POLITICS AND PANDEMICS: THE RELATIONSHIP BETWEEN ECONOMIC SECURITY, PUBLIC HEALTH EMERGENCIES, AND GOVERNMENTAL AUTHORITY

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ABSTRACT

This thesis explores the relationship between economic security, public health emergencies, and governmental authority. Each chapter reveals and acknowledges the significance and impact of public health emergencies and the components of responding to them. Chapter One of this thesis portfolio, *The National Security Implications of Public Health Emergencies and Crisis Response*, addresses the impact of public health emergencies from an objective lens. This chapter also revealed how, when, and why these events shape economic policy, public policy, and defense strategy. Using the COVID-19 Pandemic as a case study, Chapter One found that the Trump administration’s initial handling of the COVID-19 Pandemic was unsatisfactory from a national security standpoint.

Chapter Two of this thesis portfolio, *The Executive Branch’s Role in Public Health Emergencies*, analyzed previous crises and public health emergency responses by executive administrations and evaluated them with a case study incorporating several variables during the Trump administration’s response to the COVID-19 Pandemic. This comparison also revealed if there is a need for new legislative or policy measures regarding executive authority as well as what is the best approach to take when responding to public health emergencies for a presidential administration.

Chapter Three of this thesis portfolio, *Looking Ahead: The Future Scope of Executive and Congressional Authority During Public Health Emergencies*, expounds on the previous chapter’s findings from a legal, statutory, and constitutional context. The chapter proposed new congressional and executive action for both entities to abide by when faced with public health emergencies. In doing so, these executive measures ensure that the level of detriment pandemics such as COVID-19 pose are eliminated or at least curtailed significantly, if possible.

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INTRODUCTION

The COVID-19 Pandemic has claimed more than 700,000 American lives to date—more than all foreign conflicts combined in United States history.¹ Regarding the total number of fatalities both indirectly and directly due to COVID-19, a recent study published by the British Medical Journal (BMJ) found that “the United States had a much larger decrease in life expectancy between 2018 and 2020 than other high-income nations.”² The notable decrease in the life expectancy of United States citizens, while profound, represents a small portion of the residual effects caused by the COVID-19 Pandemic at large. Specifically, the COVID-19 Pandemic exposed longstanding issues within United States’ healthcare and public health infrastructure, public policy implementation, social and economic inequality, and national security and defense capabilities.³ With that in mind, how did we get here?

One component of the COVID-19 Pandemic is undeniable: it has and will continue to, change the lives of United States citizens in a non-discriminatory fashion. Specifically, the ill-effects of the COVID-19 Pandemic, while varying in severity for some, demonstrated that there is no limit to the detriment caused by public health emergencies. Everyone is affected by them. It also is universally understood that there is no panacea available to fully eradicate the likelihood of public health emergencies occurring. However, there are several key elements and aspects of public health emergencies in need of both recognition and rectification to ensure the United States has the best opportunity to curtail the ill-effects present during the occurrence of public health emergencies and in their aftermath.

³ Ibid.
Thesis Significance

This thesis employs a three-part approach when ensuring the United States has the best opportunity to adequately respond to public health emergencies such as the COVID-19 Pandemic in the future. The first chapter of this thesis reveals and acknowledges the national security implications of public health emergencies. The second chapter analyzes the response efforts of previous presidential administrations and the executive branch’s role during public health emergencies and crises to provide a better understanding of: 1) How previous administrations handled similar public health emergencies; 2) Whether new legislative or policy measures are needed when combating future public health emergencies; and 3) Why the COVID-19 Pandemic’s effects are more severe in the United States currently as opposed to that of previous public health emergencies of a similar nature. The third chapter of this thesis details the future scope of congressional and executive authority during public health emergencies from a legal and statutory context and provides pragmatic solutions with respect to how both entities should address them, regardless of a public health emergency’s perceived severity initially.

Furthermore, the first chapter of this thesis portfolio assesses the national security implications of public health emergencies. This chapter extracts multiple literary themes from a public health, bioterrorism, national security, economic, and technological context, and analyzes it with the Trump administration’s response to COVID-19 Pandemic, objectively. The first concept addressed within the chapter is the evolution of threats to national security. Specifically, two questions arose when evaluating the evolution of threats to national security and the subsequent national security policies implemented in response to those threats: 1) How and when have national security threats evolved, and 2) Has United States policy implementation adapted to the evolution of threats to national security? Answering both questions is paramount when
analyzing the occurrence of public health emergencies and their national security implications. Without doing so, how can United States’ policymakers understand what has been tested and proven regarding national security policy implementation and how can they account for the constant change in national security threats emerging in real-time?

Secondly, the first chapter of this portfolio details the relationship between national security and the health infrastructure of the United States. Not only is the relationship evident when considering the goals of public health officials when responding to public emergency threats such as COVID-19—the Department of Health and Human Services (HHS) maintained that “global health is a top priority”\(^4\) while building community resistance and resilience and strengthening and sustaining health and emergency response systems—but the combination of science and policymaking also serves to strengthen both components of the relationship.\(^5\)

Also noteworthy is the scope of national security threats and how they are determined by the United States’ HHS Department as well.\(^6\) Specifically, this determination increases the United States’ capabilities when responding to public health emergencies because it acknowledges their evolution into national security threats. However, the acknowledgment of public health emergencies as objective threats to national security does not always translate to the values of executive leadership when responding to public health emergencies in real-time. Similarly, this chapter also discusses economic and financial policy formation after crises and public health emergencies. Policy formation and implementation after crises and public health emergencies demonstrate what necessary actions to take, or implement further, by the executive

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\(^5\) Ibid.

\(^6\) Ibid.
branch when both events occur. Three examples of crises and public health emergencies prompting useful policy formation and implementation are the Great Depression, the H1N1 Flu outbreak, and the 2007-2009 Global Financial Crisis.

This chapter maintains that both aspects of United States’ national security strategy funding and public health emergency response are co-dependent. United States’ defense funding is contingent on a stable, robust economy which may become negatively impacted during and after public health emergencies occur. This negative impact, in turn, further weakens the national security of the United States because the United States does not have the adequate financial capability to prevent or respond to national security threats caused by public health emergencies. Moreover, two potential remedies to the instabilities between United States’ national security strategy funding and the occurrence of public health emergencies are the implementation of transnational integration and sophisticated neo-mercantilism.⁷

Lastly, the first chapter of this portfolio employs a case study to analyze the national security implications of public health emergencies objectively. This case study, in short, entails the discussion and analysis of several studies pertaining to the public perception, governmental response, economic and public policy formation, and defense posture of the United States over the course of the COVID-19 Pandemic. The case study also utilizes the data extracted from each study to strengthen the linkages between the continual presence of the COVID-19 Pandemic and its impact on the national security of the United States.

*Chapter Two*

The second chapter of this thesis portfolio analyzes the efforts of previous executive administrations during public health emergencies while determining if there is a need for new

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legislative or policy measures regarding executive authority and action. Specifically, each executive administration’s previous response during public health emergencies is categorized into three schools of thought: 1) Organizational Reliance, 2) Congressional Trust, and 3) Unilateral Action. Each school of thought serves as a contextual lens when examining each presidential administration’s response to public health emergencies. In this chapter, the following public health emergencies and subsequent responses by presidential administrations are analyzed: The Spanish Flu outbreak and the response of President Woodrow Wilson’s administration; Polio and the response of President Franklin Delano Roosevelt’s administration; the Influenza outbreak of 1976 and the response of President Gerald Ford’s administration; the AIDS Epidemic and the response of the Reagan Administration; and the Ebola outbreak and the response of the Obama Administration. In doing so, each presidential administration’s response offers an invaluable perspective when attempting to understand what constitutes an effective public health emergency response by the executive branch.

Additionally, a case study was conducted within the chapter to further determine the adequacy of executive leadership responses to public health emergencies. The case study in this chapter examines the Trump administration’s individual response to the COVID-19 Pandemic. Unlike the case study conducted in Chapter One, this case study’s primary focus is the consequences of the actions taken by the Trump administration over the course of the COVID-19 Pandemic instead of the Pandemic’s national security implications. The components of the case study that were analyzed consist of: the economic stability of the United States during the Trump administration’s response to COVID-19; President Trump’s approval and support ratings during the COVID-19 Pandemic, the socio-economic status of citizens adversely affected by the COVID-19 Pandemic, and the Trump administration’s vaccine rollout and implementation of
Operation Warp-Speed in response to the COVID-19 Pandemic. This chapter also highlights several extenuating factors affecting both the efficacy of executive leadership responses as well as the detrimental impact public health emergencies have regardless of the adequacy of the respective response.

Chapter Three

Chapter Three of this portfolio further analyzes the relationship between executive authority and public health emergency response from a legal, statutory, and constitutional context. Specifically, this chapter utilizes several landmark Supreme Court rulings as well as constitutional and state mandates to propose new executive action for future presidential administrations to abide by when faced with public health emergencies. In doing so, these executive measures ensure that the level of detriment pandemics such as COVID-19 pose are eliminated or at least significantly curtailed, if possible.

The chapter begins by reviewing multiple Supreme Court cases and constitutional laws as they pertain to the executive authority of public health emergency responses. Each Court case and constitutional law analyzed consisted of: The Commerce Clause and *Wilson v. New 243 U.S. 332 (1917)*; *Youngstown Sheet & Tube Co. v. Sawyer 343 U.S. 579 (1952)*; and *The National Emergencies Act of 1976*. Similarly, the enumerated authority of state government regarding public health emergency response is discussed in this chapter as well. The chapter analyzes the Tenth Amendment and the establishment of Police Powers as well as the Supreme Court case of *Gibbons v. Ogden 22 U.S. 1 (1824)* in order to further elucidate the fundamental interpretation of state and executive authority both during and in the aftermath of public health emergencies.

This chapter also addresses the “implied” presidential powers of executive leadership and political structure and the relationship between interest groups and Congress. In doing so, this
chapter provides an additional layer of context regarding how decisions are made by executive leadership, the significant influences both Congress and interest groups possess regarding those decisions, and, ultimately, who is held accountable for effective or poor outcomes when responding to public health emergencies.

This chapter employs a case study analysis in a similar fashion to the previous two chapters. The case study evaluates the Biden administration’s priorities, goals, and current response to the COVID-19 Pandemic—albeit the evaluation is limited to vaccination efforts. The case study highlights the Biden administration’s vaccine mandates, rate of vaccine distribution, and vaccine availability when combating the COVID-19 Pandemic. Also accounted for during this case study is the current Delta Variant of COVID-19 as it pertains to vaccination and inoculation. Next, this chapter conducts a comparative analysis between the previously enumerated Supreme Court cases, constitutional laws, state governmental authorities, and implied presidential powers with the Biden administration’s efforts to combat the COVID-19 Pandemic’s ill-effects. This chapter, then, makes political structure and policy recommendations based upon conclusive evidence presented by the comparative analysis.

Each chapter of this thesis, in short, builds a case when addressing executive and congressional authority during public health emergencies. The first chapter demonstrates the objective detriment public health emergencies pose strictly by their occurrence. The second chapter highlights what actions executive administrations should take or avoid when faced with public health emergencies. And, lastly, the third chapter provides pragmatic solutions to avoid exacerbating the ill-effects of pandemics while ensuring each solution falls within the executive and state authorities enumerated by the United States Supreme Court and the United States Constitution.
CHAPTER ONE: THE NATIONAL SECURITY IMPLICATIONS OF PUBLIC HEALTH EMERGENCIES AND CRISIS RESPONSE

Introduction

National security is, perhaps, the most important global issue of the day. From an international context, each nation-state must protect itself from enemies both foreign and domestic. Today, most citizens have a general understanding of how to prepare for external national security threats, such as nuclear strikes, terrorism, and other acts of aggression. For example, the United States government continually annually appropriates funds for the mandatory development of plans thwarting external threats. But how does a nation-state protect itself against less tangible threats, such as, in the form of infectious diseases, bioterrorism, and economic and financial disruptors?

This chapter seeks to answer this question by exploring the linkages between national security and public health emergencies and crisis response while examining how public policy is shaped by the occurrence of the latter two events. Specifically, this chapter analyzes previous crises and the subsequent responses to them with the current efforts of United States’ governmental entities such as executive agencies, the military, and the previous presidential administration (Trump). Using the COVID-19 Pandemic as a case study, this chapter evaluates how crises and crisis response affects every facet of American life. This chapter leverages the evidence provided by previous scholars on public health emergencies, public perception, governmental response, and public policy while incorporating empirical data and evidence to reveal the national security implications of the COVID-19 Pandemic.

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9 Ibid.
For purposes of clarification, it is also understood that while the United States Defense Budget continues to increase, and the federal debt has largely funded the United States’ COVID-19 Pandemic response, national security issues will continue to emerge. Within the context of the COVID-19 Pandemic and this Chapter, the phrase “national security implications” refers to the number of cases, fatalities, economic disruptors, increases in polarization, and the weakening of United States defense capabilities caused by the COVID-19 Pandemic.

**Literature Review**

**The Evolution of Threats to National Security**

Given the constant evolution of national security threats, two questions arise regarding United States’ national security policy: 1) How and when have national security threats evolved, and 2) Has United States policy implementation adapted to the evolution of threats to national security? Many scholars believe the evolution of threats to U.S. national security began at the end of the Cold War. Similarly, subsequent conflicts such as the terror attacks of September 11, 2001, ushered in a new era in U.S. national security policy.\(^\text{10}\)

National security threats and crises response go hand-in-hand. The terror attacks on September 11, 2001, provide an example: shortly after the 9/11 attack, airport security became more strictly enforced and additional precautions were implemented to keep passengers safer\(^\text{11}\) and lessen the likelihood of additional fatalities in the event of another attack. Less tangible threats such as infectious diseases, bioterrorism, and economic and financial disruptors have also gained more attention as rapid advancements in technology make terror attacks and disruptions


\(^{11}\) PBS NewsHour. “9/11 to Now: Ways We Have Changed.” PBS NewsHour, September 14, 2011. [https://www.pbs.org/newshour/world/911-to-now-ways-we-have-changed](https://www.pbs.org/newshour/world/911-to-now-ways-we-have-changed).
easier to conceal. Many of these threats manifest in the form of crises, so it is critical to understand what constitutes a crisis before it becomes a national security threat.

Succinctly, a crisis applies to any “hot spot in world affairs.” Moreover, while the definition of a crisis appears broad, crises affect decision-making at all levels. Effective decision-making during a crisis, in turn, often requires a narrow analysis of how policy decision-making processes can help or hinder crisis mitigation efforts. This analysis, then, reveals the adequacy, or lack thereof, of policy response in the midst of crises, especially regarding national security policy implementation.

**COVID-19 as a Bioterrorism Threat**

Similarly, the COVID-19 Pandemic has prompted a shift in the United States’ national security posture. Initially, many disease and defense experts identified COVID-19 as a bioterrorism threat, analogous to the anthrax threat in the early 2000s. Specifically, many held the belief that COVID-19 was manufactured in a lab in China for bioterrorist warfare and accidentally released. That thinking has since shifted. Experts believe the identification of COVID-19 as a bioterrorism threat to be false due to the contagious nature of the disease.

Nevertheless, other experts are concerned that the United States is becoming more vulnerable to terrorist attacks as the virus continues to spread and interrupt all aspects of life in the United States. A recent article on the relationship between COVID-19 and the increased threat of a terror attack in the United States, states:

> It is during the longer term that the pandemic is likely to have its greatest impact on the threat of terrorism, for this is when many of the second-order effects of COVID-19 will

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13 Ibid, 234.
15 Ibid.
begin to unfold. It is during the years following the end of the pandemic, during what many project will be a lengthy economic stagnation and recovery period, that the gains made through current terrorist efforts to radicalize, recruit and engage in pro-social activities are likely to bear fruit.\textsuperscript{16}

In short, while COVID-19 is no longer identified as a bioterrorism threat in the short term, its ongoing presence could weaken the defense capabilities of the United States.

