



How the Federalism Structure in America Impacted the Planning Stage for a Pandemic: COVID 19 as a Case Study

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Abstract

Objective: The objective is to examine how the tension between the federal, state, and local levels affects the planning, lockdown, and reopening of the economy during the pandemic. To date, COVID-19 kills one American every 30 seconds. As this tragedy continues to claim thousands of lives, many Americans point to the US government's failure to respond to the pandemic effectively and efficiently.

Method: Method: The article uses the descriptive method to explain how the American federalism structure affected pandemic planning. It utilizes COVID-19 as a case study.

Results: The study found increased tensions between the President and state Governors, among federal departments, and between federal and state agencies, which were exacerbated by the pandemic. The governors counterbalanced the lack of presidential leadership. However, the President interfered with federal agencies and governors, attempted to influence agency budgets and threatened governors for their lack of appreciation and loyalty. Regional coalitions, while having little influence during the planning stages, affected the procurement of medical supplies and equipment, state leadership and reopening state economies.

Conclusion: Overall, the federalist structure c

Keywords: Federalism, COVID19, American expectations, presidential leadership.

كيف أثر الهيكل الفيدرالي في أمريكا في مرحلة التخطيط لوباء: كوفيد 19 كدراسة حالة

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قسم العلاقات الدولية والدبلوماسية والدراسات الإقليمية، كلية الأمير الحسين بن عبدالله الثاني للدراسات الدولية، الجامعة الأردنية، عمان، الأردن.

ملخص

الهدف: كيف أثر التوتر بين المستويات الفيدرالية والدولية والمحلية في خطط الإغلاق، بالإضافة إلى أثرها في فتح الاقتصاد في أثناء الوباء؟ حتى الآن، يتسبب كوفيد-19 بقتل أمريكيًا واحدًا كل 30 ثانية. مع استمرار هذه المأساة في حصد أرواح الآلاف، يشير العديد من الأمريكيين إلى فشل حكومة الولايات المتحدة في الاستجابة للوباء بفعالية وكفاءة. المنهج: تستخدم المقالة الطريقة الوصفية.

النتائج: وجدت المقالة أن هنالك توترات متزايدة بين الرئيس الأمريكي وحكام الولايات، بين الإدارات الفيدرالية، بين الوكالات الفيدرالية والوكالات الحكومية التي تفاقمت بسبب الوباء. ووازن الحكام عدم وجود قيادة رئاسية خلال الجائحة. وبدلاً من ذلك، تدخل الرئيس في الوكالات الفيدرالية وحكام الولايات كما حاول التدخل في ميزانيات الوكالات وهدد الحكام بسبب عدم تقديرهم وولائهم. أما بالنسبة للائتلافات الإقليمية، كان التأثير ضئيل في مراحل التخطيط مما أثر في شراء الإمدادات والمعدات الطبية، وقيادة الدولة وإعادة فتح اقتصادات الدولة.

الخاتمة: على نحو عام، تسبب الهيكل الفيدرالي في مزيد من المشاكل، والمزيد من الخلافات، وأثر في التخطيط لكوفيد. الكلمات الدالة: الفيدرالية، كوفيد19، توقعات أمريكا، القيادة الرئاسية.

"Talking about federalism feels a bit like joining the proverbial blind men trying to describe an elephant. It's such a big topic; one can't possibly hope to grasp more than a small part of the beast,"

Larry Kramer

The topic is a perfect test case/case study about the government's planning stage and their initial reaction to the pandemic, COVID 19, because of their unpreparedness and or absence of planning at the federal, state and local levels of government. While it is true that the previous planning is only one factor of assessing the three government levels responses, it is a vital issue. Planning allows for a quicker response once the crisis presents itself. The planning stage has always played a major role in any response, governmental or otherwise. The plans developed by the three levels of government, by each administration shows the focus and support given, or the lack thereof. The evaluation of the government's response to COVID 19 is based on the planning stage's contribution to the situation.

This event is a test case of the structures of federalism and the leadership, or the lack thereof, at all three levels of government. The Founding Fathers (FF) developed the original structure in order to be able to limit the powers of all three levels of government. Not only did the FF want to limit the power, they wanted to ensure that what influence there was, was balanced so that no one branch or level could usurp control or affect the balance. The FF set up a mechanism that ensured the balance of power called checks and balances. This system ensured each branch of government; executive, legislative and judicial, would play an equal role, albeit different, and not overshadow the others.

Given the fact that some two hundred and thirty-three years have passed since the structures were set up, times, events and crises molded the structure differently within each era to ensure that the government has still been responsive to the American people.

Different Periods of Federalism

The concept of federalism was set out and delineated in the US Constitution as perceived by the founding fathers. It sets out the divisions of power among the three levels of government. With the eternal distrust of the Founding Fathers and the American public for government, it was always concerned with whether power should be centralized in the federal government or decentralized in the state and local governments. Since the time of the Founding Fathers, the utilization of federalism has changed. Various presidential administrations interpret differently the way in which these structures should interact.

From President Washington in the 1790s through President Hoover's administration in the 1930s, the federal system operated with dual federalism. The metaphor used for dual federalism is a layer cake, where a definite line is drawn separating the powers of the federal, state and local levels of government. By the time of the Hoover administration, the government no longer operated with distinctive and complete spheres between the federal and the state. There was no longer effective mechanisms to control the boundaries and insure the regulations and policies were completely separate (Deng 2017; Young 2000).

From the FDR (Franklin Delano Roosevelt) administration in the early 1930s until the early years of the Nixon administration around 1970, the layer cake era morphed into cooperative or marble cake federalism. The "marble cake, characterized by an inseparable mingling of differently colored ingredients, the colors appearing in vertical and diagonal strands, and unexpected whirls. As colors are mixed in the marble cake, so functions are mixed in the American federal system" (Grodzins 1966). This era is also connected to two other metaphors, although far less popular: the birthday cake by Aaron Wildavsky and a fruitcake by David Walker. (Lind, 2002) This explained the flexible relationship between federal and state levels that allowed the once distinct separation of spheres to deal with many and varied programs and issues.

The form of federalism, or the marble cake, and its primary principles that followed cooperative federalism is debatable among scholars. In Deng, 2017, lists competitive federalism, followed by permissive federalism, coercive federalism and new federalism, without any periods. Whereas, Shin in 2018, centralizes federalism (1964-80), new federalism (1980-2001) and representational federalism (2001 – present.). This article covers centralized federalism, forms of new federalism that shifts with successive administrations, and coercive federalism The administrations of Presidents Johnson, Nixon, Reagan,

Bush Sr., Clinton, Bush Jr. Obama and Trump have applied their own interpretation of the federalism structures, whereby each president adjusted the structures of federalism.

