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## Pandemic Planning

Dwight Merriam  
*Lawyer and Planner*, [dwightmerriam@gmail.com](mailto:dwightmerriam@gmail.com)

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## PANDEMIC PLANNING

Dwight Merriam\*

### WE FAILED TO PLAN, OR EVEN RECOGNIZE THE RISK

We didn't plan well for the COVID-19 pandemic and we are paying the price and will continue to do so, maybe for a generation or more. As planners, we pride ourselves, and appropriately so, with planning for natural disasters, like floods and fires, and disasters caused by our own mistakes and accidents, like oil spills and manufacturing explosions, as well as terrorism. The Federal Emergency Management Agency (FEMA) has done much good work in that regard,<sup>1</sup> though it has had its critics.<sup>2</sup> Planning for disaster mitigation and response has been something in which I have been involved as a writer and speaker since the first attack on the World Trade Center on April 26, 1993,<sup>3</sup> six years before the Twin Towers were brought down on September 11, 2001. My late co-author, Rufus Calhoun Young, Jr., and I wrote a chapter in an American Bar Association book on the subject and I have rewritten it twice since for the two later editions.<sup>4</sup>

We didn't consider a pandemic. Neither did FEMA, for the most part. Going back into its considerable on-line resources, where I have spent much time

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\* Dwight H. Merriam, FAICP, a lawyer and land use planner, is a Fellow in the American College of Real Estate Lawyers, a Fellow and Past President and of the American Institute of Certified Planners, and Past Chair of the ABA Section of State and Local Government Law. He has published over 200 articles and 13 books, including co-editing the treatise Rathkopf's *The Law of Zoning and Planning*. UMass BA (cum laude), UNC MRP, and Yale JD.  
[www.dwightmerriam.com](http://www.dwightmerriam.com)

<sup>1</sup> FEMA, Hazard Mitigation Planning, available at: <https://www.fema.gov/hazard-mitigation-planning>

<sup>2</sup> Steve Cohen, FEMA's Failure and the Catastrophe of Our Federal Government, Earth Institute, Columbia University (July 15, 2019). <https://blogs.ei.columbia.edu/2019/07/15/femas-failure-catastrophe-federal-government/>

<sup>3</sup> World Trade Center Is Bombed, History.com (February 9, 2010). <https://www.history.com/this-day-in-history/world-trade-center-bombed>

<sup>4</sup> Rufus Calhoun Young, Jr. and Dwight H. Merriam, *Homeland Security Begins at Home: Local Planning and Regulatory Review to Improve Security*, in Ernest B. Abbott and Otto J. Hetzel, *A Legal Guide to Homeland Security and Emergency Management for State and Local Governments* (2006); Second Edition (2010); Third Edition (2018)  
<https://www.americanbar.org/products/inv/book/283296313/> Nowhere in the chapter I authored, Hazard Mitigation Planning, Chapter 7, is there mention of pandemics or contagion.

in research and educating myself over many years, I can find little of planning for the pandemic. There is a 25-page checklist for planning entitled “Key Elements of Departmental Pandemic Influenza Planning.”<sup>5</sup> Get into the footnotes and you will find a hopeful link right to the White House.<sup>6</sup> Excellent. Click on that link and you will get this: “That page cannot be found, or is located on an archived web page.” So much for pandemic planning at the national level.

An undated discussion guide on the FEMA site, “PREPTalks: New Perspectives for Emergency Managers,”<sup>7</sup> addresses the work of John Barry, who wrote the book “The Great Influenza: The Story of the Deadliest Pandemic in History,” a 2004 study of the 1918 pandemic, which the National Academies of Science selected as the year’s outstanding book on science or medicine. Barry’s work is summarized in an article published by the Smithsonian, “How the Horrific 1918 Flu Spread Across America.”<sup>8</sup> The PREPTalk is a mere nine pages.

One two-page pamphlet by FEMA gives us “Continuity Planning for Pandemic Influenza”<sup>9</sup> and directs the reader to The World Health Organization,<sup>10</sup> the U.S. Department of Health and Human Services,<sup>11</sup> and the Center for Disease Control and Prevention,<sup>12</sup> noting unhelpfully as to the CDC reference that “This site is archived for historical purposes and is no longer being maintained or updated.”

