Acceptable Loss in a Pandemic

June 2020

Underwritten by

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Publisher's Message

Dear DomPrep Readers,

Since day one on 11 November 1998, DomPrep has been and continues to be a publication for preparedness and resilience professionals with operational and strategic responsibilities. Since then, we have published many beneficial articles on pandemics, terrorism, natural disasters, chemical weapons, improvised explosive devices (IEDs), active shooter(s), opioids, special events, cybersecurity, etc., etc., etc. So, when local, tribal, state, and federal authorities said, "I didn't see a bio event coming," I took it personally and sadly considered our work to be a failure.

DomPrep has not been alone trying to drive awareness of the biothreat and its broad array of dangers. Others, especially the Bipartisan Commission on Biodefense, tried to advise and influence elected officials and policy makers of a certain biological incident, be it naturally occurring or by evil intent. The government even warned itself, albeit unsuccessfully. The second National Preparedness Goal clearly states, "A virulent strain of pandemic influenza could kill hundreds of thousands of Americans, affect millions more, and result in economic loss. Additional human and animal infectious diseases, including those undiscovered, may present significant risks." Additionally, President Donald Trump's own National Biodefense Strategy states Goal 1 is to "Enable risk awareness to inform decision-making across the biodefense enterprise" and to "assess the risks posed by research, such as with potential pandemic pathogens, where biosafety lapses could have very high consequences."

In spite of those warnings along with so many others for decades, preparedness seemed to go out the window in March 2020. Reflex, recoil, and panic replaced executing "The Plan." The United States as well as many other nations pursued a deny, delay, and blame strategy. Politicians commandeered the microphone and blocked those on their staff with operational experience who could provide calm by revealing The Plan. Investors lost confidence and markets plunged. Others lost confidence as well. Personal protection equipment (PPE), detection, surveillance, and decontamination stockpiled caches among other essential supplies were surprisingly found to be inadequate to meet the many cries for help. The world witnessed our health care workers donning garbage bags and bandanas in lieu of proper and adequate protective gear. Government officials locked down the country to flatten the curve thereby hoping to avoid hospital surge. With those moves, they once again showed the world how fragile our resilience is.

The first sentence of my email asking DomPrep's readers to take a survey troubled a few readers. For this, I apologize if I offended anyone. My comment, "There has been a failure by elected and policy officials, on all levels of government, to adequately understand and prepare for COVID-19," was not intended to be political. It was not. The fact that the lack of preparedness contributed to more than 100,000 fatalities, small businesses closing, record filings for unemployed benefits, and the creation of unprecedented amounts of unsecured fake money by

the United States Treasury is an undeniable problem, not a political talking point. The printing of money is a bipartisan affair with future serious consequences for everyone.

It is what it is.

The topic of acceptable loss, while unpleasant for many, is a sober look into consequence management. Deciding when and how to stop the lockdown is difficult and should be made by the subject matter experts from numerous fields, not solely politicians. Unfortunately, in today's hyperpolarized world, many respondents to the following survey results look at this emergency management/public healthy decision through a political perspective, either protecting or criticizing their favorite politician or position. For this, I am both sad and sorry to share. We live in a volatile world right now, but we should be better than this.

The following quote helps me to better understand our current state of division. It was written in a recent commentary by Jonathan Sumption published in London's The Sunday Times:

> *The lesson of Covid-19 is brutally simple and applies generally to public regulation. Free people make mistakes and willingly take risks. If we hold politicians responsible for everything that goes wrong, they will take away our liberty so that nothing can go wrong. They will do this not for our protection against risk, but for their own protection against criticism.*

I would like to thank DomPrep's talented, dedicated, and diverse readers for braving through the many hours of service, as we progress through this and other, imminent "unforeseen" incidents. Stay safe. Stay healthy.

Very Respectfully,

Martin (Marty) Masiuk

Publisher@DomPrep.com

NOTE TO READERS:

After this report was completed, numerous civil unrest incidents have engulfed the nation creating incidents on top of incidents, at a time when resources are tapped out. Civil unrest consequences have been a frequent topic for DomPrep. Here's a listing of past articles:

https://domprep.com/search/?q=Civil+Unrest

Foreword: Public Health or Economic Health – Not a Binary Decision

BY ROBERT C. HUTCHINSON

For decades, DomPrep has been a primary source for valuable and essential information for both policy makers and practitioners for the topic of pandemics and the myriad of related subjects in emergency preparedness, public health, medical services, homeland security, and many other inter-related fields. The potential threat and consequences of a severe pandemic were not new for DomPrep readers as demonstrated in the hundreds of online articles.

Unfortunately, much of the nation was not as focused on this possible threat due to limited resources, competing priorities, wishful thinking, or willful blindness. That is a harsh statement, but so are the consequences that we are living through today – from a lack of robust and sustained pandemic planning, preparedness, and understanding on many levels.

In the past two decades, the world has experienced many pathogenic warning shots for a possible pandemic to include SARS (2002), H1N1 (2009), MERS (2012), and Ebola (2014). However, these recent pathogens, as well as many others, did not produce well-coordinated and enduring pandemic planning and preparedness in either the public or private sectors as necessary to be ready for current and future challenges. The interest faded as quickly as the disease.

The COVID 19 pandemic, stemming from the emergence of novel SARS CoV 2, has affected the world in so many diverse ways that we may not truly understand or appreciate the impact and cascading consequences for years. COVID 19 may be just another warning shot, tremendously momentous as it is, for the world to comprehensively plan and prepare for an even more transmissible pathogen with super-spreaders and a significantly higher mortality rate.

In addition to the numerous unexpected concerns and considerations for policy makers and citizens alike from COVID 19, there is the sensitive topic of acceptable loss when balancing public health and economic health. With the rather dated national experience from the 1918 H1N1 influenza pandemic (Spanish Flu) and Great Depression limited to history books, we are sailing into unchartered waters in such a different and modern world. Nevertheless, we are there.

The findings from the Acceptable Loss in a Pandemic survey provide interesting results regarding pandemic planning efforts. Nearly half of the respondents indicated that their organizations had planned how to shut down and open up, but only half of them exercised the activities. When asked if political leaders should make acceptable loss decisions in this new battle space, the balance leans more toward saving lives than saving livelihoods. Nevertheless, more than half of respondents recommended opening workplaces and public establishments

while keeping high-risk populations at home until a vaccine or treatment is available. In addition, nearly half of the respondents believed that we can live with COVID 19 if high-risk populations self-regulate their activities.

As expected from the DomPrep reader, the most useful part of the survey is quite possibly the comments section. The wide-ranging comments and insights provide food for thought as well as areas and ideas for additional research and surveys. We may not always agree with a comment or position, but they provide beneficial perspectives that are essential for further analysis and the implementation of future policies, regulations, and plans. We must genuinely learn the public health and economic lessons from this pandemic, for there is another severe pandemic in our future that may result in even more grave damage to the nation and world.

Whether from traffic accidents, homicides, drug overdoses, hospital-acquired infections, or suicides, acceptable losses appear to be regularly factored into calculations for public policy and general life. The current pandemic would be the same as we balance public health and economic health. The impact of tens of millions unemployed over an extended period would likely expand the number of deaths from increased suicides and drug overdoses as well as the somber ramifications of reduced access to health insurance and medical care – to numbers even higher than those lost to COVID 19. It is not a binary decision.

Robert C. Hutchinson was the former deputy special agent in charge with the U.S. Department of Homeland Security (DHS), Homeland Security Investigations in Miami, Florida. He retired in 2016 after more than 28 years as a special agent with DHS and the legacy U.S. Customs Service. He was previously the deputy director and acting director for the agency's national emergency preparedness division and assistant director for its national firearms and tactical training division. His writings and presentations often address the important need for cooperation, coordination and collaboration between the fields of public health, emergency management and law enforcement. He received his graduate degrees at the University of Delaware in public administration and Naval Postgraduate School in homeland security studies.

The Wicked Problem of Lifting Social Distancing & Isolation

BY GALEN ADAMS & JEREMY L. KIM

The issue of when or how to lift social distancing and isolation is a wicked problem. A "Wicked Problem" in policymaking defeats standard solutions because of the interaction between the wicked problem and its potential solutions. The application of the correct solution to one aspect of the wicked problem often complicates another aspect of the problem. Solving wicked problems is best done through the iterative process in which a partial solution is applied, the problem is re-defined, the next partial solution is applied, and the process is repeated. This process is termed "Muddling Through", and it is dependent upon the ability to test a partial solution and react to it.

The prospect of lifting social distancing is a wicked problem because a greater social association of the public will likely increase the number of infected persons. However, to not lift social distancing measures will worsen the economic recession and will not only exacerbate the deprivation of impoverished families, but also impair the eventual economic recovery due to bankruptcy of key businesses. A key ethical question is: Do lives serve dollars, or do dollars serve lives? The answer is not one or the other, but how to achieve a balance of both.

Influenza A vs. COVID-19

The infectivity of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is expressed by the reproduction number or R0 (R-naught). The R0 expresses the average number of people a single person may infect. For example, an R0 = 1 would indicate that, on average, each infected person transmits the disease to 1 additional person. Although there are solutions to both the infectivity and economic recession problems caused by the coronavirus disease 2019 (COVID-19) pandemic, each solution complicates the other. The key decisions will be where, when, and how much to lift social distancing. To guide this process, a model of risk balancing may be useful. Fortunately, the seasonal influenza A serves as a model of risk balancing for a communicable, lethal infectious disease at a tolerable but still regrettable loss (see Table 1).

Table 1. Comparison of COVID-19 and Influenza

	COVID-19	Influeza
R_0	2.2–2.7 (2.5)	1.3–1.8 (1.6)
Case fatality rate	3.0%	0.1%
Vaccination effectiveness	None	45%
Effectiveness of medical treatment	None	Variable
Deaths	N/A	34,157

The propagation of viral disease is determined by its R0 until the disease runs out of persons to infect. For example, if 10 people are infected with SARS-CoV-2, they will infect 2.5 individuals making a total of 35 by the end of their two-week disease cycle. These 35 will then infect 2.5 individuals making a total of 122.5 by the end of the second two-week disease cycle, effectively increasing the number of infections by

10 times the original number in 4 weeks, 3.6 of whom would succumb to the disease. Unchecked, another four weeks would bring 1,225 infections with 36 deaths and so forth. Without vaccination or effective treatment, the best management strategies for COVID-19 are social distancing, isolation of infected persons, and quarantine of persons who were exposed.