**The Relationship Between United States’ Health Infrastructure and National Security**

The health infrastructure and national security of the United States are inextricably linked. Regarding threats such as COVID-19, the goal of public health officials is to build community resistance and resilience, while strengthening and sustaining health and emergency response systems. The Department of Health and Human Services (HHS) states, “[the] building of community resilience is defined as the sustained ability of communities to withstand and recover—in both the short and long terms—from adversity [and health crises], such as an influenza pandemic or terrorist attack.”\textsuperscript{17} HHS maintains that global health security is a “top priority.”\textsuperscript{18} Increasing global security, in turn, strengthens the collective health of the United States because many citizens and businesses have international connections and operations.\textsuperscript{19}

Likewise, the role of science also serves as a nexus between the health security and national security of the United States. Specifically, agencies such as the Department of Homeland Security (DHS), the Center for Disease Control (CDC), and the World Health Organization (WHO) work together to enhance the security of the United States by pairing scientific research with policy response. Combining science with policy decision-making

\textsuperscript{18} Ibid. 33.
\textsuperscript{19} Ibid. 34.
improves when scientists are involved in government. In doing so, policy implementation will be more data-based, while ensuring useful scientific data is funded, analyzed, and implemented to its maximum utility.20

The Scope of Public Health Emergency Threats to National Security

As noted, public health emergencies are threats to national security. Based on previous responses to public health emergencies, the United States has developed several core tenets designed to protect its citizens. These core tenets, while broad in scope, protect citizens in a myriad of ways. Specifically, the following criteria are used to determine the role of the United States government when assessing a national security threat brought about by a public health emergency:21

- Determining the existence of a potential or current threat to political and social stability;
- Acknowledging the presence of a potential or current threat to political, civic, and social participation;
- Determining if the perceived threat imperils economic stability internationally or domestically;
- Gauging whether or not the threat potentially weakens or diminishes military power;
- Assessing if the threat has the ability to cross or impact transnational borders;
- Analyzing which type of actor(s) the threat is coming from (i.e., state actors vs. non-state actors);
- Determining if the threat exceeds unilateral or national control;
- Assessing the potential threat of systemic or human rights abuse;

• Determining if the threat reveals the inefficiencies of global public health entities to adequately respond; and

• Classifying the perceived needs of those affected by the threat based on public perception.22

When analyzing these criteria, it is evident that public health emergencies have a high chance of evolving into national security threats. These criteria offers an adequate assessment of each national security threat during a public health emergency while providing adequate transparency regarding the role government, crisis response, and classifications play as they relate to public health emergency threats to national security, compared to other democratic nations.23

*Public Health Emergency Threats as They Pertain to COVID-19*

When juxtaposing the above criteria with the current response to the COVID-19 Pandemic, there are many similarities and differences. Notably, regarding President Trump’s response to the COVID-19 Pandemic Fred M. Burkle, a member of the National Academy of Medicine and 2017 recipient of the American College of Emergency Physician’s Disaster Medical Science Award24 and considered by some to be “the single most talented and experienced post-conflict health specialist working for the United States government”25 during his military service, stated, “The United States is now a flawed democracy…due to the President’s embrace of authoritarian leaders. President Trump has mimicked other autocratic leaders’ positions in managing any serious outbreak [in his COVID-19 Pandemic response].26

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A thorough analysis of pandemics such as COVID-19 suggests the response of the Trump administration was not only inadequate [and still is], but also reveals that outbreak response guidelines proposed by other experts in the field were eschewed in favor of authoritarian leaders by the Trump administration.

**Policy Formation and Implementation During and After Crises**

One example of a linkage between crises and policymaking is the Great Depression. The Great Depression resulted from economic dislocations induced by the aftermath of World War I and failed U.S. monetary policy prolonging an economic crisis at the time.\textsuperscript{27} A lack of a universal fiscal policy stimulating the United States’ economy and a lack of international monetary policy leadership were also significant contributors to the Great Depression.

The monetary policies of countries that recovered faster from the Depression consist of: (1) The abandonment of the gold standard by 1931; (2) A reformation of monetary policymaking with the goal of financial recovery; (3) The implementation of smaller monetary declines; and (4) The adoption of an established pattern of money-supply growth lasting the remainder of the 1930s.\textsuperscript{28} Comparatively, the Great Depression revealed how primitive United States’ economic and public policy was during the 1930s.

Moreover, events such as the Great Depression served as a strong foundation for crisis response by the United States. Another example of useful policy formation after a health crisis is the H1N1 outbreak of 2009. The H1N1 outbreak demonstrated the necessity of expert analysis and input from organizations such as the World Health Organization (WHO) and the Center for Disease Control (CDC). Without these organizations mitigating the risks associated with disease

\textsuperscript{28} Ibid, 8
outbreaks, especially during H1N1, many outbreaks in the United States would have been more severe and fatalistic. The H1N1 outbreak and the Great Depression, in summary, underscores how the occurrence of crises necessitates the need to repair policies and infrastructure in the United States.

Financial Policy Formation During a Crisis Response

Crisis response and financial policy implementation are connected as well. An example of this linkage is found when analyzing the 2007-09 global financial crisis. When evaluating the 2007-09 global financial crisis in the form of a case study, scholars ascertained that certain policy responses to the 2007-09 global financial crisis mirrored previous policy responses when alleviating the crisis by strengthening liquidity support—a practice also implemented during the Great Depression.\textsuperscript{29} Specifically, liquidity support in times of financial crisis or health outbreaks, while often serving as a quick fix, has proven to be less stable over time. Furthermore, financial policy responses affecting liquidity also affect the progress of asset restructuring, which if not implemented correctly, damages the United States economy thus, causing a depression.\textsuperscript{30}

Similarly, global financial crises affect the national security of the United States as well. In short, the United States military requires robust funding and if the economy is not stable, the United States has less funding to provide for mandatory defense spending which, in turn, weakens the United States’ defense capabilities. The weakening of the defense capabilities of the United States also applies to pandemics such as COVID-19. By increasing funds to combat the pandemic, the nation’s defense capabilities are inevitably reduced because the federal debt


increases as well which means there will be less money available to allocate for defense spending.

**The Economic Impact of National Security Strategy and Crisis Response**

As revealed, the economic impact of United States’ national security funding and crisis response is often co-dependent. Without a strong economy, funding for national security is reduced and, as a result, makes the United States more vulnerable to looming crises and national security threats.

Regarding the co-dependent relationship between a strong, robust economy and national security, two applicable policy approaches are generally recognized: transnational integration and sophisticated neo-mercantilism. Transnational integration benefits national security because world leaders, given the lack of political opposition, typically serve their respective country’s own interests when implementing economic measures. Further, transnational integration fosters global cooperation between nation-states, which assists in combating an indiscriminate virus such as COVID-19 because it is in each nation’s best interest to collaborate when containing it. In short, this policy manifests cooperation amongst transnational borders.  

Additionally, United States’ policymakers benefit from neo-mercantilism because this policy approach establishes trust due to an international reliance on the sole exportation of domestic goods. A neo-mercantilist approach places a heavy emphasis on “trade regulation and commercial policies as means of increasing domestic income and employment.” This exportation of goods under neo-mercantilism is advantageous for United States’ national security policymakers and citizens alike because it establishes a rapport amongst other nation-states in a

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similar fashion as HHS’s establishment of “global health as a top priority.” Essentially, neo-mercantilism strengthens a country’s economy while fostering global health stability.

**The Global Outlook on the United States’ COVID-19 Pandemic Response**

From a national security perspective, the United States’ position on crises such as COVID-19 is not limited to domestic boundaries. Many nation-states are also negatively impacted by the COVID-19 Pandemic geopolitically and economically. Similarly, advances in technology and globalization have accelerated the degree to which global events, directly and indirectly, influence U.S. homeland security policy. Moreover, the international impact on homeland security policy shifted after the terror attacks of September 11, 2001. The September 11th attacks resulted in a functional realignment of homeland security policy by underscoring the need for a more global understanding of homeland security. Further, the traditional frameworks and research tools used by scholars and policy analysts to assess homeland security policy can no longer be relied upon to provide useful or accurate results since the occurrence of the September 11th attacks.

The international aspect of the September 11th attacks further laid the foundation for the “ideal response” to a crisis. Specifically, the September 11th attacks forced homeland security policymakers to broaden their perspectives on terrorist threats. This renewed perspective is seen through the facility of global cooperation by policymakers when combating the spread of COVID-19.

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33 Ibid, 78.
Media Exposure, Politicization, and Misinformation’s Effect on the United States’ Response to COVID-19

Many scholars conclude that media exposure, politicization, and misinformation expanded the reach of the COVID-19 Pandemic and worsened its severity, especially in the United States. Specifically, United States’ media outlets disseminated conflicting viewpoints on the impact and ill-effects of COVID-19.\(^{35}\) As a result, global assistance by the United States has been practically non-existent which explains the virus’s continual proliferation in the U.S., unlike in other countries.\(^{36}\) All three factors—media exposure, politicization, and misinformation—in turn, perpetuate a lack of attention by citizens to ordinances and mandates issued by federal and state governments. The spread of disinformation about COVID-19 can also be somewhat attributable to Russia and China, seeing as a weaker, more divided United States population helps both nation-states regarding global competitiveness.

Closing Literary Analysis

The content of the literary sources analyzed and corroborated by this chapter’s initial research has led to the following conclusions:

1) National security threats continue to evolve, and their evolution began after the end of the Cold War.

2) The September 11\(^{th}\) terror attacks ushered in a new era of United States national security policy.

3) Assessments of policy and national security crisis response efficacy requires a narrow scope.

4) The COVID-19 Pandemic will ultimately weaken the economy of the United States.


\(^{36}\) Ibid, 356.
5) United States health security and national security are linked through community resiliency and science.

6) Public health emergencies are national security threats.

7) The Trump administration’s initial COVID-19 Pandemic response was inadequate as his administration continually eschewed expert analysis and opinion on the emergency while valuing Authoritarian leadership.

8) The United States’ response to crises, such as the Great Depression, H1N1, and the 2007-08 Financial Crisis helped shape and implement useful health, economic, and financial policies.

9) Advances in technology and globalization have accelerated the degree to which global events, directly and indirectly, influence United States national security policy.

10) Wrongful media exposure, politicization, and misinformation have increased the COVID-19 Pandemic’s severity in the United States.

In summary, each conclusion serves as a component of the relationship between health outbreaks, crisis response, national security, and public policy formation and implementation.

Overall, each literary source provided an added layer of context for this chapter’s topic and research question.

**Data Collection and Methodology**

This chapter uses a case study analysis to evaluate the relationship between health outbreaks and crisis response to uncover how public policy and national security are shaped from these events. A case study is most appropriate for this matter because it provides a broad scope of perspectives on health outbreaks and crisis response while generating new ideas that can be tested and subsequently proven or disproven.

The case study employed is the COVID-19 Pandemic. In order to gain a better understanding of how national security policy is shaped before, during, and after health pandemics, this chapter tested several hypotheses gathered from the literature review conducted
in the prior section. The COVID-19 Pandemic was selected as a case study for this chapter because of its relevancy and intersectionality with the literary sources and data gathered on the subject. Further, this chapter analyzed data on the COVID-19 Pandemic with the public policy response of the United States. This includes data on national security threats; the United States’ economy; health security; the role of science in national and health security; public health emergencies; financial policy; and global and social media’s influence on United States citizens’ perception of the virus. Although utilizing the COVID-19 Pandemic as a case study serves as one sample of the shaping of public policy and crisis response, it still yielded a myriad of useful results.

This chapter analyzed data from several qualitative sources, including primary source documents, news articles, and scholarly articles as well as quantitative sources such as graphs and statistics regarding the COVID-19 Pandemic’s impact. This chapter found multiple hypotheses to be supported when juxtaposing the themes revealed in the Literature Review section with the data found on the COVID-19 Pandemic. The subsequent Data Presentation section reveals each theme under the following concepts: The United States’ Public Perception of COVID-19; The United States Government’s Response to the COVID-19 Pandemic; Public and Economic Policy Implementation During the COVID-19 Pandemic; and The United States’ Defense Posture During and After the COVID-19 Pandemic.
Data Presentation

The COVID-19 Pandemic Defined

COVID-19, also known as the Coronavirus, is defined as a respiratory disease caused by the SARS-CoV-2 virus. It is highly contagious and may be spread from person to person via droplets if an infected person sneezes, coughs, or speaks. Further, the risk factors for COVID-19 include older age, ethnicity, gender, and health comorbidities such as hypertension, diabetes, coronary artery disease, chronic lung/kidney/liver disease, cancer, hematologic malignancy, organ transplant, or immunosuppression. Regarding hospitalizations and fatalities in the United States due to COVID-19, “people with underlying health conditions are six times more likely to be hospitalized and 12 times more likely to die from the disease compared to patients with no pre-existing conditions.” COVID-19 is unlike any disease humankind has experienced but there are a vast amount of similarities to previous health crises and disease outbreaks revealing how the disease could have been handled more effectively initially. The chapter’s findings regarding the COVID-19 Pandemic reveal how it affects the general population, government, policy formation, and the defense posture of the United States.

The United States’ Public Perception of COVID-19

The public perception of COVID-19 by United States citizens is a typically strong indicator of its severity and lifespan. Several journal articles revealed how United States citizens dealt with the initial emergence of the virus as well as its continued presence after several months. Specifically, one study conducted by the American College of Physicians on

39 Ibid.
July 21, 2020, surveyed a sample of 3,000 current United States residents of approximately the same distribution of age, sex, and ethnicity as the general population in the United States. The survey consisted of 22 questions on the “knowledge and perceptions of COVID-19, including specific questions about ‘myths’ or falsehoods listed on the WHO’s website.” The findings of the survey revealed the participants had:

…good knowledge of the main mode of disease transmission and common symptoms, the survey identified several important misconceptions on how to prevent the acquisition of COVID-19, including beliefs in falsehoods that have circulated on social media. A substantial proportion of participants also expressed an intent to discriminate against individuals of East Asian ethnicity for fear of acquiring COVID-19.

The results of this study indicate that there is a plethora of misinformation in the United States on COVID-19’s origin and severity. In order to curtail the spread of misinformation among U.S. citizens, the study suggested highlighting the importance of the most effective measures to combat the virus, such as “wearing common surgical masks, frequent and thorough handwashing, and avoiding close contact with people who are sick.”

Conversely, there were several limitations of the study: the accuracy of the sample size (3,000) in accordance with the United States population (≈328 million); the accuracy of each participant giving a “truthful, legitimate” answer instead of guessing; and whether or not each participant looked up the answers online while completing the survey were all factors that slightly decreased the accuracy of the study’s results. Moreover, the results of the study strongly indicated the presence of misinformation about COVID-19 among the United States’ general population.

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41 Ibid.
42 Ibid.
43 Ibid.
44 Ibid.
The United States’ Governmental Response to the COVID-19 Pandemic

A study conducted by the Journal of Oral Biology and Craniofacial Research on August 14, 2020, compared the government responses of multiple countries to the COVID-19 Pandemic. Among the countries and governments analyzed was the United States. The goal of the study was to gain a better understanding and insight on how to best respond to the COVID-19 Pandemic from a governmental context. Specifically, the study’s aim was

…to establish a basis for the causal relationship between the severity of the pandemic in a country and the government's handling [of it]. If such a relationship can be established, it can give governments vital insights that can be used to enact effective policy and legislation against the pandemic.

The scope and methodology of the study entailed the aggregation and analysis of publicly available data and statistics on COVID-19, such as daily cases, deaths, recoveries, and testing data in each respective country. Additionally, each country selected was grouped together based on the percentage of their elderly population and COVID-19 mortality rate. A total of 5 groups were formed and for relevancy’s sake, this subsection focuses solely on the participants in the United States’ group, which consisted of Canada, Switzerland, Germany, and Portugal.

The study categorized each government’s response to the COVID-19 Pandemic into two parts: “Efforts in curtailing the spread of the virus (i.e., flattening the curve)” and “Efforts in the handling and treatment of COVID-19 positive patients.”

The study infers that the efficacy of governmental response is determined by analyzing efforts in curtailing the virus and efforts in handling and treating the virus with the number of confirmed cases and deaths from COVID-19 (As shown in Figure 1).

46 Ibid, 1
47 Ibid, 1
48 Ibid, 3
49 Ibid, 3
As seen in Figure 1, Portugal has the lowest COVID-19 case and death rate. Also of note is Germany’s low case and death rate, which, according to the study, is attributed to the high volume of COVID-19 testing conducted within the country as well as the level of trust in their respective government. Regarding Germany’s level of trust in its government, the study’s authors maintain:

Germans have a large amount of trust in their government, which, throughout the pandemic, has maintained a very high level of transparency and communication with the
public, giving updates to them on the daily. As such, social distancing norms given by the government were rarely broken by the German public.\textsuperscript{50}

In contrast, the United States has an overwhelming majority of COVID-19 cases and deaths (see \textit{Figure 1} above). The authors of the study assert that the reason for the United States’ abnormally high COVID-19 case and death rate is:

Lockdowns were imposed on varying levels across the country, and different states have handled the pandemic differently. The situation was also highly politicized, with different media outlets giving a different spin to how the situation is. Much misinformation is being spread, resulting in sections of the public flouting social distancing norms.\textsuperscript{51}

The study was limited by the lack of precision and the collection of data on the Pandemic itself. Indeed, the authors concluded that analyzing a complex problem such as the COVID-19 Pandemic is also affected by a host of additional variables,\textsuperscript{52} including a lack of international standards for data collection, aggregation, and reporting; and manipulated data. Similarly, “Russia, Belarus, Chile, China, have been accused of manipulating their testing and patient data.”\textsuperscript{53}

The study concluded that government response plays an integral role in the severity and lifespan of a pandemic such as COVID-19. Government imposed measures such as lockdowns, social distancing, testing, and messaging are all factors that either curtail the spread of a virus if taken seriously or exacerbate its severity, if neglected.\textsuperscript{54}

\textbf{The United States’ Public and Economic Policy Implementation During the COVID-19 Pandemic}

Both governmental and economic policies formed amid crises not only attempt to mitigate its immediate detrimental effects but are also designed to curtail future devastation in

\textsuperscript{50} Ibid, 3  
\textsuperscript{51} Ibid, 3  
\textsuperscript{52} Ibid, 10  
\textsuperscript{53} Ibid, 10  
\textsuperscript{54} Ibid, 10
the aftermath of a crisis. One study published by the Journal of Applied Psychology on December 1, 2020, evaluated the implementation of preventative health measures in response to the COVID-19 Pandemic with economic stressors such as perceived job insecurity and perceived financial insecurity.\textsuperscript{55} Using the Economic Scarcity Principle* (see Appendix pg. 109)\textsuperscript{56} as a foundation, the main purpose of the study was to draw a correlation between the social behaviors and practices implemented by the Center for Disease Control and Prevention (CDC) during the COVID-19 Pandemic and the perceived job and financial security of employees who followed their guidelines. The results of the study were also analyzed to determine whether the CDC’s guidelines are effective enough to implement in future health crises.