Centralized federalism, from the Johnson until the Reagan administration (1964-1980), a pineapple upside down cake is the metaphor. Specifically, the Great Society under President Johnson, Congress disregarded the powers to enact legislation on anything considered by Congress as vital to the Great Society. As Lloyd stated, “the Supreme Court ignored the 10th Amendment until it lost meaning” (Lloyd n.d.:14). The 10th Amendment to the US Constitution was part of the Bill of Rights. It says that all rights not specifically granted to the federal government are under the control of the states. The local governments received money directly from the federal government bypassing the state. In ignoring the sovereignty of the states, the federal government intervened and often-sidelined policies and grants the states were implementing. The federal government was not respecting the powers of the states, which might cause them problems with the policies and grants they were implementing. Moreover, even though states had no input in federal policy initiatives, states were required to meet the stipulations of federal grants and regulations. Where they conformed to federal regulations when getting involved with federal policy initiatives (Lloyd n.d.).

New Federalism utilized under the Nixon Administration, it predominately operated from 1980-2001, under the Reagan and the H.W. Bush administrations. The structures of New Federalism, developed and supported by the Republican Party, and remnants in the George W. Bush, Jr. administration as well in fiscal policies of the Republican led Congress of today. With this form of federalism, the federal devolves responsibility, both fiscal and otherwise, back to the states. In the Nixon administration, the federal funding augmented state financial costs but under Reagan and the subsequent administrations; the federal government was more selective in choosing what initiatives they would support at the state level. Thus, the federal administration had the capacity to undermine a state policy or program simply by restricting federal funds. (Shin 2018; Anders and Shook 2005).

Coercive federalism, a third variation, has roots dating back to the Great Society. It entails the centralization and nationalization usually brought about by executive orders and mandates and preemptions at the level of federal administration. The George W. Bush administration used coercive tactics and tools relied on by the legislative and executive branches to implement the priorities and specific goals of the Bush Administration, either by direct or indirect means. To do this, the federal government would deliberately inflate the costs of state and local programs and refuse to provide sufficient funding to cover state initiatives. (Conlan 2006; Posner 2007; Deng 2017).

A fourth and final form of federalism is Representational Federalism (2001-present). It reflects a combination of coercive federalism with a twist. Representational federalism also retains elements from both dual and cooperative federalism, making it more complex than before. Although more intersectional than before, elements have made it more responsive to nationwide election coalitions, campaign contributors, and interest groups and much less responsive to the elected officials of state and local governments, political parties and state and local interest groups. (Kincaid et al. 2008). So the federal policies have put more emphasis on “nationwide election coalitions, campaign contributors, and interest groups and much less responsive to the elected officials of state and local governments people” (Kincaid et al, 2008).

Newer Federalism Concepts. Conlan (2006) has an alternative description of coercive federalism, which he called opportunistic federalism. Conlan believes “contemporary federalism are more seductive, dismissive, or co-optive than openly coercive. Overall, opportunistic federalism seems better able to capture the range and behavioral dynamics of contemporary intergovernmental behavior” (667). Opportunistic federalism tolerates and emboldens participants in the system to follow their current agenda with little regard for the institutional or collective consequences. (Conlan 2006: 667) In the Bush Administration where cooperative standards and time-honored accountability were almost nonexistent, opportunistic federalism thrived. (Ibid.) While the No Child Left Behind was a more restrictive mandate and coercive, there was a new malleability where “waivers represent yet another face of opportunistic federalism - an every-state-for-itself, cut-the-best-deal-you-can form of federalism.” (Conlan 2006: 668) With the erosion of cooperative federalism, federal, state, and local governments could, and often would, replace mutual goals with their own specific interests, replace mutual goals with individual interest, at the federal, state and local levels of government. (Conlan 2006)

Uncooperative federalism is a concept developed based on a gap in the federalism literature. It uses regulatory authority to oppose federal strategy. It is when the state “use regulatory power conferred by the federal government to tweak, challenge, and even dissent from federal law,” (Bulman-Posner 2008: 1259) It is when the state, in a servant position to the federal government uses licensed dissent, dissent made possible by a regulatory gap or civil disobedience. These types of dissent are separate from the normal, routine negotiations that exist between the federal and state levels of government. (Bulman-Posner 2008)

Rhetorical federalism is the resistance by states to adopt, under most circumstances, a federal program, i.e. ACA (Affordable Care Act) (Leonard 2010) Rhetorical federalism reflects an overlap of uncooperative federalism and opportunistic federalism. Opportunistic federalism indicates the diminished constitutional powers accorded to the states whereas uncooperative federalism reflects the force of state opposition. Rhetorical federalism, as a combination of opportunistic and uncooperative federalism, therefore recognizes, as Leonard (2010) describes, “Rhetorical federalism recognizes that even inconsistent, disingenuous invocation of federalism arguments may benefit both health care decision-making and federal-state relations.” (Leonard 2010: 162)

While earlier in the section New Federalism was a Republican plan under the Nixon and Reagan administrations, it currently continues as a tool of the liberals and the Democratic Party. Some experts believe that New Federalism is always going to be a part of the federalism landscape. (Nathan 2006) Federalism in this context is opportunistic, “Where you stand depends on where you have power.”

It is dynamic. As already stated, it changes over time as values and goals shift in the society. It is cyclical in that changes in American federalism coincide with shifts in the mood of the country. It is pro-government (and in this I agree with Michael Greve [2005]) in the sense that it’s shifting character ratchets up public sector activism and spending over time (Nathan 2006: 502).

It appears that the structure of federalism is again evolving and consequently no longer completely fits into any of the existing categories. Analysis and scholarly publications since 2006 focused on the changes at the state level. Opportunistic federalism shows the states shopping around for what best works for them. Uncooperative shows that the states are no longer blindly doing whatever the federal government believes is best for them. Rather, the states continue with policy streams of existing patterns of decisions and policy, somehow retreating into the *status quo*. (Kettl 2020)

Where Does the Trump Administration Fit?

All the above-mentioned diverse variations of federalism reflect shifting, evolving, and distinct interpretations of the relationship between the federal and state levels of government as implemented by administrations from President Washington to President Trump. Each administration, to different degrees, vacillated between cooperation and friction, and, in some cases, obstruction of state sovereignty. While most of the categories discussed various degrees of centralization and decentralization between the federal and state levels of government, the role of the state is changing, which once again changes the balance of the relationship. Currently, the states focus on maintaining individual patterns, carrying out freedom of choice, which also includes very negating policy decisions made at the federal level.

The Trump administration seems to be an anomaly. It has combined elements of the three forms of federalism – coercive, representational and new federalism. The administration has definitely used coercive tactics, i.e., executive orders and mandates (Coercive Federalism) to achieve his campaign promises, many times at the expense of overriding Congressional decisions. The administration also has elements of Representational Federalism by focusing on many of the concerns of campaign contributors and interest groups and placing a large percentage of them within the administration. Moreover, with COVID 19 President Trump has definitely exercised elements of the New Federalism, devolving much of the responsibility to the states and local governments and not providing the funds. The Trump Administration also shows strains of Opportunistic, Uncooperative and Rhetorical federalism. However, none of the previously mentioned categories includes a form of federalism whereby the federal government refuses to play its part. New Federalism incorporates instances of uncooperative practices, but the degree to which the Trump administration has negated its responsibility is far beyond New Federalism.

