

A better approach to managing COVID-19 and its effects

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In the COVID-19 pandemic, treatment of the virus, prevention of its spread, and dealing with its secondary effects on the economy and society have been left to the states and local governments, businesses and other public and private institutions, with the federal government furnishing only feeble support to the primary responders. *I argue that COVID-19 is a national disaster, and as such, the federal government should have mounted a massive response under the auspices of the National Response Framework and the Robert T. Stafford Disaster Relief and Emergency Assistance Act.* During my 30-year career administering federal disaster assistance, I worked throughout the United States and its territories in the Pacific and the Caribbean. I participated in many imaginative uses of the federal disaster authorities and programs to address serious and unique problems faced by people and their local, state, or territorial governments. During my disaster relief career, the nation never faced a disaster impacting every geographic area and segment of society as COVID-19 has. While the 9/11 attacks shocked the nation, the destruction was restricted to small areas of two cities, and the nation-wide cessation of air travel and other business and social disruptions were short-lived. More than ever before, the extent and severity of the disastrous effects of COVID-19 called for maximal engagement of the National Response Framework to mobilize the combined resources of the country to overcome multiple problems of astounding complexity.

Granted, states and local governments, and businesses and other institutions would have remained on the frontlines of response, but the federal government should have led a national effort providing massive support to institutions on the frontlines treating the virus, preventing its spread, and shoring up the economy and society as well as all the institutions we depend on for our day-to-day life in America. Because COVID-19 will be with us for some time to come, it is not too late to turn this lack of federal leadership around, and to mount a robust national response to the virus and its effects.

WHAT WAS DONE?

The federal government provided substantial funding and expert advice, largely through the Centers for Disease Control and Prevention (CDC), and delivered or funded a variety of needed medical supplies and equipment. This is typical for the many major disasters that are declared by the president every year. These common disasters (such as, earthquakes, hurricanes, floods, tornados, and fires) may affect from one to several states, and indeed, the states and localities are usually capable of recovering on their own with a little help from Uncle Sam. COVID-19 is nothing like these common disasters. It affects every state, and these effects are multiple, including overwhelmed medical infrastructure, dislocations in supply chains, massive disruption of economic and social life, interruptions of normal social and medical services, and an awkward shifting of the educational system from classroom to online learning.

ESF #	Function	Primary agency
1	Transportation	DOT
2	Communications	DHS/FEMA
3	Public works and engineering	DOD/USACE
4	Firefighting	USDA/FS
5	Emergency management	DHS/FEMA
6	Mass care, emergency assistance, housing and human services	DHS/FEMA
7	Logistics management and resource support	GSA/DHS/FEMA
8	Public health and medical services	HHS
9	Search and rescue	DHS/FEMA/USCG/DOI
10	Oil and hazardous materials	DHS/USCG/EPA
11	Agriculture and natural resources	USDA/DOI
12	Energy	DOE
13	Public safety & security	DOJ
14	Long-term community recovery	DHS/FEMA/HUD
15	External affairs	DHS

To date, federal involvement in the COVID disaster has been inefficient and confusing. The states and businesses have not known where to turn for needed medical supplies and for guidance. The President often has contradicted federal health experts on what people should do to protect themselves from COVID-19, the severity of the pandemic, and the location and availability of critical medical supplies.

WHAT SHOULD HAVE BEEN DONE?

Coordination and leadership

The National Response Framework should have been brought to bear on the COVID-19 pandemic under a wartime footing, much the way the United States mobilized to face World War II. The system could have been employed as a multi-faceted approach to the pandemic, not simply for combating COVID-19

and providing help to hospitals, but dealing with the dislocations in the economy, cultural, and social life of the country caused by the virus directly and by the actions that were taken to combat it.

The National Response Framework is a system for coordinating federal departments and agencies in their response to disasters. It establishes 15 Emergency Support Functions (ESFs), with each assigned a primary agency or agencies and support agencies. See Table 1 for the complete listing of ESFs.

Many of the ESFs could have been employed in combating COVID-19 and its effects in a full mobilization of the resources of the federal government.

Food

ESF 11 (Food and Agriculture) under the leadership of the US Department of Agriculture (USDA) could have contracted with closed restaurants to prepare

boxed meals which would have been distributed to organizations like Meals-On-Wheels or directly by the restaurants, thus using the existing food supply chain to feed the thousands newly unemployed as a result of the pandemic. USDA could have specified the contents of the meals consistent with the type of food normally served by the restaurant and negotiated a fair price per meal. Restaurants could have continued this service even as they phased into to-go meals for paying customers, outdoor dining and socially distanced indoor dining, and phased it out as they approached a normal level of business. The boxed meals would have been particularly important to those who do not have access to cooking facilities. Even now, the level of unemployment and underemployment has left many families hungry; so, the need continues.

