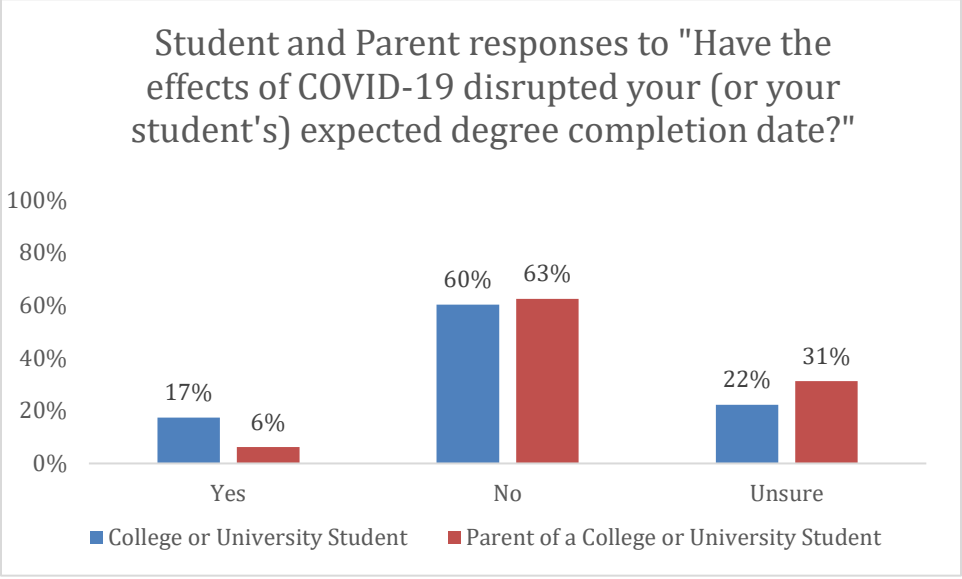


Figure D

Thankfully, 60% of students said that the effects of COVID-19 did **not** affect their expected degree completion date. However, nearly 40% of students answered either "yes" or "unsure", which is suggestive that perhaps the university could have created policies or programs for students to try to keep their credits during this time frame.

Those who had disrupted degree completion made additional comments in the "elaborate" section:

- "Honestly I'm thinking of leaving the graduate program altogether. I've just been taking too many blows lately. I needed a break where I could just focus on studying and what I got was an explosion"
- "Don't know if I can finish now and won't be a ceremony"

Question 5. "*Has the response to COVID-19 disrupted graduation and commencement ceremonies at your institution?"*

Almost every higher education institution has implemented a "virtual" commencement, which has not only been an emotional setback for students, but will be detrimental for the economy in regards to tourism. While it is apparent that these changes have been implemented by the 100% response rate from administrators and faculty members, the lower percentage from college or university students implies that some of the respondents are not graduating in a time frame that is affected by COVID-19.

Key findings:

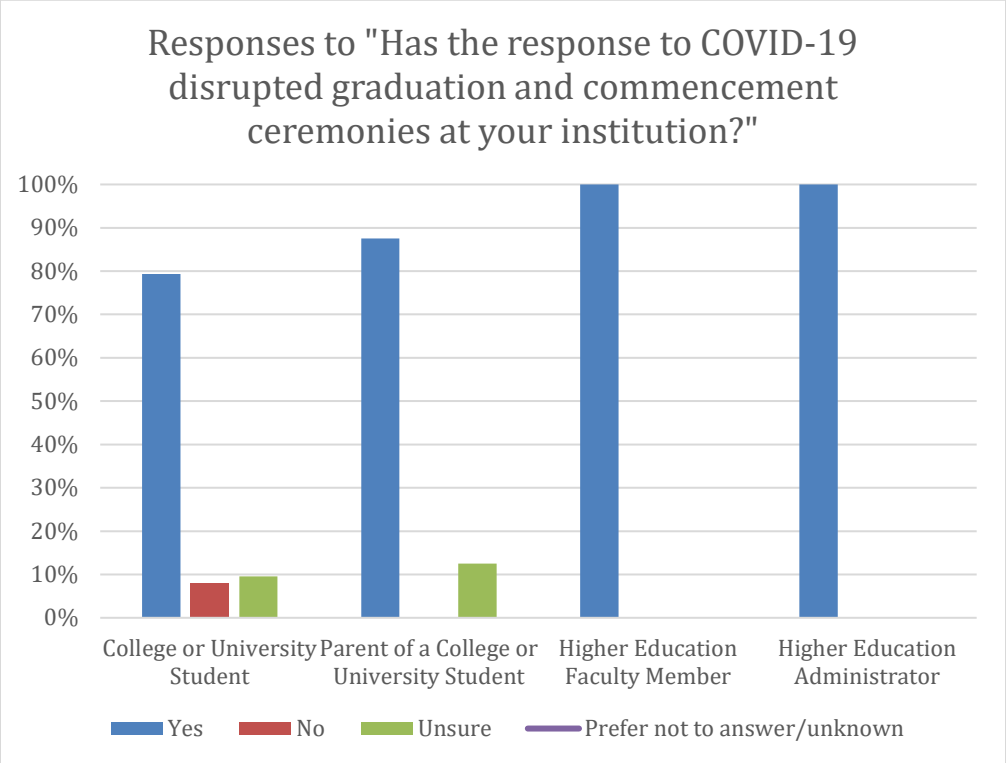


Figure E

This question had the most overwhelming response, with nearly 80% of students claiming that their commencement ceremony is disrupted, along with 87% of college parents, and 100% of faculty and administrators. This was expected for those who are graduating this semester, but this was important because it shows the impacts on families, and the impact on the local economy (families that were supposed to travel and stay in hotels, eat at restaurants, flights, etc.) Additionally, the 100% "yes" from faculty can be disruptive because commencement ceremonies/hooding ceremonies/etc. can be a prideful and emotional moment for faculty as it is a culminating celebration to showcase the product of their hard work.

Limitations

The limitations in this study is first the distributive method, by sharing the survey on a social media platform it only reached a certain amount of potential respondents. Another limitation is the response rates, for example an average of 63 university/college students responded to the survey and a mere three higher education administrators. This survey could be more relevant to the general public if there were higher response rates for each category (students, parents of student, etc.) Furthermore, there is a small mistake in one of the questions (question 3) that has an additional "disagree" selection which may have confused respondents and made the data somewhat unclear to analyze.

Further Research

This study suggests that students are not receiving the same quality of information via online learning than their face to face classes. Additionally, students and faculty seem to be in support of pass/fail policies regarding grading systems. Further research should be done to evaluate students emotional wellbeing in relation to course and graduation changes.

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COVID-19 Impacts on Communities of Color

By Ariana Rodriguez

Introduction

According to numerous reports, the coronavirus is disproportionately affecting people of color. In Chicago, black people only make up 33% of the population (Ro, 2020). Even so, 72% of the reported COVID-19 deaths were black residents (Ro, 2020). People of color are not only dying at higher rates, but they are also less likely to have health insurance and more likely to work at low-wage jobs (Ro, 2020; Maxwell & Solomon, 2020). With many states implementing state at home orders and closing all nonessential businesses, people of color are at both sides of the risk spectrum.

First, people of color are more likely to be frontline low-wage employees, such as grocery store clerks and fast-food employees (Maxwell et al., 2020). Occupations such as these require employees to psychically attend work, which leads to a higher risk of exposure (Maxwell et al., 2020). On the other hand, many people of color have been deemed nonessential and are being laid off because their job cannot be performed remotely (Maxwell et al., 2020). Before COVID-19, communities of color were more likely to live paycheck to paycheck (Maxwell et al., 2020). The pandemic and job loss have heightened financial instability and is starting to affect one's ability to pay for rent, groceries, and other essential purchases (Maxwell et al., 2020). Before COVID-19, communities of color were struggling finically, to access healthcare, and accessing education. This pandemic is further highlighting the impacts of an inequitable society.