The study uses 4 hypotheses to test its research question:

\textbf{Hypothesis 1}: Job insecurity will be negatively related to compliance with CDC guidelines.

\textbf{Hypothesis 2}: Financial insecurity will be negatively related to compliance with CDC guidelines.

\textbf{Hypothesis 3}: State-level generosity of unemployment insurance benefits will attenuate the relationship between job insecurity and compliance with CDC guidelines.

\textbf{Hypothesis 4}: The extensiveness of state-level COVID-19 restrictions will exacerbate the relationship between job insecurity and financial insecurity and compliance with CDC guidelines.\textsuperscript{57}

The study’s methodology consisted of compiling ongoing, individual-level data from a previous study on the workforce-related impacts of the COVID-19 Pandemic titled: “Longitudinal Study


\textsuperscript{57} Ibid, 4
of Work/Life Experiences During the COVID-19 Pandemic.”\textsuperscript{58} Regarding the data utilized when conducting the study:

Anonymous online survey data were collected from U.S.-based Mechanical Turk (MTurk) workers* (see Appendix pg. 109) in April 2020. In order to qualify to participate, respondents must have been working at least 20 hours per week outside of the MTurk platform and indicate that they had a supervisor at work. As recommended, we only recruited “high reputation” participants with a current approval rating on MTurk of 90% or greater.\textsuperscript{59}

Further, “respondents were asked to indicate the extent to which they perceive difficulty in fulfilling their financial responsibilities. Responses were scored so that higher numbers reflect greater perceived financial insecurity.”\textsuperscript{60} Similarly, compliance with CDC guidelines was assessed by asking respondents to indicate how frequently they followed the CDC’s recommended behaviors on a scale of 1 (never) to 5 (always).\textsuperscript{61}

The limitations of the study were the methods of data collection (cross-section), sample size (convenience), and type of employee—the majority of employees surveyed were working from home instead of on-site, “essential” workers. Specifically, the study’s authors maintain that cross-section data* (see Appendix pg. 109) compilation and analysis, while effective, is limited in scope because the analysis only considers one specific period of time, as opposed to an ongoing format that is in lockstep with the COVID-19 Pandemic’s life cycle. The study also possesses limitations in its sample size because it employs a convenience sample* (see Appendix pg. 109) cannot serve as an accurate representation of the United States workforce at large.\textsuperscript{62}

Moreover, the study concludes that the findings either disproved or reinforced their initial hypotheses. Regarding Hypothesis 1, the study’s findings “demonstrated that subjective

\textsuperscript{58} Ibid, 4
\textsuperscript{59} Ibid, 4
\textsuperscript{60} Ibid, 4
\textsuperscript{61} Ibid, 4
\textsuperscript{62} Ibid, 7
longitudinal psychological economic stressors played a role in predicting the extent to which workers comply with the recommended guidelines."63  Regarding Hypothesis 2, the authors explained:

The study found that workers with greater job insecurity and perceived financial insecurity were also less likely to enact the CDC recommendations. These findings comport with scarcity theory and earlier research on the effects of job insecurity and financial scarcity, suggesting that workers facing financial, or job insecurity stressors may experience attentional tunneling or cognitive overload, leading to less focus on attending to off-task demands such as the enactment of the new CDC COVID-19 prevention guidelines.64

Regarding Hypothesis 3, the study’s findings:

Indicate that job insecurity was unrelated to compliance with the COVID-19 preventative recommendations when working in a state with a more robust social safety net (i.e., more generous unemployment insurance benefits). This may be because the availability of unemployment insurance benefits only becomes relevant in the event of job loss; thus, a more generous unemployment insurance benefit will not necessarily alleviate the scarcity felt by individuals facing financial strains or operate as a main effect to influence the health-related behaviors of individuals within the state.65

Regarding Hypothesis 4, the study found that:

Financially secure workers are the ones who most benefit from being in a state with more extensive COVID-19 restrictions in place [instead of the inverse]. Such individuals perhaps have the means to stay home and enact social distancing behaviors in response to state recommendations, whereas the financially insecure have less latitude to do so.66

In short, the study underscores the impact of economic stressors on health-related behaviors, while demonstrating the profundity of state-level enacted policies from “both psychological and public health perspectives during the concurrent COVID-19 Pandemic [and the potential subsequent economic crises that follow].”67

63 Ibid, 6
64 Ibid, 6
65 Ibid, 6
66 Ibid, 6
67 Ibid, 7
The United States’ Defense Posture During and After the COVID-19 Pandemic

The COVID-19 Pandemic continues to affect the defense posture of the United States. Similarly, COVID-19’s lack of physicality as a security threat coupled with its weakening of the economic stability of the United States presents new opportunities and challenges for the United States military. One article published by the *Journal of Strategic Security* argues that, if the United States aims to preserve its power, both during and post-COVID-19, it is in the country’s best interest to “reshape its concept of smart power.” Smart power is “an approach that underscores the necessity of a strong military, but also invests heavily in alliances, partnerships, and institutions at all levels to expand American influence and establish the legitimacy of American action” and is considered to be the “theoretical core of U.S. foreign policy [implementation] after 9/11.” Moreover, many believe smart power has become less effective with the outbreak of COVID-19 from a defense capabilities perspective. In short, the United States needs a new defense strategy to sustain its competitiveness as a military world leader.

The article outlines three concepts and scenarios that could ultimately assist the United States military in mitigating the Pandemic’s detrimental effects while reinforcing its defense capabilities. These concepts/scenarios consist of 1) Basic theories of smart power, 2) Current implications of United States’ foreign policy, and 3) Potential courses of action for the United States military to take regarding smart power in a post-pandemic world and the exploration of its strategic implications.

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71 Ibid, 3
72 Ibid, 3
**Foreign Policy Implications for the United States Due to the COVID-19 Pandemic**

There are three implications for United States foreign policy due to the COVID-19 Pandemic. First, “the United States should continue to unilaterally use strategic intervention to support COVID-19 affected countries and regions.” In doing so, this will limit Chinese influence in hard-hit COVID-19-affected regions such as Central Africa and Latin America.

Second, the United States needs to sustain and develop the U.S. alliance system in response to the COVID-19 Pandemic. Regarding what a U.S. alliance system entails, one source asserts that it will be

…what Washington achieved after World War II and uses resources to draw others into a system of alliances and institutions that has lasted for 60 years. Any military escalation is undesirable, as it will drain the U.S. economy. United States should reaffirm the Nation’s commitment to all U.S. allies.

Third, the United States needs to avoid “geopolitical isolationism.” Further, if the United States is to cede its global leadership role [over the course of the COVID-19 Pandemic], it would forgo these proven upsides while exposing itself to the unprecedented downsides of a world in which the country was less secure, prosperous, and influential. Despite all of the negative effects of the pandemic, the United States still holds the strategic economic balance.

**United States’ Defense Landscape After the COVID-19 Pandemic**

Additionally, there are two hypothetical scenarios regarding the landscape of the United States’ defense strategy after the COVID-19 Pandemic. The first scenario envisions a security landscape dominated by the United States. Specifically, the United States will remain a world leader and maintain its global military presence and cultural dominance in this scenario.

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73 Ibid, 16  
74 Ibid, 16  
75 Ibid, 16  
76 Ibid, 16  
77 Ibid, 17  
78 Ibid, 17
Additionally, “cross-border terrorist networks will no longer have the resources to commit large-scale terror attacks”\textsuperscript{79} in this scenario. Under the second, post-COVID-19 scenario, the United States will preside over a new, bipolar security landscape. The emergence of this security landscape will resemble bipolarity in alliances—similar to that of the Cold War, but instead of a bipolar alliance between the Soviet Union (Russia) and the United States, the bipolar alliances will be formed between the United States and China.\textsuperscript{80} However, both the United States and China will need allies to maintain strategic balance internationally.\textsuperscript{81}

**Analysis/Conclusion**

This section compares the aforementioned expectations of the Literature Review with the COVID-19 case study analysis, findings, and data. Overall, the majority of the expectations and hypotheses posited by the authors of each literary source strongly correlated with the data presented in the previous section.

**National Security Linkages Between the Literature Review and the COVID-19 Pandemic Case Study**

Several of the sources in the literature review discussed the evolution of national security threats as well as when their evolution began. Many of the authors asserted the evolution began after the Cold War. Similarly, when discussing the *United States’ Defense Landscape After the COVID-19 Pandemic*, it was revealed that the emergence of a security landscape after COVID-19 will resemble bipolarity in alliances “similar to that of the Cold War” (pg. 24).

Similarly, the literary sources claimed that the September 11th terror attacks ushered in a new era of United States national security policy. This claim also coincides with the data presented in the previous section where the concept of smart power is defined. Specifically,

\textsuperscript{79} Ibid, 27
\textsuperscript{80} Ibid, 27
\textsuperscript{81} Ibid, 27
smart power is defined as an “approach that underscores the necessity of a strong military, but also invests heavily in alliances, partnerships, and institutions at all levels to expand American influence and establish the legitimacy of American action” and is considered to be the “theoretical core of U.S. foreign policy after 9/11.” The authors also claimed that national health emergencies are national security threats.

**Economic and Public Policy Formation Linkages Between the Literature Review and COVID-19 Case Study**

Several literary sources assert that the COVID-19 Pandemic could weaken the United States’ economy. The data presented in the prior section supports this claim because the data on COVID-19’s effect on the United States’ economy in the *Public and Economic Policy Implementation During the COVID-19 Pandemic* section revealed the impact of economic stressors on health-related behaviors onset by pandemics such as COVID-19.

It has also been revealed that the data on the United States’ response to crises such as the Great Depression, H1N1, and the 2007-08 Global Financial Crisis helped shape and implement useful health, economic, and financial policies. Comparatively, the purpose of the study discussed in the *Public and Economic Policy Implementation During the COVID-19 Pandemic* section was to draw a correlation between the social behaviors and practices implemented by the CDC during the COVID-19 Pandemic and the perceived job and financial security of employees following the prescribed guidelines. The results of the study were also analyzed to determine whether the CDC’s guidelines are effective enough to implement in future health crises.

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findings of the study, therefore, support the revelation that the occurrence of crises in the United States’ helps shape and implement useful health, economic, and financial policy.

**Governmental Response Linkages Between the Literature Review and COVID-19 Case Study**

One literary source posited the claim that the Trump administration’s COVID-19 Pandemic response was inadequate, and the administration followed autocrats and eschewed expert analysis and opinion. The data found supports this claim. The study mentioned in the previous section concluded that governmental response plays an integral role in the severity and lifespan of a pandemic such as COVID-19 (pg. 17). Government measures such as lockdowns, social distancing, testing, and messaging are all factors employed to either curtail the spread of a virus if taken seriously or may exacerbate its severity if neglected. Under the Trump administration’s direction, some United States citizens ignored these guidelines. This correlation is also present when considering the death toll in the United States due to COVID-19 versus the rest of the world.

**Public Perception Linkages Between the Literature Review and COVID-19 Case Study**

One source claimed that wrongful media exposure, politicization, and misinformation has increased the COVID-19 Pandemic’s severity in the United States. This is directly supported by the data found on COVID-19 in the previous section. Specifically, the results of the study from the American College of Physicians on July 21, 2020, and the study from the Journal of Oral Biology and Craniofacial Research on August 14, 2020, reveal how politicization, the media, and misinformation worsened the COVID-19 Pandemic’s severity.

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Conclusion

In summary, the goal of this chapter was to explore the relationship between public health emergencies and crisis response while explaining how public policy is shaped by these events and the national security implications that follow. This chapter revealed the extent to which public health emergencies and crises affect every facet of American life. Specifically, it was revealed that public health emergencies and crises such as the COVID-19 Pandemic have a profound impact on the citizens, economy, government, and national security of the United States. Ultimately, it will be interesting to see what economic, social, or fiscal policies are formed as a result of the COVID-19 Pandemic, especially policies designed to curtail the ill-effects of public health emergencies of the same nature.
CHAPTER TWO: THE EXECUTIVE BRANCH’S ROLE IN PUBLIC HEALTH EMERGENCIES

Introduction

The adequacy of the executive branch’s response to public health emergencies is contingent on a myriad of factors. The reason being is there are new threats to public safety and public health emerging every day. As a result of this emergence, it is incumbent upon the United States government to determine, with precision, which branch of government possesses the power and established authority to adequately address public health emergencies. Once that determination is made, not only will threats to public health decline but the severity of public health threats will decrease as well.

The goal of this paper is to help make that determination and it is done so by drawing upon the studies and information conducted in the previous chapter of this thesis portfolio. Specifically, Chapter One of this thesis portfolio: The National Security Implications of Public Health Emergencies and Crisis Response, will be expounded upon when exploring the relationship between the executive branch’s actions and public health emergencies. This chapter analyzes previous presidential administration response efforts when responding to public health emergencies. Moreover, the goal of this chapter is to determine what constitutes an effective public health emergency response by executive leadership while revealing if new policy or legislative measures are needed to properly address public health emergencies.

This chapter’s research question is to gain a better understanding of the responsibilities of the executive branch regarding the coordination and execution of federal responses to public health emergencies.

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health emergencies. This knowledge will be attained by testing and expounding on the efficacy of prior presidential administration’s responses to public health emergencies. In doing so, this chapter demonstrates whether there is a need to augment the duties of the executive branch when public health emergencies occur. This determination, in turn, assists in properly constraining the ill-effects of public health emergencies in the future.

Each section of this chapter is as follows: The Literature Review section discusses three schools of thought directly pertaining to the executive branch’s responses to public health emergencies. This section outlines several examples of previous presidential administration’s responses to public health emergencies and the implications that follow while outlining the expectations set forth by each literary source. The Methodology section discusses why the case study of the COVID-19 Pandemic was selected and explains the methods of data collection and analysis in the sections that follow. This section hypothesizes the Trump administration’s response to public health emergencies as well. The Analysis and Discussion section further expounds on the findings of the previous section and juxtaposes them with the expectations set forth by the Literature Review. The Conclusion section answers the research question of what constitutes an effective public health emergency response by executive leadership and reveals the need, or lack thereof, for new policy or legislative measures when addressing them.

**Literature Review**

**The Significance of the Executive Branch’s Role in Public Health Emergencies**

The responsibility of the executive branch during public health emergencies is multifaceted. During public health emergencies, a presidential response may depend upon organizations whose mission is to curtail their negative effects—such as the World Health Organization (WHO), the Federal Emergency Management Agency (FEMA), or the American
Red Cross (ARC). There are multiple variables involved in the executive branch’s response to public health emergencies and this response may reveal either effective leadership or serve as an example of poor decision-making. Those variables include economic stability; presidential approval and support; and the socio-economic status of citizens affected by the occurrence of public health emergencies. For this Literature Review, any reference to the aforementioned variables should be analyzed within the context of during or after the occurrence of a public health emergency, although the majority of these variables will be addressed in the Discussion and Analysis section.

There are multiple schools of thought on the executive branch’s role during public health emergencies. Specifically, each executive branch response may be categorized as follows:

- **Organizational Reliance**-Reliance upon organizations or agencies designed to respond and contain a public health emergency;

- **Congressional Trust**-Trust in Congress to adequately respond and curtail the severity of a public health emergency; and

- **Unilateral Action**-The executive branch acts unilaterally in response to a public health emergency.

  - *For clarification purposes, it is understood that while the executive branch, in many cases, may not solely act unilaterally without the subsequent support of congressional appropriations, etc. due to the United States constitutional system of shared powers, the term “unilateral” refers to the initial actions proposed or taken by the executive branch without congressional involvement.*

Each school of thought organizes and reveals the linkages between the historical evidence and research, analysis, and conclusions of previous and current executive leadership responses to public health emergencies. By analyzing and categorizing previous responses by presidential administrations, one can determine what role the president and the executive branch at large should assume when faced with public health emergencies in the future.
Organizational Reliance

The executive branch’s display of Organizational Reliance can be synthesized into two concepts: negligence and passivity. At base, each presidential administration utilizes or deploys certain organizations to assist in public health emergency containment. Examples of such organizations include agencies—such as the WHO; FEMA; and the ARC—as well as other non-profit organizations. In some instances, certain presidential administrations may rely heavily on these organizations when attempting to curtail the detrimental effects of public health emergencies—almost to a fault. Also noteworthy are the organizations and agencies created after a public health emergency occurs. One notable example of a president invoking Organizational Reliance when responding to a public health emergency is Woodrow Wilson during the Influenza Epidemic of 1918 or the Spanish Flu.

Spanish Flu

The Spanish Flu is widely considered to be one of the most devastating global health epidemics in history. “Never had anything in humanity’s entire history—war, famine, pestilence, or anything else—infected so many human beings, and killed so many in such a brief period.” Deaths from the Spanish Flu in 1918 surpassed World War II and did so in a significantly less amount of time. Indeed, World War II took “6 times as long as the Spanish Flu to produce the same number of total deaths.”

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87 Ibid, 25
89 Ibid, 23
The Wilson Administration and Spanish Flu

President Wilson’s decision-making, or lack thereof, during the Spanish Flu epidemic, epitomizes an organizationally reliant executive response. Specifically, the outbreak of the Spanish Flu during World War I left President Wilson with a dilemma: contain the spread of a highly contagious, fatal virus or give the United States the best chance to win World War I. President Wilson chose the latter of the two options and the epidemic’s devastating effects worsened over time. Moreover, President Wilson failed to consider the connection between the war effort and the Spanish Flu epidemic. When grappling with the decision on whether to halt the shipment of American soldiers during the epidemic, Wilson maintained that “epidemics on ship[s] could still occur, but ‘lives lost to influenza must be balanced against those which could be saved if the war could be brought to a speedy end.’” War Department policies outside of the United States proved to be disastrous as well, with even more influenza cases being brought back to the United States by troops from overseas.