Healthcare Workers vs. General Public

Essential workers such as healthcare workers demonstrate an interesting empirical experiment in opening the economy. Presumably, essential workers such as healthcare, law enforcement, emergency medical services (EMS), and other first responders use personal protective equipment (PPE) in their work. A recent Morbidity and Mortality Weekly Report (MMWR) publication documented the incidence of SARS-CoV-2 positive healthcare workers at 19%. There are 18 million healthcare workers in the United States, or approximately 5% of the population. While the rate of infection in healthcare workers is concerning, healthcare workers do expose themselves to a much greater number of infected people than other forms of employment. A SARS-CoV-2 positive rate of 19% among healthcare workers means that, even with PPE, lifting social distancing for a segment of the population incurs a greater risk of contracting the disease in that segment. One might reasonably expect the risk of contracting SARS-CoV-2 will be higher in the general public who would not have the compliance nor training to use personal protective equipment.

The rate of COVID-19 illness is not uniform across the United States. In locations with a high incidence of disease, lifting social distancing will clearly result in enhancement of the epidemic curve of disease. In some locations, this may be a return to a logarithmic growth of illness and death. However, in areas where there is low incidence of disease with good testing capability and public health surveillance, it may be possible to safely lift social distancing for a limited number of jobs. A surrogate model for reopening employment may be found in a recent MMWR on the incidence of SARS-CoV-2 positive testing among homeless shelters of various cities. The highest rate of SARS-CoV-2 positive was found in San Francisco (66%) and the lowest in Atlanta (4%). That study also documents a significant proportion of homeless shelter staff members infected (1-30%), presumably due to their occupation. This finding reinforces the MMWR report on the incidence of healthcare worker disease. Presumably, certain job types are at higher risk than others for disease exposure. Some occupations in the transportation and entertainment venues that require close association of people for prolonged periods of time may be unacceptably high risk until a vaccine, prophylactic medication, or effective treatments are developed.

In this scenario, the potential acceptable loss model from contagious infectious lethal disease is the nation's experience with seasonal influenza A. To make the comparison more relevant, the vaccination effect for influenza must be considered and added back to the denominator of the at-risk population for COVID-19. Assuming that the 34,000 deaths are a result of a higher proportion of the unvaccinated segment (40%) of the population being affected and that the vaccine is 44% effective, the influenza case fatality rate may translate to as many as 46,196 deaths. This number would represent the empirical acceptable risk for COVID-19 modeling (see Table 2).

Table 2. Acceptable Loss of Life From Influenza Without a Vaccination Program

Influenza case fatality rate	Vaccine effectiveness (VE)	Vaccine prevalence
0.001	0.44	0.6
Deaths with vaccination	34,000	
Total cases with vaccination	34,000,000	Deaths/CFR
Vaccinated population	195,000,000	
Unvaccinated population	130,000,000	
Infection risk without vaccine	0.1421	Total cases/(Vacc Pop* (1-VE) + Unvacc Pop)
Infection risk with vaccine		Infectivity * (1-VE)
Total cases without vaccination	46,195,652	
Deaths without vaccination	46,196	

Scenario: Lift Social Distancing on the Entire United States

In the estimation of COVID-19 case fatality, the best-case scenario is the empirical model of the case fatality rate of healthcare workers, and the worst is the prevalence of SARS-CoV-2 among homeless shelters (assuming no PPE use). Using the best-case infection rate of PPE-clad healthcare workers at 19% and a case fatality rate of 3% as constants, the maximum number of workers is 8,104,561 to achieve an acceptable yearly loss of 46,196 (see Table 3).

Table 3. Influenza Acceptable Loss Model Applied to COVID-19

	COVID-19 case fatality calculator			
	COVID acceptable loss	COVID case fatality rate	COVID infectivity rate	U.S. population
	46,196	0.03	0.19	325,000,000
Maximum infected rate	1,539,867			
Maximum number of workers	8,104,561			
Percent of U.S. population	2.5			

The current number of medical personnel working is 18,000,000 (18 million). Assuming an approximately equal number of law enforcement, EMS, and essential commerce are working, or 36,000,000 (36 million), the U.S. has exceeded the maximum number of acceptable loss of workers predicted in the influenza A model* by about a factor of 4. If the homeless shelter empirical model with a

much higher incidence of disease were used, the maximum number of workers that would result in the same acceptable loss would be drastically lower. Given that the COVID-19 healthcare worker model indicates this COVID-19 year already exceeds the theoretical unvaccinated influenza death total at the current level of social distancing, opening the economy without further exceeding the notional "acceptable loss" of life is challenging. The COVID-19 associated deaths would be accounted in multiples of the acceptable deaths attributable to influenza.

An alternative to the flu-based acceptable loss analysis is econometric, in which the loss of life is weighed against the value of the economic recovery. Although the best-case scenario is to recover the economy with no loss of life, that will not be possible without significant medical advances in the areas of effective treatment and/or vaccination. In the economic analysis, the use of a quality adjusted life year (QALY) is useful. One QALY = 1 year of life at perfect health. If one is disabled, one QALY is degraded by some fraction of loss of utility. The value of one QALY is generally around $50,000 (with a high of around $150,000). Applying the QALY concept to the economic valuation of loss of life due to COVID-19, the age of the victim determines the economic impact of the death. If a younger person dies from the COVID-19, the cost in QALY would be the difference in estimated life span and the age of the person multiplied by $50,000. For example, in a given area where life expectancy is 78 years, if an 18-year-old succumbs to the disease, the QALY value is:

- (78-18)($50,000) = $3,000,000.

Conversely, if a 68-year-old person succumbed to the disease, the QALY value is:

- (78-68)(50,000) = $500,000.

The 2019 GDP of the United States is about $21 trillion ($21,427,675,000) and has lost an estimated 5.3% or about $1.6 trillion ($1,665,666,775) in 2020. Because the COVID-19 case fatality rate trends strongly toward the elderly, the acceptable loss based on QALY valuation would be based on an average age of death (see Table 4). As of 6 May 2020, of 44,016 deaths, there are currently 18,214 COVID-19 deaths under the age of 75. By applying a life expectancy of 78 years at full utility to the COVID death by age distribution, there would be 284,785 years of lost life at a QALY value of approximately $14 trillion ($14,239,250,000).

Table 4. Current Cost of Life by QALY Estimation in COVID-19 Deaths

Average Age	QALY cost in current lives lost due to COVID-19		
	N	Life span impact in years	QALY
Under 1	4	310	$15,500,000
2.5	2	151	$7,550,000
10	4	272	$13,600,000
20	48	2,784	$139,200,000
30	317	15,216	$760,800,000
40	796	30,248	$1,512,400,000
50	2,262	63,336	$3,166,800,000
60	5,422	97,596	$4,879,800,000
70	9,359	74,872	$3,743,600,000
Total	18,214	284,785	$14,239,250,000

The current loss of life by QALY estimation is 14 times the economic losses in GDP, so this analysis does not support the lifting of social distancing and isolation. Further, a weakness of the econometric analysis is whose lives are lost for whose dollars. Given the disproportionate loss of life in poorer and minority communities, this approach can be offensive to those groups.

Perhaps the better question than "when to open" is "how to open" responsibly. In areas of low SARS-CoV-2 prevalence, in employment categories that can responsibly mitigate transmission risk by methods such as physically distancing workers or the use of PPE, and with public health monitoring, it may be possible not only to open segments of the economy, but also to quickly detect an increase in disease and re-impose social distancing. In this way, the economy may start and stop with good public health monitoring. To do otherwise is irresponsible.

**This model assumes that both the case fatality and occupational infectivity rate remains static. While there are COVID-19 deaths not accounted for in the model – including deaths at home or deaths prior to wide recognition of the syndrome – the likelihood is that the case fatality rate will fall when greater testing is available. With falling case fatality rate and increased ability to trace COVID-19 positive individuals and enforce their quarantine, the available work force will increase. Selected employment positions may have lower infectivity rate (e.g., clerical work), but some may be higher (e.g., entertainment, theaters, transportation). Public hygiene programs may mitigate these issues.*

Dr. Galen Adams is a retired emergency medicine physician and Canadian Forces (Forces arm'ees Canadienne) veteran. He has served as a consultant to the Royal Canadian Mounted Police as well as the Canadian Forces Medical Services in the areas of civilian response to terrorism and disasters. He currently resides in Dodge City, Kansas. "Dr. Adams" is a nom de plume for a very well respected physician who is both known to DomPrep and is unable to affix actual byline to the article.

The Acceptable Loss – The Trolley Dilemma of Managing COVID-19 Pandemic

BY ISAAC ASHKENAZI & CARMIT RAPAPORT

The COVID-19 pandemic takes its toll in terms of human lives and global economic consequences. Social distancing has proven to be the most promising strategy against emerging viruses without borders, but the heavy economic damage that follows puts in question the possibility of its continuation. In fact, weighing the two elements raises an important debate: What is the acceptable loss in order to win this battle?

Strategically, the burden of considering acceptable loss is on the decision makers. This means the price the nation is willing to pay for achieving a balance between the length of the quarantine, economic losses, level of public compliance, and healthcare capacity. Evaluating the acceptable loss is a professional, financial, ethical, legal, social, cultural, and historical dilemma. Despite this, it is an inevitability in order to choose the appropriate crisis management strategy and, more importantly, the condition to end it.

In the military perspective, the *acceptable loss* refers to the assessment of the fatalities and damages that might be caused by a specific action or operation. Industries use acceptable risk to define the degree of risk to human lives and environmental damage that is acceptable after mitigating the maximum risks.

