United States Leadership and Collaborative Actions Challenges SARS COVID-19

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United States Leadership and Collaborative Actions Challenges SARS COVID-19

A Dissertation
Presented to the Faculty of the
Department of Public Policy and Administration
West Chester University
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In Partial Fulfillment of the Requirements for the Degree of
Doctor of Public Administration

By
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Dedication

With the support of Allah, I dedicate this paper to the Houston Health department in recognition of all their efforts to combat COVID-19 response and recovery. All researchers, academic personnel, and students strive to prove their professional and career work to sustain life.
Acknowledgments

First of all, I sincerely appreciate the almighty Allah for his strength, graces, and faithfulness during my academic journey. Second, I want to thank my advisor Professor Dr. Kristen Crossney, my dissertation committee Dr. Francis Atuahen, and my good friend Mr. Cameron Waldner for their Support and guidance. Finally, thanks to my parents, siblings, and friends, specifically my wife Farah, who supported this journey. During challenging times, those you love the most are the most important. Finally, thank you to my good friend Dr. Zaid Abed for his Support. This would not have been a reality without everyone's support and encouragement.
Abstract

The Coronavirus known as the COVID-19 pandemic has set people at massive risk with all different dimensions of dilemmas and issues; The United States has put efforts to control the virus's spread by focusing on a strategy to reduce the impact. This paper aims to investigate the relationship between public policy and public health. However, the current data have shown the U.S. is continuing to struggle to respond to the pandemic. This study aims to analyze the role of leadership behavior, disaster preparedness and response programs, and collective actions toward COVID-19 in crisis response. This virus's nature includes treatment and infection. All the local, state, and federal efforts to reduce the impact and bring an effective vaccine are considered a critical and significant part of the event. Social interaction between people has become more dynamic, with risk accompanied by substantial consequences since the virus started in Wuhan, China, in December 2019 and quickly reached the U.S. in January 2020, which caused a declaration as an international public health emergency. The outbreak has also caused significant lockdowns, loss of businesses, lack of mobility, and remote work. A complete framework of practical approach and practice is needed to overcome all difficulties and limit livelihoods impacted during the crisis. The study has explored Public Health officials’ ability to navigate the crisis response in a critical political atmosphere. A qualitative research approach was used and included interviews and case studies. Findings indicate significant challenges between policymakers and public health leaders in crisis response.
# Table of Contents

List of Figures ................................................................................................................. viii

Chapter 1: Introduction ........................................................................................................ 1

Problem Statement ........................................................................................................... 1

Summary ............................................................................................................................... 3

Organization of the Dissertation ......................................................................................... 4

Chapter 2: Review of Literature .......................................................................................... 6

Public Administration and Public Policy ............................................................................... 6

Economy ................................................................................................................................. 8

Texas Reopening Phase and The Political Conflict ............................................................. 10

Hospitalization and Mortality ............................................................................................ 11

The Spanish Influenza (Facts, lessons learned, and comparison to COVID-19) .................... 15

Unemployment and Small Businesses ................................................................................. 16

The Impact of Good or poor Leadership ............................................................................ 17

The Role of Public Health Officials .................................................................................... 19

Setting Up the Path ............................................................................................................. 20

Our Eco-communication System is Changing .................................................................. 21

Collective Actions and the Rôle of Collaborative Governance ........................................ 22

Common Research Questions from the Field ...................................................................... 24

Another COVID-19 Challenge ......................................................................................... 25

Summary ............................................................................................................................... 25

Chapter 3: Data and Methods ............................................................................................. 27

Participant Selection Criteria ............................................................................................. 30
Collaboration and Communication ................................................................. 62
Public Service Strategy .................................................................................. 63
Public Health Spending .................................................................................. 64
Conclusion ....................................................................................................... 64
References ....................................................................................................... 67
Appendix A ....................................................................................................... 72
Appendix B ....................................................................................................... 73
Appendix C ....................................................................................................... 74
Appendix D ....................................................................................................... 76
List of Figures

Figure 1. Stay at Home Order ........................................................................................................ 11
Figure 2. Reopening Planning Phase ............................................................................................ 12
Figure 3. Texas Citizen Survey Polls ............................................................................................. 13
Figure 4. Stay at Home Order 2\textsuperscript{nd} ........................................................................ 14
Figure 5. Demographic Characters of the Participants ................................................................. 31
Figure 6. Characteristics, Demographics, and Backgrounds of the Interviewees ....................... 40
Chapter 1: Introduction

The COVID-19 Pandemic originated in Wuhan, China, in early January 2020. It has spread quickly to the rest of the world, causing millions to become ill and fatalities. This pandemic has devastated the lives of millions through flu-like symptoms to ailments that have lasted for months, entirely altering people’s lives, and in many cases forcing hospitalization and overrunning our hospital system, staff, and resources to combat COVID-19 Pandemic. The U.S. has claimed more than 204,000 deaths with more than 7,095,500 cases as of March 10th, 2022, with the majority from New York, Texas, California, New Jersey, and Florida (John Hopkins University of Medicine, 2020).