Additionally, the American Red Cross was heavily relied upon during the Wilson administration’s response to Spanish Flu during World War I. At the beginning of the war, President Wilson organized a board to oversee the American Red Cross, expanding the organization’s outreach substantially. However, while the American Red Cross was nationally organized by President Wilson, their efforts were conducted locally. This meant that regional and local offices of the ARC:

Were responsible for a significant effort to combat the flu, including the provision of $2 million in supplies and equipment in hospitals, transportation of health care workers,

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90 Ibid, 41
91 Ibid, 42
supplies, bodies, and the creation of institutions to care for patients and to feed and house those left homeless and orphaned by the disease.\textsuperscript{93}

As a result of their local and regional offices being responsible for combating the Spanish Flu, the American Red Cross’s quality of care and availability of resources varied from region to region; with some regions receiving sufficient care and supplies while other regions became resource-deficient.\textsuperscript{94} This variance, in turn, reflected a disconnect between when determining a sufficient response to a public health emergency versus an insufficient response.\textsuperscript{95} The Wilson administration believed that an increase in both the number of employees and funding for the American Red Cross would contribute significantly to ending the Spanish Flu epidemic, but offered little to no direct involvement when combating the epidemic.\textsuperscript{96}

President Wilson’s passivity when combating the Spanish Flu demonstrates how placing blind trust in organizations can be disastrous. Although some of the organizations and agencies had not been created at the time (WHO and FEMA) or were relatively infantile (ARC), the Wilson administration could have drawn a nexus between the severity of the Spanish Flu and World War I—both events critically impacted American lives.\textsuperscript{9798} Also noteworthy is the uncertainty of making trade-offs when responding to public health emergencies. President Wilson could have assessed the potential negative impact of Spanish Flu prior to its full emergence and reinforced his response accordingly if that assessment became a reality—which it did. However, it is noteworthy to consider the laws and policies created because of the Spanish Flu epidemic.

\textsuperscript{93} Ibid, 137
\textsuperscript{94} Ibid, 137
\textsuperscript{95} Ibid, 137
\textsuperscript{96} Ibid, 137
\textsuperscript{97} "History". 2021. Who.Int. https://www.who.int/about/who-we-are/history.
It was the influenza epidemic that prompted the first articulation of the need for a federally controlled and funded public health infrastructure that was resilient to regional variation. It took 60 years to realize that initial goal, which has since expanded. FEMA and the CDC have the federal power to quarantine, [which was] first granted during the 1918 influenza epidemic.99

Polio and the Franklin Delano Roosevelt Administration

Scientifically known as poliomyelitis, “polio” is a highly contagious disease caused by a virus disrupting the nervous system, resulting in spinal cord and brainstem paralysis.100 In 1921, Franklin Delano Roosevelt (FDR) contracted polio and the disease subsequently paralyzed both of his legs.101 Despite his permanent paralysis, FDR went on to become president in 1932.102 FDR’s public image as president significantly increased awareness and financial support for polio and he eventually founded the National Foundation for Infantile Paralysis (NFIP) in 1938.103 The NFIP also changed the approach of combating diseases and public health emergencies:

Until that time medical research was funded largely by individual researchers using their own income or in rare research institutes established by wealthy philanthropists including the Rockefeller Institute, which had been researching polio without dramatic success since 1901. The National Foundation for Infantile Paralysis recruited Thomas Rivers to direct polio research, and he outlined key basic priorities for conquering the disease, beginning with basic principles: understanding the pathology of polio, the portal of entry, and the mode of human transmission—all still unknown despite decades of research. The Foundation established major virus laboratories at Yale, Johns Hopkins, and the University of Michigan and the first coordinated attack on polio began, funded entirely by public donations.104

102 Ibid, 156
103 Ibid, 156
104 Ibid, 156
FDR was able to garner robust financial support and focused attention on the polio epidemic. Unlike President Wilson’s use of the ARC, FDR’s Organizational Reliance in response to polio proved to be successful, especially with his establishment of the NFIP. Due to the NFIP’s funding and research contributions, polio was completely eradicated throughout the United States by 1979.\(^\text{105}\) For purposes of clarification, while it is understood that polio’s complete eradication came 61 years after the FDR administration’s establishment of the NFIP and is a victory because of its eradication, the United States’ response to COVID-19 should not be held to the same timeline or metric for success. Given that scientific and technological advancements through foundations of a similar ilk as the NFIP have made it possible to impede and contain the spread of diseases faster, if COVID-19 has not been eradicated by the same timeline as polio it will be due to extenuating factors (i.e., disease composition, mutations, etc.) instead of a singular presidential administration response.

**Congressional Trust**

The category of Congressional Trust requires congressional leadership –i.e., The Speaker of the House; House and Senate Leadership; and Majority Whips in both Chambers—working in concert toward a common goal. All too often congressional leaders split ideologies or allegiances over issues that require cooperation and a unified effort, such as public health emergency responses.\(^\text{106}\) There are two notable circumstances where the executive branch demonstrates supreme confidence in Congress when handling a public health emergency and those are: 1) if

\(^{105}\) CDC. “Polio Elimination in the U.S.” Centers for Disease Control and Prevention, October 25, 2019. https://www.cdc.gov/polio/what-is-polio/polio-us.html#:~:text=Thanks%20to%20a%20successful%20vaccination,been%20polio%20free%20since%201971

the sitting president’s election into office was anomalous (Gerald Ford) or if the president did not believe the public health threat was credible enough to detrimentally impact society (Reagan).

The Ford Administration and Influenza (1976)

President Gerald Ford’s undertaking of the presidency was an unorthodox one. On August 9, 1974, after President Nixon’s resignation amid the Watergate Scandal, President Ford became the first, and only, citizen to assume office without winning a presidential election. Shortly after assuming office, the Ford administration was faced with another potential influenza outbreak. Decisively, President Ford announced on nationwide television of his decision to establish and implement the National Influenza Immunization Program (NIIP) on March 24, 1976. Ford called for Congress to approve the plan to “vaccinate every man, woman, and child in the USA. Congress, which was Democratically controlled at the time, acted quickly on the Republican president’s request and President Ford signed the NIIP into legislation on April 15th.” Roughly 9 months after the enactment of the NIIP, the Ford administration announced the Program’s suspension. Many press outlets, including the New York Times, questioned the Program’s initial proposition and subsequent enactment by the Ford Administration stating, “…on the flimsiest of evidence, President Ford and the Congress were panicked into believing that the country stood at the threshold of a killer flu epidemic, one that might claim millions of lives as did the much-cited influenza pandemic of 1918–1919… the White House had a “scarcity” of officials with enough medical knowledge to be able to put biological reality before political expediency…that Ford and Congress had been panicked into believing that a lethal epidemic was coming. Either it was political expedience or a panicked belief that was mistaken…”

109 Ibid, 58
110 Ibid, 58
111 Ibid, 58
Furthermore, there are two polarizing concepts of the Ford Administration’s display of Congressional Trust in response to the potential influenza outbreak of 1976: 1) Taking swift action through Congress when eradicating a potential threat to public health may not be received favorably amongst the general population; and 2) hypothetically speaking, the Ford administration’s quick response may have been the reason why the flu outbreak’s severity was contained and not exacerbated—i.e., the looming outbreak was common knowledge amongst Americans so they took it seriously.

The Reagan Administration and the AIDS Epidemic

The Reagan Administration’s response to the growing AIDS epidemic in 1981 was one of abdication. Specifically, President Reagan downplayed how credible the threat of AIDS was to the collective health of Americans, even failing to acknowledge its emergence until a 1985 press conference.112 Unlike the Ford administration, the Reagan administration’s lack of awareness when responding to the AIDS epidemic was not in good faith. His response represented a certain de-facto trust and faith that Congress will respond and adequately contain the AIDS epidemic. Contrastingly, congressional attention to AIDS as a threat to public health was more aggressive regardless of the perceived prejudice against the Gay community at the time:

…the specter of Republican budget cuts led to the first awareness of the AIDS epidemic in Congress. Ronald Reagan's budget director, David Stockman, had targeted public health agencies [CDC, etc.] for massive cuts…CDC scientists were alarmed and predicted that the cuts would lead to an epidemic…since Reagan had proposed cutting the immunization budget in half. [Representative] Henry Waxman was worried enough by what he learned to join with a Republican colleague, Representative Pete Domenici, to protect the immunization budget…[via] a bill pushed by Waxman and others. On the advice of epidemiologists, the major legislation encouraged testing, counseling, and treatment. Health privacy laws did not exist, so Waxman's bill (and a Senate counterpart

sponsored by Ted Kennedy) initially included a confidentiality provision and a guarantee against discrimination. 113

The Reagan administration’s lack of proactivity and seriousness regarding the AIDS virus actually exacerbated the negative stigma and societal perception of the disease, which pervaded the halls of Congress.114 “When Congress held its first hearing on AIDS in 1982, only a single reporter showed up.”115 Congress, along with President H.W. Bush, alleviated the lack of efficacy, transparency, and clarity of the Reagan Administration’s response to the AIDS epidemic by enacting the Ryan White CARE Act in 1990—“which connects AIDS patients to care facilities, and fosters the development of antiretroviral medication that increases the life expectancy of a person living with HIV by decades.”116

Unilateral Action

When categorizing executive branch responses during public health emergencies, Unilateral Action entails an independent, individual response by the executive branch while eschewing all other considerations and implications regarding the decision. Moreover, Unilateral Action by the president could be seen as high-risk, high reward in certain circumstances. The president is perfectly within his or her rights to believe they are making the best decision for the United States when unilaterally responding to public health emergencies, and rightfully so. But how does the president hold themselves accountable for the consequences of those decisions if

114 Ibid.
they make matters worse? Conversely, is it acceptable for the president to take credit when unilateral decisions improve unfavorable circumstances?

The Obama Administration and Ebola

The Ebola virus disease was a highly contagious illness that was first discovered in South Sudan and the Democratic Republic of Congo in 1976.\textsuperscript{117} Symptoms of the disease included fever, severe headache, muscle pain, weakness, fatigue, diarrhea, vomiting, stomach pain, and bleeding or bruising.\textsuperscript{118} In 2014, Ebola emerged as a public health epidemic with around 49 confirmed cases and 29 deaths throughout West Africa and was rapidly increasing in severity.\textsuperscript{119} The president at the time, Barack Obama, was confronted with a decision to wait until the disease reached the United States and respond then, or attempt to reduce the spread of the disease in West Africa immediately. On March 25, 2014, the Obama administration deployed both United States troops and military personnel to West Africa to contain the spread of Ebola.\textsuperscript{120} The expediency by which the Obama administration made the decision to fight Ebola in West Africa was alarming.

The speed with which the deployment came to fruition stunned even those who were pushing to make it happen. It had taken just weeks for a major military deployment to go from concept to execution. It was a testament…to just how seriously the administration was taking the outbreak. On the day Obama announced the new deployment, the cost of the United States response crossed the $100 million threshold. ‘I don’t know that I’ve ever seen a high-level policy decision-making process that’s moved as quickly and decisively as that[.]’ The military’s arrival hailed a new moment in the fight against Ebola.\textsuperscript{121}

\begin{thebibliography}{99}
\bibitem{118} Ibid.
\end{thebibliography}
Eventually, the Obama administration contained the spread of the virus. By deploying more than 2,600 American troops and more than 1,400 CDC employees to West Africa, President Obama was able to provide Liberia, Guinea, and Sierra Leone with the capability to adequately monitor, treat, and contain the Ebola virus.122

**Closing Literary Analysis and Expectations**

In summary, the three schools of thought—Organizational Reliance, Congressional Trust, and Unilateral Action—are highly polarizing regarding the executive branch’s role in responding to public health emergencies. The expectations set forth by each literary source and presidential administration’s response demonstrate that there is no panacea when responding to public health emergencies. The Wilson administration’s invoking of Organizational Reliance to contain the Spanish Flu proved futile due to the weak infrastructure of the American Red Cross. Conversely, the use of Organizational Reliance by the FDR administration proved to be highly effective in the treatment and subsequent eradication of polio. Further, the over-utilization of Congress by both the Ford and Reagan administrations did not yield favorable results—albeit the Ford administration could have been acting in good faith with his blind trust in Congress. Regarding President Reagan’s display of Congressional Trust, he was not overtly placing all of the burden on Congress when responding to the AIDS epidemic, but more so downplaying its severity and seriousness and, as a result, had to trust that Congress would remedy the situation. Lastly, the Unilateral Action demonstrated by the Obama administration conveys that some presidents have the United States’ best interest in mind regardless of the expediency of their public health emergency response.

122 Ibid, 263
The expectations set forth by the Literature Review are accurate because they convey how many more variables are involved with public health emergency response by the executive branch outside of the individual public health emergency and subsequent response. The following section will test and analyze the research surrounding the executive branch’s role in public health emergencies while incorporating the variables of economic stability; presidential approval and support; and socio-economic status.

Methodology

This chapter uses a case study analysis to evaluate the current responsibilities of the executive branch regarding the coordination and execution of federal responses to public health emergencies. A case study is appropriate for this analysis because it allows for a broad range of perspectives within the subject matter. Specifically, a case study assisted with gathering real-time data on public health emergencies and provided the opportunity to test the data gathered with the Trump administration’s response.

The case study selected was the COVID-19 Pandemic. Analyzing the COVID-19 Pandemic afforded the ability to juxtapose the literature’s expectations with the hypothesis formed regarding the Trump administration’s actions. Categorically, the expectations set forth by the literature on the role of the executive branch during public health emergencies consist of: 

- Organizational Reliance—Reliance upon organizations or agencies designed to respond and contain a public health emergency;
- Congressional Trust—Trust in Congress to adequately respond and curtail the severity of a public health emergency; and
- Unilateral Action—The executive branch acts unilaterally in response to a public health emergency. Further, the hypothesis regarding this case study of the Trump administration consists of:
• The Trump administration exercised *Unilateral Action* when responding to the COVID-19 Pandemic.

However, there are multiple variables involved in this case study outside of the individual COVID-19 Pandemic and the categories of the executive branch’s response. The variables incorporated when assessing the COVID-19 response of the Trump administration entail: economic stability; presidential approval and support; and the socio-economic status of citizens adversely affected by the pandemic. These variables not only assisted in categorizing the Trump administration’s response but also aided in gauging the effectiveness of the response. Specifically, each variable and the data accompanying it serves as a barometer when determining whether new policy or legislative measures are needed for the executive branch to properly address public health emergencies. Lastly, several qualitative sources, including primary source documents, news articles, and scholarly articles were highly useful when compiling and analyzing the data for this case study.

**Presentation**

**The Trump Administration’s Response to the COVID-19 Pandemic**

There has been a litany of high-pressure situations during the Trump administration’s tenure. However, of equal, if not the utmost importance, was the COVID-19 Pandemic. Specifically, the emergence of COVID-19, “a highly contagious respiratory disease caused by the SARS-CoV-2 virus,”123 came to the forefront of American lives during the beginning of the Trump administration’s final year in late January of 2020.124 During the initial stages of the

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COVID-19 Pandemic, the Trump administration consistently exercised Unilateral Action. When responding to the threat of a deadly pandemic in the United States, the Trump administration initially downplayed and politicized its severity. It also operated transactionally when assisting state and local municipalities in need. Further, the Trump administration seized the opportunity to increase the influence of United States’ federalism during the COVID-19 Pandemic through “governing by exchanges between itself and the states, and between states,” attempting to garner political support in the process.\textsuperscript{125}

Objectively speaking, the Trump administration’s employment of Unilateral Action in the nature of increasing federalism in the United States during the COVID-19 Pandemic is not to be criticized or condemned, but more so analyzed and understood from the context of current presidential duties—i.e., the Trump administration is well within their right to handle the pandemic in whatever fashion they prefer so long as it is legal. However, this subsection elucidates—through the use of metrics such as economic stability; presidential approval and support, and the socio-economic status of minorities adversely affected by the pandemic—if there is a need to augment the duties of the president during public health emergencies.