COVID AND FEDERALISM

Preparation for COVID

Pre COVID 19. In order to have a complete picture of the federal response to COVID, it is necessary to know the capabilities of FEMA, CDC and NIH, in brief, before the virus hit. From day 1, the Trump administration in its 2017 budget proposed 18 per cent cuts (\$15.1 billion) for HHS – which included a cut of 5.8 billion (18 %) for NIH (Soffen and Lu 2017). Nevertheless, HHS, in general was not his target. FEMA, CDC and NIH came under scrutiny because the Trump administration and in particular President Trump as well as many in the Republican Party have been hostile to hard science, especially scientific research. (Hiltzik 2020).

NIH was a prime target. President Trump accused them of giving away money, i.e. corruption based on their funding grants for scientific research. He proposed cuts of 22 % (\$7.7 billion) in FY2018; FY 2019 \$5 billion; FY 2020 \$3 billion (proposed in April 2020, after COVID was well under way). However, in each year, the Congress not only did not cut funds but also in most years increased funding (Hiltzik 2020; Guglielmi et al. 2018; Reynolds 2017).

The Trump administration targeted the CDC with similar cuts. FY 2017 the proposed cuts were 22 % (\$1.2 billion) (Collier 2017); FY2018 12 % budget cuts (Kwon 2018); and FY2020 proposed cuts of 16 %. “Trump’s budgets have proposed cuts to public health, only to be overruled by Congress, where there’s strong bipartisan support for agencies such as the CDC and NIH. Instead, financing has increased” (Palma 2020).

The Trump administration targeted FEMA with comparable reductions. FY2017 the proposed reductions were \$671 million (federal disaster relief/pre-disaster preparedness) (Moore, 2017); FY2018 proposed cuts were over \$1 billion (11 %) (Slevin 2017). FY2019 proposed cuts were \$857 million (EZGovOPPs 2019) and in FY2020 proposed cuts \$696 million (Johnson 2020).

The Trump administration used FEMA on numerous occasions to pay for other priorities the Trump administration could not obtain through normal budgetary processes, so achieved with executive orders. In 2018, the administration diverted \$10 million to pay for ICE (Immigration and Customs Enforcement) (USA Today 2018). In January 2019, President Trump threatened to pull FEMA money from California, over an issue of forest management (CPF 2020). In July 2019, DHS said “reprogramming funds” Congress allocated funds. \$271 million was be diverted to help with an “immigration crisis”, of which \$158.4 million would be taken from FEMA disaster relief (Jacobson 2019). President Trump continues to play with FEMA monies without regard to FEMA’s role in the pandemic. In April 2020, President Trump decided to pull funding from FEMA COVID 19 testing sites. This example, although reversed, shows the disdain by the Trump administration for FEMA (Sonnemaker 2020).

The reason for this discussion on cuts to FEMA occurred on March 19, 2020 when FEMA became the coordinator of the American Response to COVID 19. FEMA activated the National Response Coordination Center (NRCC). This made them the Agency in charge of both coordination among the federal agencies involved with COVID 19 as well as the integration of the federal level and state level to work together. (Homeland Security website)

Part of the reason the response from FEMA was inadequate was due to severe budget cuts forced by the Tea Party during the Obama Administration (Torbaty and Arnsdorf 2020). The Tea Party’s major focus was cutting the federal budget and forcing it on the Obama Administration. The National Strategic Stockpile (NSS) went into the pandemic inadequately supplied. “Among the victims of those partisan fights was the effort to keep adequate supplies of masks, ventilators, pharmaceuticals and other medical equipment on hand to respond to a public health crisis.” The stimulus packages provided an influx of \$17 billion. The NSS has not received any funding since 2009 (Torbaty and Arnsdorf 2020).

The Directorate for Global Health Security and Biodefense (GHSB) created in 2014 and 2015, to address coordination problems experienced during the EBOLA situation. (Huda 2020) The National Security Council (NSC) administered the new directorate. However, due to budget cuts in 2019, the National Security Advisor (NSA) John Bolton disassembled it in 2018 (Huda 2020).

Pre COVID 19 Planning

“Prepare too early and you’re called Chicken Little. Act too late — and millions may die” (Diamond 2020). The Bush administration’s Secretary of HHS, Mike Levitt made this statement. Either preplanning was seen as alarmist before the crisis and inadequate as the crisis progresses. However, the planning process is in a cycle of inattentiveness, for at least 2 decades, which would include three Presidential administrations. The cycle is as follows – a crisis occurs, where the administration is not prepared. Following the crisis, the government sets out a plan, which always includes the need of funding, a playbook, etc. They warn the next administration as to this need. Then the next administration defunded what happened previously. Then when the next crisis appears on the horizon, the new administration is unprepared (Diamond 2020).

Briefly, as examples are the George W. Bush and Barack Obama administrations to show how the cycle worked before Trump. George W. Bush had three major crises – nine-eleven and the bird flu followed by Hurricane Katrina. September 11th was more a terrorism crisis. The crisis that made the Bush people move was the bird flu (avian flu). Although the bird flu did not create a pandemic, (Roos 2006) it was a wake-up call to the Bush administration. The Secretary of HHS, Mike Levitt and Alex Azer, the top Deputy in 2005 and later HHS Secretary under Trump, wrote a 381-page playbook, which contained tactics, models and other details. Then in 2006, the Congress enacted the Pandemic and All Hazards Preparedness Act. The Bush Administration in Hurricane Katrina amplified this in significance following their failed efforts. This act was to set the top leadership in case of a crisis as the Secretary of HHS as well as the Assistant Secretary for Preparedness and Response to advise the HHS Secretary. It expanded grant money for state and local preparedness systems, to be able to provide staff and equipment to lower risk areas, as well as increases the network to share information to monitor and assess state and local preparedness (Bristol and Marcozzi, 2007).

President Obama followed a similar pattern as the Bush administration. He got rid of the WH preparedness position as part of the cuts to handle the Great Recession of 2009. In preparing for a pandemic there are three groups that are part of the process – the Congress decides on the amount of funding available to address the crisis pandemic. Secondly, the authorities must decide, “Think through how different agencies can work effectively and quickly in an emergency and anticipate legal, economic and social implications of response measures. States have to coordinate between their communities as well as across borders” (Neiman Foundation n.d.). In 2009, a GAO report (Government Accounting Office) found gaps in preparation at the federal, state and local levels of government. This included problems with vague leadership roles, obligations and harmonization. “The GAO also cited the need for performance monitoring and accountability for pandemic preparedness, including setting priorities and providing information on needed funding (GAO 2009).

They also found unclear and untested federal leadership roles, responsibilities, and coordination, as well as gaps in planning at all levels of government, among other issues. The GAO also cited the need for performance monitoring and accountability for pandemic preparedness, including setting priorities and providing information on needed funding.

Even though there had been the swine flu, the US federal government was also unprepared for the Ebola outbreak (Gostin et al. 2014). Since the swine flu there had been less support provided to the healthcare infrastructure at both the federal and state levels. Federal budget allocations cut CDC funding by 10 % (\$1 billion). At the state level, they had lost almost 20 % of their workforce (50,000) Furthermore, the .Institute of Medicine warned in 2012 of an “enormous potential for confusion, chaos, and flawed decision-making” in a public crisis because of the strain on hospitals and emergency services at the state and local levels (Gostin et al. 2014). Obama would follow a similar patter with the Zika virus in 2016.