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<sup>5</sup> FEMA, Key Elements of Departmental Pandemic Influenza Plans, available at: [https://www.fema.gov/pdf/about/org/ncp/meta\\_checklist.pdf](https://www.fema.gov/pdf/about/org/ncp/meta_checklist.pdf)

<sup>6</sup> Broken, but referenced link. <http://www.whitehouse.gov/infocus/pandemicflu>

<sup>7</sup> FEMA, Prep Talks Discussion Guide, The Next Pandemic: Lessons from History, available at: [https://www.fema.gov/media-library-data/1519130028450-b6847c4c99e6485190885e3e0259350c/PrepTalks\\_Discussion\\_Guide\\_Barry.pdf](https://www.fema.gov/media-library-data/1519130028450-b6847c4c99e6485190885e3e0259350c/PrepTalks_Discussion_Guide_Barry.pdf)

<sup>8</sup> Barry, John M., How the Horrific 1918 Flu Spread Across America, Smithsonian Magazine, November 2017, available at: <https://www.smithsonianmag.com/history/journal-plague-year-180965222/>

<sup>9</sup> FEMA brochure, Continuity Planning for Pandemic Influenza, [https://www.fema.gov/media-library-data/1410875581685-0729ba3e23e9b0016bbf18efcd6daa59/COOP\\_Pandemic\\_Influenza.pdf](https://www.fema.gov/media-library-data/1410875581685-0729ba3e23e9b0016bbf18efcd6daa59/COOP_Pandemic_Influenza.pdf)

<sup>10</sup> World Health Organization, <http://www.who.int/en/>

<sup>11</sup> Health and Human Services, <http://www.hhs.gov/> and Centers for Disease Control and Prevention, Pandemic Influenza, <http://www.pandemicflu.gov/>

<sup>12</sup> Centers for Disease Control and Prevention, 2009 H1N1 Flu, <http://www.cdc.gov/h1n1flu/>

## THE PANDEMIC PLANNING PROBLEM

Like other disaster planning processes, there are two levels of planning.

### *-Mitigation and Adaptation Planning*

The first step is to mitigate the potential for harm. This is mitigation planning. We do this when we hurricane-proof homes through design and construction. We do this in requiring construction to be above some base flood elevation. We do this in our climate change plans by taking actions to reduce and curb greenhouse gas emissions.

The “on-the-other-hand” of mitigation planning is adaptation planning. Adaptation planning recognizes that we can never fully mitigate all risk and instead must accept that risk and deal with it as best we can. Examples of that planning are understanding that global climate change to some extent is presently inevitable. Adaptation planning for climate change includes actions taken to reduce vulnerability to climate change. As described by the International Centre for Research in Agroforestry (ICRAF), based in Nairobi, Kenya:

Developing countries are going to bear the brunt of climate change and suffer most from its negative impacts. Global conventions are not sufficiently effective to halt the increase of atmospheric greenhouse gases (GHG) concentrations, and we now accept that the primary drivers of climate change are not going to stop. Mitigation efforts will therefore only provide a partial softening of the effects of climate change.<sup>13</sup>

California’s “Adaptation Planning Guide” puts it this way:

Climate change is already affecting California and is projected to continue to do so well into the foreseeable future. Current and projected climate changes include increased temperatures, sea level rise (SLR), a reduced winter snowpack, altered precipitation patterns, and more frequent storm events. These changes have the potential for a wide variety of impacts such as altered agricultural

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<sup>13</sup> L. Verchot et al., *Climate change: linking adaptation and mitigation through agroforestry*, Published online: 28 April 2007 Springer Science+Business Media B.V. 2007.

productivity, wildfire risk, water supply, public health, public safety, ecosystem function, and economic continuity.<sup>14</sup>

There are no neat boundaries here, between mitigation planning and adaptation planning. They often conflict and typically overlap. Part of the challenge is to make both approaches work in harmony.<sup>15</sup>

#### *-Disaster Response and Recovery Planning*

The second level of planning, tied back in some ways to mitigation and adaptation planning, is response and recovery planning. In the natural disaster context, having stockpiles of medical supplies is an example. Preparing the National Guard to respond post-disaster is another.

Pandemic mitigation is limited. It would require stopping it before it gets here. Helping other countries contain it might reduce the risk. Better screening, including questionnaires and taking temperatures, might help some, but our borders are so porous that it is probably fruitless. Early detection, tracking, strict travel restrictions, and aggressive quarantining to stop it could work...if done quickly and with no compromises. New Zealand's elimination approach appears to have done that. Prime Minister Jacinda Ardern imposed a strict lockdown starting on March 23, 2020, one month after the country had its first reported case, and at a time so early on that there were only 102 cases and no deaths.<sup>16</sup> Out of its five million people there were just 1500 reported cases and 20 deaths. On May 9, 2020, it was reported that New Zealand had its first day of no new cases.