The COVID-19 pandemic has revealed the Trump administration’s strengths and weaknesses, including crisis management and leadership, public health and hospitals, economic and social system, and public policy in the U.S., showing all kinds of actions and decision-making both in and outside government entities (Kruse, 2020). The current nature of the virus is not clear and complete with uncertainties. Moreover, it has been rapidly evolving, making it difficult for policymakers to make certain decisions across many levels. These challenges represent public health policy and certain externalities. Therefore, improving the coherence of our current policy need to provide our policymakers with scientific advice throughout scientific-based evidence with clear communications principles, bringing different perspectives from the present crisis and past pandemics, which can improve their perception of public health policy and build mutual collaboration between public servants and the public.

Problem Statement

In the absence of a robust federal response and coordination, state and municipal governments must design a sustainable system to proactively manage all types of risk and make a wise
financial decision, leading to positive social and environmental results—a call for a policy change towards crisis response and intervention (Hartley & Perencevich, 2020). The reaction by the former President Donald Trump has negatively impacted the federal government functionality across the nation. Stakeholders and local governments have been left to deal with tough decisions to reduce the virus's spread. A misconception about the COVID-19 vaccine has made people hesitate and change their behaviors instantly, considering politicians' statements against the vaccine or believing in scientific-based evidence given by public health or doctor, or facts vs. fiction vs. social media (Kelen & Maragakis, 2022).

This dissertation has examined the impact of COVID-19 government response in a qualitative approach selected to develop a support system from different perspectives and experiences of participants expected to help provide knowledge and education in crisis management programs, particularly in public health. This dissertation aims to bridge the gaps between what happened during the crisis and what it needed, including policies, leadership, disaster protocols, and collective actions.

An interpretive approach provides an overview integrated framework for effective planning and challenges of public leadership institutions', focusing on the strategic direction and the dynamic model of the coalition and collaboration between all sectors to become more resilient communities for safeguarding the future. My professional experience in a chain of command at many governmental levels has allowed me to learn and obtain knowledge in many different sectors such as the United States Army (translator for 101st airborne), American Red Cross (Hurricane Harvey, 2017), NY State Governor’s Office of Storm Recovery (Super-Storm Sandy, 2012), and my current role at the Houston Health Department (COVID-19 pandemic). In addition, working for these institutions has given me insight into government structure and system, particularly in the disaster management cycle (mitigation, preparedness, response, and
recovery), including performance, bureaucracy, funding, public trust, and effectiveness. Our role as public servants is to resolve our community issues and protect them from any hazardous events (Olshansky & Johnson, 2015).

**Summary**

The crisis has exposed several errors in many areas, including the health system, disaster response, people’s reaction to government procedures, and overall government functionalities, which has made everyone accelerate numerous models of practice to bringing rapid solutions such as funds, vaccines, and other necessary resolutions. In addition, more education has become needed to contain the virus spread, which requires dealing with people's behaviors and cooperation towards this crisis. The crisis has also increased the role of the federal, state, and local governments in many areas.

The COVID-19 Pandemic has also revealed a significant overlap between politics and the public health approach, which made leaders change their strategies with unified policies in public health, which can help establish sustainable solutions towards the resiliency of our cities, embracing protection and change towards evidence-based long-lasting solutions to overcome the current crisis. Unfortunately, the provisions of public health protocols were very weak during the COVID-19 Pandemic because of several factors such as under-funding towards the health programs, centralization and the decentralization of our government structure, and some politicians' views between different political parties.

The findings show government response to the crisis and help ensure primary service is in place for future catastrophic events, particularly in the public health system. The qualitative models of this dissertation have highlighted the importance of changing our approach towards
future events. It also focused on those concepts, particularly in public health practices, for years to come.

**Organization of the Dissertation**

The following chapters present a comprehensive analysis and discussion related to this study, starting with Chapter 2, which provides a literature review of the COVID-19 pandemic with some current information on the related topic, including a review of the virus since the spread started globally. In the United States, the social and economic impact and challenges include unemployment rates and business hardships across the U.S., the state of Texas’s re-opening phase and restrictions vs. other states, and the political divide during and after-math, which has shown a significant gap in several areas between public policy and public health. This has highlighted the importance of our leadership, response, and collective actions. It also shows some common questions from the fields while conducting this study.

Chapter 3 brings the qualitative methodology of this study, discussing the entire process of obtaining the project data, including sampling and participants' criteria, demographic characteristics, data analysis and collection procedures, research design over and questions, interview protocols, and participants protection. The method was designed to capture more information about COVID-19 response through interviews and participation from public health fields, which mainly helped to provide a deep understanding of the pandemic, utilizing specific procedures such as audio-recorded and the transcription process, participations selection and invitation, face-to-face interviews, and consents and disclosures. Chapter 4 shows a significant expansion in results and findings, reflecting the research questions, emerging well-detailed answers by the participants, followed by a discussion on public administration and public health.
Chapter 5 discusses the main findings, limitations of the current research, recommendations for future research, and final concluding thoughts. It has provided a complete insight into the subject discussion, including strong advocacy for public health funding and better preparedness and response efforts to future pandemics.
Chapter 2: Review of Literature

This literature review was conducted to explore the government response to COVID-19 and the consequences pandemic, aiming to show the relevant themes and sections of public administration and policy, hospitalization and mortality, charts and figures, political conflicts, economy and unemployment, the state of Texas reopening procedures, and Spanish influenza are discussed in this chapter. Prevailing significant details on the direction of the government role can bring some side of public policy and public administration concepts into the perspective of public health. The interview review also explores the role of Collaboration, effective leadership, and disaster preparedness programs as potential factors in overcoming all barriers facing our government and the public towards the COVID-19 pandemic.