In 2016, Obama’s National Security Council wrote a sixty-nine page handbook in preparation of the 2016 elections. It included the need for PPE (Personal Preparedness Equipment); ways to access powers and special financing, including the Defense Production Act; how to detect and contain any potential pandemic. This document was totally ignored (Vakil 2020).

State and Local Preparedness

Several federal budget allocations have implications as to the preparedness of the state and local governments in the case of a pandemic. The largest pot of funding for state and local health departments is the Public Health Emergency

Preparedness (PHEP) Cooperative agreements, which have been available since 2002. This funding is to assist with communal health risks making sure that local health departments are flexible enough to adjust to all possible events. Funding has been available since FY 2004 with an average amount of \$613,406,658 provided every year. Over the lifetime of the funding, the government has provided. \$9,201,099,864 (CDC website).

The PHEP recipients are part of the National Response Framework. This framework “align key roles and responsibilities across the Nation. It describes specific authorities and best practices for managing incidents that range from the serious but purely local, to large-scale terrorist attacks or catastrophic natural disasters” (Homeland Security 2008). This is to integrate the response and responsibilities of the government at all three levels.

The CDC leads in preparing the country to be ready to respond. They also construct and fortify the national health infrastructure. Their office that oversees this process is the Office of Public Health Preparedness and Response (OPHPR) “works with state, tribal, local, territorial, national, and international public health partners to create the expertise, information, trainings, and tools that public health practitioners, people in communities, and partner organizations need to protect their health from natural and manmade threats.” (Leinhos et al. 2014: 9)

The CDC in 2008 created nine Preparedness and Emergency Response Research

Centers (PERRCs) in accredited U.S. schools of public health. These centers were to address the gaps and weaknesses located at the time (Leinhos 2014). Since 2008, “PERRC research has generated more than 130 peer-reviewed publications and nearly 80 practice and policy tools and recommendations with the potential to significantly enhance our nation’s PHPR” (Leinhos 2014: 8).

Each state’s health care coalitions can be located on the internet. Their information, instructions, etc. show the infrastructure and system set up at the national level. Nothing seems to be missing to explain the inadequate responses of the federal, state and local level health care responses. Please see the following examples (Georgia Department of Public Health, Redi Healthcare Coalition, NY State Health Care Coalition, and Minnesota Regional Healthcare Preparedness)

The GAO (Government Accounting Office) submitted to Congress in 2009 an evaluation report talking about planning and preparedness, with a focus on the state and local level. There were several areas for concern. Leadership roles and coordination mechanisms between the federal, state and local seem to be functioning. However, there are some concerns about coordination between HHS and DHS. While planning and exercises have occurred, there is more to do. “HHS found many major gaps in states’ pandemic plans” (GAO 2009).

The GAO evaluation located gaps in the plans, which appear to remain in 2020 with the COVID 19. First, no plan had any discussion of the costs related to a pandemic. Nor was there any discussion about how the health departments would deal with a lack or deficiency of funds. Secondly, when drafting the National Pandemic Implementation Plan, stakeholders were not included. “Further, relationships and priorities among actions were not clearly described, performance measures were not always linked to results, and insufficient information was provided about how the documents are integrated with other response related plans, such as the NRF” (GAO 2009: 23).

However, an HHS appraisal of state’s strategies located important holes in sixteen of the twenty-two significant areas. This would include community containment and policies for shutting down schools. It was determined that the workshops were a useful model and should continue. However, there were no new workshops scheduled. The local and states have sought more guidance from the federal government especially in relation to issues like school closings (GAO 2009: 25).

The National Governor’s Association voiced similar concerns. States were also in need of assistance in the following areas:” (1) workforce policies for the health care, public safety, and private sectors; (2) schools; (3) situational awareness such as information on the arrival or departure of a disease in a particular state, county, or community; (4) public involvement; and (5) public-private sector engagement” (GAO 2009: 26).

Looking at an assessment at the time of the zika virus of the planning and preparedness, it brought into focus several issues. The disbursement of two additional funding payments of \$25 million occurred from July – December 2016. This covered forty-one states, eight territories and four metropolitan areas based on where mosquitos were plentiful. (Murthy et al. 2018) With the additional funding, completed planning and preparedness reports went from 26 % to 64%. Each

jurisdiction was required to provide a quarterly report to provide data about the CDC checklist. It looked at more specifically: “awareness among internal and external partners, including the Zika response leadership, professional health care associations, nonprofit organizations, academic and research institutions, and the private sector” (Murthy et al. 2018: 972). The fortification of the delivery response occurred with the cooperation of the state and local health departments and the CDC.

Both the GAO report and the discussion about the Zika virus show that there needs to be leadership provided. The GAO report emphasizes the importance of leadership, authority and coordination.

AMERICAN EXPECTATIONS AND LEADERSHIP

When looking at evaluating the COVID19 crisis, a part of the equation is what the American people expected from the federal, state and local governments. Overall, during the pandemic internationally people trusted the government over other institutions like business, media etc. Whenever looking at the three levels of government in the US, there was a 20 % gap between the federal and local government, federal at 44 % and the local at 66 % (Edelman 2020).

During times of crisis, the American people have certain expectations of their leaders, especially the President. Americans measure their presidents by what we anticipate them to achieve. The list is vast, varied and more and more unreasonable. Moreover, the public is often disappointed which has an impact on their trust in their government. When a crisis comes along, it will take strong leadership to address the crisis.

Leadership and crisis work closely together. “People experience crises as episodes of threat and uncertainty, a grave predicament requiring urgent action” (Boin and Hart 2003: 544). Leaders should ensure that public safety is first; organize worst-case scenarios; to be attentive concerning risks of impending emergencies; afford well-defined direction to crisis administration operations; show compassion to all the victims of the crisis and learn lessons of the crisis (Boin and Hart 2003).

In the United States, in times of crisis, Americans look to the President for leadership. What a President say MATTERS. “Presidential rhetoric plays an important role in our government, where the president functions as the spokesperson for American citizens” (Correnti 2010: 17). “Psychology and political science has demonstrated that once “misinformation” is initially encoded in a person’s mind, it is very difficult to change perceptions through credible corrections. In fact, attempted corrections often reinforce the initial misinformation.” (Pffifner 2018). He uses his lies for self-aggrandizement, to blame or implicate others or to deflect from other administration problems. The main point is “if there are no agreed upon facts, then it becomes impossible for people to make judgments about their government or hold it accountable” (Ibid.). That would include the COVID 19 pandemic.

A President must take three steps during a crisis. First, a president must announce that the situation at hand is a crisis. Secondly, “that instead of polarizing the enemy, rightful blame should be placed, but the focus of the President’s rhetoric should be the language that unifies the American public in the goal of resolution of the crisis” (Pffifner 2018: 16). Third, a course of action should be set. These three points in Correnti, 2010 come from Windt, T. O., Jr. (1973).