When managing a pandemic, many questions must be asked to determine acceptable losses and risks:

- Loss of what: loss of lives, economic aspects, or loss of control?
- Acceptable by whom: the public, decision makers, politicians?
- Contrary to the acceptable loss, what is the benefit?
- How much loss is acceptable in order to achieve (an adequate degree of) benefit?
- How many fatalities of various groups (e.g., young, healthy, unemployed, elderly) of COVID-19 are considered 'acceptable'?
- What is the alternative economic cost of 100, 150, etc. coronavirus deaths? Are these costs acceptable?
- Since this pandemic puts the elderly at higher risk, is the cost of an 85-year-old lower than a child's life?
- How can the economic cost of the lives be measured for those who developed mental health conditions, lost their jobs, or committed suicide?

Saving lives also depends the meaning of the number of COVID-19 deaths against the meaning of the economic losses damage to the healthcare system. It is not just about examining the numbers – deaths and dollars.

Similar to the triage performed by medical personnel in mass causality events, the acceptable loss should be put forward to a public debate. Discussing the price of life is complicated but inevitable. As in the case of medical triage, it is based on two basic principles: beneficence and distributive justice. And, as in the case of triage, one way should be prioritized over the other.

Eventually, one fact should be remembered: *DEAD people do not work.*

THIS ARTICLE IS ADAPTED FROM A LINKEDIN POST PUBLISHED ON 4 APRIL 2020.

Professor Isaac Ashkenazi is an international expert on disaster management and leadership, community resilience, and mass casualty events with both extensive professional and academic experience. He is considered one of the world's foremost experts in medical preparedness for complex emergencies and disasters. He is the former director of the Urban Terrorism Preparedness Project at the NPLI Harvard University. He is also an adjunct professor in the Department of Epidemiology at Emory University; an adjunct professor of disaster management at the UGA; a Professor of Disaster Medicine at Ben-Gurion University in Israel; founder of NIRED Center at the College of Law & Business; commander at Mobile Med One Foundation; Advisory Board of Israel Homeland Security; and a consultant to Harvard University, Centers for Disease Control and Prevention, the U.S. Department of Health and Human Services, the U.S. Department of Homeland Security, FEMA, the White House, the World Bank, High Threat Institute U.S., Tactical Combat Casualty Care US, Rio Olympic Games, the Brazilian Ministry of Defense, India NDMA, SAMUR – Protección Civil, China Ministry of Health and other national and international agencies. He served as the Surgeon General for the IDF Home Front Command.

Carmit Rapaport (Ph.D., the Technion-Israel Institute of Technology, 2011) is the academic coordinator of the MA programs in Disaster Management and Fire Studies at the Department of Geography and Environmental Studies at the University of Haifa, Israel. She is also the director of the Institute for Regulation of Emergency and Disaster at the College of Law and Business in Israel. Recently, she was appointed as the academic advisor and head of the evaluation unit at Israel's National Center for Resilience. Her fields of interests are population behavior during emergencies and disasters, crisis leadership, adaptive behavior, and business continuity. She has received research grants from the Ministry of Science and Technology, Ministry of Tourism, and Ministry of Defense among others. She participated as a senior researcher the EU FP7 BEMOSA project.

Survey Results

On Wednesday May 13, 2020 a survey was sent to DomPrep readers. On Monday 26, 2020 the survey was closed with four hundred and fourteen respondents. Below is the invitation.

Wednesday, May 13, 2020

Dear DomPrep Readers, Advisors and Friends:

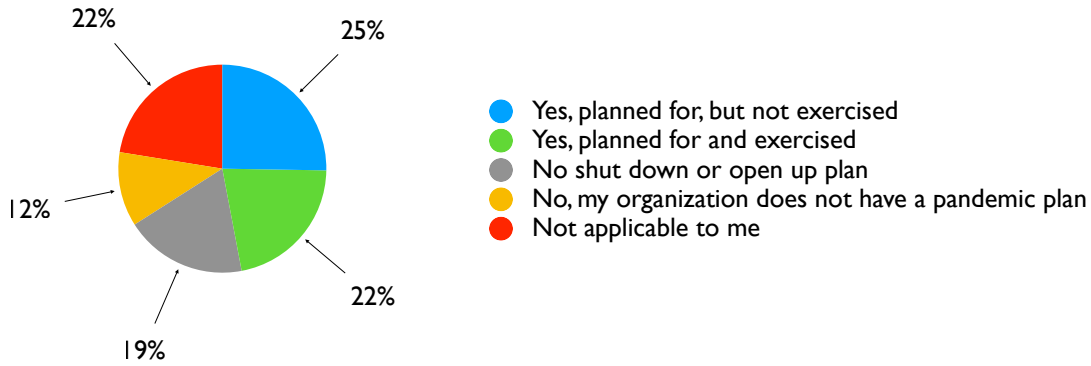
There has been a failure by elected and policy officials, on all levels of government, to adequately understand and prepare for COVID-19. Today, decision makers are struggling with when and how to "open up" activity and change isolation and modify social distancing regulations.

DomesticPreparedness.com recently published two points of view on the topic of acceptable loss. Based on Dr. Isaac Ashkenazi and Dr. Galan Adams' articles, DomPrep invites you to provide your perspective by taking this short survey.

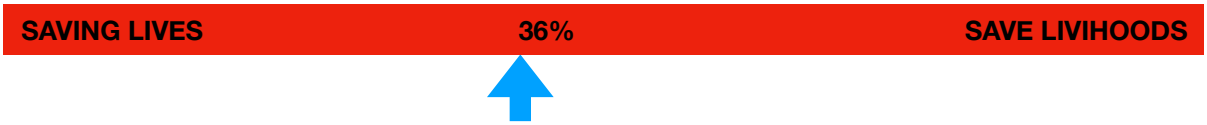
Individual responses will be held in confidence, unless permission granted. The aggregate of responses will be used in a summary report to be published by DomPrep.com. Thank you in advance for your feedback.

Very Respectfully,
Martin (Marty) Masiuk
publisher@domprep.com

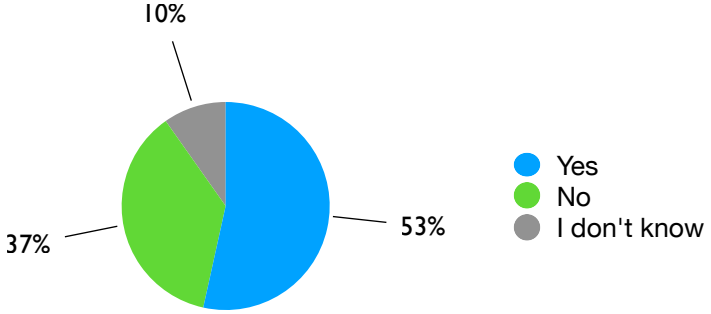
Q1. In your pandemic planning efforts, have you planned for and exercised how to "shut down" and "open up" commercial, academic, and social activities?



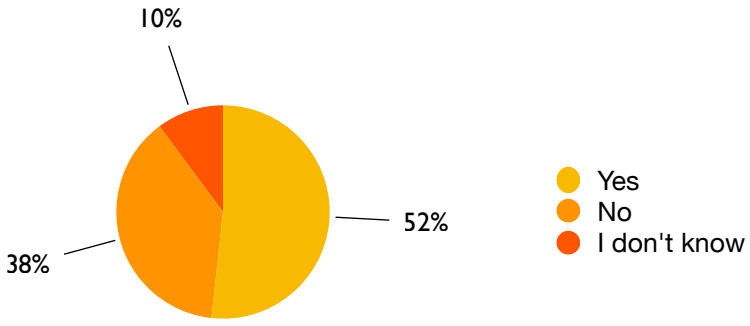
Q2. When military leaders plan battles, decisions are made that will result in certain casualties. "Acceptable losses" of human life are calculated as being necessary if the success of the battle meets its strategic objective. Today, non-military leaders are making similar decisions. In your opinion, how should political leaders make acceptable loss decisions in this new battle space?



Q3. The CDC has determined higher risk groups to COVID-19 as being older adults (over sixty-five years of age) and people of any age who have serious underlying medical conditions. Would you recommend reopening workplaces and public establishments (including schools and sporting events) while keeping high-risk populations in home isolation until a vaccine or therapeutic treatment is available?

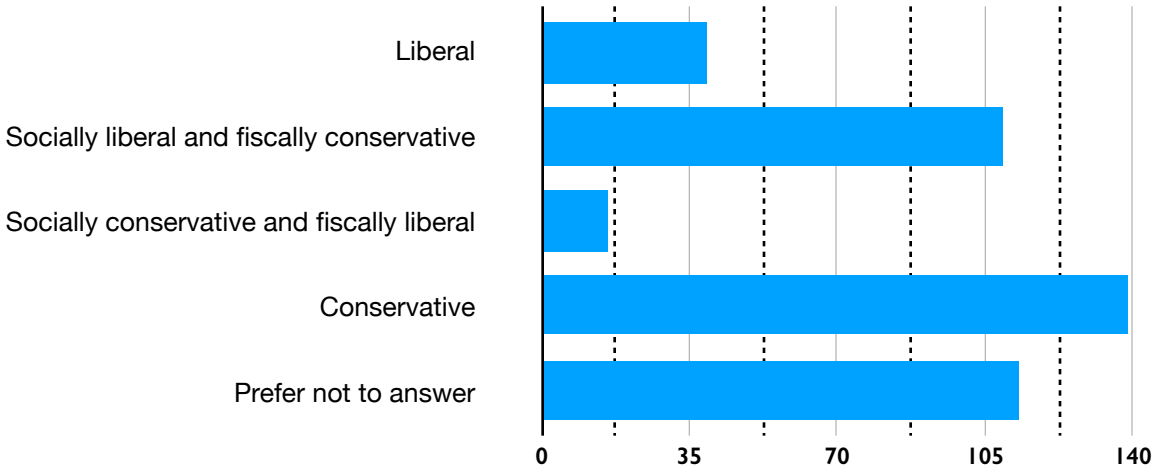


Q4. Do you believe we can "live" with COVID-19 and keep workplaces, schools, and events open by relying on and trusting high-risk populations to self-regulate their activity through self-isolation, social distancing and other good practices?



Q5. See below.

Q6. What is your political point of view?