This literature review chapter has extensively used existing research, journals, index, and media sources, which has helped to create baselines and benchmarks for standards and themes. However, it also is intended to fill specific gaps in information, mainly because the topic is new and imitated. In conclusion, this section has analyzed the government response to pandemic events, showing several essential factors such as reopening to reduce mortality and outbreaks, lockdowns to save lives, the impact on the economy, stimulating budgets to keep jobs, and delays in the implementation of particular public health and public policy which has led to a significant conflict and consequences towards this pandemic event.

Public Administration and Public Policy

The direction of this dissertation is to show how public organizations represented by government sector responding to crisis event such as COVID-19 pandemic, particularly under the context of public administration field. Responding to extreme and hazards events require dynamic network of good governance through collective efforts and collaboration (Dal Molin &
Masella, 2015). The structure of any local, state, or federal government should consider on bringing qualified administrators that able to promote effectiveness across all agencies (Frederickson, et al, 2012). COVID-19 pandemic has showed the political aspect in making certain public policy and actions towards health issues. However, it required a high level of public administrators that are able to evaluate and assess the situation through presenting a new innovative idea to overcome these hazard events (Frederickson, et al, 2012).

The COVID-19 pandemic has exhibited misinformation, non-transparency, ignoring guidelines set forth by the highest executive, and multi-direction by the top executives in the U.S. and the international organizations with short-term consequences for many areas, particularly public health, political changes, economic stability, and global communication and relations. Both Biden and Trump administrations have significant differences in responding to the COVID-19 pandemic in terms of communication and transparency, coordination between federal and state levels, masking and opening measurements, and vaccination planning and distributions (Landis, 2021).

The crisis has shown a different disaster setting, nature with indefinite impact and results, mainly because it involves scientific integration and social approaches. People are afraid of pandemics events because they trigger more emotional involvement and behavioral responses by the impacted and non-impacted populations in short-long stages such as anxieties, stress, mental illness, and depression. It also differs in that the pandemic is an ongoing disaster, unlike a hurricane or similar which end after several hours leaving devastation.

The pandemic duration has sustained until a vaccine is approved and made available along with other protective procedures such as social distancing and masks. Millions of cases and thousands of deaths have caused more significant disruptions and threats in many life-
aspects and forms, including transportation, business, and education, with shifts in powers, authorities, and decisions between different states, which impacted U.S. leadership on a grander scale.

Economy

We have also witnessed a dramatic collapse in services, consumers goods, disruptions in the supply chain, and productions among many industries and major companies. Although the unemployment dilemma has been a significant issue in the U.S. for the last 50 years at 3.5% and jumped to 14.8% in the first few months of the COVID-19 pandemic (U.S. Bureau of Labor Statistics, 2020), the job market measures had shown some significant discrepancies during this period with unemployment rates before and after the pandemic, specifically for those who were not working before the pandemic, and those who stopped looking for a job during the pandemic (U.S. Bureau of Labor Statistics, 2020).

Unemployment claims have reached unprecedented heights of which have not been seen within our lifetime. Rates went dramatically high with millions of unemployed workers and major businesses having been forced to close across all industries, mostly impacting food services on a national level. All the relevant issues have raised questions about our leadership approach to restore our lives, to reduce the virus's spread, and control whether these proceedings have been conducted strategically or in a random response to an uncontrolled major disaster event (Van Wart, 2015).

The outbreak has massively impacted all lives in many ways which has made our citizens unable to identity who is handling decisions and directions, whether it is coming from Federal, state or local government levels. For example, New Zealand, through dedicated leadership and transparency through the strict adherence to social distancing, has returned to
normal and successfully combated COVID-19. The global economy collapses after World War I and II is a similar example to discuss where many countries faced a significant crisis across all industries (World Bank, 2020).

The United States redeveloped its infrastructure by accelerating the demand and supply with fewer regulations, which led to rapid economic growth and recovery, particularly in collaboration with the private sector, while Europe has faced an extreme collapse due to policy and coordination issues between all countries (Emerson & Nabatchi, 2015).

It is essential to go back to historical disaster events as we look to recovery such as Super-Storm Sandy in NY 2012, and Hurricane Harvey in Texas in 2017, although it has a different nature of crisis but it can provide us with additional insights and risks for our country (Persaud, 2020).

The United States was not ready to cope with the pandemic in terms of public health and outbreak response, crisis management and preparedness programs and other federal entities, particularly with pre-existing economic issues (Centers for Disease Control and Prevention [CDC], 2020). Although COVID-19 originated in Asia, their leaders were able to slow down the spread of the outbreak through a complete lockdown procedure with the practical response, which led them to resume everyday life and reopening businesses (Snell, 2020).

In contrast, the U.S. is hugely suffering a significant outbreak with economic consequences. The entire pandemic conditions have provided China unlimited opportunities to assist other countries with public health consultation and medical equipment. We see the United States is still struggling with the public health and economic circumstances prior to the COVID-19 and got worsen during the pandemic, many other countries were ahead of the U.S. in terms of
recovery, which leads to reduce the roles in leadership of the United States and in public health assistance and response efforts (Kotter, 1995).

The pandemic crisis has indicated a lack of U.S. leadership approach, public policy direction, and public health resiliency. Despite the stimulus budget to boost the economy and all other response procedures, our leadership needs to address the multidimensions of this catastrophe through a full understanding that coherent planning and active strategy in multi-economic and political approached to sustain and maintain our leadership path during transitioning to the recovery stage of the post-pandemic (Kotter, 1995).