Firstly, President Trump announced that there was a crisis by declaring a state of emergency on March 13, 2020. This is almost 2 months (fifty-one days) after confirming the first case in the US on January 22, 2020. (Watson, 2020) On March 13, there were two thousand seven-hundred confirmed cases. However, President Trump proceeded to sow confusion, misinformation and made promises that he would not keep, with his lack of leadership style. In the earliest stages, the president downplayed COVID and then vacillated to everything was under control and that there was a plan. This was while China and Europe were beginning to feel the presence of COVID. As February progressed, with now a smattering of cases, the flu was nothing to be afraid of, everything is still under control, with statements like Chinese President Xi “feels...the heat, generally speaking, kills this kind of virus” and “It’s going to disappear. One day it’s like a miracle, it will disappear”(Watson 2020).

Secondly, President Trump placed blame on everyone other than himself, all the while sowing the seeds of disunity, division and chaos. At first, it was the Democrats and the media that were overstating the virus. They wanted to damage

severely the economy and the probability of his serving a second term. Then he aimed his blame at the Chinese government and the WHO (World Health Organization). The actions President Trump took was to ban Chinese travel to the states. The blame extended to the WHO, who supposedly was not overseeing the Chinese government's response (The Conversatio 2020). Lastly, with the lack of pandemic preparedness, including PPE (Personal Protective Equipment), ventilators, etc., states' governors competed for supplies. President Trumps wanted the states' governors to be 'appreciative' in order to get the help of the federal government. This just further divided not only states from the federal government but also created further discord between the states (The Conversatio 2020).

Thirdly, President Trump needed to plan a course of action. The President fell far short in his leadership role. President Trump downplayed the crisis, all the while knowing the severity of the crisis (Forgey and Choi 2020). He intentionally and deliberately lied to the American public. Some commentators have even gone so far as to call it a dereliction of duty (Edelman 2020).

President Trump has stated on numerous occasions that he is not responsible for the COVID 19 pandemic. He was not responsible for the lack of medical equipment, he was not responsible for the lack of a test for the virus, and he was not responsible for his lack of leadership. This left state governors no choice but to step up, take the reins of leadership, and set policies related to COVID 19 issues (Galston 2020). The governor's leadership was chaotic and haphazard. Some credible instances of leadership like Gov. Mike DeWine of Ohio, Gov. Andrew Cuomo of New York and Gov. Gary Newsom of California. Other governors followed the Trump playbook of lack of leadership like Gov. Ron DeSantis of Florida, Gov. Bill Lee of Tennessee, and Gov. Kevin Stitt of Oklahoma. "These governors have been slow to respond to the threat, offered false bravado, and flailed desperately to pin the blame someplace else-usually, blue states" (Murphy 2020). To ensure evenhandedness, among other federalist issues, most leadership is at the federal level.

One of the mechanisms open to the governors was that of creating regional coalitions, in order to help provide leadership, which had been severely lacking from the federal government, especially the President. Coalitions formed by states for two purposes to date. The first was to buy and allocate supplies of PPE, which were not available in quantities large enough to deal with the problem. Secondly, they formed later during the pandemic by states to work in tandem when preparing to reopen their economies after the shut downs of states to slow the number of COVID 19 cases. (Linton 2020).

The coalition that formed in the NE included the states of New York, New Jersey, Connecticut, Pennsylvania, Delaware, Massachusetts and Rhode Island. The purpose of the coalition was to collect supplies of medical equipment as well as PPE. These items were in short supply due to the lack of federal and state funding provided to create caches of supplies. The states were competing with the federal government along with each other to be able to purchase these supplies (Linton 2020).

However, of the three regional coalitions created around the purchasing of medical supplies and PPE, "born last month to organize a fifty-state free-for-all, regional coalitions to combat the coronavirus have so far been more ornamental than operational" (Wagner and Newkirk 2020). States in the West are not organizing as a single unit but do communicate about PPE and medical supplies. Although considered, the South has not formed a coalition. "In the absence of federal leadership, states have been required to step up, not only individually but to coordinate regionally. ...I'm not seeing any tangible production coming out of it" (Wagner and Newkirk 2020).

There are 19 states and approximately 50 % of the American population that are included in the current coalitions. Given the fact that there is a lack of federal leadership, it created a vacuum. The coalitions aided in filling the void. It is the position of the Trump administration that the responsibility sits with the governors. The administration has gotten rid of a document to guide the states and FEMA and is to withdraw from its lead role of procuring medical supplies and PPE. Most states in coalitions are doing what is best for their own states, the true benefit, political in nature, is having the cover of the group so they do not step out and do something out of the mainstream. The coalitions are vague about their tactics etc. (Wagner and Newkirk 2020). There are still those who would like to be back under federal leadership. "I would love to have a national strategy other than 'You do it,'" Minnesota's Tim Walz said during a news conference Thursday" (Wagner and Newkirk 2020).

Another issue about federal leadership is that President Trump has found ways to disrupt and prevent the leadership from the federal agencies that oversee any pandemic, FEMA, CDC, and NIH. The National Taskforce on Rule of Law and Democracy, housed at the Brennan Center has produced two reports around this very issue. The center has a Congressional plan to subvert many of the executive power exploitations known under Trump. These would include “legislation to protect government science from political interference, strengthen federal ethics laws, and curb the practice of placing acting officials in key government positions” (Kinsella, et al. 2020). Trump forfeited his leadership role in COVID 19, and tried to hinder, politicize and prevent any leadership and guidance by the main federal agencies. Politicize in the sense that he changes information from the main healthcare agencies. The changes are to benefit his chances of reelection in 2020.

HOW FEDERALISM IMPACTED THE PREPLANNING AND PREPAREDNESS STAGES OF COVID 19

Federalism is a way to allocate decision-making power. According to the US Constitution, it confers certain powers to the national government. State powers include all powers not granted to the federal government. Therefore, two levels of government have the ability to make decisions either in tandem or separately. Nevertheless, the division of power is not clear. The point is who is to do what (Selin 2020).

There are many positive points about federalism. They include “autonomy, cooperation, variation, and experimentation” (Gluck and Huberfeld 2018: 1694). Other benefits of federalism are “the flexibility to customize responses to the unique characteristics of a local population, maintain state budgets, and test new policies” (Gordon et al. 2020). When looking at federalism on a disorganized spectrum you find scholars all along said spectrum. Some see the state activity as only something that functions as a safety valve for the manifestation of opposing opinions. Some say there is no federalism, only decentralization where the federal government uses the states who work at the behest of the federal government, in an obedient way. Then again, there are those that use the Constitution as a framework where the power of the state is separate from the federal government (Gluck and Huberfeld 2020).

When looking at the ACA (Affordable Care Act) and federalism, the authors found that it did not fit any of the above points on the spectrum. Rather they found “state leverage, intrastate governance, and state policy autonomy, even within a national statutory scheme” (Gluck and Huberfeld 2020: 1695). These were independent and did not need any special arrangement. Would this also be the case with COVID 19?

Without presidential leadership, in the time of a pandemic, the states are in charge. The states always play a large role when it comes to healthcare, with over two-thousand state, local and tribal healthcare agencies. With the vacuum created by the lack of presidential leadership the states stepped up. They were uncoordinated, decentralized, unorganized, piecemeal, chaotic, as well as disjointed. Two authors went so far as to say that “the dark side of federalism: it encourages a patchwork response to epidemics” (Haffajee and Mello 2020).