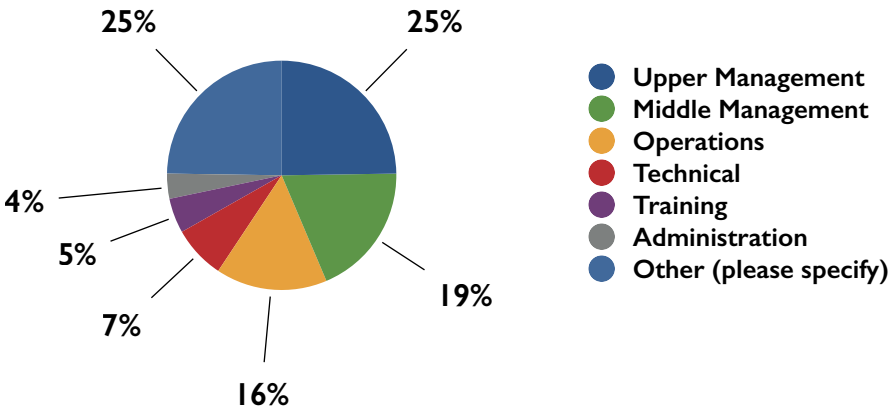
Q7. What is your race or ethnicity?

Asian	1.0%
Black or African American	1.7%
Hispanic or Latino	2.6%
Middle Eastern or North African	0.5%
Multiracial or Multiethnic	2.2%
Native American or Alaska Native	1.2%
Native Hawaiian or other Pacific Islander	0.0%
White	74.9%
Another race or ethnicity	0.7%
Prefer not to answer	14.4%

Q8. Where do you work?

Fire Service	7.3%
Law Enforcement	5.1%
Emergency Management	17.3%
Medical and Hospital	11.0%
Public Health	7.8%
Federal Government, including Congress, Executive, DHS, DOD, HHS, and DOJ	5.9%
Military, including National Guard, Reserves, and Coast Guard	1.2%
State/Local Government	6.1%
Non-Government Organization	4.2%
Privately Owned Company	11.2%
Publicly Traded Company	2.7%
Think Tank	0.5%
Self-Employed	4.2%
Academic Institution	4.9%
Student	0.7%
Retired	7.3%
Not Currently Employed	0.2%
Other	7.3%

Q9. What position do you hold?



Comments

Political leaders need to stop pretending to be doctors and public health professionals and listen to the doctors and public health professionals. I have never seen a response to an crisis with so many political leaders putting in their 2 cents about the science behind the response and hampering the response. (with the exception of the current resident of the White House who seems to do this with all crises)

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I disagree with the initial statement: "There has been a failure by elected and policy officials, at all levels of government, to adequately understand and prepare for a pandemic such as COVID-19." This is blame seeking and is not focused on learning which is what we have to do. This statement implies that it is the current elected officials and policy makers that have failed but it goes back further than this and part of the piece we continue to relearn with each natural or man made disaster is that at some point after the prior disaster it was decided that enough money and time was dedicated to the emergency and response and recovery efforts conclude.

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Any plan for ALL requires an assessment of individual areas of operation, separately and as groups, for operational feasibility, as well as counter efforts requiring a clarification of ALL. Also, we must not be alone, include international involvement

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Elected officials must stay in their lane. The constituency does not elect emergency managers, they elect leaders that they hope will make decisions to give the emergency managers the tools and resources they need to manage the emergency. Health officials and epidemiologists don't manage emergencies, they are to give the emergency managers the facts, not the tactical actions to manage an emergency, and finally it has been revealed that the only real intelligence is what the combatants on the front line observed and effectively mitigated the crisis, and not the over arching hierarchy of big government which did not listen to the battle briefings given by the local agencies that had a plan, an all hazards plan, that could see the mission clearly and could execute it, but the calls went unanswered.

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We have no options in the mid and long term but to open up with guidance in favor of strong precautions until testing on demand is available and a vaccine has been administered nationwide. We need to continue to allow populations to be exposed or immune systems won't get stronger but will get weaker. We cannot prevent communicable disease and to wreck national and international economies over a false desire to keep anyone from dying will cause more devastation and increased tensions across the world. Pandemics have spawned wars and we would be naive to thing we are different today.

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We have been planning for the biowarfare type of mission, so we were unprepared for this type of disease / response. We need to better understand these types of infections, plan for the PPE and medical response. We cannot let these type of infections cripple us like this again. WE cannot afford the lives lost and the financial impacts. We just had our " Pearl Harbor" and cannot be caught unaware again.

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This is just one more warning shot for a truly serious pandemic to come. Our lack of preparedness, at all levels of government, is going to cost our nation dearly for years to come. A logical and coordinated investment of millions over the years would have saved us trillions today.

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People are not wearing masks and not following social distancing in many places. I don't think anything is going to stop the spread. I stay home.

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The lessons learned stay with the Emergency Management profession but are overcome by other events for other professions and the money and time dries up. Then the next emergency happens and the response ramps up for that incident. While elected officials and policy makers are involved it is not just them, it runs throughout our society.

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Your question number 2 sets the standard in my mind, that as a commander I was trained to use that line of reasoning, which is truly applicable during this pandemic crisis. It blends in quite perfectly with Question 3 as that while it was important in the first campaign to shelter in place to "stop the bleeding",– it is now a supporting campaign physically oriented to "stop the bleeding by a thousand cuts" to our economy. Additionally, on the other side of the scale is the human dimension of increased opioid overdoses, severe PTSD, suicides, divorces, bankruptcy, child abuse, the fear of going to an ER resulting in strokes and heart attacks. Coming up with another term incentive "acceptable losses" is hard to do, but it's a reality. If we as you say protect our elderly, those with underlying susceptible conditions, conform to the CDC guidelines which we all know, and use common sense and intelligence of the American people, – there will be losses and some spiking, but we have to adjust to it. Have a strong believer in the herd immunity, maybe David a tremendous spike this fall, who knows? The CDC and WHO certainly doesn't. So as a Great American once said, "let's roll."

~ ~ ~ ~ ~

Our nation needs pandemic/bio weapon resilience and mitigation plans and response which places individual responsibility on protecting themselves and lifestyle change rather than global shut-in, shut-down, and social distancing orders. Individuals need access to PPE and advice on how to protect themselves and their families. In addition, our schools should be required to make up time loss rather than just forgiveness of academic standards.

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America is land of the free- which also means freedom for uncaring-racist- arrogant-selfish people to flourish from ALL ages- Unimaginable that so many so called Americans have written off the senior population- when its because of the senior population they have the freedoms today to be well.

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The older population is largely served by the younger, and therefore would be forced to be exposed to the high rate of transmission within the younger population. Without significant engineering and essentially imprisonment of a specific demographic, it is arguably more ethical to keep people safe cohesively.

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People who can work from home should continue to do so (companies need to quit obsessing over getting "back to normal" or "preserving culture." People who need to go to work should do so, with the appropriate support (PPE, social distancing measures, and people who do NOT need to be present should stay away). Regular testing should be available for those engaged in the most high risk activities.

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I believe the whole is greater than the sum of its parts. Question 2: In war, strategic objectives are determined (proactive) by individuals expert in the science/art of war with the goal of achieving what is best for the country (the whole). Our political leaders are not experts in anything other than politics. Their decisions are reactive and based on their individual goals (the part) without taking advice from the experts.

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State and Federal leaders have difficult decisions to make and that's their job. As always, there will be those who agree and those who don't, but depending on your profession I think it behooves you to play for the team you're on. If you're in the life safety or health and safety business, that's the team you play for and cheer for and let those who cheer for economic viability to cheer for them. We all want the best outcomes and our professions, education, personal experiences guide our recommendations, but know your lane. Life safety folks, we cheer for life safety and have to consider the most vulnerable populations in our recommendations.

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Questions 3 & 4: High-risk populations are usually in a lower socioeconomic status and experience access inequities in resources, power, and control. It is not that they won't self-regulate but unable to self-regulate.

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Most communities and elected officials will not commit or buy-in to mitigation until they have experienced social disruption. So, how can this experience be shared with those pundits who hold and embrace a negative view of this happening?

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There needs to be a quality study on this event and the social influence of the public and media towards driving the political decisions that have been made so far and ongoing throughout this event. Due to the lack of historic details and experience with a global pandemic at this level and we need to learn what was done right and what was not the best choices. There seems to questions and controversy over the true level of contingency of the virus in conjunction with the fatality rate. Hindsight, I hope will be 20/20.

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There is a lack on understanding of risk based management. The Fire Service has a better understanding of this. In preparing for a pandemic the politicians and scientist have to understand that the real world is not perfect and there has to be an acceptable risk so that the greater good comes out of a disaster.

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In lieu of (a) a vaccine, (b) a antibody test and an idea of if that means anything and how long an immunity will last, or (c) any kind of treatment plan that lowers the 5% serious cases down to 1 or 2%, NO ONE should have confidence in how the federal government has handled this or feel secure that they won't contract it. Likely not with extreme symptoms, but potentially with extremes symptoms. No one knows. If we hadn't squandered 8 weeks, had ramped up testing, and used existing pandemic plans on the books that we already had, we would be leading the world in our response. Sadly, the federal response has been an unequivocal disaster to compound the disaster.

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We should restrict the ill, not the healthy.

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I think we have to find a balance. Enforcing measures of social distancing, limiting entry and self or public monitoring can be implemented. People are getting restless and by containing the amount of public spaces available to the public you create a ripple effect in which the limited public spaces become overwhelmed with folks and create transmission points. Case in point, NYC not opening beaches and encouraging residents to go to neighboring Nassau County Beaches.

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My major concern is that individuals who are asymptomatic, yet positive for COVID-19 will continue to spread the virus. How can you exclude a segment of the population that provides child care, works in a variety of sectors, and contributes to society on many levels? At this time, we don't know what we don't know! We are only testing individuals who are symptomatic, so we have yet to identify the "margins" of the spread. Without testing larger samples, how can you determine the morbidity and mortality rates? A couple of months ago, we thought that the pediatric population was pretty safe.....we are not thinking that anymore.

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COVID 19 has a less than 2% death rate that is much less than the regular flu, therefore all this fuss is artificial and contrived.