PPEs, ventilators, test kits

ESF 7 (logistics) and ESF 8 (public health and medical) should have established a national program for supplying ventilators, test kits, and personal protective equipment (PPEs). Had this been done from the onset of the pandemic, the states would not have been in competition with one another. Moreover, this would have strengthened the US bargaining positions vis-à-vis other countries. Supplies would have been allocated to states and local governments based on the greatest need. The General Services Administration and the Defense Logistics Agency jointly could have established a program for identifying existing supplies and manufacturing capability, and contracted with companies to shift production from existing outputs to producing these items. The Defense Production Act could have been used extensively if manufacturers had been unwilling to voluntarily shift to production of these medical supplies.

While unlikely to have prevented all the shortages, these measures would have helped the areas of the country most needing critical medical supplies.

Contact tracing

ESF 8 (health and medical) should have launched a national program for contact tracing. It could have been a federally administered program, one administered by the states, or a combination.

Under a state-run program, ESF 8 could have engaged with the states to help divert existing employees and to hire new people who would be trained in contact tracing using national guidelines. At the beginning of the pandemic, certainly by March 2020, recruitment, hiring, and training could have started. The Department of Defense could have led the training effort, building on its experience in turning civilians into soldiers in a few months. Also, other federal agencies could have suspended normal training activities and shifted their training resources to this task.

Under a federally administered program, a federal workforce to do contact tracing could have been deployed with a national mandate, changing geographic focus as the incidences of new cases of the virus evolved. A federal corps of workers recruited from among the thousands newly unemployed by the pandemic could have been trained.

Under any of the options, active duty and reserve members of the armed services could have been used to support, to lead, and to supplement these contact tracers.

Another alternative would have been to contract with the airlines and hotels (now operating at a fraction of their capacity) to use their call centers for contact tracing. The call center employees likewise would have needed training, and supplementing with staff having medical and epidemiological expertise.

COVID-19 education campaign

The CDC since the beginning of the pandemic issued advice and guidelines to sectors of business and society, but so far there has not been a nation-wide educational campaign aimed at educating the American public about what to do to stay safe. ESF 15 (external affairs), coordinated by the Department of Homeland Security and utilizing the vast public relations and educational resources of many other federal agencies, should have launched a robust and omnipresent federal educational COVID-19 protection campaign. Every avenue for reaching the public could have been involved. In addition to the press releases, news conferences, interviews, and website information the CDC has used so far, ESF 15 could have:

- Produced a variety of documentaries for

teaching the public and sectors of the economy about how to reduce the spread of the virus. For instance, there could have been a series of programs for restaurant operators about how to set up their take-out and dine-in facilities to minimize COVID-19 spread. The same could have been done for supermarkets and retail stores.

- Purchased advertisements in magazines, websites, newspapers, TV, and other social media targeting various audiences that promoted behavior that reduced the virus spread.
- Designed a cute mascot or mascots modeling virus spread reduction behavior. An example in history: Smokey the Bear.

The President and other national leaders should have better promoted COVID-19 protection measures regularly during their public appearances, and been shown to be taking these measures themselves in their day-to-day lives. The same could have been done with famous movie and TV personalities.

Mandating and enforcing protective measures

CDC guidelines to the public for protection against the virus were voluntary. Some states and local governments mandated some measures. In addition to guidelines, *the Director of the CDC should have issued mandatory requirements to bring the pandemic under control using the authority of 42 United States Code 264 (Regulations to Control Communicable Diseases)*, as he issued a mandate September 4, 2020 to landlords not to evict renters because of the pandemic. States or localities with more rigorous requirements would have been permitted to continue those requirements. The extent of infection in each state and locality could have determined which measures would be mandated, so the mandated requirements would not be one size fits all.

Required and recommended virus protection measures are only as good as community buy-in to compliance and compliance checking. Buy-in is

achieved by an educational campaign as described above. ESF 13 (law enforcement) with the Department of Justice as the primary agency could have established an enforcement system in cooperation with states and cities. Compliance checking requires thousands of people in the field checking restaurants, stores, and other public places. As with the contact tracers, a national training program could have been established to train people hired by the states and local governments, or directly by the federal government.

If nationally mandated requirements had existed along with education and enforcement mechanisms, many sectors of the economy and social life could have been reopened more quickly. Many states used what I call a “shotgun approach,” closing entire types of businesses until certain statistical measures were met, such as numbers of new cases and deaths in a county. Good guidance, public education, and enforcement would have allowed a more surgical approach, keeping closed only those societal activities for which more precise guidance on how to reduce risk did not work.

Temporary housing

Temporary housing has become a need for some people testing positive for COVID-19, some recovering from the disease, people with pre-existing conditions making them vulnerable to the disease who live on the streets or in crowded conditions, and those facing homelessness due to jobs lost because of the disease or businesses closed to combat the disease.