The federalist system does constrain the federal government’s capacity to call for a centralized plan of action. President Trump’s response has exacerbated the situation with contradictory messaging, unbalanced aid to states, inadequate testing as well as financial support and supply postponements. The Trump administration was blaming the states for the lack of medical supplies as well as blackmailing them that if they were not appreciative they would not get the aid they needed from the federal government. (Mackay, 2020) President Trump in a letter to Senator Chuck Shumer stated, “as you are aware, the Federal Government is merely a back-up for state governments” (Trump 2020). The COVID 19 pandemic as a national issue needed a national strategy, which was never forthcoming.

The lack of a national strategy created friction among the states. “In no other country was the level of friction between the national and subnational governments as high as in the United States” (Kettl 2020: 4). Based on the customs of federalism, the US system of governance, as the states began to take control, each state handled COVID 19 differently. Two patterns began to emerge.

First, the decisions in each state were not just a reaction to the virus but were embedded in a far longer and much wider policy stream. Second, these decisions clustered in important ways, with groups of states following different tactics. A careful look at these interrelated forces provides keen insight into the policy streams of American federalism-and to examine

American federalism is to provide insight into the differences in the state responses (Kettl 2020: 4).

While the states tried to respond to the corona virus, how they dealt with other policies and politics related to healthcare plagued them.

In general, Republican governors are more concerned with the financial side of the pandemic, whereas the Democrats are more involved with health and safety (Baccini and Brodeur 2020). Governors with term limits are less likely, by 40 % points to have closed down their state. A more likely indicator is past healthcare policy decisions taken by the states. States, in general, have been moving in different directions when it comes to public policy. When the pandemic hit, the states remained on the same course (Baccini and Brodeur 2020).

Gluck and Huberfeld thought ACA showed the positive aspects of federalism, a subsequent article found the negative side of federalism and the ACA. Kettl believes ACA was not a federal healthcare program but rather “a federal program encouraging the states to create their own state-based health insurance exchanges and to decide whether to expand the Medicaid program to more recipients” (Kettl 2020: 9). So as such, it is a perfect example about how states have provided leadership within the healthcare field. Some states took a leadership role and expanded healthcare for the states citizens and others did not expand care and provided negative leadership. Of those that provided leadership and expanded their healthcare, 87% shut down their states in March. Of those that did not provide leadership and did not expand healthcare more than two thirds did not close their businesses in March (Kettl 2020). This explains why the states were just following the *status quo* during the early stages of the pandemic. Their response showed “the relationship between federal and state governments will ultimately mean a patchwork of related but not identical strategies, solutions, and regulations to unfold in the coming years” (Sommer 2013). This is the same patchwork to show up again in COVID 19.

There is a caveat, a positive reason for devolving the power from the federal level to the states and the governors. One that was probably unintended by the President. “He’s allowing the nation’s governors to reacquire executive muscle that has withered in the age of the imperial presidency” (Nicholas and Gilsinan 2020). The states have the possibility of being a counter weight to the President. They are also building systems that will be helpful in times of crises and pandemics in the future (Nicholas and Gilsinan 2020).

PLANNING AND FUNDING

With the provision of funding, the GAO, HHS as well as the National Governor’s Association, alluded to holes in the planning, how to proceed with a lack of funding, and the accountability. As well as the lack of planning, the fact that the states were seeking guidance in such areas of the closing of schools, etc.

The lack of planning shows in the lack of availability of medical supplies and PPE at the beginning of the pandemic. HHS, CDC, FEMA, and NIH are all involved in the planning stages at the federal level as well as the state local and tribal public health departments. The US has been unprepared for each major healthcare crisis SARS, EBOLA, Zika, etc. COVID19 was no different. The responsibility comes from the White House, Congress and each of the many and varied healthcare entities, HHS, DHS. CDC, NIH, FEMA. There appears to be too many agencies, programs, plans for situations such as these and yet there are many holes to the plans. Even with all the plans, programs created to deal with such an event, the US was extremely unprepared. Federalism plays a part with the divisions between federal and state levels as well as the divisions at both the federal and state levels.

The Congress has issued two major stimulus packages with a third passed by the House but not taken up in the Senate. There are stories like “federal grants available to so-called small businesses like the Los Angeles Lakers and propped up corporate debt for companies that report billions in record profits, like Apple and United Health Care. Meanwhile, American families were given too little in direct assistance with false hope of money trickling down” (Katulis and Klein 2020). The Pentagon absconded with \$700 million allocated for medical equipment supplies to provide jet engine parts and body armor to large defense contractors. “These funds could’ve shored up the severe shortage of N95 masks at numerous U.S. hospitals. Or supported desperately needed vaccine distribution infrastructure” (Win Without War 2020).

The last point was the state seeking guidance from the federal government. For COVID 19, guidance will come not only

from the President but also from the federal departments (HHS, DHS) and the different agencies (CDC, NIH, FEMA) as well as from the states to the local level public health departments. What guidance has been provided is being tampered with by a WH and a President that has interfered with information being given, scientific materials all in the name of the re-election of President Trump.

CONCLUSION

This article began with three questions. First, how did the tension between the three levels of government affect the planning for COVID 19? The answer is tremendously. There has been tension between the President and the federal departments and agencies that deal with healthcare. President Trump tried to reduce drastically the funding to all of these agencies and while the reduction of funding did not occur per the WH, it created tension. Trump's war on science has also not helped with the planning of the pandemic, the follow-through needed by showing a lack of support for and denunciation by the president for even the primary jobs the agencies and departments had to do.

Friction existed among the agencies and departments. Two departments, HHS and DHS, have no clear lines of communication, cooperation, collaboration. Two different departments divide the health agencies and there is no clear delineation as to who is in charge, who is responsible for what, nor who is accountable.

There was also tensions between Trump and the governors. Part of this was due to the competition between the states and federal levels in search of medical supplies, PPE and the testing ability. There was tension between the two due to the need by the states for funding and the President wanting the governors to "appreciate him" in order to get funding and other assistance from the federal level. There was political tension between the two, the hardest hit states at the beginning were blue states, and the President pushed back on the blue state governors for not having done enough.

There was tension between the federal governmental departments and agencies and the states. Planning done at the national level did not even include the stakeholders, those who were to implement the federal programs. Some states did not plan unless they received extra funding,

The article spent a good deal of time examining the lack of leadership provided during the pandemic, especially at the federal level. It is evident that President Trump has not provided leadership either to the states or to the federal departments and agencies. His lack of support for science has created conflict with the doctors and scientists in the agencies. The absence of leadership by the president with the states has been a prevalent theme, one that has caused friction throughout the levels of government.

The President in relation to funding, science, providing medical supplies, testing and PPE, has hampered leadership by the agencies. Congress and the lack of funding and oversight have created additional problems. Due to lack of Congressional oversight, even with the provision of the stimulus packages, much money was misappropriated.

The leadership provided by the states is, chaotic, etc. Fifty states going in fifty different directions. They are following the same policy decisions that they have made in the past. Fifty states, fifty cultures, etc. Therefore, what does this bode for the decision-making done by the states.