\textit{The Economic Stability of the United States During the COVID-19 Pandemic}

One variable that is important to consider when analyzing the Trump administration’s response to the COVID-19 Pandemic is the economic stability of the United States. In the beginning stages of the Pandemic, the Trump administration’s negligence of COVID-19’s

presence in the United States and the lack of attention to the need for resources at a state-level manifested unnecessary competition amongst states. Specifically,

Absence and/or inaction on the part of the national government has led states to seek alternative sources (outside of the Trump administration) for needed equipment such as ventilators and personal protective equipment (PPE) for first responders and health care workers. State administrators are also not able to make use of typical relationships between experts and agencies at the federal level.\textsuperscript{126}

An example of the effect the Trump administration’s inaction had on the United States’ economy is evident when viewing the individual need for respiratory ventilators. During the beginning stages of the pandemic, respiratory ventilators were costly, and “the supply of the new ventilators was relatively small, and the machines were produced at a rate far below sudden demand.”\textsuperscript{127} The rise in demand for respiratory ventilators and rapid decrease in their availability proved to be problematic domestically and internationally. State governments not only had to compete with other state governments for vital resources domestically, but they also competed with international governments experiencing the devastating effects of the COVID-19 pandemic.\textsuperscript{128} The same is true regarding PPE equipment as well. The shortage of supplies such as protective face masks, face shields, sterile gloves, and gowns led to states participating in bidding wars with other states, yielding much higher market prices to purchase them.\textsuperscript{129}

Additionally, the Trump administration’s manifestation of resource competition amongst states during the pandemic bred inconsistency in the economic stability of the United States and the subsequent decision-making of the president. Specifically,

after weeks of taking no action to declare a national emergency or propose shelter-in-place solutions, the Trump administration suggested that such orders were the purview of

\textsuperscript{126} Ibid.
\textsuperscript{127} Ibid.
\textsuperscript{128} Ibid.
\textsuperscript{129} Ibid.
state governors. Governors began to take action on March 13 when Ohio implemented restrictions on public gatherings, and, as the economic impact of the quarantine became more apparent, Trump then asserted that the president has ‘total authority’ to order states to end pandemic related restrictions.\textsuperscript{130}

This inconsistency in economic stability and decision-making by the Trump administration underscores some of the issues that arise when attempting to increase federalism, via Unilateral Action, while responding to public health emergencies.

\textit{Presidential Approval and Support}

The approval rating of the Trump administration is of significant importance when assessing its response to the COVID-19 Pandemic. Specifically, each president’s approval rating, albeit not completely accurate or objective, provides a glimpse into the effectiveness of the decision-making and leadership of the president from the perspective of United States citizens. For the Trump administration, this metric indicated an unsatisfactory handling of the COVID-19 Pandemic and could be to blame for the loss of the subsequent election to a second term in 2020.

A study conducted by Joshua Hart with the Union College Department of Psychology in Schenectady, New York, titled: \textit{Did the COVID-19 pandemic help or hurt Donald Trump’s political fortunes?} outlines support levels for the Trump administration during the pandemic as well as its effect on his reelection outcome. Conducted during the peak of the COVID-19 Pandemic and 5–6 months before the 2020 presidential election, the study consisted of “6 separate, brief surveys of around 300 United States residents each.”\textsuperscript{131} Additionally, the study categorized each individual response by political affiliation—Democrat; Republican; Independent. In short, the study found that:

\textsuperscript{130} Ibid.
Democratic support for Trump was either neutral or negative over the course of the pandemic. Republicans, in the early stages of the pandemic lockdowns, reported elevated Trump support, but by the June 1 reopening, that tendency had reversed, perhaps due to disapproval with Trump’s handling of the pandemic over time. For Independents, there was a tendency toward increased Trump support, after an early reaction in the opposite direction, but these concerned individuals might represent a different ‘type’ of Independent.

Overall, the study found that the Trump administration’s lack of support from both Democrats and Republicans can be used to draw inferences about the effect the COVID-19 Pandemic had on the results of the November 2020 U.S. presidential election. The results of the study convey that exercising Unilateral Action during a public health emergency, which may prove effective in many cases, can have dire consequences regarding the overall public perception and re-election of a presidential incumbent.

Socio-economic Status of Citizens Adversely Affected by the Pandemic

There are two instances where the Trump administration’s unilateral actions have disproportionately affected minorities over the course of the COVID-19 Pandemic. Specifically, the two key health policy decisions made by his administration entailed “the failure to establish a special enrollment period for workers experiencing pandemic-related job-loss and a refusal to suspend the Public Charge Rule during the Pandemic.”

Workers who lost their job during the COVID-19 Pandemic were less likely to have health benefits, which meant the lack of an established special enrollment period impacted them

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132 Ibid.
133 Ibid.
134 Ibid.

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significantly. Furthermore, the majority of people lacking employment benefits whose jobs were lost during the COVID-19 Pandemic were minorities.

Additionally, the Trump administration’s refusal to suspend the Public Charge Rule during the pandemic adversely affected citizens from a socio-economic standpoint because the Rule “constituted a basis for denying immigrants admission into the U.S. or the ability to become permanent legal residents.” Although the Immigration and Nationality Act of 1965 does not strictly define the term “public charge,” the term “signifies someone who is not self-sufficient and depends on the government for support.” In 1999, the Clinton administration re-evaluated the evidence that deems someone a public charge. They determined it to be someone who: “(i) receives public cash assistance for income maintenance or (ii) institutionalization for long-term care at government expense.” Moreover, the Clinton administration excluded the term “primarily dependent” and other benefits used to supplement basic income, such as Medicaid. In 2019, the Trump administration modified the qualifications of what a public charge is stating that it is someone who has received “one or more public benefits . . . for more than 12 months in the aggregate within any 36-month period” which disproportionately affects immigrants aiming to become United States citizens. Multiple deterrents also exist for non-Americans immigrating to the United States during the COVID-19 Pandemic. The first deterrent is the Trump administration’s broad definition of a Public Charge—someone who has received benefits for more than 12 months in the aggregate within any 36-month period. The second deterrent demonstrates that immigrants would have a higher chance of becoming a public charge if they

\[136\] Ibid.
\[137\] Ibid.
\[138\] Ibid.
\[139\] Ibid.
\[140\] Ibid.
\[141\] Ibid.
were “likely to require extensive medical treatment” which, during a health pandemic, is likely to be required.

Operation Warp Speed and Vaccine Rollout

Lastly, the Trump administration’s vow to vaccinate 100 million people by February, via Operation Warp Speed, serves as a positive when analyzing Unilateral Action as an executive leadership response.\textsuperscript{142} When implementing Operation Warp Speed the Trump administration, in short, “[unilaterally] devoted the resources of the U.S. government to aid private companies in the design, testing, and distribution of an effective vaccination for COVID-19.”\textsuperscript{143} Furthermore, the initiative is considered by many to be the Trump administration’s greatest feat, and rightfully so. Without this form of unilateral decision-making by the Trump administration, the United States would continue to be in the throes of an unprecedented Pandemic with no end in sight. However, if the Trump administration abandoned its use of Unilateral Action years prior, there might not have been a pandemic at all.

Analysis/Discussion

In this section, the aforementioned schools of thought and the expectations set forth by the Literature Review are compared with the findings of the COVID-19 case study of the Trump administration. In short, the chapter’s hypothesis of the Trump administration’s COVID-19 Pandemic response, while accurately categorized, is inconsistent with the literature’s expectation of what Unilateral Action entails and its advantages (the Obama administration’s response to

\textsuperscript{142} King, Robert. 2020. “Operation Warp Speed Pushing to Vaccinate 100M against COVID-19 by End of February.” FierceHealthcare, December, N.PAG.

Ebola produced a favorable outcome), even though it somewhat benefitted the Trump administration toward the end of its tenure.

**The Importance of Executive Leadership Responses to Public Health Emergencies**

One concept that remains true when responding to public health emergencies is the fact that executive leadership must act when faced with a crisis. Specifically, each presidential administration’s response to their respective public health emergency provides an added layer of context when determining the correct way to respond. For some presidential administrations—Wilson, Reagan, and Trump—the employment of Organizational Reliance, Congressional Trust, and Unilateral Action worsened the effects of their respective public health emergencies. For other presidential administrations—FDR, Ford, and Obama—those same responses yielded better results. The main idea when analyzing the responses of presidential administrations is to determine which outcomes were extenuating and which outcomes were a result of poor leadership. Furthermore, this determination, in turn, assists with evaluating public health emergency responses in the future while assessing the efficacy of the current responsibilities of the executive branch. In doing so, this analysis provides clarity on how to adequately respond to public health emergencies—i.e., mitigating harm, containment, prompting awareness.

**Advantages and Disadvantages of Each School of Thought**

Each school of thought (Organizational Reliance, Congressional Trust, and Unilateral Action) possesses advantages and disadvantages regarding public health emergency responses. Organizational Reliance proved to be ineffective for the Wilson administration because the organization he relied upon, the American Red Cross, was ill-equipped to handle the Spanish Flu. Contrastingly, the FDR administration’s use of Organizational Reliance proved to be beneficial because FDR, while afflicted with Polio, spread unprecedented awareness and
financial support for the disease through the National Foundation for Infantile Paralysis (NFIP), which led to polio’s complete eradication throughout the United States in 1979. Moreover, the advantage of Congressional Trust is evident by the Ford administration’s handling of influenza and the swift action his administration took not only when utilizing Congress to eradicate a potential threat to public health, but also with the way his administration made information about the disease common knowledge. Contrastingly, the Reagan administration’s response to AIDS is considered as having too much trust in Congress when resolving issues that require the attention of multiple branches of government. Congress eventually contained the AIDS epidemic, but it took more than one presidential administration to do so. Lastly, the Unilateral Action exercised by the Obama administration demonstrates the efficacy of quick decision-making when responding to a looming threat to public health. By acting unilaterally, the Obama administration was able to eradicate Ebola’s presence in the United States while mitigating its devastating effects internationally. For the Trump administration, employing Unilateral Action was not as effective when containing the COVID-19 Pandemic. In a similar fashion to the Reagan administration’s handling of the AIDS crisis, the Trump administration’s lack of recognition of COVID-19 as a credible threat also worsened its effects on Americans.

Extenuating Circumstances/Variables

There are several hypotheticals that have influenced the outcome and efficacy of three presidential administration responses to public health emergencies, respectively. Specifically, if the Trump administration utilized organizations designed to curtail credible threats to public health emergencies (Organizational Reliance), the COVID-19 Pandemic’s effects may have been less devastating. Similarly, if the Wilson administration acted unilaterally when responding to the Spanish Flu, its death toll might have been lower, and the disease could have been contained
sooner. If the Reagan administration relied upon organizations such as the CDC, the AIDS epidemic’s effects could have been lessened as well. Moreover, each hypothetical conveys the notion that there may not be a correct way to handle public health emergencies in real-time. However, this notion reveals that the occurrence of public health emergencies and their effects may, in fact, be extenuating regardless of decision-making or competency.

**Partisanship**

Partisanship is one influential variable to consider when analyzing the efficacy of each presidential administration’s public health emergency response. One prevalent theme throughout the administrations analyzed is that 2 of 3 of the poor decision-making responses during public health emergencies have been by Republican presidential administrations, while all of the effective responses have been by Democratic presidential administrations. It could be inferred that Republican presidential administrations are much more reactionary to the threat of a public health emergency than Democratic presidential administrations. And Democratic presidential administrations are more proactive when faced with potential threats to public health.

**Recommendation**

This raises the question: is there a correct way for a presidential administration to handle a public health emergency? The answer is yes and no. From the data gathered throughout this chapter and the analysis of each presidential administration’s response, it is evident that the efficacy of each response is contingent on the type of action employed by executive leadership. When considering that contingency, the best action for the executive branch to take when handling a public health emergency is to employ a combination of all three schools of thought—Organizational Reliance; Congressional Trust; and Unilateral Action. A presidential administration should rely upon experts and organizations designed to mitigate public health
emergencies, trust in Congress to either appropriate funds in response to public health emergencies and pass laws designed to thwart its negative impacts and, lastly, consider the effectiveness and competency of his or her own decision-making—in a similar fashion to how the Biden administration’s first 100 days in office have been.\textsuperscript{144}

**Conclusion**

In summary, the goal of this paper was to make the determination between what constitutes an effective public health emergency response by executive leadership while revealing if new mandatory policy or legislative measures are needed to properly address them. The data and analysis revealed that although there is no panacea present when handling public health emergencies and their ill-effects, presidential administrations need to utilize the experts and organizations in their field as well as Congress, while simultaneously acting unilaterally within certain areas of its response. Furthermore, while many may believe there is no need to augment presidential duties when responding to public health emergencies from the aforementioned findings revealed in this chapter, the next chapter addresses that same concept from a legal, constitutional, and statutory perspective.

CHAPTER THREE: LOOKING AHEAD: THE FUTURE SCOPE OF EXECUTIVE AND CONGRESSIONAL AUTHORITY DURING PUBLIC HEALTH EMERGENCIES

Introduction

The COVID-19 Pandemic’s continual presence has demonstrated that it will take more than a simple fix when remedying its ill-effects on the national security, public health infrastructure, and executive authority of the United States. As of September 18, 2021, there have been a total of 785,160 deaths attributable to COVID-19 in the United States alone.\footnote{“NVSS - Provisional Death Counts for COVID-19 - Executive Summary.” 2021. 2021. \url{https://www.cdc.gov/nchs/covid19/mortality-overview.htm}} As the United States approaches its second year in dealing with the virus, it appears as if the death toll is increasing rapidly with no signs of subsiding. Each passing day, the virus seemingly sets a new precedent regarding new cases, hospitalizations, and fatalities.\footnote{CDC. 2021. “COVID Data Tracker Weekly Review.” Centers for Disease Control and Prevention. October 8, 2021. \url{https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html}} One could ask the question: why and how did this happen and what could the United States have done to prevent or curtail the ill-effects of COVID-19?

This chapter explores that question. Chapter One found that the occurrence of public health emergencies in the United States has significant national security implications. In Chapter Two, the type of actions the executive branch employs when responding to previous public health emergencies was assessed and the chapter found that there is no one-size-fits-all approach to a public health emergency response by the executive branch. It is a combination of each response effort, i.e., Organizational Reliance, Congressional Trust, and Unilateral Action. This chapter builds upon the findings of the previous chapters and further analyzes executive authority and public health emergency response from a legal and constitutional context. Specifically, this chapter examines the U.S. Constitution, state mandates, and multiple literary...
sources on implied executive power and authority to assess the Biden administration’s response to COVID-19. From this analysis, this chapter proposes new executive legal action for future administrations to abide by when faced with public health emergencies. In doing such, these executive measures ensure that the level of detriment pandemics such as COVID-19 pose are eliminated or at least significantly curtailed, if possible.

The chapter consists of five sections. The Literature Review section discusses the enumerated powers of Congress and the executive branch during national emergencies. This section utilizes several pertinent U.S. Supreme Court cases, constitutional amendments, and statutes, to provide a better understanding of the explicit legal authority when analyzing the scope of responses to public health emergencies by Congress and the executive branch. This Literature Review also provides an in-depth analysis of the structural and political influences of presidential decision-making. The Methodology section discusses why the Biden administration’s COVID-19 Pandemic response was selected as a case study and its role throughout this chapter. The Comparative Analysis Between Case Study and Literature Review section compares the findings and revelations from the Literature Review section with the Case Study conducted on the Biden administration’s response to COVID-19. The Recommendations for Political Structure and Policy section proposes structural and policy changes to the current U.S. governmental structure and the actions of executive leadership during public health emergencies. The Conclusion section reaffirms the findings and revelations of the previous sections and the chapter’s research question(s).
Literature Review

On March 13, 2020, President Donald Trump (R) declared a national state of emergency in response to the COVID-19 outbreak in the United States.\textsuperscript{147} This declaration at the federal level triggered a myriad of legal issues regarding permissible or prohibited actions of states and local entities in response to the pandemic. Additionally, nearly every state followed suit after the Trump administration and declared its own state of emergency over the COVID-19 outbreak.\textsuperscript{148} Of notable consideration are two legal questions: who has the most authority regarding the actions taken in response to a public health emergency between federal and state governments; and what constitutional and legal limitations exist to ensure those actions are executed in good faith?

The Powers of Congress and the Executive Branch During National Emergencies Enumerated by the U.S. Constitution and U.S. Supreme Court

The Commerce Clause and Wilson v. New 243 U.S. 332 (1917)

The Commerce Clause, referring to Article 1, Section 8, Clause 3 of the Constitution, gives Congress the authority “to regulate commerce with foreign nations, among the several states, and with the Indian tribes.”\textsuperscript{149} Established January 1, 1808, the Commerce Clause was enacted to address issues with interstate trade barriers and “the ability to enter into trade agreements.”\textsuperscript{150} In short, the Commerce Clause “moved the power to regulate interstate commerce to Congress and enabled the creation of a free trade zone among the several states”\textsuperscript{151}—this shift, in turn, enabled the president to “negotiate, and Congress to approve,

\textsuperscript{148} Ibid.
\textsuperscript{151} Ibid.
treaties open to foreign markets to American-made goods.” It also established the authority of Congress to tax and spend for “‘the common Defense and general welfare of the United States’” and “enact laws regulating persons entering the country and traveling across states while offering financial assistance to both states and individuals”, respectively. However, inequities present within the establishment of the Commerce Clause would not be revealed until a little over a century later.