**Texas Reopening Phase and The Political Conflict**

When COVID-19 hit the U.S. in early March of 2020, many states implemented specific procedures to reduce the impact and limit the virus's spread, such as closing businesses, schools, implementing remote-work environments, and more (Snell, 2020). By early to mid-May of 2020, many states started mitigating certain restrictions that aimed to seek a reasonable balance between protecting people's lives as a public health approach and retaining the pandemic's economic situation. Each state and local municipality have taken different directions with issues and making various decisions throughout the existing framework to expedite the reopening process (Olin, 2020). However, many public health experts have warned that these decisions are going too quickly in association with our citizens' safety.

While most of the states have put efforts to mandate COVID-19 measures, which include closures and masking, Texas Governor Greg Abbott has ordered to re-open the state functions for businesses and mobility. This decision has led to lifting most of the restrictions such as social gathering, which has confused local governments decision-making and health recommended procedures, and political polarization among politicians and people, leaving more than 260 Texas
county to make their own decisions (Svitek, 2020). These orders have caused a significant conflict for Both Harris County Judge Lina Hidalgo and Houston Mayor Sylvester Turner, having owned their objection to continuing with these restrictions to reduce the spread and follow the guidance from CDC., the centers for disease control and prevention.

**Hospitalization and Mortality**

With a rise in new COVID-19 cases in Texas the Governor and County Judge are at odds with one another and how Abbott has had to backpedal as cases have spiked over reopening.

Cases rose quickly in Texas in Mid-June (Cote & Radcliff, 2020).

**Figure 1.**

*Stay at Home Order*

Note: The Conversation. Funded by Texas A&M University, 2020

President Trump has issued a partial re-opening plan in phases, aiming that many businesses can go back to work, but not without public health warnings. The state of Texas was forty-one on the COVID-19 data list state-wide between March and May of 2020 (See Figure 1). The state was doing so well in COVID-19 cases with declining mortality among more than 260 counties until the re-opening phase started to take effect in early May 2020, which allowed many places to conduct their businesses again at 25% to 50% capacity rate. However, places like
Pennsylvania continued to take more cautious approaches, considering the daily cases (Salem, et al., 2020).

Figure 2.

*Reopening Planning Phase*

![Graph showing COVID-19 hospitalizations over time](image)

*Note: The Conversation. Funded by Texas A&M University, 2020*

Hospitalization in Texas were steady until mid-June after Governor Abbot was allowed to re-open in distinct phases with certain capacities (Cote & Radcliff, 2020). COVID-19 soon skyrocketed, particularly in states like Arizona, Florida, and Texas, with high mortality and hospitalization rates. Local jurisdictions have provided COVID-19 death counts to their state’s health authority. Proper procedures are being followed in reporting and issuing death certifications based on several factors such as medical records, jurisdiction determination, and family or acquaintances’ confirmation (See Figure 2).

Cases were widely spread among many areas, including metropolitan and rural areas. Major cities like Houston have reported triple cases in one day (Houston Health Department, 2020), which made Texas increase in COVID-19 mortality and cases since becoming one of the leading states since new re-opening phases began (See Figure 2). For example, The Texas Medical Center in Houston, which is one of the largest medical centers in the world, was unable to respond due to the overwhelming rise in cases (Ornstein & Hixenbauch, 2020).
Figure 3

*Texas Citizen Survey Polls*

The above poll offers an extensive sequence of questioners in the middle of the pandemic, categorized by different variables include race, policing, attitudes, and other criteria. The results show Texans are a less approving population when it comes to government leadership and decisions, even though the COVID-19 numbers were very high in June 2020 (See Figure 3). There is a new poll that shows a decline in President Trump’s favoritism as the virus has continued to devastate our country. (The University of Texas at Austin, Texas Tribune Poll, 2020).
COVID-19 daily testing reports provided are by many private and government labs. In the meantime, Daily COVID-19 testing in Texas continues (Cote & Radcliff, 2020). Texas Governor Abbott played a significant role in disaster response during Hurricane Harvey in 2017 by providing hand-to-hand assistance to local governments in the impacted areas. However, the early re-opening was one of the biggest mistakes, particularly with the lack of planning strategy (See figure 4). Considering the state population, which exceeds thirty million people, and the high rates of uninsured people, it puts the state at an increased risk of being a virus hot spot. Our federal government's decentralization has left many important public health decisions to local leaders and governors to handle, mainly shifting responsibilities and leadership (Van Wart, 2015), which has impacted many areas of our livelihood.
The Spanish Influenza (Facts, Lessons Learned, and Comparison to COVID-19)

The Spanish flu (H1N1) in 1918 was one of the deadliest pandemics with high mortality rates of five hundred million people infected, and fifty million deaths globally, with 6,750,000 infected in the United States alone. Many reasons associated with these numbers lies with unsatisfactory health conditions, limited vaccines, weak public health protocols, lack of safety, and hygiene compared to COVID-19 (Centers for Disease Control and Prevention [CDC], 2020). The world is now more densely populated with more than 7.594 billion in people compared to 2 billion in 1918. With more people travelling than before, the virus is spreading more swiftly due to the use of transportation that did not exist before, such as planes, trains etc.(Ott, et al., 2007).