Lastly, is the question concerning the regional coalitions that have developed due to lack of federal leadership? These coalitions have been far more active on issues like buying supplies and the reopening of state economies. They had little influence on the planning stage.

Overall, the federal structure has caused more problems, more friction and influenced the planning for COVID.

References

- Anders, K.K. & Shook, C.A. (2003). New federalism: Impact on state and local governments. *Journal of Public Budgeting, Accounting & Financial Management*.
- Bristol, N., & Marcozzi, D. (2007). Pandemic and all-hazards preparedness act. *Disaster Medicine and Public Health Preparedness*, 1(1), 9-10.
- Baccini, L., & Brodeur, A. (2021). Explaining governors' response to the COVID-19 pandemic in the United States. *American Politics Research*, 49(2), 215-220.
- Boin, A. & Hart, P.T. (2003). Public leadership in times of crisis: mission impossible? *Public Administration Review*, 63(5), 544-553.
- Bulman-Pozen, J., & Gerken, H. K. (2008). Uncooperative federalism. *Yale LJ*, 118, 1256.
- CDC (Center for Disease Control). (n.d.). Public health emergency preparedness (PHEP) cooperative agreement. https://www.cdc.gov/cpr/readiness/phep.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcp%2Fcoopagreement.htm
- Collier, R. (2017). Massive cuts to science and medicine in Trump budget.
- Conlan, T. (2006). From cooperative to opportunistic federalism: reflections on the half-century anniversary of the commission on intergovernmental relations. *Public Administration Review*, 66(5), 663-676.
- Correnti, L. (2010). What a President Says Matters: An Analysis of Presidential Responses in Times of Economic Crisis. *Boston College*.
- CPF (California Professional Firefighters). (2020). *CPF president responds to president's threat to cut off aid to fire victims*.
- Deng, S., & Kuol, D. (2017). How American federalism divides powers between the national and state government.
- Devins, N., (2004). The judicial safeguards of federalism. *Northwestern University Law Review*, 99, 131-144.
- Diamond, D. (2020). Inside America's 2-decade failure to prepare for coronavirus. *Politico Magazine*.
- Edelman. (2020). The Edelman trust barometer. <https://www.edelman.com/sites/g/files/aatuss191/files/2020-05/2020%20Edelman%20Trust%20Barometer%20Spring%20Update.pdf>.
- Edelman, A. (2020). 'Life-And-death betrayal': Biden, democrats shred Trump over woodward book pandemic revelations. *ABC News*. https://www.nbcnews.com/politics/2020-election/pelosi-democrats-shred-trump-over-woodward-book-pandemic-revelations-n1239673?cid=eml_mrd_20200910&utm_source=Sailthru&utm_medium=email&utm_campaign=Morning%20Roundup%20Sep%2010%2C%202020_
- EZGOVOPPS. (2019). Trump budget cuts: DHS, TSA, and more. <https://ezgovopps.com/m/trump-budget-cuts-dhs-tsa-and-more-2/>
- Forgey, Q., & Choi, M. (2020). "This is Deadly Stuff": Tapes Show Trump Acknowledging Virus Threat in February. *Politico*, 9. <https://www.politico.com/news/2020/09/09/trump-coronavirus-deadly-downplayed-risk-410796>.
- Galston, W.. (2020). Trump or governors: who's the boss? *Brookings*. <https://www.brookings.edu/blog/fixgov/2020/03/25/trump-or-governors-whos-the-boss/>
- GAO (Government Accounting Office). (2009). Influenza pandemic: sustaining focus on the nation's planning and preparedness efforts. <https://www.gao.gov/products/GAO-09-334>.
- Georgia Department of Public Health. (2020).
- Gluck, Abbe R., & Nicole Huberfeld. (2018). What is federalism in health care for? *Stanford Law Review*, 70, 689-1803.
- Gordon, S. H., Huberfeld, N., & Jones, D. K. (2020, May). What federalism means for the US response to coronavirus disease 2019. In *JAMA Health Forum* (Vol. 1, No. 5, pp. e200510-e200510). American Medical Association.
- Gostin, L. O., Hodge, J. G., & Burris, S. (2014). Is the United States prepared for Ebola?. *JAMA*, 312(23), 2497-2498.
- Grodzins, M. (1960). The federal system. *Goals for Americans: The report of the president's commission on national goals*, 265-282.

- Guglielmi, G., Maxmen, A., Morello, L., Reardon, S., Tollefson, J., & Witze, A. (2018). Trump budget gives last-minute reprieve to science funding. *Nature*, 554, 284-85.
- Haffajee, Rebecca L. & Michelle Mello. (2020). Thinking globally, acting locally — the U.S. response to COVID-19. *New England Journal of Medicine*. April 2.
<https://www.nejm.org/doi/full/10.1056/NEJMp2006740>
- Gostin, L. O., & Hodge, J. G. (2016). Is the United States prepared for a major Zika virus outbreak?. *JAMA*, 315(22), 2395-2396.
- Hiltzik, Michael. (2020). Column: with attack on NIH, Trump steps up his assault on coronavirus science. *L.A. Times*. <https://www.latimes.com/business/story/2020-04-20/nih-trump-coronavirus-science>
- Homeland Security. (n.d). DHS responds: coronavirus (COVID-19).
- Homeland Security. (2008). National response framework.
- Jacobson, L. (2019). Fact-checking whether FEMA funds were shifted to indefinite detention at the border. *Politfacts*.
- Johnson, B. (2020). Trump budget proposal includes border hikes, FEMA and TSA cuts, and secret service move. *Hstoday*.
- Katulis, B., & Aaron, K. (2020). COVID-19 second stimulus package standoff highlights trump's flawed economic agenda. *Brookings*.
- Kettle, D.F. (2020). States divided the implications of American federalism for COVID-19. *Public Administration Review*.
- Kincaid, J. (2008). Contemporary US federalism: Coercive change with cooperative continuity. *Revista d'estudis autonòmics i federals*, (6), 10-36.
- Kinsella, Martha, Gareth Fowler, Julia Boland & Daniel I. Weiner. (2020). Trump administration abuses thwart US pandemic response. *Brennan Center*. August 6.
<https://www.brennancenter.org/our-work/research-reports/trump-administration-abuses-thwart-us-pandemic-response>
- Kramer, L. (1994). **Understanding federalism**. *Vanderbilt Law Review*, 47: 1485.
- Kwon, D. (2018). Proposed federal budget slashes funds to EPA, CDC. *The Scientist*. February 12.
- Leinhos, Mary & Mildred M. Williams-Johnson. (2014). Preparedness and emergency response research centers: using a public health systems approach to improve all-hazards preparedness and response. *Public Health Reports* 129, (4) 6.
- Leonard, E.W. (2010). Rhetorical federalism: the value state-based dissent to federal health reform. *Hofstra Law Review*, 39, 111.
- Lind, M. (2002). Do the people rule? *The Wilson Quarterly*, 26(1), 40-49.
- Linton, Caroline. (2020). Cuomo announces 7-state coalition for purchasing medical equipment. *CBS News*. May 4. <https://www.cbsnews.com/news/andrew-cuomo-ppe-medical-equipment-coronavirus-7-state-coalition/>
- Lloyd, A. (n.d). Is federalism dead? <https://sites.harding.edu/lklein/abby's%20federalism%20as%20a%20pdf.pdf>.
- Mackay, R. (2020). In exchange for aid, Trump wants praise from governors he can use in campaign ads. *The Intercept*. <https://theintercept.com/2020/03/28/exchange-aid-trump-wants-praise-governors-can-use-campaign-ads/>
- Minnesota Regional Healthcare Preparedness Coordinators.. (n.d).
<https://www.health.state.mn.us/communities/ep/coalitions/rhpc.html>
- Moore, R. (2017). FEMA disaster programs at risk of major cuts by Trump. *NDRC*. <https://www.nrdc.org/experts/rob-moore/fema-disaster-programs-risk-major-cuts-trump>
- Murphy, T. (2020). “Some governors have risen to the occasion during the pandemic. These Republicans aren’t among them. *Mother Jones*.
<https://www.motherjones.com/politics/2020/04/some-governors-have-risen-to-the-occasion-during-the-pandemic-these-republicans-arent-among-them/>