The COVID-19 pandemic planning debacle elsewhere is in large measure one of inadequate, often nonexistent, preparation for both the response and the recovery. The news has been filled with stories about N-95 masks, ventilators, hospital beds, and even beauty salon owners scrambling for PPE, now a common term for Personal Protective Equipment. It is not as if no one knew of potential risk

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<sup>14</sup> California Adaptation Planning Guide: Planning for Adaptive Communities, California Emergency Management Agency and California Natural Resources Agency (2012). [https://resources.ca.gov/CNRALegacyFiles/docs/climate/01APG\\_Planning\\_for\\_Adaptive\\_Communities.pdf](https://resources.ca.gov/CNRALegacyFiles/docs/climate/01APG_Planning_for_Adaptive_Communities.pdf)

<sup>15</sup> S. Moser, Adaptation, mitigation, and their disharmonious discontents : An essay, *Climatic Change* 111(2):165-175 (March 2012). [https://www.researchgate.net/publication/227583959\\_Adaptation\\_mitigation\\_and\\_their\\_disharmonious\\_discontents\\_An\\_essay](https://www.researchgate.net/publication/227583959_Adaptation_mitigation_and_their_disharmonious_discontents_An_essay)

<sup>16</sup> S. Collins, New Zealand eliminates COVID-19, *The Lancet* (May 9, 2020). [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31097-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31097-7/fulltext)

for hair salon employees from other hazards in the workplace. The Occupational Safety and Health Administration (OSHA) has for years enforced a formaldehyde standard requiring eye protection, gloves, skin washing equipment, air testing, respirators, warning signs, and training.<sup>17</sup> That's good, but it wasn't until April 11, 2020, that OSHA promulgated its "Interim Enforcement Response Plan for Coronavirus Disease 2019 (COVID-19)."<sup>18</sup>

What happened? As with 9/11,<sup>19</sup> looking back there was plenty of evidence of what was forthcoming. So too with the COVID-19 pandemic. A forum held at Georgetown University in January 2017, included Dr. Anthony Fauci, now so well-known that one can buy a Dr. Fauci bobble head,<sup>20</sup> who said this:

The history of the last 32 years that I have been the director of the NIAID will tell the next administration that there is no doubt they will be faced with the challenges their predecessors were faced with.

Dr. Fauci also made this key point:

What about the things we are not even thinking about? No matter what, history has told us definitively that [outbreaks] will happen because [facing] infectious diseases is a perpetual challenge. It is not going to go away. The thing we're extraordinarily confident about is that we're going to see this in the next few years.<sup>21</sup>

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<sup>17</sup> Hair Salons: Facts about Formaldehyde in Hair Products, OSHA (undated). [https://www.osha.gov/SLTC/hairsalons/protecting\\_worker\\_health.html](https://www.osha.gov/SLTC/hairsalons/protecting_worker_health.html)

<sup>18</sup> April 13, 2020, Memorandum for: regional administrators state plan designees, Through: Amanda Edens, Deputy Assistant Secretary, From: Patrick Kapust, Acting director Directorate of Enforcement Programs, Subject: Interim Enforcement Response Plan For Coronavirus Disease 2019 (COVID-19). <https://www.osha.gov/memos/2020-04-13/interim-enforcement-response-plan-coronavirus-disease-2019-covid-19>

<sup>19</sup> National Commission on Terrorist Attacks Upon the United States, 9/11 Commission Report. <https://govinfo.library.unt.edu/911/report/911Report.pdf>

<sup>20</sup> A.Elassar, A bobblehead of Dr. Fauci will help pay to produce masks for health workers CNN (April 5, 2020). <https://www.cnn.com/2020/04/05/us/dr-fauci-national-bobblehead-hall-of-fame-trnd/index.html>

<sup>21</sup> Fauci: 'No doubt' Trump will face surprise infectious disease outbreak, <https://www.healio.com/infectious-disease/emerging-diseases/news/online/%7B85a3f9c0-ed0a-4be8-9ca2-8854b2be7d13%7D/fauci-no-doubt-trump-will-face-surprise-infectious-disease-outbreak>