There have been many significant pandemic events in the world with a variety of impacts such as HIV/AIDS, SARS, HIV, West Nile and other viruses which indicate that there is a disconnection and significant gap between politicians and scientists to strength a public policy approach towards health and pandemic events based on facts, studies, and data. Building these norms has led to impressive results and outcomes in the world of public health once implemented in a proactive way, by updating our health protocols and agreements to always be prepared and proactive (Ott, et al., 2007).

The U.S. government did not have plans, nor did it know how to quickly react to the viral spread when it was first reported back in January. The lesson to remember is that there are responsibilities and obligations needed to prepare for this type of pandemic. Federal and local government must have plans in place sooner for future catastrophic events by following different disaster preparedness procedures according to public health ordinance and systems (Centers for Disease Control and Prevention [CDC], 2020). It is important to understand that outbreaks events can spread very quickly.
It is also difficult to control it without specific preparation programs such as surveillance, laboratories, diagnostics, testing, and other health capacities (Houston Health Department, 2020). It is significant to provide the proper protection to our vulnerable populations such as seniors, people with underlying conditions, and others which can face deadly consequences for such a category due to the weaknesses of their immune system. As we all know, pandemic events affect all types of livelihoods including socially, economically, and health-wise. The costs of public preparation, emergencies, contamination, mitigation, and prevention preparedness programs are less than the cost of treatments and care when infected (Centers for Disease Control and Prevention [CDC], 2020). Once again, governments should pay full attention to invest in public health preventative and preparedness efforts (Centers for Disease Control and Prevention [CDC], 2020).

There are many historical factors to compare between the Spanish flue in 1918 and the COVID-19 pandemic in 2020, which both have caused significant impacts on the population and global economy, bringing millions of deaths and ill people with significant short-long term consequences such as age difference, international populations, diagnostic, testing and vaccination, the duration of the diseases, mobility, and technology.

**Unemployment and Small Businesses**

COVID-19 has not only impacted public health, but also caused significant collapse to many of our daily patterns and impacting our economy. The pandemic has disrupted many major businesses, corporations, and other industries which led to a significant layoff for approximately 58 million people (U.S. Bureau of Labor Statistics, 2020). Many industries were required to close by 41% partially and completely which put them into a new decision-making dilemma with a lack of options. They have transitioned employees to new norms of working remotely as
temporally solutions to sustain the work environment. Almost 40% to 50% of small businesses depend on America’s employees, laborers, and workers (U.S. Bureau of Labor Statistics, 2020). Many of those have declared bankruptcy with additional accumulated debt.

When the two trillion-dollar stimulus package passed in April of 2020 (National Public Radio Organization, 2020) by Congress to support many businesses and individuals during the pandemic, it was sufficient to boost the economy throughout direct payments of $1,200, with an additional $600 of unemployment insurance (U.S. Bureau of Labor Statistics, 2020), SBA loans, and many other forgiveness programs and benefits. However, the current situation required more agreements between both Republicans and Democrats to add another relief budget to continue saving the current recession phase with solid policy approach for future economic growth and sustainability, particularly to cope with catastrophic events (VanDusky-Allen & Shevetsova, 2021).

**The Impact of Good or Poor Leadership**

Leadership is an essential social effect by default with goals and powers such as a president, CEO, board members and others. It is considered a center of analysis by many scholars and researchers. Leadership behavior’s narrative is unlimited (Van Wart, 2015), contributing to a more remarkable outcome of skills and exceptional performance, particularly at inevitable crisis intervention, contributing to more extraordinary achievements and accomplishments (Dal Molin & Masella, 2015). There are significant things that have influenced my personal experience, such as my academic background and work observations.

I believe there are multiple indications of weakness in leadership, which wrongly harm the entity of place with devastating results that can be by one individual, such as the President, CEO, or even a manager. These roles can ultimately make people lose their direction,
productivity, and focus by simply implementing inefficient leadership behaviors (Van Wart, 2015) Within the same contextual contrast, I have also found the quality leadership direction can make an incredible difference in our societies and cities. The leadership and collaborative approach of COVID-19 response have potentially life-changing consequences for better or worse after generation and generation, which have shown in time (Agranoff & McGuire, 2001).

There is evidence that individual decisions were unwisely issued that led to increased spread of the virus by our current administration including delays in testing sites, implementing early travel decisions on domestic and international travels, and shutting down the airport earlier, which could have led to major public health catastrophe, resulting in massive positive cases and fatalities (Shear et al., 2020). This all could have been prevented if leaders followed public health experts and scientists. The current administration under President Trump continued setting up new rules every day with the re-opening and shutting down of the country, challenging and competing with other world leaders.

Still, the U.S. is not alone. Many other countries, such as the United Kingdom (446,156 cases with 42,072 in death) Brazil (473,000 cases with 142,280 in deaths), and Russia (1,167,805 case with 20,545 in death) (World Health Organization [WHO], 2020) have followed the same approach to cope with the virus, but all attempts have failed most of the time. Monitoring and observing these actions daily has put me on a different perspective from scientific evidence and the reality on the ground with a massive leadership gap that has taken a wrong approach to cope with the pandemic consequences. In this aspect, our leadership has listened to our public health advisors from a scientific background and made re-opening decisions based on the politician's request, exposing millions of people to the pandemic (Kotter, 1995)
The Role of Public Health Officials

Good leadership approach towards the COVID-19 response should be conducted by facts, scientific evidence, public health consultation, and the intention to follow those subject matter experts to support the government (Van Wart, 2015). This analysis is based on my work observation with the COVID-19 task force at the City of Houston Health Department (Houston Health Department, 2020) and the interaction with the county, state, and federal level such as CDC (Centers for Disease Control and Prevention [CDC], 2020) which has pointed out these benefits of essential leadership practices (Van Wart, 2015) to reduce the impact with less mortality and consequences to livelihood by implementing certain approaches and expanding on each one of them.