- Murthy, B. P., Vagi, S., Desamu-Thorpe, R., & Avchen, R. (2018). Assessment of state, local, and territorial Zika planning and preparedness activities—United States, June 2016–July 2017. *Morbidity and Mortality Weekly Report*, 67(35), 969.
- Nathan, R.P. (2006). There will always be a new federalism. *Journal of Public Administration Research and Theory*, 16(4), 499-510.
- Neiman Foundation. (n.d). Covering pandemic flu. *Neiman Foundation for Journalism at Harvard*.
<https://nieman.harvard.edu/wp-content/uploads/pod-assets/microsites/NiemanGuideToCoveringPandemicFlu/PandemicPreparedness/ChallengesForGovernment.aspx.html>
- Nicholas, P., & Gilsinan, K. (2020). The end of the imperial presidency. By ceding flex control over the government's pandemic response, Trump is allowing American governors to new muscles. *The Atlantic*.
<https://www.theatlantic.com/politics/archive/2020/05/trump-governors-coronavirus/611023/>
- NY State Health Emergency Preparedness Coalition. (n.d). <https://www.urmc.rochester.edu/emergency-preparedness.aspx>.
- Palma, B. (2020). Did president Trump cut the CDC budget? *Snopes*.
<https://www.snopes.com/fact-check/trump-cut-cdc-budget/>
- Pfiffner, J. (2018). Trump's lies corrode democracy. *Brookings*. <https://www.brookings.edu/blog/fixgov/2018/04/13/trumps-lies-corrode-democracy>
- Posner, P. (2007). The politics of coercive federalism in the Bush era. *The Journal of Federalism*, 37(3), 390-412.
- Redi Healthcare Coalition. Eastern Washington State. (n.d). <https://srhd.org/programs-and-services/hcc>
- Reynolds, M. (2017). Trump wants 2018 NIH cut to come from overhead payments. *Science Magazine*.
<https://www.sciencemag.org/news/2017/03/trump-wants-2018-nih-cut-come-overhead-payments#:~:text=The%20Trump%20administration%20could%20slash,Tom%20Price%20told%20lawmakers%20today>
- Reynolds, S. (2020). Donald Trump blames everyone but himself for the coronavirus crisis. Will voters agree? *The Conversation*. <https://theconversation.com/donald-trump-blames-everyone-but-himself-for-the-coronavirus-crisis-will-voters-agree-135205>
- Roos, R. (2006). Year-end review: avian flu emerged as high-profile issue in 2005.
<https://www.cidrap.umn.edu/news-perspective/2006/01/year-end-review-avian-flu-emerged-high-profile-issue-2005>
- Seitz, A. (2020). Few sickened when Obama declared 2009 flu a health emergency. *AP News*. <https://apnews.com/afs:Content:8603491796>
- Selin, J. (2020). Trump versus the states: how federalism has impacted the coronavirus response. *Salon*. https://www.salon.com/2020/04/20/trump-versus-the-states-how-federalism-has-impacted-the-coronavirus-response_partner/
- Shin, G. (2018). The lesson from the modern American federalism: a challenge to effective public policy performance. *Perspectives on Federalism*, 10(2), 300-320.
- Slevin, J. (2017). Trump is trying to cut disaster relief to build a border wall. *Talk Poverty*. <https://talkpoverty.org/2017/08/29/trump-trying-cut-disaster-relief-build-border-wall/>
- Soffen, K., & Denise, L. (2017). What Trump cut in his budget. *Washington Post*. https://www.worldpittsburgh.org/wp-content/uploads/2017/06/PDF-What-Trump-Cut-in-His-Budget_The-Washington-Post-March-16-2017.pdf
- Sommer, A. (2013). State implementation of the affordable care act. *AMA Journal of Ethics*. <https://journalofethics.ama-assn.org/article/state-implementation-affordablecare-act/2013-07>
- Sonnemaker, T. (2020). The Trump administration has reversed its decision to cut federal resources for coronavirus testing sites. *Business Insider*. <https://www.businessinsider.com/trump-administration-withdrawing-fema-resources-covid-19-community-testing-sites-2020-4>
- Torbati, Y., & Arnsdorf, I (2020). How tea party budget battles left the national emergency medical stockpile unprepared for coronavirus. *ProPublica*. <https://www.propublica.org/article/us-emergency-medical-stockpile-funding-unprepared-coronavirus>

- Trump, D. (2020). Letter from President Donald J. Trump to Senator Charles E. Schumer. *White House*. <https://www.whitehouse.gov/briefings-statements/letter-president-donald-j-trump-senator-charles-e-schumer/>
- USA Today. (2018). Trump administration took nearly \$10 million from FEMA's budget to support ice, documents show. *USA Today*. <https://www.usatoday.com/story/news/politics/2018/09/11/femas-budget-cut-10-million-support-ice-documents-show/1274723002/>
- Vakil, K (2020). Obama prepared for a potential pandemic. Trump gutted his work. *Courier Newsroom*. <https://couriernewsroom.com/2020/04/14/obama-prepared-for-a-potential-pandemic-trump-gutted-his-work/>
- Wagner, K., & Newkirk, M. (2020). With coronavirus cases set to soar, state coalitions are mostly talk. *Bloomberg Quint*. <https://www.bloombergquint.com/onweb/with-virus-cases-set-to-soar-state-coalitions-are-mostly-talk>
- Watson, K. (2020). A timeline of what Trump has said on coronavirus. *CBS News*. <https://www.cbsnews.com/news/timeline-president-donald-trump-changing-statements-on-coronavirus/>
- Windt, T. (1973). The presidency and speeches on international crisis: repeating the rhetorical past. *Speaker and Gavel*, 2(10), 8-9.
- Win Without War. (2020). Hold the pentagon accountable for COVID corruption. <https://act.winwithoutwar.org/act/hold-pentagon-accountable-covid-corruption?source=em20200922&t=7&akid=6500%2E370994%2EVjjZq3>
- Young, E. (2000). Dual federalism, concurrent jurisdiction, and the foreign affairs exception. *George Washington Law Review*. 69, 139.