The reality of what happened is that we knew about some of the unknowns, but some we simply didn't fathom. Former Secretary of Defense Donald Rumsfeld spoke about "known unknowns" and "unknown unknowns" in remarks that some initially derided as gobbledygook, but when considered more carefully can explain what happens when we cannot even imagine the worst case or are prevented from doing so by a lack of bandwidth when there is so much demanding our attention more directly and more frequently, like tornados and floods:

The message is that there are no "knowns." There are things we know that we know. There are known unknowns. That is to say there are thing [sic] that we now know we don't know. But there are also unknown unknowns. There are things we don't know we don't know. So when we do the best we can and we pull all this information together, and we then say well that's basically what we see as the situation, that is really only the known knowns and the known unknowns. And each year, we discover a few more of those unknown unknowns.<sup>22</sup>

The pandemic planning problem then is we need to simultaneously undertake both mitigation and adaptation planning, while we prepare for post-pandemic recovery, all in a world where our attention is limited, our resources inadequate, our assessment of the risk too low to justify providing the needed treatment capacity, and there are unknowns, including some that were unknown to be unknown. The most recent example of an "unknown unknown" is an emergent illness now being called "Pediatric Multi-System Inflammatory Syndrome Potentially Associated with COVID-19" increasingly found in young children.<sup>23</sup> No one imagined this, nor could they have. If it proves to be concomitant to COVID-19, that will likely change our planning. That too, the mutable charter of planning, is a key point with all planning. It is iterative and interactive. One step builds on the prior and all of the steps feedback and refine all of the others. It is neither linear nor static.

## **THE PANDEMIC PLANNING MODEL**

Everyone is eager for the coronavirus to peak and to pass and for us to restart the economy. Some countries think they are there now. The Seychelles, for

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<sup>22</sup> Secretary Rumsfeld Press Conference at NATO Headquarters, Brussels, Belgium June 6, 2002. Official transcript from U.S. Department of Defense Office of the Assistant Secretary of Defense (Public Affairs). Available at <https://www.nato.int/docu/speech/2002/s020606g.htm>.

<sup>23</sup> N. Fleisler, COVID-19 and a serious inflammatory syndrome in children: Unpacking recent warnings, Children's Hospital (May 8, 2020).

example, which has had no reported deaths, lifted its restrictions on May 4, 2020, reopened its schools on May 11, 2020, and ended travel restrictions with the reopening on the airport on June 1, 2020.<sup>24</sup>

Will the restarts everywhere be the result of thoughtful and comprehensive planning -- or the product of haste and political expediency? How can we take advantage of the professional planning resources we have? In approaching the monumental task of rebuilding and restarting the economy, we should consider how different the outcomes are when we either plan or do not plan ahead.

To underscore the importance of comprehensive planning for our economic security in the “new normal” of a post-coronavirus economy, a recent report by the Ifo Institute for Economic Research co-authored by 12 academics delivered this imperative: "Planning for this transition must begin immediately in politics, administration, companies and other organizations."<sup>25</sup>

In other words, every nation needs not just a goal for restarting their economy, they need a plan.

We need economic recovery, but we must also avoid a resurgence of coronavirus. We cannot wait for a vaccine, which is unlikely to be fully developed until sometime late in 2021. Finally, it is clear that we will need to continue social distancing and accept the reality of continued lockdowns for certain groups of individuals, such as older people with health issues and those who test positive for the virus but whose illness has not run its course.

Professor Joseph T. Wu from the University of Hong Kong, one of the dozen academics who authored the Ifo report, put it this way: "Although control policies such as physical distancing and behavioral change are likely to be maintained for some time, proactively striking a balance between resuming economic activities and keeping the reproductive number below one (the number

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<sup>24</sup> Seychelles and COVID-19: Movement restrictions to be lifted next week; schools, daycare to reopen later in May, Seychelles News Agency. Retrieved 29 April 2020.

<sup>25</sup> E. Reynolds, Lockdowns shouldn't be fully lifted until corona virus vaccine found, new stud warns, CNN (April 9, 2020).<https://www.cnn.com/2020/04/09/world/lockdown-lift-vaccine-coronavirus-lancet-intl/>

of people on average that one person with Covid-19 will infect) is likely to be the best strategy until effective vaccines become widely available."<sup>26</sup>

In balancing risk and reward, any plan must begin with testing those who are well. Many are asymptomatic and most will eventually show symptoms. They and we need to know who they are. Testing is now available with results in 15 minutes or less and those who test positive will need to quarantine. However, the resources for widespread testing are still unavailable.