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Failure from federal end to provide source testing in any number that can aide in identification of positive individuals for tracing.

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Desperation overcomes sensibility. As a young person with perceived low risk and a loss of income the decision to return to normalcy is easy. As a person in a high risk category this is much more difficult.

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Too little information is currently known regarding the COVID-19 virus. We haven’t fully recognized all the symptoms and physiological effects yet. New signs and symptoms are being still identified and recognized. We are now just learning about this new related Kawasaki Disease-like syndrome. Also...the Federal Government has failed the citizens of this country. They should have assumed the lead and initiated a centralized and coordinated response with the States. To have 50 different States doing different actions is the most asinine plan I have ever seen. Goes against the absolute fundamentals of disaster preparedness and emergency management. This pandemic is being reacted to based on politics and not science. The greatest country in the world we live in and yet we are currently an embarrassment to the world. I am at times ashamed to be an emergency manager in this time. Politics, partisanship and related affiliations have absolutely no place in pure disaster preparedness and emergency management.

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Question 2 is a misleading term that skews your poll. Mental issues, abuse, suicides, mental, deaths as well as loss of lost savings, loss of income, homelessness, of loss of future dreams. How many kids college funds will be consumed to keep families afloat. For a fatality rate less than the flu. Further, there are design criteria that not all system - vehicles, ships, planes have higher acceptable loss rates than Civid-19.

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Being retired from emergency services, I used to be affiliated with a Federal Response Group that had begun training in Pandemic response when I left. Some of the training and program preparation evolved into a Statewide Medical Response program currently in use.

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I believe we can move about the planet with appropriate PPE until a treatment is developed. Obviously supplies such as gloves and sanitizing agents would also need to readily available. N-95 respirators would be necessary especially for those who are most at risk.

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It has been my experience that government at any level dismissed the idea of a pandemic such as we are experiencing. They did not allow for any real planning, and certainly ignored most if not all recommendations for planning and implementation.

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No options are viable without accurate data, adequate testing and sufficient PPE for all for the long run. At present we have none of these. No one knows what the impact of US non participation in more than one international effort will be.

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We just conducted the first course during the COVID-19 crisis for the DOD and National Guard training the Texas National Guard 6th CBRNE Homeland Response Force in Austin, Texas. I was assigned as the Bio-Safety Officer and implemented a very strict infectious disease protocol for the two day mission essential course. Everyone donned N-95 mask, all soldiers and airman were 6 feet across and 6 feet back in the classroom, and everyone donned nitrile gloves, and eye protection. We had multiple DECON stations between each drill and implemented a sodium-hypochlorite hand dip stations between drills with a 1 minute dwell time, meeting the requirements for SARS COVID-1 AND 2. The hand dip stations allowed us to further the use of the nitrile gloves during the drills while everyone maintained the airway protection and 6 foot distance during the hands on drills. Everyone was screened prior to entering the classroom, and everyone doffed the gloves, hand wash, and doffed N-95 upon leaving for the day.

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I like cautious approach. The economy will likely recover.

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Teach People correct principles of caution and let them make the decisions. We older people just need the facts regarding safety for good health so we can regulate our activities and sanitation activities.

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I don't think that there is a yes and no answer for questions 3 and 4. Everyone needs to self-regulate their activity to keep people safer. I am not in favor of large events like sports stadiums full of people being held at this time. I am a person who watches lots of sports but it can easily be televised. Same for concerts!

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COVID 19 is not a virus serious enough to throw out the constitution and destroy the economy. High-risk populations need to be further defined by metrics so that risk analysis and identification can be further enhanced.

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It's clear from the businesses/beaches that have opened up that people do not follow the guidelines.

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Too many people are unwilling to wear masks and keep good hygiene, and to quarantine after exposure, so that makes it unsafe for all mass gatherings. The president and VP not quarantining after recent exposure and refusing to wear masks sets an awful example for the rest of us to follow. He has made it a political instead of scientific problem.

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Since we are trying to do the most good for the most amount of people. There should be a push to let government make decisions at the local level not State or Federal level. Unfortunately there are idiots across all levels of government.

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Strict compliance with distancing, isolation and PPE are our only tools until effective vaccination and or treatment become available.

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Decisions need to be based on logic, not feelings. If you're elderly, diabetic, asthmatic, I'm sorry but the country should not implode because of your health condition. Also, we need to cease depending on China for ANYTHING. IT MIGHT TAKE A LONG TIME BUT THAT IS THE DIRECTION WE SHOULD MOVE IN. Make it a priority.

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This is not binary, there are things to open, and thing not to open. Anything being opened must be done so with strict provisions to protect public health.

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For question 6 why not a moderate? Looking only for black and white answers?

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If the leaders who shut down the economy forfeited their income for the duration of the shutdown and they were forced to live on only their savings, I know that their view of the length and depth of the shutdown would be different. Decisions have consequences, leaders must experience them too.

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Individuals do not prepare as they have been told, then they play the victim when an incident happens. If they could have minimally prepared the result would be better.

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Your survey shows a definite bias toward very aggressive continued isolation. Stating at the beginning that government leaders have failed is a blatantly biased and judgmental statement that negates any value the survey might have provided.

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It will be difficult to control as the weather gets warmer, and people want to get out. I feel it is too soon, and believe the numbers will start to rise again.

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The reality ALWAYS has been people are going to get sick and some die. "Flattening the curve" accepts that fact. Avoidance of risk needs to be a personal decision, based upon the best advice of government. Sooner or later, we must get back to work, minimizing casualties and managing risk.

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Life is more important than profit.

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We have to take significant safe procedures and then act.

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The non high risk are not currently abiding by regulations and high risk will still need essentials but going out Will in my opinion be an even higher risk .

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I think there will be a solid number of lives lost due to misuse of PPE even with good intentions and also those in the "at risk" group are still susceptible when those kids at school or adult children visit them and don't mask. There may be too much non-compliance or politicized recommendation to be able trust that people will do what is best recommended by science. In the midwest, there is SO much non-compliance with mask use and social distancing that I don't see how loosening up rules will work.

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As stated, military leaders plan battles not politicians. But, politicians have made themselves experts in public health and feel they're leading this battle. Let the experts lead the battle and keep the elected officials apprised. Too late for that?

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One challenge for those high-risk populations is if they are in need of hospital/clinical care, or residing in our nursing homes/ALFs/Long-term care facilities they may be engaging with healthcare providers that are being exposed during their everyday activities and then coming to work. If these facilities are not a safe space/location for all to seek care, then their lives are being threatened by outside factors that are beyond their capabilities to prevent contracting the virus or will hinder them from seeking out a doctor for preventative care for other health-related issues.

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Although we have eliminated smallpox by aggressive quarantine, mussels, polio and influenza seem to have a worldwide acceptable loss level. In today's highly specialized society, a domino effect may differentially impact various sectors. While a car wash may be able to restart at the flip of a switch, crops not planted loses a year. Many furnace systems in high tech industries like aerospace may take a week to certify for processes once shut down has happened, then there may be many aircraft stranded (Aircraft On Ground AOG) or production lines shut down, delivery of life saving materials don't move, daily supplies become panic driving events.

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While we may be able to "live" with workplaces reopening relying on populations to self-regulate is not a good strategy. We are seriously lacking in leadership at the federal level and in turn, we will see more deaths than we had to. Our only hope of lower casualties at this point is a vaccine because we are lacking in unity, leadership and discipline.

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Regarding #6 According to tests, I identify more in the middle of all things political. I wish there was a third option - "Evidence Based and open to change"

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Recent events have shown that a large part of the general public can't be trusted to self-regulate or abide by social distancing rules. This needs to be taken into consideration if more onus is put on the general population to help control the spread of this virus. We need sound, defined decisions from our government; and strong accountability for everyone. When the AIDS epidemic broke out, there was no way to prevent people from having unprotected sex. The loss of life, however many, was inevitable then. It will be the same now with COVID. The government needs to make a determination on what is acceptable.

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Personally, I have continued working 911 during this pandemic and I have a high risk medical condition. That's my choice. I work for DOD and was offered administrative leave along with several coworkers. I have isolated myself from my family in case I'm a carrier but have shopped for elderly family and friends at their request. As a former paramedic, if the public was as aware of the numbers for flu & other common illnesses we deal with each year they would always wear PPE.

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There needs to be public education found in one location.

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Very difficult to get people to buy in. Too concerned about themselves.

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The virus has spread quickly but is not deadly to a majority of the population. Therefor it is no different than the flu.

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We should be allowed to decide what's best for our businesses and families and to proceed in a safe and reasonable manner. Quarantine should be applied to those who test positive and not to the entire population.

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Trusting high-risk populations to self-regulate -- wait, are you suggesting it's up to the people who will die to take responsibility? This is unacceptable. The high risk takers are the ones who need to be dealt with -- healthy children and young adults are a major risk to the rest of us. Many of us won't know we were at high risk until we are dead.

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One of the most significant issues I feel not being addressed is how this vulnerable population will be impacted. It may be months or a year until experts reach a comfort level with that population integrating into the rest of society. If that is the case, how will that population maintain their positions, jobs, education status, relationships, and other standing? I do not think you can 'trust' at-risk populations to self-regulate when they see others passing them by or they start to feel left out and further marginalized by whatever the new normal looks like. The longer this population is set aside, the most comfortable their companies and others in their networks will be adjusting to life without them.

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Self-regulation rarely works well.

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Treating high risk populations differently will result in law suits. It would be impossible to legislate them to stay away from work while everyone else shows up. Also there would be no guarantee those who show up for work would remain COVID free unless you had continual testing.

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We have the opportunity with improved testing, contact tracing, and available PPE, to open up many more elements of the community safely. That is where our efforts should be focused until a safe vaccine can be widely utilized.

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The virus is transported by humans, and it is transferred from human to human, and from human to surface to human. Period! Face masks, worn correctly and within 12 feet of any other human, along with intense hygiene practices will stop the spread. Period! If you are doing anything less, you are screwing yourself and everyone around, and everyone they will come in contact with, and so on, and so on, and so on.

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Question 4 - we need to keep the country moving. Let the healthy work. If they become ill they will recover. Some oversight of the general population is required as they are not all responsible adults.