There are many elements and practices which helped public leaders (Denhardt, 2014) understand that crisis exists on a larger scale, such as a pandemic. Leaders fail because they do not listen, follow, or refuse these critical factors, which resulted in a dysfunctional leadership approach (Van Wart, 2015). The collaboration with public health experts can lead to building a reliable protection platform (Denhardt, 2014), and also it can help establish a trust to cope with the pandemic. The rapid breakout of the pandemic across the country has been decentralized by our states, county officials, and health departments, City mayors and county judges are to lead a response to the situation, which is not a coincidence with the federalism system and national government laws.

Disaster management programs, including planning, response, and recovery, need flexibility rather than following bureaucrats of the central government in Washington D.C., which result in diminishing the responsibilities and the role of local and state government in
responding to catastrophic events quickly which will make a significant difference in saving more lives and reducing the impact of future catastrophic events (Carafano & Weitz 2006).

Within this integrated framework, the government assumed that each state is responsible for making its own decision and can face the issue depending on the pandemic's nature, geographic jurisdiction, budget, and the available resources, without considering that this type of crisis might be massive for many states. However, the federal government has set a few regulations and guidelines in collaboration with the CDC recommendations (Centers for Disease Control and Prevention [CDC], 2020). Some believe that decentralization of power makes all states and local government face new crisis in dealing with the pandemic response, particularly in making too early of a decision to re-open in phases with inadequate public health validation, such as what happened in Texas.

When Governor Abbott re-opened the city is causing significant consequences in COVID-19 cases rose in record numbers resulting in thousands of mortality rates. Moreover, these actions do not require congressional approval. This response differs from all other responses to a disaster that the country has faced with FEMA (Federal emergency relief administration (FEMA), 2020) having had its hands tied by the executives.

**Setting Up the Path**

Leadership concept is about establishing a specific direction that requires many risks during the process, with challenges balancing between obtaining good results and reducing risks. (Van Wart, 2015) It also requires an extended learning process of new information with philosophical aspects and perhaps changing different paths several times without risking the outcomes. Integrating ethics, social justice, values, and principles can help us in obtaining potential opportunities and results. COVID-19 has placed us into a humanitarian scenario
experience and life lesson with many responsibilities and directions that move from one generation to another.

COVID-19 pandemic has revealed a new concept of planning our future and forecasting fundamental disruptions and significant changes such as Information Technology and Public Health, which believed to be a long-term trend from capital market demands. Collaborative governance perspective between all parties includes government, nonprofit, and private sector which has helped to construct a broader image through different views and options such as unpredicted future events and envisioning our safeguard steps together (Agranoff & McGuire, 2001).

**Our Eco-communication System is Changing**

In the last two years, I have noticed a significant communication gap, particularly with the public, which has created several obstacles to our prevention measures, such as lack of scientific information, no direct data platform, and the info-demic, which has worsened the efforts in combating COVID-19 pandemic. This is a significant indication that our ecosystem is changing by emotional effect due to considerable social media exposure, which has controlled the pandemic.

The ecosystem depends on the accurate dissemination of information, which is essential, particularly in emergencies, including outreach, education, and technology. It also provides multiple avenues for livelihood protection, which can help reduce the risk of responding to catastrophic events and increasing people's resilience post-recovery, particularly vulnerable populations that result from hazardous events. As government employees, we need to communicate proactively with people through simple explanations and messaging and accurate data. Scientific communication is exhausting, and not many people can understand it.
Collective Actions and The Role of Collaborative Governance

The significant effects of COVID-19 have resulted in total devastation among various phases of life, which represent examples of “wicked problems” which has caused socioeconomic across all levels due to its complex nature. (Emerson & Nabatchi, 2015). Our environment has wholly shifted since the pandemic hit our world, mainly due to the changes in the complexity of dealing with the problems. However, this crisis has allowed us to invest in these complex issues through network and collaboration governance in response to disaster events (Moynihan, 2007).

The circumstances of the COVID-19 pandemic have allowed for more collaboration between government and non-governmental sectors such as businesses and educational and religious institutions (Agranoff & McGuire, 2001). Other factors have also influenced these circumstances, such as resources and public service delivery, cultural aspects, legal considerations, political atmosphere, and socioeconomic dynamics. (Emerson & Nabatchi, 2015). The factors have short-long term impacts on public health and services.

Locations can also be impacted by certain disasters, which mainly depend on how strong the local government is, whether it has sufficient resources such as funding, programs, and the demographic nature of the area (Emerson & Nabatchi, 2015). Additionally, a governance network also involves policy from the governmental and management level, creating more collaboration and involving more entities from different levels to bring better services and delivery to the public (Dal Molin & Masella, 2015).