As the research continues to expand on how harshly people of color are being affected by COVID-19, it is also important to understand if these impacts vary by age group and education level. This survey aimed to understand COVID-19's implications on education. Specifically, the questions and answers analyzed in this section aim to understand if college students of color are feeling harsher effects.

How COVID-19 is impacting college students

Texas A&M University-Corpus Christi has a responsibility to understand this distinction because of its federal designation as a Hispanic Serving Institution (HIS). With a student population of at least 25% of full-time undergraduate Hispanic students, the university is responsible for understanding how COVID-19 and their decisions are impacting students of color. At Texas A&M University-Corpus Christi, more than 40% students are first-generation, 41% of our students are low-income, and an average of 90 students a week use our on-campus food pantry. These stats indicate that income disparities were present before COVID-19. Therefore, it is essential to have the student's perspective on how the pandemic is affecting their academic and finical stability: these questions aimed to understand what more can be done to support students, specifically students of color.

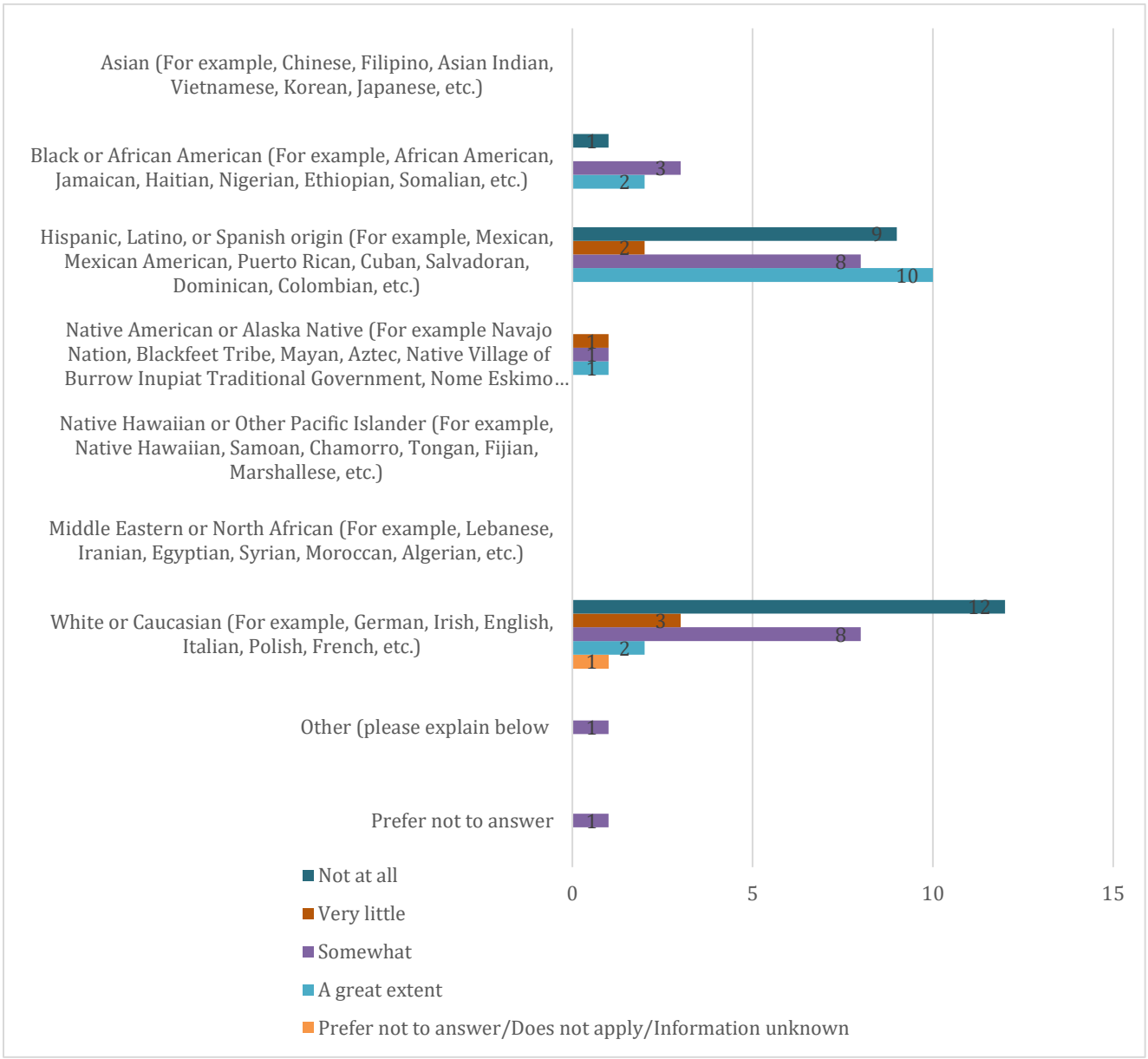
Sixty-six college students from numerous colleges participated in the survey. By looking at the data through the race lens mentioned above, it is evident that COVID-19 is also impacting students of color. Question 33 asked recipients to indicate how their college's decision to close

or partially close has affected their financial stability. Participants were given five choices, ranking "not at all" at the lowest and "a great extent" at the highest.

33. How have the decisions made by your education institution regarding COVID-19 impacted your (your student's) financial stability?

Table 1 summarizes the survey response to this question, specifically exploring the differences between students of colors and White or Caucasian students' responses.

Table 1. Race of respondents.



Out of the sixty-six respondents, students of color heavily choose to "a great extent." Ten Hispanic, Latino, or Spanish origin students selected "a great extent." While more than half of the White or Caucasian students answered, "not at all."

For research purposes, it is also important to note that nine Hispanic, Latino, or Spanish origin students selected "not at all" as well. At nine, this is one less student of color to choose, "a great extent." This data reveals that people of color do not all share one experience. It would be too easy to generalize that the lack of financial stability is prevalent to all students of color. Even so, it is important to note only two White or Caucasian students answered, "a great extent." The comparison indicates the drastic class difference present in students of color, compared to White or Caucasian students.

Students also could elaborate on their chosen answers. A common theme was present in Hispanic, Latino, or Spanish origin student's responses, that is, the inability to have job security. One student explained, "Both my husband and myself are currently out of work". Three out of the five responses expressed the stress of the loss of hours and their inability to pick up shifts. While White or Caucasian students expressed more job security. For example, two out of eight students remarked how their hours were cut, but they retained their pay. This stark comparison demonstrates a clear difference in financial stability in students of color.

Even though more Hispanic, Latino, or Spanish origin students completed the survey and answered, "to a great extent," more White or Caucasian students provided elaborations for their selected response. Out of the twenty-two White or Caucasian students to respond to this question, eight of those left a comment. While seven students of color across three ethnicities (Black or African American, Hispanic Latino, or Spanish, and Native American or Alaska Native) left detailed comments.

Several theoretical lenses could be used to explain these differences. For example, emotion socialization is how children understand and express their emotions (Kitzmann, 2012). The studies have found that a child's environment heavily contributes to that understanding (Kitzmann, 2012). Studies have found the ethnicity of a family often plays a significant role in a child's emotional socialization (Kitzmann, 2012). Research continues to try and understand which social contexts will limit children's ability to express their emotions and what skills do children need to have emotional intelligence (Kitzmann, 2012). Further research on this study and COVID-19 would need to occur to determine if emotion socialization is impacting students of color responses.

In research, the lack of response also counts as a response. The inability to express one's emotions because of a cultural upbringing can also be telling of one's access to privilege and free time. Students with more free time are more likely to provide qualitative feedback, while students who are stressed or busy are less likely to provide qualitative feedback.

Limitations

These findings are met with several limitations. First, the small sample size of college students might have limited the ability to analyze significant differences. Due to that, these findings cannot be generalized. Even so, the data adds to the current narrative surrounding COVID-19. COVID-19 impacts people of color are more than their white counterparts.