Testing those who are well is critical to economic recovery because our new normal workforce will be led by people who have had the virus and are no longer contagious, assuming research concludes they do gain some immunity (another “known unknown”) as well as those who test negative for the virus.

As much as we want to protect our children, it is important to reopen day care and schools as soon as possible. Children do not typically have severe symptoms, parents are kept from work by having to stay home with their children, and distant learning has proved problematic, especially for the children who need the most help. Could there be a transitional program of allowing children and teachers who test negative back into the daycares and classrooms with parental approval?

The right-leaning American Enterprise Institute has issued a “Blueprint for Back to School” encouraging rolling two-to-four week closures after schools reopen in the fall, social distancing, temperature checks, protections for at risk teachers and administrators, and plans for the next two and three years as the reopening evolves.<sup>27</sup>

Besides workforce issues, other building blocks for economic recovery include targeting certain economic sectors. For example, economic planning efforts in Germany suggest telecommunications and automobile production should be given priority in boosting the economy.

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<sup>26</sup> E. Reynolds, Lockdowns shouldn't be fully lifted until corona virus vaccine found, new stud warns, CNN (April 9, 2020).<https://www.cnn.com/2020/04/09/world/lockdown-lift-vaccine-coronavirus-lancet-intl/>

<sup>27</sup> E. Blad, COVID-19: Report Offers ‘Blueprint’ for Reopening Schools and Beyond, Education Wee, (May 4, 2020). <https://blogs.edweek.org/edweek/campaign-k-12/2020/05/covid-19-reopen-schools-aei.html>; A blueprint for back to school, American Enterprise Institute (May 4, 2020) <https://www.aei.org/research-products/report/a-blueprint-for-back-to-school/>

Those who can work effectively and efficiently at home should continue to do so. Professional firms, such as law firms, and many offices can and should do that to the extent they can.

The construction and real estate development industries have been devastated. The work cannot be done at home. With proper testing and commitment to social distancing, they too should have some priority.

What businesses will be permitted to reopen on what basis? Can restaurants reopen if they use only every other table to maintain six feet of social distancing? It is important to consider the positive psychological effects of something close to normalcy and a good meal out with two or three friends could make the continuing restrictions tolerable.

Can movie theaters reopen if patrons, except those coming as a couple or three or four as a group, have two seats open on each side and one front and back? A soda, a bucket of buttered popcorn and an action flick with booming surround sound might be a quick cure for cabin fever.

Can barber shops and hair salons open if they maintain social distancing and staff and customers wear masks?

The travel industry will be the last to restart. Travel restrictions will need to be considered and the last places to reopen will be the resort hotels. It is unfortunate for that sector, but it is probably a reality of how we must continue to limit contagion where we can.

In the end, the plan must be one that proceeds in baby steps, with constant feedback on how it is working. The plans will vary across the landscape with some of the higher density places of public gatherings and contact restricted more than in outlying areas. It should accordingly be more than a state plan; every city, town, and county in the state must participate in developing it and must have some discretion in tailoring the plan to local needs and objectives.

## **A HIERARCHICAL PARTNERSHIP**

It is a contradiction of terms to call for a hierarchical partnership, but that is what we already have, to some degree, in federalism, and in other planning structures, including emergency management. What has happened with the COVID-19 pandemic, however, is that the need for immediate action has caused both the federal and state governments to declare emergencies and issue highly-directive orders. It is likely that some of these actions will be found to exceed

executive authority, even in the emergency, and some will be held unconstitutional as violating separation of powers, free speech, free exercise of religion, procedural due process, and the taking of private property without compensation.

Better planning could have avoided this and we can now learn from what went wrong and reduce future error. Structurally, the federal government should lead on national and international issues, particularly in its unique realm of political diplomacy. The pandemic has brought home that we are one world, where a fatal disease can be spread half way around the world in less than a day. We need our national governments to be out ahead of rising risks and to take fast action.

#### *-How Covid-19 Differs from Other Disasters*

Before going further to describe the hierarchical partnership, let us pause to consider what makes this planning process different than others involving disasters.

First, the COVID-19 impact has varied greatly across the country geographically. New York has had the highest death rate at 137/100,000 persons as of May 10, 2020. Montana, Alaska, Hawaii, and Wyoming all have 1/100,000.<sup>28</sup> Among the states in absolute numbers, Alaska has the lowest number of deaths at 9, while New York has the most — 19,989. This geographic variation might seem a little like that typical of flooding, tornados, and wildfires. But one important difference is that the shutdown in one region adversely affects others because of the increased economic dependencies that have evolved with modern commerce.