All sectors, such as government, nonprofits, educational institutions, and private sectors, are actively working around the clock to combat the COVID-19 pandemic throughout the available resources within the federal system and intergovernmental. The United States is considered to have one of the best healthcare systems on a global level, particularly in
innovation. Followed by good examples that illustrate the essential collaborative approaches to respond to the current crisis. Thus, there are some potential opportunities to benefit from the current situation as follows:

- **Data-sharing**: Most of the existing government departments on state, federal, and local municipalities have significant COVID-19 data with limited access from other parties such as private, nonprofit, and educational institutions. Specific regulatory and other privacy acts include HIPPA and other acts that put some barriers of collaboration between all parties (Agranoff & McGuire, 2001). Suppose the government can release some of this information, it can create faster recovery, including reporting, strategic planning, addressing challenges and issues, and promoting technology and mapping systems (GIS), leading to faster recovery, and reducing the impact.

- **Effective Results**: Taking the right actions of collaboration efforts between all parties can lead to achieving the goals with excellent outcomes (Emerson & Nabatchi, 2015) by following specific approaches such as networking, coordination, data sharing, right leadership approach, and learning from previous lessons and case studies (Kotter, 1995). It can also happen by measuring and analyzing all different timeline and practices. These outcomes can also modify approaches and policy changes among many provisioning and services such as preparedness and response programs, healthcare, regulations, identifications, and community investments. The intervention of collaborative efforts can also support strengthening the relationship between our stakeholders and communities to reduce COVID-19 and its impact (Centers for Disease Control and Prevention [CDC], 2020).
Common Research Questions from the Field

The research explores the impact of COVID-19 on our leaderships’ performance during a catastrophic crisis, which addressed issues and explored different opportunities in a collaborative governance framework, promoting a model for better strategies in disaster management models (Federal emergency relief administration (FEMA), 2020). There are unforeseen dilemmas during pre-post disaster events such as the Pandemic COVID-19.

These issues include economic impact, health disparities, and wise decision-making by our leadership (Van Wart, 2015) which require proper preparations of mitigation procedures such as identity measurements, risk management, aftermath process, and collaborative actions among all sectors (Olshansky & Johnson, 2015).

- What is the comparison between the Spanish flu and SARS? Including differences and similarities?
- What is our leadership reaction to the current pandemic crisis? Short-long term response plans to assess the real risks and to cope with future catastrophic events?
- How are we prepared for the unexpected? This includes a sustainable public health plan, citizens’ safety, protection, income distribution and inequality, and a sustainable economy.
- To ensure transparency and valid information in place, how effective are our coordination and communication disaster protocols between all entities and stakeholders?
- What are some innovative models for better collaboration, decision-making, and how can such a pandemic crisis affect the center of government and its political atmosphere, such as public policy, scientists' role, vaccine, and upcoming elections?
Another COVID-19 Challenge

The pandemic nature has also imposed unpredictable results on the dataset findings such as numbers of new cases and deaths, policy changes and implementation, and decision-making by our leadership and stakeholders. There is a current conflict in dataset which is now going to the White House directly not the CDC (Centers for Disease Control and Prevention [CDC], 2020) which is bringing to light that some of the data may be misleading or inaccurate (KRQE, 2020).

Summary

It is undeniable that the pandemic has already spread nationally and globally, which exposed many individuals to a weak system of protection and treatment, particularly in the United States. Changing public policy is critically essential (Denhardt, 2014), particularly after being exposed to the hiccups and challenges of the pandemic. We need a more collaborative aspect to build a more robust protection response system relying on different findings, resources, implementation, and actions. Our government and stockholders need to put more effort to strengthen the relationship between science and policy-decision making based on research and evidence to the disaster preparedness and response programs (Centers for Disease Control and Prevention [CDC], 2020).

The social distancing procedure was necessary to slow down the infection and eventually eliminate the pandemic, which significantly minimized our citizens' mortality rate without impacting the economic aspect. It was one of the most remarkable public health actions broadly communicated and used by our communities (Denhardt, 2014). These procedures indicated that our citizens had understood the logic and wise decisions behind the social distancing approach, which led to success rates of engagement rates, particularly into the re-opening phase during the
pandemic. The current administration has given all states and local governments the power to make their own decision during the pandemic. Such a decentralization system has shown a lack of collaborative governments and some weaknesses among stakeholders, governors, local mayors, and health systems (Bovaird, 2005). It also helped spread the Virus among vulnerable populations, particularly in disadvantaged communities, which increased the exposure to pandemic risk and mortality rates among specific races such as Hispanic and Black (Houston Health Department, 2020).

Whether our current government is chosen for the next term election or not, the next administration will need to take this pandemic as a lesson to improve their leadership approach, which will impact many protocols and policy approaches that will minimize any future consequences catastrophically (Kotter, 1995). There are many substantial opportunities to improve our response and preparation programs to crisis and catastrophic events via leveraging our network of resources and information supported by previous successful practices and scientific elements. (Centers for Disease Control and Prevention [CDC], 2020) Collaborative governance approaches can present an excellent communication and coordination structure between the government sector, private companies, and nonprofits organization, leading to the most remarkable outcomes in public service and engagement (Denhardt, 2014), particularly in the middle of a pandemic.
Chapter 3: Data and Methods

The chapter described the qualitative method that used to illustrate and answer the research questions. It includes interviews with 5 participants from public health agency discussing public health challenges and the political atmosphere under the COVID-19 pandemic. The method design aimed to engage all participants in deep conversation about the event, seeking to gain more knowledge and information to collect more data for findings and analysis involvement.