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Quarantine fatigue will bring a lot of people out quickly when the restrictions end. Hi-risk people may stay in out of caution but non-high-risk people who have been out and about will pick up the virus asymptomatically will bring the virus to them. Q6: you don't list a category for me. I'm centrist.

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In question 1 my answer reflects my individual organization, not my community as a whole. Our fire agency has a pandemic plan and a continuity of operations plan.

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1. manageable loss works for the military because their job is national security...does not work in US civil society...we are a what's in it for me society! Quarantine only works if it is pure. That is nearly impossible! Many of your questions need to be answered by "it depends" which is why COVID and any pandemic is a "wicked problem"

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The Governors initiatives have excluded the civil rights of people with disabilities. Enforcement of physical distancing, wearing masks, and training on the proper use of PPE would make a difference in saving lives.

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Lock Down...

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It seems you are mis-using the "high risk" term. Those populations are more at risk for getting infected and have worse outcomes if they do. The wording of your questions makes them sound more like Typhoid Mary.

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We will eventually have to figure out how to live with this until there is an effective vaccine or treatment. The problem right now is we are basically making decisions without reliable information and data due to a lack of national focus on testing and contact tracing.

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Although this "bug" is a real concern it is not killing as many as we thought. Most people got sick and got better. Get the economy back on track and use common sense and personal judgement.

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When contacted, this sickness has killed many, best to do is to maintain physical distance and keep upgrading the right facilities needed.

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We are moving from a classroom based to distance learning society. This is placing a higher demand on those providing and receiving the lessons. Each one will have to more self-reliant to assure correct application of the information provided.

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The risk for asymptomatic persons infecting vulnerable populations is too great.

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The general public has a very short attention span and memory. This has gone from a preventative healthcare issue to political economic platform, and divided people along those lines.

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History has a tendency to repeat itself, and we are on target to repeat resurgence experienced during the Spanish Flu of 1918.

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The US has become so polarized that they cannot seem to work bipartisan like they need to. All President Trump wants to do is have more angry mobs gathering together, not wearing PPE and not staying six feet apart. He did not consider this a true virus at first, which is why we are where we are now. Then opening up all these places, we are looking for a deeper death situation than we have now. People need to adhere to the known doctors and CDC and listen to them to survive during this time.

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You have confused the terms "isolation" and “quarantine”. Isolation is for sick people. Quarantine is not for people who have been exposed to illness but are not yet symptomatic.

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Public subsidies should be made available to "high-risk" citizens to allow them to self-isolate while the rest of the population returns to work..until workable vaccines/treatments become available.

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What value do you put to human life? Do you put a value of $100,000 than if I $200,000 can I kill two people since that your calculated value of 2 people?

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Questions 2 & 4 are quite problematic to ans. effectively. In Q-2, elected officials cannot openly decide policy and executive action within an "acceptable loss" variability. A democratic government is hard pressed to openly write off a segment of its citizenry. We did so with interment camps in WWII and with minorities at various time in history - none of which faired well in today's hindsight. Hence the power of Q-4 - citizen responsibility. Higher risk segments of our population (fellow citizens) must take and be afforded opportunity to take self protection measures, tailored to their personal condition, that best protects the whole of society.

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Government, medical experts and employers must uniformly support science/medical based prophylactic protective measures scaled to our citizenry. This is the 3rd decade of the 21st century, we should be past the one-size must fit all mentality of governance.

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The engagement of a person in society - work, sports, vacation, social time, etc. - should be at the discretion of the individual based on their evaluation of their own risk vs. benefit and their personality.

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I think this survey is attempting to reduce the decisions discussed above to a binary, either/or, or zero sum game. There are many variables that affect decisions related to ANY pandemic, lives and livelihood. If we took the same approach to heart disease, car accidents, and other daily events that claim thousands of lives as we did COVID 19, we'd never leave our homes and crush the economic livelihood of millions. Risk is a part of life and people have been dealing with risk every day since the dawn of time...government has one job...ensure rights are not infringed upon...period...not a nanny state.

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Difficult decision at best, although I understand the need to start the economy going again I do not wish to die because of some idiot that fails to follow CDC guidelines

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Trump has succeeded in convincing his followers that the virus is not a threat. They won't follow CDC guidelines unless it is a coordinated national effort based on scientific medical evidence endorsed by Trump.

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It appears that Covid-19 is the near future. I feel that opening should be limited and qualified with an extensive surveillance system of Rapid testing and tracing and closures if hot spots occur. Opening should be based on minimal loss of life and hospitalization.

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Our supply chain for medications and medical supplies is a major concern for future pandemic preparedness; we must bring those manufacturing capabilities back to the US and be self-reliant.

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Few politicians have the courage to put life first. I'm especially angry with the hypocrisy of people that claim to be pro life but are perfectly okay with sacrificing the lives of others to open the economy.

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We need a consistent national testing strategy and contact tracing policy before we really can make any somewhat good choices

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Mandating high-risk populations to continue self-isolating while allowing "lower-risk" populations to resume daily life (pre-pandemic) is a foolish decision. If COVID-19 is still active in our society, the chance of transmission between the so-called "lower risk" population to the designated "high-risk" population is still present, and may actually become higher as people develop an apathetic attitude towards disease prevention. We have seen this apathetic attitude repeat itself over and over again after other large-scale incidents and there is little doubt that this attitude will quickly develop once COVID-19 is no longer the focus of most peoples' lives.

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I believe that self-regulating in high risk populations is failing due to the pressures on families placed upon them by loss of jobs; I believe that IF these populations regulated themselves, then we can keep places open without major problems.

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All lives matter. High-risk population are among others, who are their family and friends. They are not the only ones who are at risk, plus doing so puts them at more risk. A life over material.

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I don’t believe the government has the right to quarantine healthy non infected individuals especially for long periods of time.

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We need to have a mix of self-isolation for at risk populations and distancing, masking, hygiene, and other precautionary measures, but cant keep everything shut down.

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Waiting game to keep people alive while allowInformation time for medical science to develop an immunization or treatment option that are effective

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Federal government needs to be providing guidance and direction to state and local authorities to assure effective continuity and consistent processes and procedures public wearing of face masks shouldn't be as difficult as it is. This is a cultural issue that we need to work on.

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The article asks the reader the big question on how to balance the two opposing points of health/safety vs. economic security.

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We must have both, and the two sides seem to be resisting compromise, although the side for economic recovery seem to be willing to put sensible engineering and social controls in place to minimize risk; while the health/safety side seems to be living in a vacuum without considering the real-world impacts (including loss of lives and livelihoods) of the continued economic shut-down.

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Leaders and policymakers can dispense meds just like advice, but they can't make (force) a free-willed populace to take it. Peer pressure will force social distancing to happen.

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There should be a reliable, consistent, and available source of information, that also regularly communicates its "official" situation report.

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Everyone should be willing to wear masks and social distancing at this point. I am with my 86 year old dad. I am an at risk population. I made the decision yo risk myself, rather than my dad so. Sometimes no action is really good, just the best of the two.

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Saving lives comes first through testing and contact tracing.

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Higher risk individuals or sub communities can isolate or use enhanced PPE/sanitation when venturing out

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No one can live in isolation forever. We have to live with it just like the flu.

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The answers above really are generalized and don't provide opportunity to share comments in an "other" selection. Really the questions should aim at what is the primary intent? saving lives? eradicating the pandemic? If so, that would drive how to best approach that and what decisions should be made. If the intent is to save livelihood, then basically it's a version of "survival of the fittest" and may the "odds be ever in everyone's favor"...

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The 30 day lock down is a pause to understand the virus and asses its virology and lethality, it is a diagnostic tool. The lockdown has been hijacked and politicized. We understand the virus and we have discovered who is at risk, the American people can be educated and self-regulate.

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There will always be outliers who won’t follow the protocols but I believe they are a small minority even though they appear to be numerous as they are always in the news due to their non-compliance.

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I doubt that trying to keep high-risk populations from unacceptable risk would be effective since the costs of anything except a pro forma policy advising them to care for themselves would have major economic effects (delivering groceries, restricting regular shopping hours, special medical facilities, etc. ad nauseam) would ever be adopted.

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There still isn't enough testing to determine the spread of the virus. It is still to new to know how soon or often it might mutate into a weaker strain. There is still no vaccine to reduce the infection rates in high risk populations. The treatments might work but seem to be effective part of the time in seriously ill people. The federal gov't still hasn't developed or published any rational guidance or plans. They are like a super ball on drugs just bouncing randomly around occasionally getting some part right then seemingly regressing to another time and countermanding the plan and common sense.

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States have an important leadership role at the outset, but county led public health must take over to determine if protective measures are still appreciate for its unique population.

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Prolonged Restrictive protective measures have the effect of a seizure without due process. Courts must have a say to insure people's freedoms are not trampled. Public health is Risk Averse, but a free Society lives at risk of its own choosing. Executive actions should not restrict those freedoms for more than a matter of weeks without due process.

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Start working harder on supplies of food and water plus, track the C-19 cases using wastewater collection pump stations as collection sites.

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You can put sensors at these locations to pinpoint down to local areas.

~ ~ ~ ~ ~

We have extremely poor leadership from the White House and Senate. It borders on the criminal.

~ ~ ~ ~ ~

We allow older citizens to drive and they choose to continue to do so understanding the risk. The same should apply to COVID-19. Choice, if competent, else quarantine.

~ ~ ~ ~ ~

We will unfortunately have to take some risks. It is up to each person. Some will choose not to care, others will try to enforce everyone to isolate. There has to be a balance between livelihood and too much government intervention.

~ ~ ~ ~ ~

Worked with hospitals preparing them for Hazmat and chemical warfare agents. If someone else is paying for the pipe and exercise/training they suffer through it. But no one is holding the ‘for pay’ or any hospital to a level that would prepare them for a pandemic. They learned nothing from SARS and are so profit driven little training is maintained unless they need it for certification.