Second, the timing varies across the country and the pandemic is longer running than other disasters. Tennessee hit its peak hospital bed usage on April 4, 2020; nationally that occurred on April 19; and the last peak projected is North Dakota on May 15.<sup>29</sup> That is 41 days between peak hospital bed usage. It suggests reopening schedules could vary by up to 41 days spread, all other things being equal, which they are not. The spread could be longer or shorter. Again, the interdependencies between regions means that one region may be hampered in its reopening to the extent it is dependent on another region that cannot reopen.

Finally, the micro-geographic and micro-timing issues extend all the way down from a state's largest city to its smallest hamlet. Connecticut still has one

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<sup>28</sup> Statista, Death rates from coronavirus in the United States by state, <https://www.statista.com/statistics/1109011/coronavirus-covid19-death-rates-us-by-state/>

<sup>29</sup> A. Ellison, Updated COVID-19 peak dates, state by state, Becker's Hospital Review (April 29, 2020). <https://www.beckershospitalreview.com/patient-flow/updated-covid-19-peak-dates-state-by-state.html>

town out of its 169 contiguous cities and towns with no reported COVID-19 cases, even though state has suffered 32,984 cases and 2,932 deaths as of May 9, 2020.<sup>30</sup> In Utah, Beaver, Rich, Wayne, Piute and Daggett counties as of April 26 had not reported a single, confirmed COVID-19 infection.<sup>31</sup> Nationally, over half the counties have no reported COVID-19 deaths.<sup>32</sup>

The COVID-19 pandemic differs from other disasters in that its widespread impact varies greatly, the timing of its impacts varies and is spread out over many weeks, and even in relatively small geographic areas the impacts can vary greatly within short distances.

*-Top Down and Bottom Up Planning*

The key to successful pandemic planning is a hybrid approach that respects the federal-state-local division of responsibilities and at the same time aggressively solicits input, direction, involvement, and intellectual contributions from each and every city and town.

We have 40,000 members in the American Planning Association, most are professional planners, the rest are principally experienced elected and appointed officials. That is the same number of people as the entire U.S. Marine Reserve force.<sup>33</sup> The substate regional planning agencies and governments, and the state governments, need to bring all those local professional and law planning capabilities to bear on the pandemic planning process. Those resources are virtually free and that army of planners can help populate the marketplace of ideas in the pre-pandemic and post-pandemic recovery planning process. All of the plans —

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<sup>30</sup> Cases of COVID-19 Reported in Connecticut by Town, <https://connecticut.maps.arcgis.com/apps/opsdashboard/index.html#/052f57eabb654d59a217885918065417>

<sup>31</sup> B. Winslow, A handful of Utah communities have no confirmed cases of COVID-19, FOX13 (April 26, 2020). <https://www.fox13now.com/news/coronavirus/local-coronavirus-news/a-handful-of-utah-communities-have-no-confirmed-cases-of-covid-19>

<sup>32</sup> N. Micel, Over Half of U.S. Counties Have Had No COVID-19 Deaths. <https://www.heritage.org/public-health/commentary/over-half-us-counties-have-had-no-covid-19-deaths>

<sup>33</sup> Department of Defense (DoD) Releases Fiscal Year 2017 President's Budget Proposal (February 9, 2016). <https://www.defense.gov/Newsroom/Releases/Release/Article/652687/department-of-defense-dod-releases-fiscal-year-2017-presidents-budget-proposal/>

substate regional plans, state plans, multi-state regional plans, and federal plans — will be better by bringing in that local knowledge.

As businesses reopen, the most successful results will come from reopening those that meet the federal and state criteria. Those criteria applied across a landscape where the incidence and timing of COVID-19 varies greatly will result in recovery plans that vary as well. Those variations are best identified and implemented by locals. Testing and tracking are critical, yet so far we see little evidence that federal and state authorities are enlisting local planners in helping find people to do that work and in guiding the effort at the local level. That is especially unfortunate because it is the local planners who have the greatest knowledge as to resources and needs.

## **SUMMARY**

The COVID-19 pandemic has been a failure in planning, partly because government didn't do its job and partly because there were so many unknowns. The response has been flawed because the federal and state executive branches have been task-oriented and quick to act after an overly-slow start, all along largely ignoring local resources.

We can and do learn from our mistakes. Doing a better job means recognizing the need to embrace the hierarchical partnership and to capitalize on the substantial planning resources available, so far tragically largely ignored.