In 1916, Congress passed the Adamson Act (39 Stat. 721 (1916)) in response to the threat of a nationwide strike of railroad employees and prevent the stoppage of interstate commerce. The Act (39 Stat. 721 (1916)) set “an eight-hour workday and establishes overtime compensation for railroad workers, marking the first time the U.S. government regulated the labor conditions of non-government workers.” In response to the authorities delegated to Congress by the Adamson Act, an appeal was filed from The District Court of the United States for the Western District of Missouri challenging the fairness of the Adamson Act which went to the Supreme Court as the case of Wilson v. New (243 U.S. 332 (1917)). Summarily, the appellants argued that the Adamson Act raised wages—an authority not granted to Congress by the Commerce Clause—instead of regulating hours. The Supreme Court upheld the constitutionality of the Adamson Act, maintaining that, “the Adamson Act only supplemented contracting parties' rights

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152 Ibid.
154 Ibid.
156 Ibid.
and Congress may set a temporary wage standard to protect interstate commerce when private parties fail to exercise their contract rights.”¹⁵⁷

The significance of *Wilson v. New* is not only apparent when analyzing what is equitable for United States employees from a commercial context, but it is also relevant within the context of presidential and congressional authority during emergencies. In *Wilson v. New*, the potential occurrence of a strike over wages and the stoppage of interstate commerce was considered a viable emergency. As a result of this consideration, one profound element of the case was the determination of how constitutional power may be utilized in a national or state emergency. The Supreme Court stated,

…although an emergency may not call into life a power which has never lived, nevertheless emergency may afford a reason for the exertion of a living power already enjoyed. If acts which, if done, would interrupt, if not destroy, interstate commerce may be by anticipation legislatively prevented, by the same token, the power to regulate may be exercised to guard against the cessation of interstate commerce, threatened by a failure of employers and employees to agree as to the standard of wages, such standard being an essential prerequisite to the uninterrupted flow of interstate commerce.¹⁵⁸

Essentially, federal and state governments may not grant themselves any *new* power when faced with the threat of an emergency, but both may exercise previously underutilized powers given the circumstances.¹⁵⁹

*Youngstown Sheet & Tube Co. v. Sawyer* 343 U.S. 579 (1952)

The Supreme Court case of *Youngstown Sheet & Tube Co. v. Sawyer* further shaped the landscape of the executive branch’s constitutional authority during emergencies. During the Korean War, President Harry Truman issued an Executive Order in April of 1952 directing the


Secretary of Commerce, Charles Sawyer, “to seize and operate most of the [United States’] steel mills.” When issuing the Order, President Truman’s aim was to avert a nationwide strike of steelworkers—a national emergency he believed would weaken the national defense of the United States. As a result of the Order, Secretary Sawyer seized the majority of United States steel mills. In retaliation, the United States steel companies sued the Secretary in Federal District Court on the grounds that the seizure was not specifically authorized by an act of Congress or by constitutional provision.

Consequently, the Supreme Court held that it cannot authorize the Commander in Chief of the Armed Forces (i.e., The President) to take possession of private property to halt labor disputes in the threat of a national emergency; a role they believed to be designated for the nation’s lawmakers, not its military leaders. Further, the Supreme Court maintained that the President’s power to see that laws are faithfully executed contradicts his [or her] consideration to be a “lawmaker.” The Constitution also limits his [or her] functions in the lawmaking process to recommending laws as either in the nation’s best interest or not. For this reason, Youngstown Sheet & Tube Co. v. Sawyer revealed that the “extent of the President’s authority in an emergency will depend on whether he [or she] acts in accordance with congressional will and that any action is subject to review and curtailment by federal courts if it is deemed at odds with Congress’s explicit or implicit directives or recognized authority.

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161 Ibid.
162 Ibid.
164 Ibid.
Passed in 1976, the National Emergencies Act (NEA) was a federal law governing how the federal government responds to national emergencies in conjunction with the executive branch. The president at the time of the Act’s proposal, Gerald Ford, maintained that the NEA’s design was to streamline the statutory process resulting from states declaring various states-of-emergency while permitting future presidents to declare national emergencies with congressional approval.\footnote{166} Prior to NEA’s enactment into law, presidents were required to issue proclamations when using emergency powers. When issuing a national emergency proclamation, each president could activate previously dormant congressionally delegated powers—similar to the aforementioned \textit{Wilson v. New} ruling. This led to the activation of several hundred emergency statutes and multiple obsolete states of emergency by the early 1970s.\footnote{167}

Similarly, the president still has the authority to issue an emergency declaration under the NEA, but he must explicitly state which powers he intends to use, publicize any additional powers he plans to use, and submit a report to Congress every 6 months detailing emergency-related expenses.\footnote{168} Under the NEA, the declared state of emergency expires “after a year unless the president renews it, and the Senate and the House must meet every six months while the emergency is in effect ‘to consider a vote’ on [its] termination.”\footnote{169} By today’s standards, the NEA has not lived up to its design.

Thirty states of emergency are in [still] effect today—several times more than when the act was passed. Most have been renewed for years on end and during the 40 years the law has been in place, Congress has not met even once, let alone every six months, to vote on whether to end them. As a result, the president [currently] has access to emergency

\footnote{168} Ibid.
\footnote{169} Ibid.
powers contained in 123 statutory provisions addressing a broad range of matters, from military composition to agricultural exports to public contracts.\textsuperscript{170} Moreover, the president is permitted to use any of the emergency powers within the 123 statutory provisions because the NEA does not require the powers employed to be related to the nature of the emergency.\textsuperscript{171} This can be considered dangerous because the president can use powers to unilaterally respond to what he or she considers to be an emergency or, even worse, declare a national emergency as an excuse to abuse extraordinary measures for political gain.

\textbf{Enumerated State Governmental Authority}

Of equal significance is the authority of state governments during national emergencies. Given the ongoing impact of COVID-19 and the United States’ response on both a micro- and macro-scale, addressing where the line is drawn between state governmental authority versus federal governmental authority has never been more necessary.

\textit{The Tenth Amendment and Police Powers}

The Tenth Amendment of the Constitution states, “The powers not delegated to the United States by the Constitution, nor prohibited by it to the States, are reserved to the States respectively, or to the people.”\textsuperscript{172} Specifically, the intention of the Tenth Amendment was to allay citizens’ concerns of the federal government monopolizing power over the states, while effectively decentralizing its power. Moreover, while the Amendment does not grant any new powers to the states, it establishes an understanding that states may create and uphold their own laws and policies insofar that they do not infringe upon federal authority.\textsuperscript{173}
To that end, the Tenth Amendment also established what is known as “police power” for state governments. Specifically, police powers entail the “fundamental ability of a government to enact laws to coerce its citizenry for the public good,”174 however, this does not pertain directly to physical “police officers” charged with enforcing the law, but more so state government regulatory power.175

_Gibbons v. Ogden 22 U.S. 1 (1824)_

In 1824, the United States Supreme Court case of _Gibbons v. Ogden_ challenged both the Tenth Amendment and the Commerce Clause of the U.S. Constitution. Specifically, the case involved two plaintiffs, Robert Livingston and Robert Fulton, and their invention of the “fastest steamboat [in the United States].”176 Because of their invention, the State of New York granted Livingston and Fulton a thirty-year monopoly over navigating the state’s water via steamboat in 1798. In 1819, Aaron Ogden, a man who purchased the rights to operate steamboats between New Jersey and New York City from Livingston and Fulton, sued Thomas Gibbons for operating steamboats in the same water without purchasing the right to do so and won.177 Gibbons later appealed to the U.S. Supreme Court, maintaining that he was protected by federal laws governing interstate trade in the Commerce Clause of the U.S. Constitution. The Supreme Court subsequently ruled in favor of Gibbons, citing that New York could not interfere with interstate navigation because it is considered interstate commerce. Therefore, the law and monopoly enforced by Ogden, Livingston, and Fulton was constitutionally invalid.

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175 Ibid.
**Gibbons v. Ogden (22 U.S. 1 (1824)) and State Quarantine Laws**

Although *Gibbons v. Ogden* ruled in favor of federal authority rather than state governmental authority, the case still had a profound impact on the constitutionality of quarantine laws. Specifically, the Supreme Court, in conjunction with its enforcement of the Commerce Clause, also acknowledged that quarantine measures could theoretically affect commerce between states, but also understood the necessity of quarantine laws in relation to public health and public health emergencies.\(^{178}\) The Supreme Court’s ruling stated,

> …all other laws regulating internal trade, or the right of transit from one part to another of the same State, such as quarantine laws…are acknowledged to be valid. They are passed, not with a view or design to regulate commerce, but to promote some great object of public interest, with the acknowledged scope of State legislation: such as public health.\(^{179}\)

In short, the Supreme Court’s ruling maintained that the Commerce Clause does not prohibit state quarantine laws because those laws pertain to public health and not interstate commerce.\(^{180}\)

**Implied Presidential Power(s)**

The aforementioned federal and state authorities enumerated by the U.S. Constitution and U.S. Supreme Court all possess benefits when analyzing their strict enforcement and implementation. Ideally, each constitutional clause or amendment and its subsequent Supreme Court ruling is then put into practice as intended with little to no exception to their rules. However, implied presidential power, especially as it relates to political structure, decision-making, and influence within the last half-century, is rarely unambiguous. Simply put, “presidential power is the power to persuade.”\(^ {181}\) While there are many tools at a president’s


\(^{179}\) Ibid.

\(^{180}\) Ibid.

disposal, many believe presidential success is contingent on the ability to persuade and influence—especially when responding to a public health emergency. This section draws upon powers at the president’s behest that are not explicitly defined by the Supreme Court or U.S. Constitution. In doing so, this section also analyzes how these implied powers influence presidential decision-making while under duress.

Political Structure

Aside from the framework embedded by the U.S. Constitution and the Supreme Court, one noteworthy feature of American government is its political structure. A useful starting point when analyzing U.S. political structure is with interest groups. Of importance is the connection between interest groups, legislators (Congressmembers), and bureaucratic control. The relationship between legislators and interest groups is almost symbiotic—legislators supply interest groups with whatever they want within reason, and, in turn, legislators win reelection.\textsuperscript{182} Moreover, this relationship can either be cohesive or cannibalistic given how willing members of Congress are to satisfy the demands of the most influential interest groups. Oftentimes bureaucracy ensues because of these dilemmas.\textsuperscript{183}

Legislators do, however, have an alternative option if they are not open to acquiescing to the demands of interest groups. Legislators may realign their political and policy allegiance to the president, which may insulate them from the bureaucratic pressure of interest groups and other members of Congress.\textsuperscript{184} This realignment can prove to be beneficial or fatalistic given how widely accepted the president’s political views and actions are. Nevertheless, members of

\textsuperscript{182} Ibid. Pg. 7
\textsuperscript{183} Ibid. Pg. 9
\textsuperscript{184} Ibid. Pg. 9
Congress are faced with these bureaucratic dilemmas significantly more than the president is due solely to the political structure of the United States government.  

*The Foundation of Presidential Decision-making*

Unlike members of Congress, presidents are held accountable by the general population instead of constituents within their district or their colleagues. But this version of executive leadership accountability presents its own set of issues. For instance, when the economy is unstable or social conflicts arise, the president receives the blame.\(^\text{185}\) That being said, the argument can be made that the president’s sole motivation when executing his or her duties is effective leadership—\(^\text{186}\) “the public wants presidents to be strong leaders, and presidents know that their success in office, along with their place in history, hinges on the extent to which citizens, political elites, academics, and journalists see them as fulfilling this lofty expectation.”\(^\text{187}\) Regarding how presidents achieve the goal of effective leadership,

…presidents must often do what is popular, and they must govern effectively; these aspects of presidential motivation are, in large measure, simply derivative components of strong leadership. But presidents also have to ‘show the way’ by charting new paths for U.S. society, even when these paths happen to be unpopular at the time. Strong leaders have the capacity for rising above politics when necessary, for pursuing their own vision in the face of political odds, and for doing what is right rather than what is politically safe and expedient. Strong leaders have to demonstrate their true mettle by being selectively unresponsive and showing their autonomy.\(^\text{188}\)

This is another example of a difference in the incentive structure between presidents and Members of Congress. Presidents are expected to take autonomous action “boldly and openly; and their leadership suffers when they fail to do so.”\(^\text{189}\) Legislators are permitted to do the same
insofar that they will not be electorally punished if their decision to act boldly and openly backfires.

*The Power of Presidential Influence*

Influence is arguably the most essential trait for a president. Without it, the president loses the ability to persuade and bargain, which, in turn, negatively affects his or her ability to lead. Given the bureaucratic nature of the United States government, the president must work in conjunction with the other branches. Moreover, “more people need favors from the president than from any other person which gives the president bargaining power.” The strength of the president’s bargaining power manifests itself in the form of his or her duties, professional reputation, and public prestige. Specifically,

1. The president's professional reputation involves how others expect him to react. Isolated failures are not a problem, but if the failures form a pattern, this will weaken him. If a president cannot convince others that he will inevitably win, at least he needs to convince them that it will be costly to cross him. You can’t punish everyone, but you need to selectively punish your enemies and reward your allies.

2. Public prestige deals with the president's popular support outside Washington (with reputation, people anticipate the reactions of the president; with prestige, they anticipate the reactions of the voters). Most politicians and bureaucrats do not watch poll numbers directly; they watch Congress. Prestige conveys leeway because low prestige encourages resistance.

3. The president must safeguard his power personally. No one else sees politics from the same vantage point, and so no one else can do this for him. Everyone else has the institutional pulls of their position tainting their judgment. “Yet nobody and nothing helps a President to see…”

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Closing Literary Analysis

In summary, the previously discussed enumerated powers by the U.S. Constitution and U.S. Supreme Court—*The Commerce Clause* and *Wilson v. New* (1917); *Youngstown Sheet & Tube Co. v. Sawyer* (1952); *The National Emergencies Act of 1976*; *The Tenth Amendment*; and *Gibbons v. Ogden* (1824)—all contribute to the scope and authority of public health emergency responses by both Congress and the executive branch. To reiterate:

- *The Commerce Clause* and *Wilson v. New* (1917) established and upheld that federal and state governments may not grant themselves any new power when faced with the threat of an emergency, but both may exercise previously underutilized powers given the circumstances.

- *Youngstown Sheet & Tube Co. v. Sawyer* (1952) revealed that the “extent of the President’s authority in an emergency will depend on whether he [or she] acts in accordance with congressional will and that any action is subject to review and curtailment by federal courts if it is deemed at odds with Congress’s explicit or implicit directives or recognized authority.”

- The original intent when passing the *National Emergencies Act of 1976* backfired. It permitted the president to use any of the previously established statutory emergency powers because the Act did not require powers used by the president to be related to the nature of the emergency. This is also dangerous because the president can use powers unilaterally to respond to what he or she considers to be an emergency or, even worse, declare a national emergency as an excuse to abuse extraordinary measures for political gain.

- *The Tenth Amendment* established what is known as “police power” for state governments. Police power is the “fundamental ability of a government to enact laws to coerce its citizenry for the public good.”

- *Gibbons v. Ogden’s* (1824) ruling permitted state governments to have authority over quarantine laws because those laws pertain to public health and not interstate commerce.

Furthermore, implied presidential power wields its own authority regardless of explicit legality or constitutionality. When analyzing implied presidential power, it has been revealed that:

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The political structure of the United States government contributes to the symbiotic relationship between political interest groups and members of Congress, thus promoting bureaucracy. The foundation of presidential decision-making, however, is quasi-impervious to this form of bureaucracy.

The incentive structure of presidential decision-making is rooted in “strong leadership and hinges on the extent to which citizens, political elites, academics, and journalists see them as fulfilling [what they consider to be strong leadership].”

Influence is arguably the most essential trait of a president.

The strength of the president’s bargaining power manifests itself in the form of his or her duties, professional reputation, and public prestige.

Lastly, each revelation from this literary analysis adds a necessary layer of pragmatism. When crafting a proposal addressing the actions of the executive branch, it is important to consider both the constitutional and legal authorities previously upheld or re-distributed, as well as the implied presidential powers that are not explicitly stated. This also ensures that a proposal has not been previously implemented or declined accordingly.

**Methodology**

This chapter of this thesis portfolio employs a case study analysis when evaluating the Biden administration’s response to the COVID-19 Pandemic. In doing so, the primary goal is to utilize real-time data and statistics on the COVID-19 Pandemic while juxtaposing the Biden administration’s vaccination response to provide the most practical proposal when addressing executive action during public health emergencies. Because the majority of the literary expectations set forth in the previous section are legally binding and objective by nature, this case study does not compare them directly. Instead, this case study serves as a barometer regarding the strength of each Supreme Court case ruling, constitutional law, revelation, and finding from the Literature Review.

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Presentation

The Biden Administration’s Response to the COVID-19 Pandemic

To date, President Joe Biden (D) and his administration have acted swiftly and forthright in their response to the COVID-19 Pandemic. On September 9, 2021, the Biden Administration presented a COVID-19 Action Plan comprised of a six-part, comprehensive strategy employing “a science-based approach”\(^\text{195}\) to further combat the virus. In doing so, the Biden administration’s goal was to ensure they are “using every available tool when combating COVID-19 while saving even more lives, keeping schools open and safe, and protecting [America’s] economy from lockdowns and damage.”\(^\text{196}\) The Biden administration’s six-part approach is outlined as follows:

1) **Vaccinating the Unvaccinated**-Reducing the number of unvaccinated Americans through regulatory powers and authorities will increase the number of Americans covered by vaccination requirements, predominately in the workplace. The plan also aims to provide paid time off for workers to receive their vaccinations.\(^\text{197}\)

2) **Further Protecting the Vaccinated**-Entails the administration of booster shots this fall [2021] to vaccinated Americans, pending authorization of the boosters by the U.S. Food and Drug Administration (FDA) and the CDC’s independent Advisory Committee on Immunization Practices (ACIP).\(^\text{198}\)

3) **Keeping Schools Safely Open**-Entails implementing new safety protocol for schools that include indoor masking policies, improved ventilation, and regular testing for students and staff. The plan also requires staff federally run educational facilities to be vaccinated and calls on states to adopt vaccine requirements for all school employees.\(^\text{199}\)

4) **Increasing Testing and Required Masking**-Entails ramping up COVID-19 testing production, improving at-home testing affordability, and expanding free testing at


\(^\text{196}\) Ibid.

\(^\text{197}\) Ibid.

\(^\text{198}\) Ibid.

\(^\text{199}\) Ibid.
community health centers, food banks, and pharmacies. The plan will also continue to require masking on federal property and on public transportation.  