~ ~ ~ ~ ~

Widespread testing, contract tracing and isolation must occur so that large-scale shutdowns can be avoided. See thus link: https://ethics.harvard.edu/files/center-for-ethics/files/roadmaptopandemicresilience_updated_4.20.20.pdf

~ ~ ~ ~ ~

As a crisis response strategist I am appalled by the lack of unified command on the response activities including messaging. One of the first things taught in response planning is having an effective and coordinated response and messaging plan. While there are many good people doing good things, the lack of coordination

~ ~ ~ ~ ~

A person is smart; people are dumb panicky and dangerous and you can only count on them looking out fore their own best interest and then only part of the time.

~ ~ ~ ~ ~

High risk individuals will not stay safe if their spouse or child or friend brought it home to them. Additionally, the choices above are not stark yes or no questions - there are some things that should stay open and some things that should not be. Also - I’d schools are to reopen, it would be nice to still have virtual logins for kids who cannot join due to health reasons.

~ ~ ~ ~ ~

An effective response to this and future pandemics requires informed and intelligent elected leadership, a robust healthcare system, and an educated and informed public. Failures in any of these components will lead to preventable deaths.

~ ~ ~ ~ ~

Unfortunately we have to much of an IT WONT HAPPEN TO ME attitude and so do not take responsibility for our actions and when things then go wrong expect some one else to come in and make it better.

~ ~ ~ ~ ~

I think adults should make informed decisions about the level of risk they are willing to embrace. I am in that older group. Open up the community and let people make choices for their own lives. People who work/reside at congregate care facilities should be protected by stricter guidelines.

~ ~ ~ ~ ~

We cannot accept high loss of life just so other people can go on as if nothing has happened. What does that say about us as human beings? We should work together to learn what each of us can do to work together to improve this situation, Not say those hi risk people are expendable! What if it was YOU??

~ ~ ~ ~ ~

Governors should stop their unconstitutional power grabs and stop treating adults as young children. Because most people who have serious complications or die from contracting the Wuhan virus (or other viruses and diseases)have serious underlying conditions, it should be a wake-up call to them to take better care of their health by getting off junk and sugary foods, and getting some daily exercise. Also, the American people have more common sense than career US Government employees who are not required to keep up with current science and technology (we often deal with this issue). One cannot offer valid advice if one does not keep up-to-date.

~ ~ ~ ~ ~

The pandemic should not be use as a political tool. Sadly, that appears to be the case with nay of our "leaders".

~ ~ ~ ~ ~

By living with COVID I am referring to long term relationship. Leadership did not follow any measure of safety and blatantly disregarded policies and procedures put in place to protect the public.

~ ~ ~ ~ ~

Fighting the virus should not be politically based. The fact that it is is disconcerting and un- American. Virus experts should not be silenced nor become political football's. We are all Americans and need to cooperatively fight the battle.

~ ~ ~ ~ ~

Unless society is willing to accept full-blown autocracy, at some point we just have to accept and trust that most people will "do the right thing" to help reduce risk to acceptable levels.

~ ~ ~ ~ ~

We should be providing guidance by trusted experts and being consistent - not swayed by federal or local politics. Opening 1 type of business and not another without rationale or science behind it, clearly shows political bias. This does not instill confidence in those you serve. I am not against allowing any age or group to open or participate in an activity, but it simply must make sense and protect all involved.

~ ~ ~ ~ ~

People will not comply well with opening up safely measures and the next flare cup will soon be upon us

~ ~ ~ ~ ~

I agree with your take of the "policy" decisions. Terrible experiment coming up, particularly with Americans “don't tell me what to do" attitude.

~ ~ ~ ~ ~

I am a 81 year old veteran undergoing immunotherapy for malignant melanoma. I want to keep myself, family, friends and strangers safe but not at expense of 'old farts' concentration camps. Balance and vigilance are the word and that can be accomplished without testing everyone every day until a vaccine (which will never be 100% effective is developed and wisely used.

~ ~ ~ ~ ~

Q2 and Q3 are very poorly worded to be sent to anyone involved in planning or decision making. For example in QW3 your question focus is on a particular high risk group and then you put in schools. High impact congregation places are impacted differently then looking at the high risk population for decision making. These two questions impact how Q4 gets answered. You are packing too much into a single question and therefore your results are unreliable for decision maker outcome. Further, you should not state a bias in the introduction to a questionnaire.

~ ~ ~ ~ ~

Then trying to tie ones politics in Q6 to public safety decision making is a false comparison for a good outcome.

~ ~ ~ ~ ~

People can not obey the rules now never mind if we open things up. I see people everyday violating the stay at home and mask requirement

~ ~ ~ ~ ~

There are people that won’t comply so policy has to be written to account for people focused on on themselves and not the good of the community as a whole

~ ~ ~ ~ ~

I don't think enough is being done to regulate people in stores i.e. Walmart or Target's. Numbers per square foot is not helping when there are ten or more people in the same aisle.

~ ~ ~ ~ ~

Health department would need to offer guidelines

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We must develop personal risk mitigation measures for COVID19 for ourselves until a vaccine is available.

~ ~ ~ ~ ~

There are too many selfish stupid people that don't follow any sort of infection prevention techniques

~ ~ ~ ~ ~

We can't loose site of the big picture challenge which is to manage capacity to treat. We are now well inside of our capacity and should be aggressively going back to work.

~ ~ ~ ~ ~

I understand the challenges of surveying, but I do not think these are questions that can be answered with: yes, no, I don't know. For example, I do believe that we can learn to "live" with COVID-19, but not by just isolating the high-risk population.

~ ~ ~ ~ ~

Economies can always be rebooted (albeit possibly painfully). Dead people cannot. Our national "individualism" identity is working against us at a time when we most need to work together.

~ ~ ~ ~ ~

All members of our society need to appropriately self-regulate their activities through self-isolation, physical distancing and other good practices!

~ ~ ~ ~ ~

It is not possible for high-risk populations to completely self-isolate if workplaces and schools open. I myself am high risk, but I am also a working professional and mother. In order for me to properly self-regulate in the scenario you propose above, I would have to not see my child, and the existing community mitigations set in place for social distancing will not necessarily be as readily available once communities reopen.

~ ~ ~ ~ ~

Item 3 offers a false choice. Opening up workplaces and public establishments likely will expand the net reach of the virus, making high-risk groups more vulnerable, not less.

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I believe people should be able (and will) make the choice of dying from the disease or dying from starvation or emotional distress.

~ ~ ~ ~ ~

As of May 14, 2020 we are seeing a lot of general disregard for our state COVID-19 directives, but we have seen significant disregard in our elderly population throughout the pandemic.
There is no "price" for a human life, but our economy cannot be shut down indefinitely without hurting many individuals more than the COVID disease might.

~ ~ ~ ~ ~

I understand we all are affected by COVID-19. I also understand people are going bankrupt. Where do you think we should draw the line? If it was my mom or dad or my child I would adamantly say we are staying home. Guess what, we are staying home even with stuff opening back up. That alone will NOT stop COVID-19 because I still have to go shopping, I still get snail mail, I still get packages from Amazon. There are zero guarantees but we can ALL help save lives by trying to stop the flow of unnecessary transmission. We CANNOT put a price tag on someone else's life.

~ ~ ~ ~ ~

Very simply, the entire COVID hysteria has been a grotesque overreaction. We cannot shut down a planet for every virus that comes along. This is not a flesh-eating, kill-on-contact disease — this is a somewhat more virulent virus than others. Media and popular hysteria have fueled an outsize response. Unfortunately, there's no overcoming such mass blindness to exercise anything approaching a logical, reasoned and restrained approach.

~ ~ ~ ~ ~

Regarding my response to question 4, I believe higher-risk populations will self-regulate, but clear guidelines should be provided to "open" populations on how best to protect high-risk populations so they do not inadvertently cause harm.

~ ~ ~ ~ ~

The agency I work for has a pandemic plan but failed to follow it. Very disappointing.

~ ~ ~ ~ ~

Shutting down to protect people is worth it. The longer we stay shutdown, the harder it is on many workers. This can lead to other deaths from suicide, poor nutrition, risky behaviors, etc. That has to be included in any planning. Industry gets billions to bail itself out, but no one is planning to replace 4-6 months of earnings for average Americans impacted by this.

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Many older people are healthier than those in their 40s & 50s....carving out those over 65 with no other criteria is blatant age discrimination.

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It is a political game politicians are playing with peoples lives...

~ ~ ~ ~ ~

Look to Africa and Obama Administration for guidance

~ ~ ~ ~ ~

The hypocrisy, especially on the right, is stunning.

~ ~ ~ ~ ~

I have come to the conclusion that my freedom is more important than my health. I do not want to be put in a cage to protect me, and I don't expect others to be caged to protect themselves or me.

~ ~ ~ ~ ~

Your survey lacks acknowledgment of racial minorities as vulnerable populations (at all ages) including working individuals. Should they be isolated, at the risk of losing job/career opportunities while the rest of society continues on with business as usual? I think not. We need to find a more viable option...First deal with the insufficient and inequitable response to the pandemic.

~ ~ ~ ~ ~

Yeah, I work at the CDC, safe at home or stupid and dead, don't be like Georgia.

~ ~ ~ ~ ~

Hindsight is 20-20, we had no choice but to put the isolation efforts into effect, we knew so little then, I think it was necessary, now that we know more how this virus spreads, we can alter out lifestyles.

~ ~ ~ ~ ~

Anyone being "kept at home" would need to be provided sufficient funds to survive.

~ ~ ~ ~ ~

I think it is unrealistic to wait for a fully reliable vaccine -- that may never happen -- but instead focus on managing this virus while we continue to work on a vaccine. Being isolated, especially for those of us who live alone, is also damaging to health. Phone/Zoom are NOT workable long-term substitutes for physical contact. We take risks every day, especially when we get behind the wheel, that we accept and take for granted. We need to take more seriously ALL the various risks we take and do better at reducing them where possible -- stay home when sick, drive more safely, wash hands, etc.

~ ~ ~ ~ ~

Some people will self-regulate, but some simply cannot. We need to give people at high risk a way to opt out of returning to environments that have a high potential for killing them.

~ ~ ~ ~ ~

Great Plans Suffer Defunding By Complacency

~ ~ ~ ~ ~

Until we get additional testing we will be at risk by opening up anything.