Often people who have symptoms or test positive live in crowded, multi-generational circumstances. Rather than sending them home, they needed to be isolated away from family and friends on a short-term basis. This has been dealt with by some communities by renting hotel rooms. ESF 6 (mass care), led by FEMA, should have established a national program for renting vacant hotel rooms and even short-term rentals for housing sick people. The American Red Cross would have played a large role in this effort, and states and local governments would have had to be involved in its administration. The need for this type of housing also has existed for people without adequate shelter in which to recover from the

virus. If short term rentals were not available, ESF 3 (public works and engineering) under the US Army Corps of Engineers could have been employed to convert existing building spaces into isolated rooms suitable for this purpose, as they did convert existing buildings into temporary hospitals early in the pandemic.

Longer term temporary housing has been needed for people vulnerable to the virus who live on the streets or in crowded conditions. The need might well exist for many months into the future. People who have lost their housing due to virus-connected unemployment would have also been able to use this type of long-term temporary housing. This type of housing would take the form of mobile homes, travel trailers rental apartments and houses. The US Department of Housing and Urban Development (HUD) would be a key player.

National recovery planning

An important part of any disaster response is disaster recovery planning. This activity starts while the response activity is still in full swing. In most major disasters this involves a few specific communities, perhaps an entire state, or a group of states impacted by the disaster. In the case of the COVID-19 pandemic, recovery has to be approached on a national basis. The National Disaster Recovery Framework, an adjunct to the National Response Framework, addresses the planning process whereby federal agencies, state and local governments and the private sector work together to plan for restoring societal sectors affected by the disaster to a level of functionality at least as good as before the disaster, and better if possible. A National COVID-19 Recovery Plan should have been under development from the first days of the pandemic, looking forward to reopening the economy and social life. The plan would have set goals and objectives and a timeline for returning various sectors of society to a high level of functionality. These goals and objectives would have guided federal agencies and state and local governments, as well as the private sector, in planning to restore the normal business and social life of the nation. The National Recovery Plan would have given ordinary people

some societal milestones on which to base their own planning; for instance, giving them some idea about when they might be able to return to work, or when their children might be returning to school. Even though a precise timetable for recovery stages would not have been possible at the beginning of the pandemic, a realistic timetable could have been in place by now.

Mitigating economic and social effects of COVID-19

A robust response to COVID-19 as outlined here would have substantially mitigated many of its economic and social effects.

Fewer layoffs. Fewer workers would have been laid off in the restaurant industry and in agriculture if restaurants had shifted toward preparing meals for those in need. Layoffs would have also been averted in the airline and hotel call centers if the government had contracted with them to assist with contact tracing.

More hiring. Thousands of workers would have been hired in a robust effort to produce PPEs, ventilators, and test kits, and this would have also been a boost to both large and small business owners. Thousands of workers would have also been hired under a national program for contact tracing and enforcement of mandated protective measures.

Reducing disruption to agriculture. By engaging closed restaurants to feed those in need, we would have avoided the oversupply of farm products that occurred and the required killing of thousands of farm animals and wastage of crops for which there no longer was a market— which was heartbreaking when so many people needed food.

Reducing spread of COVID-19. The spread of COVID-19 would have been reduced by better contact tracing, more effective production and distribution of PPEs and test kits, a national program for isolating and assisting with the recovery of those contracting the virus, bringing vulnerable people into temporary housing, national mandating of protective actions, better public education, and a serious effort at enforcing anti-COVID mandated behavior. Reducing the spread of the virus would have been the fastest way of bringing the economic and social life of the country back to normal.

Funding

The legal authority for this gigantic national effort would have been the Robert T. Stafford Disaster Relief and Emergency Assistance Act, and the cost would have been borne by the President's Disaster Relief Fund. Of course, the fund would have needed to be supplemented by Congress. The virtue of funding using the President's Disaster Relief Fund is that new authorizing legislation would not have been needed, and Congressional debates could have been focused mainly on the amount of funding. The primary category for eligible funding under the Stafford Act would have been Category B, Emergency Protective Measures. The basis for this eligibility is that the measures undertaken through the National Response Framework would have protected the public by reducing the spread of the virus, by improving treatment outcomes, and by dealing with the effects of the protective measures themselves—that is, the economic and social effects of the restrictions and lockdowns required to bring COVID-19 under control.

The Stafford Act and the President's Disaster Relief Fund would not have supplanted the need for direct economic stimulus measures, as those authorized and funded under the CARES Act, along with other measures designed to help families weather the economic storm.

CONCLUSIONS

The measures proposed here would not only have protected Americans from COVID-19 more effectively, they would have mitigated many of COVID-19's catastrophic effects on the economy and social life. It is not too late to employ the National Response Framework in addressing the pandemic and all its secondary effects. The virus is still with us. It will probably be necessary to continue some restrictions on economic and social activity for some time into the future. The sooner we can stop the spread of COVID-19, the sooner we can return to normalcy. In the meantime, these response measures would allow us now to reduce unemployment and return the economy and society to something closer to normalcy. This program would enlist more Americans in directly fighting COVID-19 and its effects and move us as a nation closer to facing this common, invisible foe in solidarity.

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