Further Research

This study suggests that students of color are financially carrying the burden of COVID-19. More so, these students are struggling to express those harsher effects, while their White or Caucasian counterparts are not. Further research should be done to obtain qualitative data from students. Future research should specifically target how students of color are expressing their financial and academic losses during this time.

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Access to Technology and Training

By René Hinojosa

This section of the survey is the "Technology and Training Question Block". There are five questions, each dealing with access to the Internet, access to and sharing of Internet-capable devices, software, and software training. Within a matter of weeks, schools around the United States, and the world, closed their doors, with many in developed countries moving to an online learning format. According to UNESCO (2020), school closures reached a peak on March 31, 2020, affecting over 90% of the world's student population due to the COVID-19 pandemic. This has forced administrators, teachers, and professors to find creative solutions in order for students to continue to receive an education in the new era of social distancing.

In a developed country in the 21st century, it is only natural that our educators have turned to technology and the Internet in order to provide continuity of learning. However, due to a variety of socio-economic factors, each household may or may not have access to proper devices and the Internet, which can directly affect learning. These survey questions allow us to explore just how connected our students and educators in the United States are, what level of access to the Internet they have, and what training, if any, they have received in order to properly complete their work and assignments.

Before getting into the specifics, it is important to point out a significant limitation specific to this section of the survey. The first question in this part of the survey asks the respondents to identify the various Internet-capable devices available to them in their homes. Not a single respondent indicated they completely lacked Internet-capable devices. Since this survey was conducted solely online and solicited via Facebook, we must consider that this survey may not have reached people who either do not have access to the Internet and/or Facebook.

With that said, there were 415 respondents and they were allowed to select multiple responses to indicate what Internet-capable devices they had access to in their households. Out of the various choices, two devices, namely laptop computers and smartphones, were owned at roughly similar levels, at 93.73% and 91.81%, respectively. The only exceptional category was that of the K-12 paraprofessionals, where smartphones outnumbered laptop computers by 4.55%. The next most preferred devices were tablets (iOS or Android-capable). Their ownership stood at about 59%. The more traditional desktop computer had an ownership rate of almost 38%.

When additional text input was allowed, several respondents commented that the school or school districts had provided Chromebooks (a type of laptop) for the K-12 students. This did not happen in all districts, however.

The next question was to determine how common it was to share devices in the household. Almost 60% of respondents lived in a household consisting of two or more members with each person having access to a device that is adequate for their needs. However, for almost a third of respondents, access to devices was shared between two or more members of the household. This is significant because a parent who shifted to telework during the COVID-19 pandemic with two school age children may find that one laptop and one smartphone in the house simply do not meet the needs of online learning. The responses ranged from everyone having their own laptops,

with no need to share, to others relying only on a smartphone or device sharing for up to three students.

After determining what devices the respondents had access to and if they were shared among household members, the next question concerned access to software necessary for education. While many products are available for free, such as Google Classroom or Zoom, other products such as Microsoft Office, which include Microsoft Word and Excel, are not. Microsoft Office has freeware alternatives such as Google Docs, Google Sheets, and LibreOffice, but the public may not be aware of these alternatives and/or may be concerned about compatibility issues between devices when using these alternatives.

The good news is that 68% of respondents already had the proper software prior to 01 February 2020. This date was chosen because schools moved to an online learning format at different times. It was a concrete date people could look back to while taking the survey and it was after the start of the semester so the data would not include people who procured software because of instructor requirements at the beginning of the semester. In addition, a further 14% of students were able to procure the software necessary for their studies without a personal cost after 01 February 2020. Presumably, this would have been software either provided by the school/university, or the student turned to freeware products such as Google Docs or LibreOffice.

An almost equal portion of respondents answered that they obtained software for their studies at a personal cost or currently do not have the proper software, at about 6.5% each. Some respondents indicated that they were still waiting on passwords from teachers or relying on handouts from teachers to complete the required coursework.

The fourth question in the Technology and Training Question Block queried Internet access in the home and multiple selections were allowed. Almost 90% of respondents indicated that they have unlimited access to Internet at home, which promotes efforts to transition to a curriculum solely based on online learning.

The Pew Research Center (2019) found that 81% of adults in the United States owned a smartphone and this study's findings indicate that that approximately 92% of respondents have access to smartphones. The disparity between the percentages could be explained due to the younger average age of respondents in this survey when compared to the study of the general public that the Pew Research Center conducted. Considering that the main purpose of having a smartphone, as opposed to a mobile phone that is not a smart phone, is access to the Internet, it is puzzling that only about 27% of respondents indicated having access to any type of mobile Internet on their smartphones. This leads us to believe that this question may have suffered from order effects. Dillman, Smyth, and Christian (2009) state that "in self-administered surveys, early response options may be processed more deeply, and thus may be more likely to be selected, because respondents' minds become more cluttered as they continue through a list and have more information to keep track of".

While we cannot reliably conclude the accurate percentage of respondents who have access to mobile Internet, whether limited or unlimited, what remains accurate is that over 97% of respondents have some type of non-mobile Internet access at home. This includes about 89% who have access to unlimited Internet and a further 8% who have access to some sort of limited Internet access in their homes.

The final question of the Technology and Training Question Block questions respondents about their experience with online and/or distance learning platforms, such as Blackboard, Canvas, and Google Classroom. As would be expected, college and university students, higher education faculty members, and K-12 administrators had the highest percentage of experience with these platforms prior to 01 February 2020. The average percentage of respondents in these three categories was 75% or more.

In order to properly grasp the disparity between university students and faculty members on one hand, and K-12 parents and students on the other vis-à-vis experience with online and/or distance learning platforms, the table below will help to better visualize this.

Question	I am a college or university student	I am a parent of a K-12 student	I am a higher education faculty member	I am a K-12 teacher
I have had experience and/or training prior to 01 February 2020	80.95%	33.08%	88.24%	53.33%
I first started utilizing online and/or distance learning platforms on or after 01 February 2020	14.29%	33.08%	2.94%	32.59%
I have not ever utilized online and/or distance learning platforms	1.59%	26.92%	2.94%	8.15%
Other (please explain below)	1.59%	6.15%	5.88%	5.93%
Prefer not to answer/ Unsure	1.59%	0.77%	0.00%	0.00%
Total	100%	100%	100%	100%

It is clear is that the transition to online learning has had a significant impact on K-12 para-professionals, staff members, and parents. In these categories, only about a third of respondents had experience and/or training with online learning platforms prior to 01 February 2020. However, about a third of K-12 teachers, para-professionals, staff members, and parents first started utilizing online platforms after 01 February 2020. This is a steep learning curve which may impact the quality of education that students receive. Another 30% of all parents and higher education staff members responded that they had not ever utilized online learning platforms as of the date they took the survey.

Living in a developed country in the 21st century, many have taken for granted that access to Internet and Internet-capable devices is a given. The truth is that we still have significant segments of the population that either do not have access or face barriers such as having to work around shared access to devices. Normally device sharing may not be a significant burden, but in extenuating circumstances such as this COVID-19 pandemic, sharing may not be adequate when all family members need access to the Internet at the same time in order to complete coursework.

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Impacts of K-12 School Closure

By Paula Szczepanek

Introduction

The COVID-19 pandemic was not the first pandemic of the modern era, but it was the first to cause such disruption to daily life on a global scale. By March of 2020, schools across America were forced to close. "In little more than two weeks, the coronavirus led to the mass closure of at least 124,000 school buildings. Leaving more than 55 million children without access to in-person instruction, counseling, and other services" (Herold, 2020). School students and staff were not the only ones effected by the sudden school closures. Many localities issued shelter-in-place directives at about the same time schools were closed which shuttered many businesses and caused others to work remotely. Because of this and because many K-12 students were young enough to need supervision, adults were suddenly home at the same time children were trying to learn from home. Some adults were trying to work while others were just trying to navigate the reality of losing employment through the chaos of the closures. This survey aims to understand the educational impacts of COVID-19. It is my belief that the unprecedented, nationwide school closure caused by COVID-19, effected the daily lives of all Americans- not just the students. Specifically, survey questions 69-74 seek to gain a deeper understanding of the impact of the K-12 school closures on American life from the perspective of the student, the parent, and the employer. It is my hope that these findings will inform policies that come out of this pandemic to help improve daily life should a school closure of this sort be deemed necessary in the future.