5) **Protecting Our Economic Recovery**-Entails providing support to small businesses and individuals affected by the COVID-19 economic fallout through various improvements and expansions on Small Business Administration (SBA) programs such as the Economic Injury Disaster Loan, the Paycheck Protection Program forgiveness process, and the SBA Community Navigator Program.

6) **Improving Care for Those with COVID-19**-Entails providing federal support to hospitals and other local public health systems strained by the surge in COVID-19 cases. The administration will continue to provide additional personnel, ventilators, testing kits, and vaccinations to areas dealing with the Delta surge.

For this case study, the efficacy of the Biden administration’s approach is determined by comparing it with real-time data and statistics on COVID-19. Due to the infancy of the Biden administration’s tenure and to ensure the most accurate, up-to-date statistics are incorporated, this case study focuses solely on vaccine availability and vaccination rates (numbers 1 and 2 of the Biden administration’s *COVID-19 Action Plan*).

**Vaccinating the Unvaccinated and Further Protecting the Vaccinated by the Biden Administration**

The Biden administration’s specific goal when vaccinating the unvaccinated and further protecting the vaccinated is to reduce the number of unvaccinated Americans “through regulatory powers and authorities [increasing] the number of Americans covered by vaccination requirements, predominately in the workplace. The plan also aimed to provide paid time off for workers to receive their vaccinations.” Further, the Biden administration also plans on administering booster shots, pending the approval of the U.S. Food and Drug Administration.

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200 Ibid.
201 Ibid.
202 Ibid.
(FDA) and Center for Disease Control’s (CDC) Independent Advisory Committee on Immunization Practices as well as requiring funds ($1.9 trillion) from Congress for testing and vaccination increases.\textsuperscript{204}\textsuperscript{205} According to medical experts, “while the overall vaccine rate by the Biden administration is promising, some states are still lagging behind.”\textsuperscript{206} In Alabama, Mississippi, Wyoming, Louisiana, and Tennessee, “fewer than 50% of people have received at least the first dose of the vaccine.”\textsuperscript{207} At that rate, it could take those states up to a full-year to reach a 70% vaccination rate. Moreover, states such as Vermont, Hawaii, Massachusetts, and Connecticut are either already at a 70% vaccination rate or above it.\textsuperscript{208} This poses as a formidable challenge for the Biden administration regarding vaccines because there could be a surge in the colder months and the emergence of a stronger variant of the virus.\textsuperscript{209}

There has also been notable progress regarding the reduction of racial and ethnic inequities in vaccination rates, but vaccination disparities still exist between white people and people of color.\textsuperscript{210} Specifically, the CDC published data on 57% of minorities and non-minorities vaccinated thus far and, of that percentage: “9% were Black, 14.5% were Hispanic/Latino and 61% were white.”\textsuperscript{211} For vaccinated Black and Hispanic/Latino people, those percentages are lower than their share of the U.S. population: 12.4% and 17.2%, respectively.\textsuperscript{212} There also exists a disparity between Republicans and Democrats regarding their acceptance of the vaccine, with 20% of Republicans saying they will ‘definitely not’ get vaccinated compared with 4% of

\textsuperscript{204} Ibid.
\textsuperscript{207} Ibid.
\textsuperscript{208} Ibid.
\textsuperscript{209} Ibid.
\textsuperscript{210} Ibid.
\textsuperscript{211} Ibid.
\textsuperscript{212} Ibid.
unvaccinated Democrats. Additionally, the Biden administration’s plan introduced several vaccine mandates in the workplace including vaccine mandates for “federal workers, government contractors, and those working at companies with 100 employees or more.”

Overall, the Biden administration’s delivery of its vaccination plan appears to be effective. While it may take longer to reach their target vaccination goal of 70% of all Americans vaccinated, many of the impediments to doing so are extenuating by nature—partisan beliefs, state rights’, lack of access to vaccines for minorities, and the residual effects from the Trump administration’s COVID-19 response all contribute to low, inconsistent vaccination rates in the United States.

Delta Variant Response

While vaccination against COVID-19 is integral to the Biden administration’s COVID-19 response and any health pandemic response for that matter, it is notable to consider that the COVID-19 vaccination does not serve as a panacea for the disease itself. Specifically, the efficacy of vaccines is finite and, in many instances, may decrease over time. This is evident when examining the Delta variant of COVID-19. As of July 2021, COVID-19’s Delta variant is present “in all 50 states and now accounts for 52% of new infections in the U.S.” The spread of the Delta variant underscores the challenge of implementing science-based strategies and policy when responding to a disease that is constantly evolving.

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214 Ibid.
215 Ibid.
Comparative Analysis Between Case Study and Literature Review

This section compares the Biden administration’s current efforts with the revelations and findings of the literature review conducted in section II. Regarding the Commerce Clause and Wilson v. New and the Biden administration’s COVID-19 response, one can see a parallel between the actions taken by the Biden administration regarding vaccine mandates for federal workers, government contractors, and those working at companies with 100 employees or more, and the exercise of previously underutilized powers by the president given the circumstances—(COVID-19 is a national public health emergency). A second parallel exists between the Biden administration’s response and the ruling from the case of Youngstown Sheet & Tube Co. v. Sawyer (1952). Specifically, the Biden administration’s $1.9 trillion plan to fund testing and vaccination increases reveals a parallel between the president’s authority and whether he or she acts in accordance with congressional will. In this case, President Biden’s $1.9 trillion plan was enacted into law with the help of Congress. Thirdly, both the Tenth Amendment and Gibbons v. Ogden are relevant to the Biden administration’s COVID-19 response because there is still legally justified resistance on behalf of several states as it pertains to vaccine requirements. This is attributed to the fact that: 1) State governments have “police power” (Tenth Amendment); and 2) Vaccine mandates—while not the same quarantine laws—pertain to public health and not interstate commerce, thus the states may decide whether to enforce them or not.

Limitations

One limitation when comparing the Biden administration’s COVID-19 response with the findings of the Literature Review section is evident when analyzing the National Emergencies Act of 1976. Specifically, the limitation of this analysis exists because the Biden administration, while exercising extraordinary authority in several instances, inherited this emergency from the
last administration (Trump). Therefore, comparing the process of the Biden administration declaring a public health emergency, crafting its respective response and, ultimately, employing extraordinary measures when combating COVID-19 with the authorities of the National Emergencies Act of 1976 is limited in authenticity.

Political Structure Remedies and Policy Recommendations

The goal of this chapter was to further analyze executive authority and public health emergency responses from a legal and constitutional context while proposing new executive action for future administrations to abide by in order to ensure that the ill-effects of pandemics such as COVID-19 do not recur. From a governmental standpoint, the first proposal would be shifting away from the structure of quid-pro-quo incentives between interest groups and members of Congress. In doing so, both interest groups and members of Congress will work more cohesively with the executive branch instead of operating on a de-facto bartering system with each other.

While it is understood that most policies are crafted in the above format today, the presence of a non-partisan working group or task force, quasi-independent of Congress or the executive branch, would serve as an additional check on the relationship between Congress and interest groups. Each task force would be authorized by the Government Accountability Office (GAO)-Office of Science and Technology. In doing so, GAO’s Office of Science and Technology and each group would be capable of representing different interests at each branch and level of government while ensuring that threats to public health are coherently and comprehensively addressed from the outset. This also streamlines the process of emergency response between all three branches because there is less bureaucracy and politicization by Members of Congress. Essentially, each task force or working group, authorized by GAO’s
Office of Science and Technology, will make certain that there is a distinct line drawn between what is considered to be desirable policy implementation versus necessary policy implementation by Congress, especially as it pertains to public health emergency response.

Secondly, the president’s decision-making ability needs to be held in check more strictly by another oversight authority as well. It has been revealed that while Congressmember’s actions are held accountable by their constituents and by the potential of losing re-election, the accountability of presidential decision-making is not held to the same standard. In fact, presidents are encouraged to go against the grain when decision-making because it promotes “strong leadership,” which, in turn, strengthens their professional reputation, bargaining, influence, and public prestige. While these traits aid the president during their tenure, there needs to be a shift in priorities from unilateral thought and decision-making to collective and mutually agreed upon goals.

This can be accomplished by expanding and strengthening the authorities of the executive branch’s President's Management Council (PMC). Currently, the PMC is comprised of all of the Chief Operating Officers from each executive agency, except the Department of Homeland Security, whose mission is to “improve the performance of the federal government and achieve [its] priorities.”

Furthermore, augmenting the PMC’s mission to “ensure accountability from both the president and every agency within the executive branch” serves as a pragmatic solution when improving accountability as it pertains to public health emergency response. Additionally, while

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it is understood that presidential administrations may utilize other organizations or advisors aside from those within the PMC’s purview when responding to public health emergencies, expanding the PMC’s responsibility would serve as an added layer of accountability.

Policy Recommendation

As previously discussed in Chapter Two of this thesis portfolio, presidential responses to public health emergencies are most effective when done in an amalgamous or comprehensive format—there is no one-size-fits-all approach. The Biden administration’s response appears to be demonstrating this: They have utilized Congress (e.g., $1.9 trillion spending plan; Congressional Trust); Relied on organizations such the Department of Health and Human Services (HHS) and the CDC (Organizational Reliance); and Acted unilaterally in multiple instances during the COVID-19 Pandemic (e.g., workplace vaccine mandates; Unilateral Action).

Furthermore, while it would be nearly impossible to incorporate an amendment to the Constitution in the nature of public health emergency response, this proposal would tighten the behavior of executive leadership when faced with a significant threat to public health. As mentioned in Chapter One, the Trump administration politicized, misinformed, and manipulated the COVID-19 Pandemic for political gain. The Trump administration’s behavior exacerbated the virus’s detrimental effects while prolonging its lifespan until it had no choice but to develop an effective vaccination plan or risk losing reelection in 2020 in the form of Operation Warp Speed. This forced the Biden administration to inherit an even more critical emergency for the country although it is handling it more effectively than the previous administration.

In short, the National Emergencies Act of 1976 needs to be augmented to prohibit the president from politicizing any legitimate threat to the national security, public health
infrastructure, or general welfare of the United States. This is done so by incorporating the existing legal language from the ruling of *Youngstown Sheet & Tube Co. v. Sawyer*—

...the extent of the President’s authority in an emergency will depend on whether he [or she] acts in accordance with congressional will and that any action is subject to review and curtailment by federal courts if it is deemed at odds with Congress’s explicit or implicit directives or recognized authority.\(^2\)\(^1\)\(^8\)

—and the Commerce Clause’s authorization of Congress and the executive branch to “exercise previously underutilized powers given the [threat of an emergency]”\(^2\)\(^1\)\(^9\) while reinforcing the mutual understanding that it is Congress’s implicit will to prevent public health emergencies from occurring or to lessen their negative effects, not to prolong or politicize them. In this case, Congress may also employ its previously underutilized powers to terminate national emergency declarations under the *National Emergencies Act of 1976* because “any national emergency declared by the President in accordance with the *National Emergencies Act of 1976* shall terminate if—there is enacted into law a joint resolution, [by Congress], terminating the emergency.”\(^2\)\(^2\)\(^0\) Thus, preventing the president from abusing the authorities granted by the Act.

**Conclusion**

In conclusion, the question was raised of why and how the COVID-19 Pandemic happened and what could the United States have done to prevent or curtail its ill-effects? As for the why, it is almost universally understood that there is no way to prevent public health emergencies from occurring. However, this chapter revealed the constitutional, structural, and authoritative factors influencing a pandemic’s lifespan, aside from the findings presented in


Chapter One and Chapter Two. Specifically, the following landmark Supreme Court cases and constitutional Amendments: The Commerce Clause and Wilson v. New (1917); Youngstown Sheet & Tube Co. v. Sawyer (1952); The National Emergencies Act of 1976; The Tenth Amendment; and Gibbons v. Ogden (1824), provide a strong foundation regarding the legal and authoritative parameters of public health emergency responses but may be ineffective if misused or neglected. The Commerce Clause and Wilson v. New’s (1917) authorities should be employed if the president either mischaracterizes an event to be a national emergency or downplays its severity. Youngstown Sheet & Tube Co. v. Sawyer’s (1952) authorities are necessary insofar that the President is going against Congress’s will to prevent or lessen the chances of a public health emergency occurring. The National Emergencies Act of 1976’s language needs to be augmented to encapsulate the legal authorities of both the Commerce Clause and Youngstown Sheet & Tube Co. v. Sawyer to safeguard from the possibility of the president downplaying the severity of a public health emergency or falsifying one. And the Tenth Amendment; and Gibbons v. Ogden (1824) permitted state governments to have police power and authority over state quarantine laws but, ideally, public health emergencies do not reach the point of taking quarantine precautions if handled correctly.

Additionally, the Biden administration’s handling of the COVID-19 Pandemic appears to be effective from a vaccination standpoint, but there is a myriad of factors impeding its consistency throughout the United States—partisan beliefs, state rights’, lack of access to vaccines for minorities, the residual effects from the Trump administration’s handling of COVID-19. The presence of the Delta variant of COVID-19 also contributes to how the Biden administration’s COVID-19 Pandemic response’s efficacy will be assessed.
Moreover, the Biden administration’s pandemic response encapsulates several of the previously established constitutional and Supreme Court mandates. The establishment of vaccine mandates and *the Commerce Clause* and *Wilson v. New ruling*; his administration’s working with Congress to enact a $1.9 trillion plan increasing vaccination and COVID-19 testing and *Youngstown Sheet & Tube Co. v. Sawyer’s* ruling; and the resistance met by States regarding mask mandates and vaccine requirements directly pertains to both *the Tenth Amendment and Gibbons v. Ogden’s ruling*.

Lastly, this chapter proposes the following recommendations when assisting the United States government in curtailing the threat of public health emergencies as well as responding to them directly. First, establishing non-partisan, quasi-independent task force or working group under GAO’s Office of Science and Technology would ensure that threats to public health are both coherently and comprehensively addressed once they emerge. Secondly, the authorities of the executive branch’s President’s Management Council are expanded to ensure accountability from both the president and every agency within the executive branch. Thirdly, the *National Emergencies Act of 1976* language needs to be augmented by drawing upon the previously enumerated powers of the *Youngstown Sheet & Tube Co. v. Sawyer*, and the *Commerce Clause* to safeguard against the president politicizing public health emergencies or abusing the Act’s powers. If future presidential administrations abide by or at least consider, the aforementioned recommendations, the devastating effects of a pandemic such as COVID-19 recurring would be lessened considerably.
CONCLUSION

To reiterate, public health emergencies such as the COVID-19 Pandemic know no bounds. The number of fatalities and hospitalizations due to COVID-19 increases with each passing day and, while the number of vaccine distribution and availability rates serves as a positive step in the right direction, the COVID-19 Pandemic’s detriment will be felt long after the virus physically disappears. Furthermore, the lack of adequate attention and response to the disease initially, coupled with its unprecedented nature, may have contributed to the longevity of this Pandemic.

Nevertheless, the goal of this thesis was to reveal the measures that are within the United States’ control when responding to public health emergencies. As revealed in Chapter One of this thesis portfolio, the relationship between public health emergencies and national security is evident in a myriad of ways.

The first chapter began by explaining the main components of threats to national security from an evolutionary context. Two questions arose when evaluating the evolution of threats to national security and the subsequent national security policies implemented in response to those threats: 1) How and when have national security threats evolved, and 2) Has United States policy implementation adapted to the evolution of threats to national security? Specifically, it was revealed that the evolution of threats to national security began at the end of the Cold War. This evolution remained constant at the turn 20th century, with the September 11th terror attacks ushering in a new era of national security threats and subsequent national security policy implementation by United States public officials—this is how the United States adapted to the evolution of threats, not only by strengthening airport security and incorporating additional precautions to keep flight passengers safer but also through the acknowledgment of how the
September 11th attacks changed the national security landscape of the United States. Almost all measures taken in response to those attacks are still practiced to this day.

Comparatively, the case study conducted on the COVID-19 Pandemic in this chapter strengthened the claims that the evolution of threats to national security began immediately after the Cold War and that the September 11th attacks changed the national security landscape of the United States forever. This chapter’s case study found that the emergence of a security landscape after COVID-19 resembled bipolarity in alliances “similar to that of the Cold War.” Similarly, the concept of smart power and its implementation is a “theoretical core of U.S. foreign policy after 9/11”221 and further strengthens the claim that the September 11th terror attacks changed the United States’ national security landscape permanently.

Another linkage addressed within the first chapter was the relationship between the national security and health infrastructure of the United States. Specifically, HHS maintained that “global health is a top priority”222 while building community resistance and resilience and strengthening and sustaining health and emergency response systems.223 This pertains to the nexus between the national security and health infrastructure of the United States because increasing global health security, in turn, strengthens the health infrastructure of the United States collectively. Additionally, it is important to acknowledge that policy efficacy improves when scientists are involved in governmental responses to public health emergencies. The involvement of science when crafting policy in response to both public health emergencies and threats to national security ensures that useful scientific data is funded, analyzed, and

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223 Ibid.
implemented to its maximum utility\textsuperscript{224} thus, making certain that responses to threats to the public health infrastructure and the national security of the United States are as objective as possible. 