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The keys are two-fold. Rapid and reliable testing that people could self administer or could be done prior to entry into a workspace or place of assembly. Treat similarly to a hazardous materials incident, hot, warm, and cold zone. Test in and test out. That would permit people to work, recreate, and assemble with a high level of confidence.

~ ~ ~ ~ ~

Saving lives needs to be a priority. Businesses need to think outside the box as to how to sell product instead of just saying they need to reopen.

~ ~ ~ ~ ~

There is no guarantee that a vaccine may be produced for COVID-19. We may have to start living with the chance that we will catch it. We can't trust that high-risk populations and the rest of the population will self-isolate if needed, practice social distancing, wear face masks, etc.

~ ~ ~ ~ ~

We better have learned something from this. High-risk population needs to self regulate their involvements as not to change the way EVERYONE is effected.

~ ~ ~ ~ ~

Saving livelihoods saves lives. Destroying livelihoods kills people. It is not a lives v. livelihood choice.

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We need to communicate clearly and consistently the risk and necessity to open and operate safely - distancing, personal space, wearing a face covering, washing hands, etc.

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The older generation has either one extreme belief or the other. They are fear mongers or anti-government. Some will listen some will not.

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Support reopening business and manufacturing. Large scale gatherings and tight groupings (bars, clubs) still need to remain shut down

~ ~ ~ ~ ~

Political leaders need to shun politics and, instead, lead. Focus on what's best for the most. Just as there will always be reckless drivers on the highway affecting other law-abiding, careful drivers, there will be individuals who are reckless with their own health and that of others.

~ ~ ~ ~ ~

There are too many people who feel that they can do as they wish with no regard to those around them. Until we can have certain items in place (testing, surge capacity, PPE, and contact tracing) we will not be any better than we are now.

~ ~ ~ ~ ~

The re-opening should be a balance of when the risk of death from COVID-19 is approximately equal to the risk of death from the effects of economic loss - such as depression leading to suicide, increased opioid (or similar) addiction, and other deleterious socioeconomic effects.

~ ~ ~ ~ ~

People at risk should be fully informed with all transparency and contemporaneous updates of info, then be allowed to make their own decisions about isolation.

~ ~ ~ ~ ~

It's the question of the Fat Man and the Trolly. A philosophical game that only matters if it is your life or those you know. The assumption is a vaccine will be developed. If there is not one developed, is this a new polio or a new chicken pox? The jury is still out.

~ ~ ~ ~ ~

Just maintain your best approach and interests in your life and make sure that your choices are good enough to sustain a healthy lifestyle level that will make a positive impact and improve all of your goals.

~ ~ ~ ~ ~

President Truman dropped two atomic bombs on Japan to save a 1,000,000 U.S. military lives from being lost in the invasion. The bigger picture here is our survival as a nation. Even one-half of one percent is 1.7 million citizens. I say that would be an acceptable loss under the worst conditions.

~ ~ ~ ~ ~

Keep School closed for the year. Restaurant open for limited occupancy.

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People have shown worldwide that once restrictions are lifted they can't be trusted
Some force will be needed to protect others from deviants but trust is also enabled by giving of trust and sharing information.

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Question #2 is dangerous - you are only addressing lives lost directly from COVID, but there is an additional secondary threat to life associated with psychological and emotional consequences of distancing practices, and the economic consequences of a prolonged shutdown. Both are steps to mitigate the direct threat from COVID, but they bring their own cloud of risk with them. The balance between life and livelihood is not as simple as your question expresses.

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Everyone must think of others and wear masks and do social distancing for reopening to work and keep lost of life low.

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This pandemic should have alerted policy makers to subsidize US businesses to engineer, manufacture, and stockpile PPE.

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Criminal and civil penalties should be levied on individuals, businesses, and countries who exploit or who are responsible, cause through neglect or malfeasance which result national emergency or shortage in PPE.

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It is also important to support those vulnerable populations by keeping safeguards in place eg-designated shopping times, enhanced cleaning schedules until the curve tilts downward., etc.

~ ~ ~ ~ ~

Almost like every other virus, there will be some who get sick, some will die. We were told at the beginning it wasn't about saving lives, but rather reducing the impact on the Healthcare system.

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Now everything has changed??? Economy is more important. Some will die. Some people will die from car accidents on the way to work. Doesn't stop businesses from opening the door.

~ ~ ~ ~ ~

We need to get real. Let's proceed with caution, not live in fear but live in logic.

~ ~ ~ ~ ~

This is just one more warning shot for a truly serious pandemic to come. Our lack of preparedness, at all levels of government, is going to cost our nation dearly for years to come. A logical and coordinated investment of millions over the years would have saved us trillions today.

~ ~ ~ ~ ~

The concept of the 'cure' (sheltering) being worse than the disease is a real concern and we must strike a balance between the two. While this is a new virus and there are many more questions than answers, there must be an apolitical balance struck, because a devastated economy will create its own health care issues downstream of this situation.

~ ~ ~ ~ ~

COVID-19 is a flu similar to MERS and SARS. We have lived with the risk and can continue to live with the risk. It is a flu. Our last pandemic in 2009 was for Swine Flu - we did not do what we are doing now. We knew this was basically a flu that is more easily transmitted like a cold within 2-4 weeks and yet politicians keep us under some form of a lockdown and the media promotes this mixing legal medical quarantine issues with political shelter-in-place. There is more here than a medical risk.

Letter From A Reader

Dear Marty,
Your opening statement, "There has been a failure by elected and policy officials, on all levels of government, to adequately understand and prepare for COVID-19" is enough for me NOT to want to participate in your survey.

As an emergency management professional, I can tell you that everything that can be done in response to COVID-19 is being done. The federal response, including FEMA (for whom my husband works), has been nothing short of amazing. Perhaps you yourself should subscribe to the FEMA Daily Operational Briefings that are available to the public, so that you are aware of the monumental efforts by FEMA, HHS, DHS, and numerous other federal agencies. Under the Robert T. Stafford Act, the responsibility of the federal government is to support the states in response to a disaster, however, the primary response efforts are the responsibility of the states ... many of whom were woefully unprepared and each expected the federal government to come to the rescue.

Let's take New York City for example, as to what President Trump did do and yet Mayor Bill de Blasio and Governor Andrew Cuomo still complained. President Trump and his response team (as of May 10, 2020):

- Deployed the Army Corps of Engineers to erect temporary hospitals. In just nine days the Corps created a 3,000 bed pop up facility at Javits Center. It then fortified this with the installation of a 48-bed Intensive Care Unit.
- The 1,000-bed hospital ship USNS Comfort was dispatched to Manhattan. It arrived on March 30th, treating 182 patients, 70% of whom were COVID-19 positive.
- 1,000 military personnel were deployed to New York City to assist in the COVID-19 response.
- President Trump assigned 448 civilian physicians, nurses, and respiratory specialists to New York City Hospitals.
- $1.3 Billion in FEMA funds were devoted to supporting New York.
- FEMA provided four large medical stations in New York City with 1,000 beds within 48 hours of being assigned the task.
- FEMA supplied New York 250 ambulances and 500 EMT’s
- As of April 2nd, 4,400 ventilators had been sent to New York by the federal government
- As of May 4, 2020, FEMA Region 2 (which includes NY) had received 478,535 surgical gowns, 875,890 face shields, 4.3 million surgical masks, 9.2 million surgical gloves, 12.8 million N95 respirators.
- Also, New York is in FEMA Region 2 ... as is Puerto Rico. I mention this because not only was FEMA Region 2 dealing with COVID-19 in New York but also COVID-19 Puerto Rico and the still on-going recovery efforts to the earthquake Puerto Rico experienced and Hurricanes Irma & Maria.

Now .... this is only what was done in New York. So please do those of us in the emergency management field that are on the front lines of the fight against COVID-19 enough respect to not say there was a "failure ... on all levels of government" when that is not the case.

Regards,

Karyn Melligan, PhD

Editors Note

BY CATHY FEINMAN, EDITOR-IN-CHIEF

There is no doubt that this DomPrep survey produced the most divisive comments of any previous survey. However, this is not surprising. The comments represent the sentiments and frustrations of people on all sides of the issue. What is surprising though is that, like those outside the preparedness communities, even many DomPrep readers provided responses that are more political than practitioner related. Also surprising and below average for a DomPrep survey is how 8% (only 34 out of 424) of the respondents put their names behind their comments.

Talking about a hypothetical pandemic and decisions that need to be made for the greater good is easy. Living through an actual outbreak, realizing that all that talk did not develop into sufficient action to mitigate the threat, and using that knowledge to ensure that the next disaster response will be comprehensive is our challenge. Unfortunately, the political divide could make collaborative preparedness for the next pandemic (or any other major disaster) even more difficult.

One recurring theme throughout the survey responses is the frustration of practitioners not being heard with regard to their specific areas of expertise. In addition to an even lower level of preparedness for the next disaster, the longer the country stays divided on social and political issues, that frustration could lead to a mass exodus of local leadership as well as public health and emergency preparedness expertise.

Time and again, DomPrep has addressed the topic of "gray hairs" not passing their knowledge on to the next generation before retiring. That problem is now likely to escalate at a faster pace, as students without full certifications are thrust into the field to cover personnel gaps with even less training and mentoring than under normal circumstances.

In addition to knowledgeable practitioners not being heard by politicians and other decision makers, the public is inundated with information that they do not understand or believe. DomPrep is actively working to provide a trusted and valued source of information as a counter-balance.

DomPrep's goal has always been to publish straightforward, fact-based information, not from reporters, but directly from the sources – the practitioners in the disparate fields who gained valuable knowledge to share within and across disciplines. Not being heard and battling misinformation are exhausting. However, we all need to stay strong, put our political differences aside, and continue the mission we all set out to do – inform, protect, and serve our communities. As Marty Masiuk, DomPrep's publisher, wrote in 2005, DomPrep's primary mission is "to help educate and integrate the various communities of professionals working in the overall field of domestic preparedness. These previously under appreciated American heroes are the ones we have always counted on to protect our homes and our communities, and to maintain order in times of disaster, either natural or manmade." That continues to be our mission and you continue to be the heroes our communities need.

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