Demographics

The survey solicited information pertinent to the impacts of Covid-19 on both K-12 and higher education. It was administered online using the Qualtrics platform via Facebook. The questions this paper is interested in, solicited information regarding the impacts the K-12 school shutdown had specifically on everyday life from the point-of-view of the student, parent, and employer. Overall, the survey was open to people who were college or university students, parents of K-12 students, parents of college or university students, higher education faculty members, higher education staff members, K-12 teachers, K-12 para-professionals or staff members, higher education administrators, or K-12 administrators. There were 456 total responses to the survey. 67.1percent or 306 of all respondents identified as being affiliated with K-12 schools. There were 149 K-12 teachers, 138 parents of K-12 students, five K-12 administrators, and 14 paraprofessionals and other K-12 staff members who responded. Persons falling into more than one category could respond to multiple surveys.

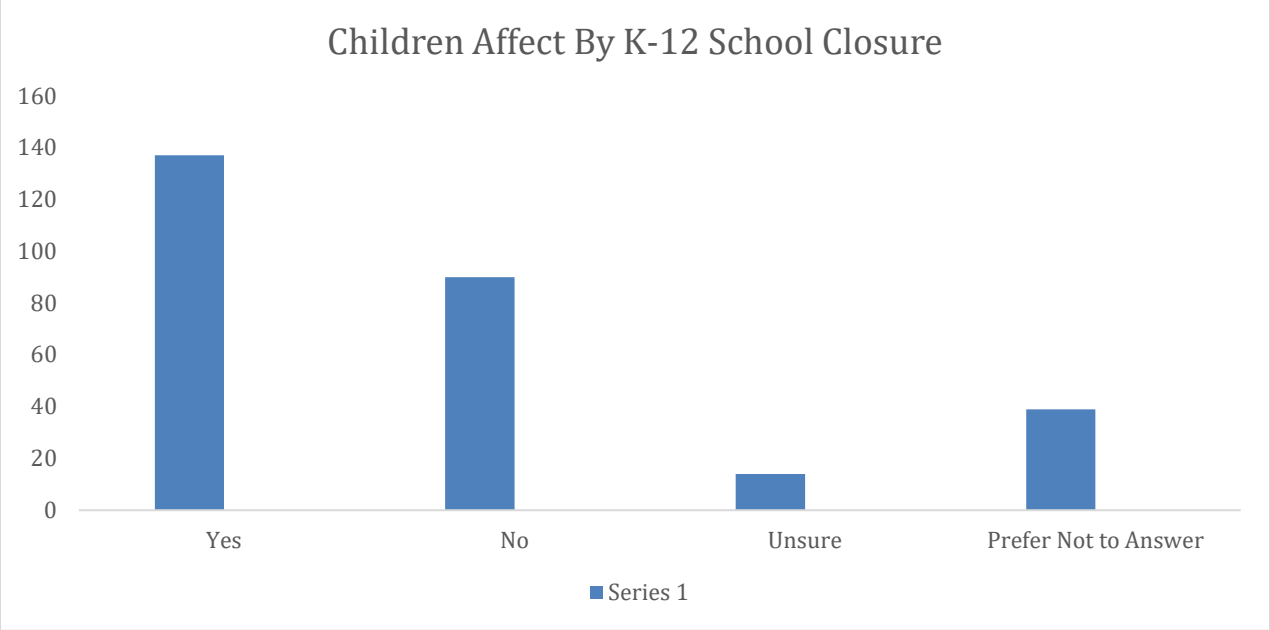
Analysis

In the modern era of compulsory education; a global and long-term K-12 school closure was previously only theoretical. When it became real in the early part of 2020, the challenges were immediate and glaring. For example, as noted by Bryant, et al (2020),

As of mid-April, 191 countries had shut down all their primary and secondary schools, affecting almost 1.6 billion children. The shift to remote learning has been uneven. Some systems were able to train teachers, roll out remote learning, and put in place student support services in less than a week. Others are still struggling…The disparity is obviously true between countries; it is also true within them.

Students

We could see that disparity here in the United States. When it became clear that in order to curb the spread of COVID-19 a mass closure of Americas schools would be necessary; students, educators and the public alike were unsure exactly what to expect. As a society, we had to face challenges like how to handle online learning with inadequate or non-existent internet connections in many places? We asked; when there is no teacher or classroom, who becomes the teacher and where is the classroom? Accordingly, the survey showed that Americans of all types, have struggled with the nearly immediate move to online learning that COV-19 required. Not surprisingly, some of those struggling the most with the transition have been the K-12 students. The first survey question which dealt specifically with the impact the closure was, **"When the district K-12 schools shut down, were there any unexpected consequences that your children experienced due to the shut down?"** Of 241 answers, 56.84 percent were yes. The remaining 43.15 percent of respondents noted their children either did not, or they were unsure if their children experienced any unexpected consequences due to the K-12 school closure.



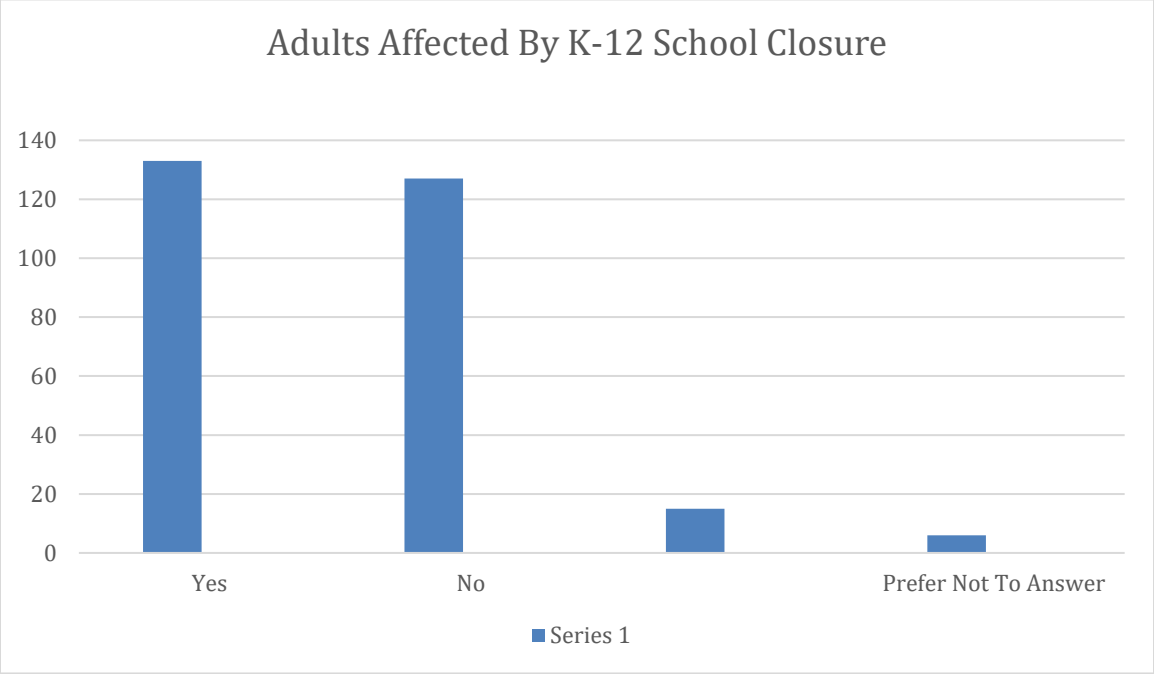
When given the opportunity to elaborate, parents brought up many issues, but by far the most prevalent concern was the cancellation of school functions that their children would miss. Another concern often mentioned was a lack of support for students with special needs. Parents noted their children's fear of the unknown, extra anxiety, and even fear of death. One parent worried that now that the children were home, they saw more of the parent's financial struggles which added to their children's stress. One child was having nightmares about the virus. There

was a parent who expressed concern for next school year due to testing for the Gifted and Talented Program being interrupted. Another parent described the difficulty their child faced learning two online learning platforms because they were dual enrolled in college and high school courses. Other parents noted technical difficulties making online schooling difficult for their students. One example was the parent who described their child losing work each time they tried to upload an assignment. Many parents who are also teachers described their children as going to 'night school' because the only time the student had access to the needed technology and help from the parent was after the parent had given themselves to their students during the day. Perhaps the most difficult and unexpected consequence to be brought to light was from a teacher who wrote as a response:

> I teach in a low-income neighborhood where most of my students are first-generation Americans and will be the first in their families to graduate high school and go to college. Their families are being devastated by loss of jobs and lack of access to unemployment assistance due to immigration status. Many of my 12th graders who work in fast food or grocery stores are now the only people in their families earning money. This situation could be catastrophic for their families and for their future educations.

Adults

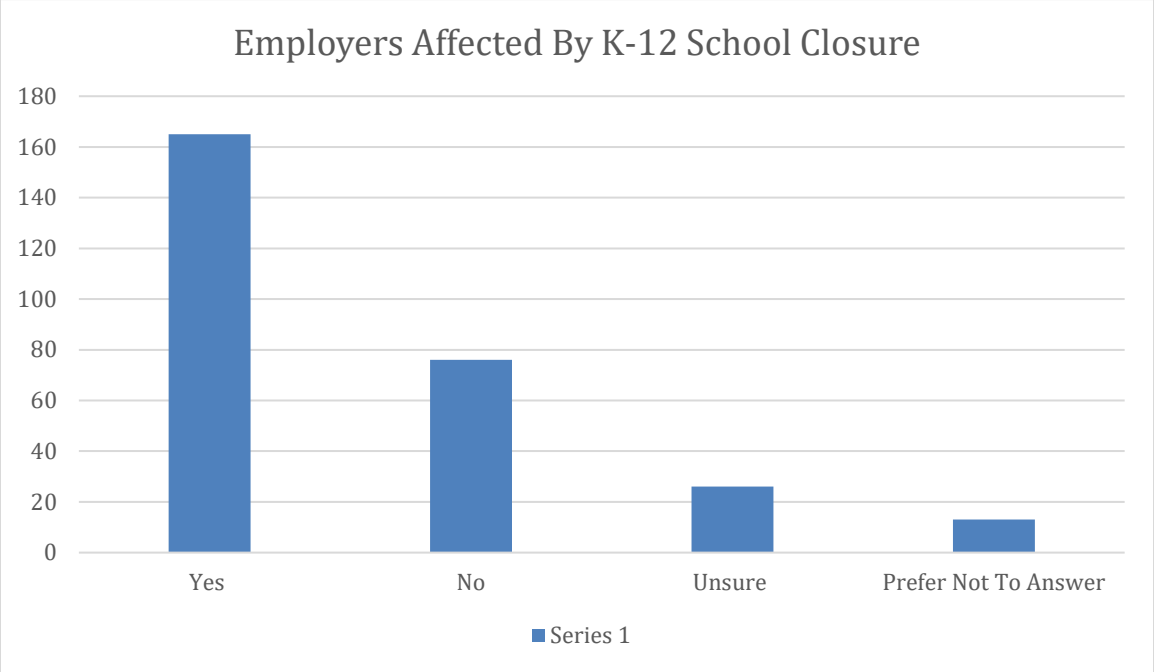
The second survey question dealing with the issue was, **"When the local K-12 school shut down in your district, were there any unexpected consequences that the adults in your family experienced because of the shut down?"** 281 adults responded to the question that they had experienced unforeseen consequences due to the K-12 school closure more than they had not, by a margin of 47.33 percent to 45.20 percent. 5.34 percent said they were unsure, and 2.14 percent said the situation did not apply to them or they preferred not to answer.



Many parents suddenly needed to find childcare, while others coped with income/ and or employment loss. One person was set to begin a new job when the school closure and shelter-in-place directives were issued; therefore, they were unable to begin the new job. One essential nurse decided to stay home with her child rather than work during the crisis. Another medical professional expressed how hard having the children at home made concentrating at work. Many teachers expressed difficulty in balancing teaching and parenting responsibilities. “trying to teach and support my students and help my own children with their work”. In fact, there were many parents working from home in any capacity who described the added stress of homeschooling while working. One mother and her children spent the day working in the bedroom, so as not to disturb her husband while he worked. Another mother of a third grader and a special needs preschooler did not know how working parents kept up with it all, in fact many parents of special need students expressed frustration in finding/getting needed services. There was a parent who did not realize how difficult it would be to convince their son to do any schoolwork at all. Another responded that both they and their spouse were essential workers, which meant their children were left home alone to figure out e-learning by themselves, and this caused guilt for both parents. Two responses stood out to me as encompassing what most adults were trying to say. They were, “loss of spouses job, increased financial burden, loss of respite, loss of community/ socialization” and, “household insanity”.

Employer

Of the 280 responses to the third question, **“In your professional setting, have there been any additional burdens placed on your place of employment due to the shutdown of the K-12 schools?”**, 58.93 percent answered in the affirmative and 27.14 percent responded negatively. 9.29 percent were unsure, and 4.64 percent said the situation did not apply to them or they preferred not to answer.



Of the three categories, I found some of the responses to how the K-12 school closure effected employers the most divers and unexpected. When allowed to elaborate, one person even saw the

situation as beneficial to their employer. They wrote, “having them (their children) at home give(s) us a better thinking and feeling of security in the middle of World War Virus. As a worker I can focus better knowing everyone is ok”. However, not everyone found benefits in the status quo. For example, one person wrote, “appointments are being scheduled at times traditionally available primarily for adults. This has created unforeseen scheduling concerns for adult therapy clients”. There was a parent who was providing telehealth services which must remain confidential but was also home with four children who did not understand ‘confidential’. There were many people who expressed expected issues, such as loss of productivity due to parenting while working. Teachers specifically found they had added burdens from trying to teach and stay connected with students remotely. One teacher wrote “we did not sign up to be YouTube stars”. There were plenty of people who responded of needing to find childcare. One working parent wrote, “children were in care of grandparents when not at school during the workday, but grandparents are high risk so can’t help w(ith) childcare…”. Another parent described the difficulty they had working while their four-year-old and 14-year-old were home together and not getting along. As many parents alluded to their children being stressed because they feared the unknown, they too were stressed because of unclear policies and procedures. Many responded expectations had changed in their work life. There was a person who wrote about changed expectations to their homelife due to their work requirements, “others in my family are affected by my schedule…conference calls, lots of phone calls from parents and coworkers”. Finally, there was the person who expressed the need for changed expectations somewhere which had not yet happened. They wrote, “I now work 12+ hour days. There are no boundaries”.