Furthermore, this chapter highlighted the importance of economic and financial policy formation after crises and public health emergencies. Specifically, it was revealed that policy formation and implementation after crises and public health emergencies demonstrates what necessary actions to take, or implement further, by the executive branch. This chapter used the Great Depression as the first example of how the occurrence of crises prompts useful policy formation and implementation. The Great depression also revealed how primitive United States’ economic and public policy was during the 1930s. Summarily, the Depression exposed the lack of a universal fiscal policy stimulating the United States’ economy and a lack of international monetary policy leadership. Moreover, other countries that recovered faster from the Depression set the precedent for effective monetary policy implementation and reform. Their monetary policies consisted of: (1) The abandonment of the gold standard by 1931; (2) The reformation of a universal monetary policy; (3) The implementation of smaller monetary declines; and (4) The adoption of an established pattern of money-supply growth lasting the remainder of the 1930s. The Great Depression served as a strong foundation for crisis response by the United States because it gave rise to the adoption of effective monetary policy implementation to ensure that a crisis like that does not recur. To reiterate, effective monetary policy safeguards against the weakening of United States national security and the disastrous effects of pandemics because, in many instances, it is designed to stabilize the economy, which, as previously revealed, both national security and pandemic response are affected by.

The second example of how the occurrence of crises and public health emergencies prompts useful policy formation and implementation is the H1N1 outbreak of 2009. Essentially, the H1N1 outbreak demonstrated the necessity of expert analysis and input from organizations such as the World Health Organization (WHO) and the Center for Disease Control (CDC). The response to the outbreak itself demonstrated the importance of both organizations when mitigating the risks associated with the H1N1 disease because H1N1 was not nearly as fatalistic as COVID-19 has been thus far.

Lastly, the 2007-2009 Global Financial Crisis is an example of useful financial policy formation after crises because it revealed what measures are not effective when responding to them. Specifically, this chapter found that liquidity support measures in times of financial crises, while often serving as a quick fix, have proven to be less stable over time. Financial policy responses affecting liquidity affect the progress of asset restructuring as well, which, if not implemented correctly, slows and damages the United States economy and causes a financial depression.225

Financial crises and their economic instability affect the national security of the United States as well. As revealed by this chapter, the United States military requires robust funding and if the economy is not stable, the United States has less funding to provide for mandatory defense spending which, in turn, weakens the United States’ defense capabilities. This also directly translates to pandemics such as COVID-19 threatening United States’ national security because the United States government must allocate funds to combat the Pandemic, which leaves less money available for defense spending.

Comparatively, the case study employed in this chapter strengthened multiple linkages between the concept of useful economic and financial policy formation after crises and public health emergencies and the claim that the COVID-19 Pandemic weakened the United States’ economy. Specifically, the purpose and results of the study discussed in Chapter One’s *Public and Economic Policy Implementation During the COVID-19 Pandemic* section were analyzed to determine whether the CDC’s guidelines were effective enough to implement in future health crises and, therefore, support the claim that crises shape and implement useful health, economic, and financial policies. Secondly, the claim that the COVID-19 Pandemic weakened the United States’ economy is supported by this chapter’s case study because the *Public and Economic Policy Implementation During the COVID-19 Pandemic* section revealed the impact of negative economic stressors on health-related behaviors onset by pandemics such as COVID-19.

Lastly, this chapter’s Literature Review asserts “that the Trump administration’s COVID-19 Pandemic response was inadequate and that his administration continually eschewed expert analysis and opinion on the emergency” in favor of authoritarian leadership and that “wrongful media exposure, politicization, and misinformation have increased the COVID-19 Pandemic’s severity in the United States. One could argue that both claims relate to one another because the Trump administration’s poor response to the COVID-19 Pandemic entailed the proliferation of wrongful media exposure, politicizing the virus, and misinforming the general population. These two claims are further supported by the data found in this chapter’s case study because it was revealed that government response plays an integral role in the severity and lifespan of pandemics such as COVID-19 and “government measures such as lockdowns, social distancing, testing, and messaging are all factors employed to either curtail the spread of a virus if taken
seriously or may exacerbate its severity, if neglected.”

This revelation correlates to misinformation as well because the general population in the United States, in many instances, believed that government measures had no effect on the virus or that the virus itself was nonexistent.

Limitations

Two of the expectations extracted from the literary sources were either too broad or too narrow to draw strong correlations when compared to the COVID-19 case study conducted in this chapter. These expectations include: 1) United States’ health security and national security are linked through community resiliency and science; and 2) Advancements in technology and globalization have accelerated the degree by which global events directly and indirectly influence United States’ national security policy. Regarding the connection between United States’ health security and national security, both aspects are strengthened throughout this paper; thus, making it too broad. Similarly, the claim that advancements in technology and globalization have accelerated the degree to which global events directly and indirectly influence United States’ national security policy is also too broad. In response to this claim, one could ask, “what type of advancements in technology and globalization influence United States national security policy?” Or “how and when did the advancement and influence occur?”

Overall, this chapter demonstrated that there are multiple extenuating factors influencing the national security implications of public health emergencies. However, this chapter has also revealed the potential consequences when public health emergencies are not adequately addressed. Objectively, this chapter has revealed that the effects of the COVID-19 Pandemic are

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not only long-lasting, but could be irreversible from a national security, economic, public policy, and governmental context.

Chapter Two

The second chapter of this thesis portfolio began by analyzing the previous efforts of several executive administrations during public health emergencies when determining if there is a need for new legislative or policy measures regarding executive authority and action. Each executive administration’s previous public health emergency was categorized into one of three schools of thought—1) Organizational Reliance, 2) Congressional Trust, and 3) Unilateral Action—and served as a contextual lens when examining each presidential administration’s past response to public health emergencies. The following public health emergencies and subsequent responses of presidential administrations were analyzed: The Spanish Flu outbreak and the response of President Woodrow Wilson’s administration; Polio and the response of President Franklin Delano Roosevelt’s administration; the Influenza outbreak of 1976 and the response of President Gerald Ford’s administration; the AIDS Epidemic and the response of the Reagan Administration; and the Ebola outbreak and the response of the Obama Administration. Furthermore, each presidential administration’s response offered an invaluable perspective when determining what constitutes an effective public health emergency response by the executive branch.

This chapter revealed that the three schools of thought—Organizational Reliance, Congressional Trust, and Unilateral Action—are highly polarizing and conveyed that there is no panacea regarding public health emergency responses by the executive branch.

The Wilson administration’s invoking of Organizational Reliance to contain the Spanish Flu proved futile due to the weak infrastructure of the American Red Cross (the organization he
relied upon) while the employment of the same measure by the FDR Administration proved highly effective in the treatment and subsequent eradication of polio. Similarly, the over-utilization of Congress by both the Ford and Reagan administrations did not produce a favorable outcome. However, one could argue that the Ford administration was acting in good faith with its blind trust in Congress during his presidential tenure. Regarding President Reagan’s display of Congressional Trust, he indirectly placed all of the responsibility of containing the AIDS epidemic on Congress by downplaying its severity and, as a result, had to trust that Congress would remedy the situation. Lastly, the Unilateral Action demonstrated by the Obama administration conveyed that some presidents could act in the United States’ best interest regardless of the expediency of their public health emergency response. In short, the Obama administration’s swift action when responding produced favorable results when containing the Ebola outbreak, even though his administration circumvented congressional authority.

This chapter employed a case study of the Trump administration’s individual response to the COVID-19 Pandemic when testing the efficacy of the schools of thought found in the Literature Review. The components analyzed in the case study were: the economic stability of the United States during the Trump administration’s response to the COVID-19 Pandemic; President Trump’s approval and support ratings during the COVID-19 Pandemic, the socio-economic status of citizens adversely affected by the COVID-19 Pandemic, and the Trump administration’s vaccine rollout and implementation of Operation Warp-Speed in response to the COVID-19 Pandemic. Additionally, the hypothesis formed in this chapter’s case study maintained that “The Trump administration exercised Unilateral Action when initially responding to the COVID-19 Pandemic.”
When comparing Chapter two’s aforementioned schools of thought employed in response to previous public health emergencies with this chapter’s case study, it was evident that the Trump administration seized the opportunity to increase United States’ federalism through the COVID-19 Pandemic. From an economic stability standpoint, this chapter’s case study found that the Trump administration manifested competition amongst individual states for vital resources during the Pandemic. The results of this chapter’s case study found that President Trump’s approval and support rating during his administration’s Pandemic response received negative feedback from Democrats and Republicans alike. Regarding the socio-economic status of citizens adversely affected by the Pandemic, this chapter’s case study found that the Trump administration’s failure to establish a special enrollment period for workers experiencing pandemic-related job-loss and a refusal to suspend the Public Charge Rule disproportionately affected minorities. Contrastingly, the Trump administration’s vow to vaccinate 100 million people by February, via Operation Warp Speed, as well as his overall vaccination roll-out, proved to be effective. The case study’s results have corroborated this chapter’s initial hypothesis that the Trump administration employed Unilateral Action when responding to the COVID-19 Pandemic. The only benefit of his administration doing such was the expediency of his vaccination rollout and Operation Warp speed—both of which reduced the ill-effects of the Pandemic.

*Extenuating Circumstances/Variables*

The schools of thought as well as the case study conducted in this chapter produced three hypothetical scenarios worth reiterating. First, if the Trump administration utilized organizations designed to curtail credible threats to public health emergencies (Organizational Reliance), the COVID-19 Pandemic’s effects may not have been as devastating for the United States. Secondly,
if the Wilson administration acted unilaterally when responding to the Spanish Flu, its death toll might have been lower and the disease could have been contained sooner. Thirdly, if the Reagan administration relied upon organizations such as the CDC, the AIDS epidemic’s effects could have been lessened and the crisis would have been resolved sooner.

Another extenuating variable influencing the findings of this chapter is partisanship. It is worth noting that two of three of the poor decision-making responses during public health emergencies have been by Republican presidential administrations, while all of the effective responses have been by Democratic presidential administrations. The sample size, however, would need to be broadened to encapsulate every public health emergency response by executive leadership in order for this disparity to be 100 percent reliable.

Recommendation

Lastly, all of the findings and revelations of Chapter Two produced the following question: is there a correct way for a presidential administration to handle a public health emergency? The answer is yes and no. It was found that the efficacy of a presidential administration’s response to public health emergencies is contingent on the type of action employed given the circumstance. In short, it was found that the best action for the executive branch to take when handling public health emergencies is to employ a combination of all three schools of thought—Organizational Reliance; Congressional Trust; and Unilateral Action. In doing so, this gives the executive branch and the United States, as a whole, the best opportunity to mitigate the detrimental effects of public health emergencies in a present context and in the future.
Chapter Three

The third chapter of this thesis portfolio began by reviewing multiple Supreme Court cases and constitutional laws pertaining to the executive authority of public health emergency response. Specifically, the following constitutional laws and Supreme Court cases were analyzed: The Commerce Clause and *Wilson v. New* 243 U.S. 332 (1917); *Youngstown Sheet & Tube Co. v. Sawyer* 343 U.S. 579 (1952); and *The National Emergencies Act of 1976*. Regarding the enumerated authority of state government in public health emergency response, the Tenth Amendment, the establishment of Police Powers, and the Supreme Court case of *Gibbons v. Ogden* 22 U.S. 1 (1824) were reviewed in the initial sections of this chapter. The Literature Review section of this chapter further addressed the “implied” presidential powers of executive leadership and political structure and the relationship between interest groups and Congress. In doing so, this chapter further elucidated the fundamental interpretation of state and executive authority both during and in the aftermath of public health emergencies and provided an additional layer of context regarding how decisions are made by executive leadership, the significant influences both Congress and interest groups have in those decisions, and, ultimately, who is held accountable for effective or poor outcomes when responding to public health emergencies.

This chapter utilized a case study and evaluated the Biden administration’s priorities, goals, and current response to the COVID-19 Pandemic—albeit the study is limited to his administration’s vaccination efforts. Specifically, the case study highlighted the Biden administration’s vaccine mandates, rate of vaccine distribution, and vaccine availability when combating the COVID-19 Pandemic.
Regarding the parallels between the Biden administration’s COVID-19 Pandemic response and the findings from the Literature Review the following linkages were revealed: The Commerce Clause and Wilson v. New and the Biden administration’s COVID-19 response—The actions taken by the Biden administration regarding vaccine mandates for federal workers, government contractors, and those working at companies with 100 employees or more, are considered an exercise of previously underutilized powers by the president given the circumstances (COVID-19 is a national [public health] emergency); The Biden administration’s response and the ruling from the case of Youngstown Sheet & Tube Co. v. Sawyer (1952)—both the Biden administration’s $1.9 trillion plan to fund testing and vaccination increases revealed a parallel between the president’s authority and whether he or she is acting in accordance with congressional will—In this instance, President Biden’s $1.9 trillion plan was enacted into law with the help of Congress. And, lastly, the Tenth Amendment and Gibbons v. Ogden pertain to the Biden administration’s COVID-19 response because there is still legally justified resistance on behalf of several states regarding vaccine requirements.

Limitations

One limitation when comparing this chapter’s case study analysis of the Biden administration’s COVID-19 response with the literature review is present when considering the National Emergencies Act of 1976. Specifically, this chapter found that while the Biden administration exercised extraordinary authority in several instances during its response, it inherited this emergency from the last administration (Trump). Because of this, the Biden administration’s authority vested by the National Emergencies Act of 1976 is limited range and scope of analysis.

Recommendations
As discussed in the Political Structure Remedies and Policy Recommendations section in the latter half of the third chapter, the presence of a non-partisan working group or task force, quasi-independent of Congress or the executive branch, would serve as an additional check on the relationship between Congress and interest groups. Furthermore, the president’s decision-making ability can also be held in check by expanding and strengthening the authorities of the executive branch’s President's Management Council (PMC). Regarding the policy recommendations found within the Chapter, augmenting the National Emergencies Act of 1976 to prohibit the president from politicizing any legitimate threat to the national security, public health infrastructure, or general welfare of the United States has been deemed necessary when safeguarding the United States from the level of devastation posed by another pandemic such as COVID-19 recurring. Doing so would prohibit politicizing objective threats to public health and national security while preventing the president from abusing authorities granted by the Act.

Final Thoughts

Overall, the primary goal of this thesis was to determine if there is a need to address executive and congressional authority during public health emergencies. The first chapter demonstrates the consequences of public health emergencies objectively. The objective component of public health emergencies, precisely, is that they are legitimate threats to the national security of the United States. The occurrence of public health emergencies has had a detrimental effect on the economy, defense capabilities, governmental decision-making, and the general life-satisfaction of Americans—all of which will be long-lasting. It also is paramount that the United States incorporate executive actions employed during previous public health emergencies to mitigate their ill-effects while understanding that there is no one-size-fits-all approach to public health emergency response. Finally, if future presidential administrations
acknowledge the linkages, findings, and revelations within this thesis and abide by the recommendations proposed throughout, the devastating effects from a pandemic such as COVID-19 recurring would be significantly curtailed.


New, 243 U.S. 332 (1917)


Ogden, 22 U.S. 1 (1824)


Sawyer, 343 U. S. 579 (1952)


https://constitution.congress.gov/constitution/amendment-10/#:~:text=The%20powers%20not%20delegated%20to,respectively%2C%20or%20to%20the%20people.


*APPENDIX – DEFINITIONS*

**Page 26: Economic Scarcity Principle**—The scarcity principle is an economic theory in which a limited supply of a good—coupled with a high demand for that good—results in a mismatch between the desired supply and demand equilibrium.227

**Page 27: Mechanical Turk (MTurk) Workers**—Amazon Mechanical Turk (MTurk) is a marketplace for the completion of virtual tasks requiring human intelligence. The Mechanical Turk service gives businesses access to a diverse, on-demand, scalable workforce and gives Workers a selection of thousands of tasks to complete whenever it is convenient.228

**Page 27: Cross-sectional Data**—Cross-sectional data is a part of a cross-sectional study. A cross-sectional study is conducted by observing various subjects such as firms, countries, regions, individuals at the same point in time. The cross-sectional data in a cross-sectional study is then analyzed by comparing the differences within the subjects.229

**Page 27: Convenience Sample**—Convenience sampling (also called accidental sampling or grab sampling) is including people in a study who are easy to reach or, convenient.230


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U.S. House of Representatives, Committee on Appropriations, Staff, Washington, D.C., January 2019 → Current
• Knowledge of the Department of Interior’s (DOI) Office of Surface Mining funding priorities and needs as well as several programs within the DOI.
• Manages the legislative oversight of over $300M in federal funding for infrastructure, workforce, mining, and environmental restoration activities and programs within DOI.
• Coordinates Committee hearings, markups, and floor votes regarding the Energy and Water and Interior Subcommittee Appropriations spending bill.
• Reviews prior legislation enacted in both chambers of Congress to inform Appropriations Committee Congress Members of funding priorities for each current fiscal year.
• Provides insight to respective agencies within the executive branch on the current fiscal needs of Congress.

Club Z In-Home Tutoring Services, Part-Time High School English and History Tutor, Washington, D.C., September 2017 → June 2021
• Provided tutoring services for high school students throughout Washington, D.C. in the subjects of English and History.

Pearson and Schachter, Professional Law Corporation, Legal Assistant, Walnut Creek, CA, October 2017 → June 2018
• Managed procurement contracts (RFPs) and solicitations for clients, vendors, partners, and third parties for the firm.
• Assisted lawyers in preparing for transactional closings, depositions, hearings, trials, and conferences.

California State Senate, District Representative/Legislative Aide, Orinda, CA, June 2016 → June 2017
• Provided the services of constituent casework, legislative analysis, and event planning.
• Cultivated relationships with constituents, locally elected officials, businesses, and community organizations within our district on behalf of California State Senator Steven M. Glazer.

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