Limitations and Conclusion

This study is not comprehensive in scope and further research is recommended to fully understand the impact that the nationwide K-12 school shut down had on students, adults, and employers. There were limitation to this study, specifically; the number of people who identified in the demographics section as being affiliated with K-12 schools as opposed to higher education was 8.17 percentage points higher than the highest response rate to any of the questions specifically regarding how the K-12 closure impacted people. I believe this discrepancy comes either from people who fit into more than one category but took the survey only one time, or from those who did not complete the survey. Therefore, the methodology should be reconsidered. For example, many parents, and K-12 professionals state that they were overwhelmed and had little time to themselves. Because of this, they may not have had the time to devote to a survey or social media, which was the only means of survey distribution. Another challenge that was stated repeatedly within the survey, was technical issues. Therefore, it is possible that respondents were unable to complete the online survey due to technical issues with the online format. However, the information gleaned from this survey is still beneficial to policy makers going forward as it is easy to see that many of the impacts for students and adults alike were the result of stress coming from the unknown. Additionally, more training must be done, and clear expectations laid out for students, teachers, and parents regarding the e-learning platforms being used. Schools need to offer more learning experiences and services for students with special needs. Employers must help employees facilitate working from home with e-learning happening at the same time. This must include more than just technical help, some parents need help in how to keep confidentiality while parenting/ teaching children, some need

help setting work/ life boundaries, and some need help simply finding childcare so they can leave the home to do their essential jobs. Finally, more assistance needs to be available to those who are not able to work due to the government closure of schools and businesses. This includes assistance with monetary issues as well as issues of mental health due to isolation and fear.

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COVID-19 and K-12 Student Instruction

By John Garcia

Introduction

The purpose of this survey was to get feedback and insight on some of the issues and difficulties COVID-19 has presented to the Nation's educational system. As the world battles this pandemic, U.S. school systems are still working around the clock to make sure that students are getting their education as the nation has shut down schools for the remainder of the school year in their efforts to protect the health of their students and battle the coronavirus.

The same is happening here in our home state of Texas and leaders are working to make the education process as feasible as possible. Texas Education Commissioner Mike Morath understands the task ahead and knows that safety is a priority in this time. Morath stated:

> *"We fully support the Governor's decision to temporarily close schools statewide. As we continue to prioritize the health and safety of all communities across Texas, we are working around the clock to ensure that our school districts have the instructional guidance they need so that students can successfully pursue their studies at home. We know many questions remain over how best to do that." (TEA, 2020)*

Governor Abbott announced on April 17, 2020, that all Texas Schools were going to remain closed through the end of the school year and hopefully open back up in August. Governor Abbott has been advised by a panel of experts and doctors that have determined that it would be unsafe for students to return to their classroom environment and this would avoid the quickening spread of the COVID-19 (Swaby, 2020).

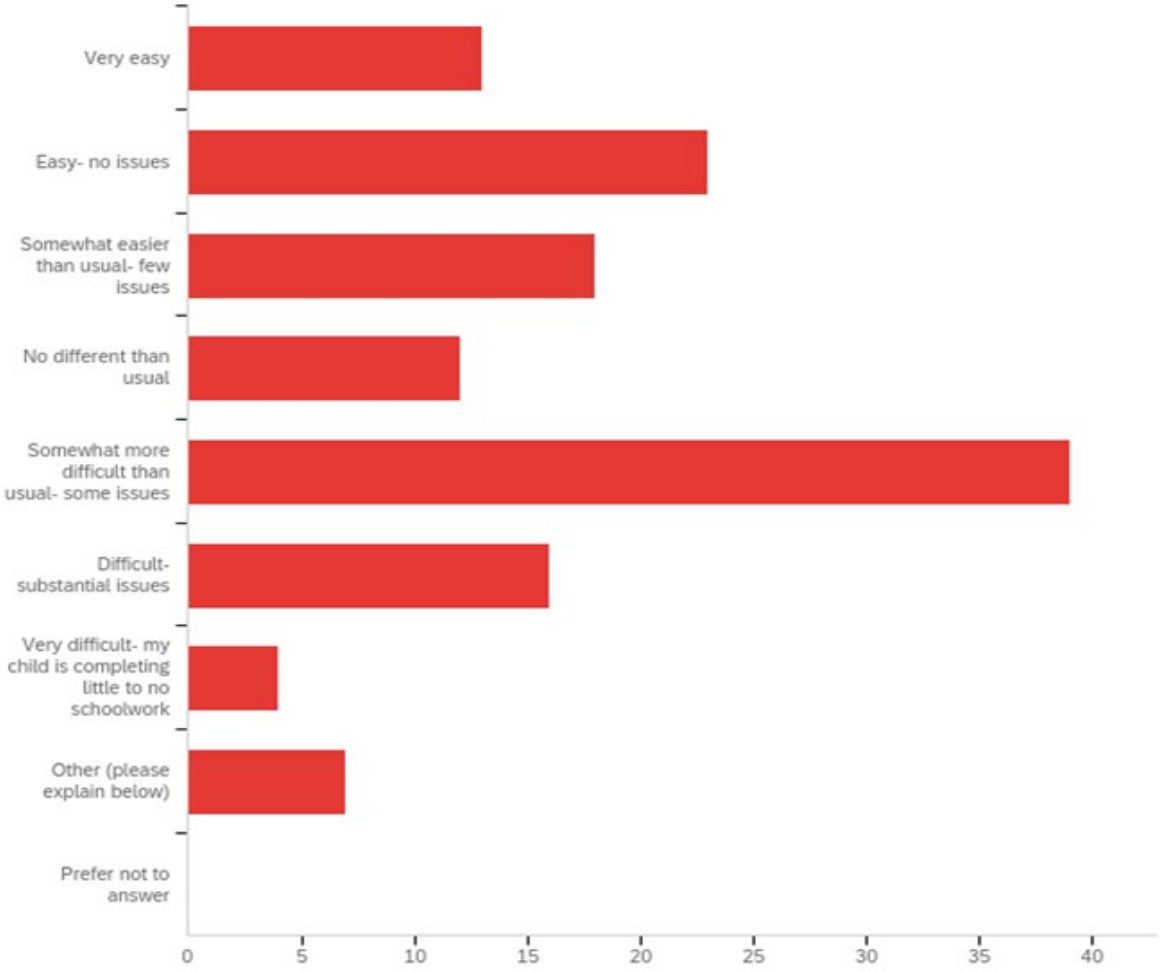
Morath did note that they are aware that some students do not have access to some technological materials, so they are utilizing some "low tech" solutions to ensure that the students in Texas are getting the support they need while they are out of the classroom (TEA, 2020). The goal is to make sure that they are using all their resources to encourage parents and students to continue the curriculum and need take steps back in the education process during these unprecedented times.

In our survey, I chose to pose a couple of questions that I believe are common topics during the stay at home order. The issue is that most parents are not used to "teaching" their kids, not equipped with the technology and resources, and are not accustomed to holding a classroom type environment for their kids. The results were analyzed from the survey and the optional feedback was evaluated to see for any patterns and consistency within the responses. The questions asked were:

> **Question 1: How difficult has it been to get your child to do the work that has been made available to them through school resources?**
>
> **Question 2: Do you feel like your child is learning adequately with the material that is being made available for them?**

Question 1

During the survey, the first question, listed as Q.46, did receive 132 responses. Here is a chart representing the responses and how they related to each other on a bar graph.



When formulating the question, it suspected that many respondents would find it difficult to get their kids to focus and work on the material given by their schools for multiple reasons. In household across Texas, parents are finding it difficult to bring that "school environment" to their homes and provide a place for their children to adequately learn.

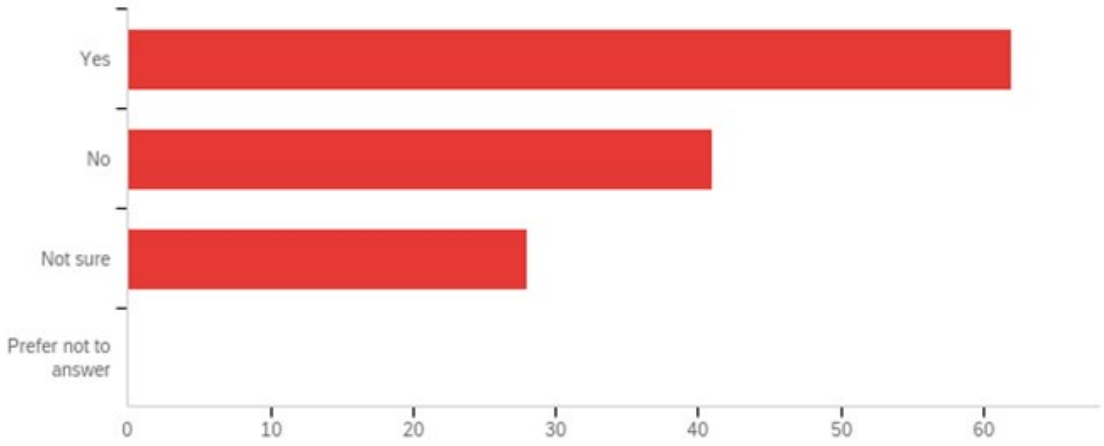
Overall, the results for Q. 46 showed that 66 respondents (50%) found it easy to get their child to do the work provided by school resources, while 59 respondents (44%) found it difficult to thier child to the work provided by school resources. The category with the highest response was "somewhat more difficult than usual-some issues" with a 29.55% response rate, and the lowest was "very difficult, my child is completing little to no schoolwork" with a 3.03% response. It was clear that there were mixed answers in the question, as each person has a unique situation.

In the option to explain your response, respondents indicated that they have no problems getting the work completed, as their children are good students and get the work done, but they did complain that the workload is either too much or not clear. Some indicated that they do not have the financial means to buy new technology for their children to learn remotely or that they do not

have internet access. One even mentioned that they are “not a teacher” and that it is hard for them to teach them and do the work.

Question 2

The second question, listed as Q. 48, asked, “Do you feel like your child is learning adequately with the material that is being made available for them?” received 131 responses during the survey. Here is the bar graph that represents the responses from the respondents.



As you can see, the question provided three answer choices, and there seems that there is a split in answers, as 47.33% of respondents believe their child is learning while 31.30% of respondents do not believe their child is learning, while 21.37% of respondents are not sure if their child is learning. One would assume that it may be difficult for parents to truly assess their child’s learning experience based on the difficulty that most are having to understand or get access to learning material. Like one parent said, they are not teachers, so this could imply that they are not trained to understand the standards of learning or retention of course curriculum.

Respondents did express the difficulty of getting parents to understand the material themselves and to get them to teach their kids around their work schedules. Some did note that their children have learning disabilities that make it difficult for them to teach the material without proper training and they also find it hard to explain the material to their children. Some noted the transition to learning online is a hurdle, especially for the younger kids who need more hands-on teaching and training and lose focus when they are trying to learn from a computer screen.

Conclusion

The results of the survey were evident that COVID-19 affects everyone in different ways. Some face financial problems to buy the technology needed for schoolwork, while others find it difficult to be “teachers” and take the time and patience to go through the curriculum with their children. COVID-19 has tested our school systems and the only way we can respond to is to adapt and continue making efforts to educate our children and prepare for the future.

References

Swaby, A. (2020, April 17). Gov. Greg Abbott keeps Texas classrooms closed for remainder of school year. Retrieved from https://www.texastribune.org/2020/04/17/gov-greg-abbott-keeps-texas-classrooms-closed-remainder-school-year/

Texas Education Agency. (n.d.). Statement from Texas Education Commissioner Mike Morath on the Temporary Statewide Closure of Schools. Retrieved from https://tea.texas.gov/about-tea/news-and-multimedia/news-releases/news-2020/statement-from-texas-education-commissioner-mike-morath-on-the-temporary-statewide-closure-of-schools

Perceptions of COVID-19 Risk and Federal Government Response

By Cristiane Borges Quadros

Introduction

This survey report aims to provide information regarding public perspectives on the federal government's ability to manage and effectively address the control of COVID-19 spread within the U.S. borders, and the level of threat the public perceives that COVID-19 poses to their local community. The survey was conducted in order to understand the most crucial issues and challenges COVID-19 produced to the educational system of the U.S. The data was collected from more than 400 participants who responded to the questions via an online platform. The results of the survey can serve as resourceful information to guide the decisions and policies to be taken by public administrators in the education field and to appropriately address the unseen circumstances brought by COVID-19.

Questions selected and Results

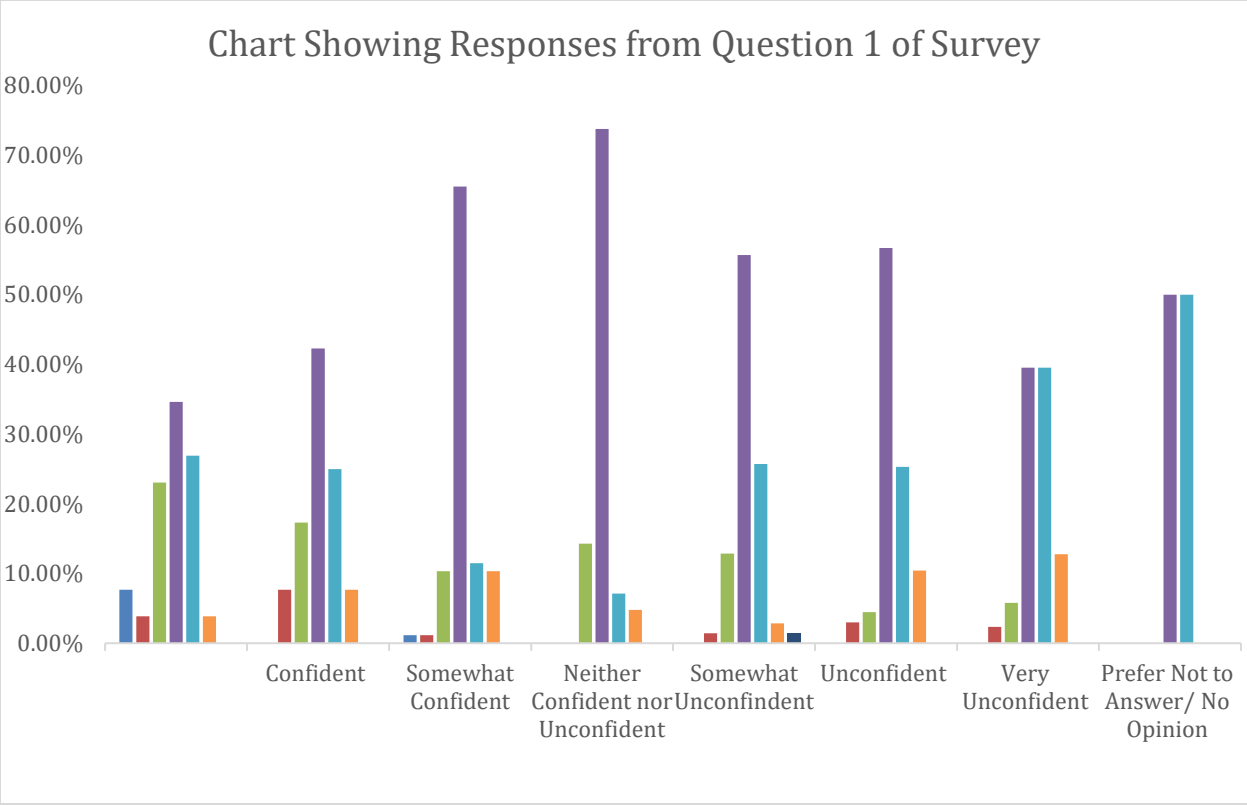
The questions I selected for this survey relate to the level of trust that the public has in the federal government's competence to contain the spread of COVID-19 in the U.S. territory, and how fearful or concerned people feel regarding the threat of this virus disseminating and contaminating their local community; these two selected questions are highly interconnected. The reason I chose these questions is because the policy decisions taken by governments to address the pandemic will create a significant impact on society. It can determine if the negative effects, which include infection rates and fatality rates, will be increased, or minimized. Additionally, the national government's response will influence how local and state governments handle their public policies to address this serious matter.

In the survey, the two questions I submitted were positioned in numbers 80 and 83. In this report, I have renumbered them to Question 1 and Question, 2 as follows:

Q.01 - Based on what you know, have read, heard or seen, how confident are you about the United States federal government's ability to deal effectively with the spread of COVID-19?

Q.02 - What level of threat do you think COVID-19 poses to your local community?

During the survey, my first question had 435 responses. The chart below represents the responses received and the relation between the public level of confidence in the federal government with the perceived level of threat.



The results for my first question show that 34.62% of respondents are very confident that there is a moderate threat, 26.92% are very confident that there is a high threat, 23.08% are very confident that there is a low threat, 7.69% are very confident that there is no threat, and 3.85% are very confident that there is a very low or very high threat.

In addition, 42.3% of participants are confident that the threat is moderate, 25% are confident that the threat is high, 17.3% are confident that the threat is low, and 7.69% are confident the threat is very high threat or very low, and none are confident that there is no threat. A majority of participants, 65.52%, are somewhat confident that there is a moderate threat, 10.34% are somewhat confident that the threat is either very high or low, 11.49% are somewhat confident that the threat is high, and 1.15% are somewhat confident that there is a very low or no threat.

A majority of 65.52% of respondents are somewhat confident that there is a moderate threat, 10.34% are somewhat confident that the threat is either very high or low, 11.49% are somewhat confident that the threat is high, and 1.15% are somewhat confident that there is a very low or no threat.

Moreover, 73.8% of participants are neither confident nor unconfident that there is a moderate threat, 14.29% are neither confident nor unconfident that there is a low threat, 7.14% are neither confident nor unconfident that the threat is high, 4.76% are neither confident nor unconfident that there is a very high threat, and none are neither confident nor unconfident that there's no threat or that the threat is very low.

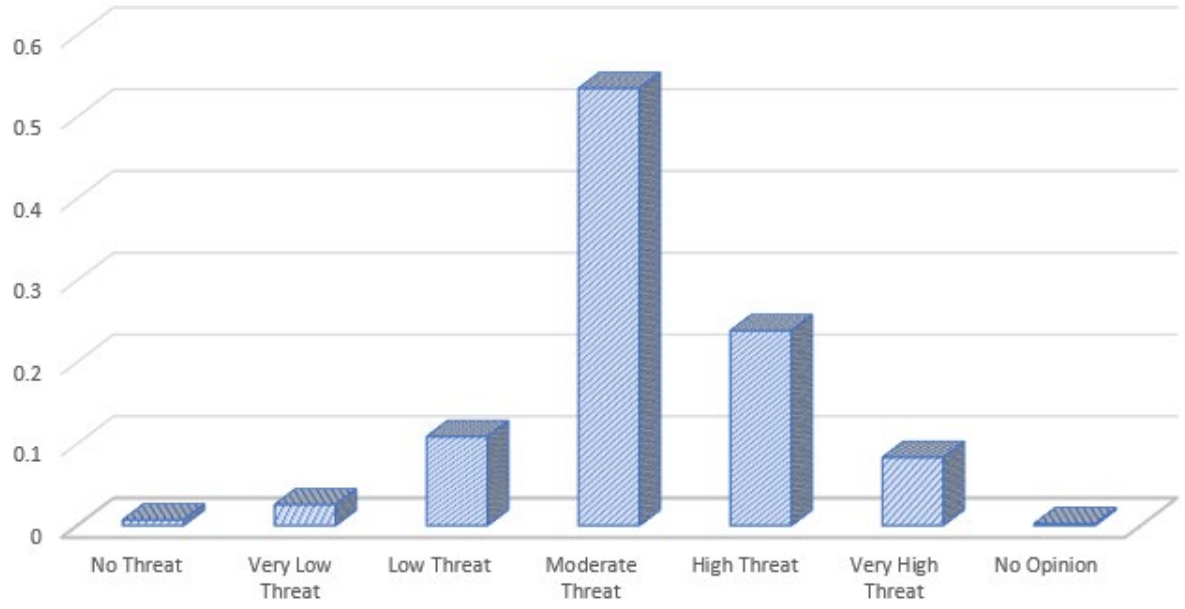
A percentage of 55.71% are somewhat unconfident that there is a moderate threat, 25.71% are somewhat unconfident that there is a high threat, 12.86% are somewhat unconfident that the threat is low, 2.86% are somewhat unconfident that the threat is very high, and 1.43% are somewhat unconfident that there is a very low threat, or did not have an opinion, and none are somewhat unconfident that there is no threat.

About 56.72% of participants are unconfident that there is a moderate threat, 25.3% are unconfident that there is a high threat, 10.45% are unconfident that the threat is very high, 4.48% are unconfident that there is a low threat, 2.99% are unconfident that there is a very low threat, and none are unconfident that there is no threat or did not have an opinion.

We also had 39.5% very unconfident that the threat is moderate or high, 12.79% very unconfident that the threat is very high, 5.8% very unconfident that the threat is low, 2.33% very unconfident that the threat is very low, and none very confident that there is no threat.

Lastly, 50% preferred not to answer or did not have an opinion about the threat being possibly moderate or high. None of those who preferred not to answer or did not have an opinion responded to the options of the threat being very high, low, very low very or no existent.

My second question had 432 participants involved. The chart below displays the data collected throughout the survey.



In the responses to my second question, we had a majority of 53.47% that considers the threat of COVID-19 to be moderate, 23.84% that perceive the threat as very high, 10.88% that see it as low threat, 8.33% that feel the threat is very high, 2.55% that feel the threat is very low, 0.69% believe there is no threat, and less than one percent, 0.23%, preferred not to answer or did not have an opinion about the threat level to their community. Regardless of their perception threat levels, most participants who answered the open-ended questions demonstrated a concern with their financial

resources (working less hours or job loss) and education attainment/ achievement (missing the semester or failing courses).

Conclusion

To conclude, from the two questions that I selected for this survey, it can be stated that the participants are aware of COVID-19 threat and most are moderately concerned about its effects. Additionally, more than 50% of the public in this survey is not completely confident or unconfident about the federal government's ability to effectively address this matter. The major concerns however were financial resources in relation to employment, working less hours, and the other being associated with the academic and educational perspective. Which would question students' ability to learn effectively and challenge faculty to new forms of teaching.

Conclusion

By Dr. Schuchs Carr

This was my first semester to teach our program's Capstone Seminar. At the beginning of the semester the fourteen students in the course this semester were tasked with applied research projects to assist the city of Rockport, Texas. The students worked diligently on four different projects that they selected after attending an all-day planning meeting held by Rockport City Council. Over spring break, the students were in the process of getting IRB approval to implement their projects. At this same time our university and community were putting together responses to COVID-19 and it was obvious that our projects were no longer feasible. In the middle of all the personal chaos that came with the pandemic, these students rallied to help me create a new project that they could all contribute to independently.

This new project analyzed the response of several locations to COVID-19 and included a survey to evaluate the reaction to some of those responses. Over the past few weeks, the students and I have been editing this final report. Normally, these students would have the chance to present their final project and receive well-deserved accolades for all their hard work. The current circumstances are anything but normal and so the students have agreed to release this report and have it shared publicly in place of the expected presentation.

The students started working on this new project the end of March 2020. The initial draft of the report was due April 30th and the final submissions were due May 13th. Over the last few weeks of Spring Semester 2020 as the students and I edited this report, many things have changed. Some students worried these changes would render our report irrelevant. As the final report was written, many state, city, and county governments are beginning to roll back some of the restrictions put in place in response to COVID-19. Some epidemiologists predict there will be a second wave of the epidemic sometime later this fall or winter. Examining the efforts and relative successes of different jurisdictional responses to the COVID-19 crisis can help inform future efforts taken by K-12 and higher education institutions and different government jurisdictions. This report provides a snapshot of the early responses to COVID-19 in the hopes that the information we provide here can be used to better inform future responses should similar situations occur.