This study selected the qualitative approach because it showed a significant understanding of communities’ perception of certain disaster events such as pandemics within their cities, state, and federal levels. Through the interviews, the data collection process followed by findings and analysis has shown rich information from the participants who discussed different conditions, including capacity, strength, knowledge, lessoned-learned, and recommendations in unique experiences and multicultural aspects. These participants have taken significant roles in the context of public health and public policy within their government work, local support, and connections with the communities. They are considered the eyes and ears of the COVID-19 pandemic event, and, therefore, the qualitative approach was an excellent fit for this study.

The concept behind the selection of a small group was made based on the several beneficial factors, including time constraints and the availability of the participants, the quality of the finding and insights which become more valid, and most importantly, answers will become the same if exceeding five participants because most of the issues have been already covered up to 75% to 85%. Furthermore, the smaller group helped to identify significant issues and problems within one major dilemma like a pandemic response, the effectiveness of
communication and interaction between the interviewer and participant, the organizational capacity of the orientation and available resources within the context of public health, the priority of encountering issues quickly.

The pandemic COVID-19 has revealed a new cultural and social relationship characterized by discrimination, division, and inequalities to our society that has touched all aspects of our lives. However, it also urges for more collective actions, wise-leadership, solidarity, and better disaster response (Kotter, 1995). The United States faces tremendous challenges to reduce the virus's impact, particularly with increase in daily cases and higher mortality numbers. However, there is an apparent conflict between public health officials and politicians in crisis response (political behaviors over science evidence-based data and how politicians are dealing with the pandemic), leading to the current crisis in decision-making and proper intervention.

The qualitative data analysis method has helped develop the entire research study, including the interview guide, leading questions, and sub-questions for better research requirements and needs. It has dramatically added more opportunities for the participants to discuss their successes stories, concerns, and recommendations about the COVID-19 pandemic. These opportunities include exploring the relationship between individuals’ perceptions of the vaccine benefit and objections. The complexity of dealing with the virus’s spread led to issuing specific procedures and preventive measures. The context of the public health direction has provided a better understanding of the data collection, making the study richer with information from a scientific perspective. Explaining the COVID-19 pandemic has made a strong linkage between public policy and public health, resulting in remarkable findings, analysis, and
recommendations that have supported the concept of collective efforts, effective leadership, and strengthening our disaster management protocols.

At the time of this study, millions of severely infected cases and a hundred thousand mortalities rapidly escalated in the United States. Thus, with all mitigation procedures imposed by officials, the virus outbreak has set extreme social disruption and the need for more effective response programs. The pandemic has also caused intense outbreaks, creating a demand for a qualitative study to determine key factors such as evaluation and hypothesis on spreading quickly (Bazeley, 2013).

The study is designed to explore a qualitative approach by utilizing different structured criteria’s such as conducting interviews, and media sources, which can report consolidated samplings, and larger scale of findings from different experiences and perceptions, which aims to focus and examine the response in the context of pandemic COVID-19 with major outlines: effective leadership; to identifies a practical leadership approach in decision-making to improve Our public policy performance, sustainability, transparency, accountability, and coherence (Van Wart, 2015) which consider the key to policy action, implementation, and effective outcomes. It should also include health components, security, social, and economic elements (Johnson, 2014) Collective actions for better coordination and communication between stakeholders, state level, and local governments to make our communities more resilient (Emerson & Nabatchi, 2015).

The study has also helped to capture the pandemic's different perspectives includes behaviors, showed the gaps in leadership response to the pandemic. Interviews, observations, and other qualitative methods have also helped embrace and explore various motivations, experiences, reactions, assumptions, and points of view in real life (Steiner & Brinkmann, 2009), the reality of events, data collection, and context of the issues, including social and economic
aspects (Bazeley, 2013). It also allowed us to understand our organizational leaderships' strengths, weaknesses, and motivations behind their decisions (Kotter, 1995). Engaging people in a qualitative research study in social, cultural, and political aspects can identify a large scale of issues, analysis, useful information, and intervention, particularly in disaster response such as hurricane events and public health outbreaks (Lofland, et al., 2006).

**Participant Selection Criteria**

Participants in this research from the three different categories with a total of 5 participants from Public Health agency from different backgrounds (from the ground reality of COVID-19 task force). The sampling criteria were selected to ensure all information is captured, including policy issues and implementation, scientific and public health, and our citizens’ perspectives who are going through the crisis for better outcomes and analysis (Yanow, 2000).

In this study, the sample size of the 5 participants was determined based on a few variables such as educational backgrounds, public health involvement, engagement in public policy, and decision-making. In addition, other determination factors were considered, such as the quality of the participants and their access to the big picture of the pandemic. The direct involvement with the COVID-19 task force at the Houston Health Department has provided an opportunity to identify participants at a higher level of government that can effectively contribute to this study. The relationship with these individuals leads to natural and better conversation and valuable data. Additionally, the study selection implementation has focused on the participants from the first level of crisis repose, such as public health administrators and government officials with their different educational backgrounds whom I can see eligible for an interview for the research’s purpose (See Table 1).
Table 1.

**Demographic Characters of the Participants**

<table>
<thead>
<tr>
<th>Variables</th>
<th>Backgrounds and Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants</td>
<td>5 individuals from public health agencies</td>
</tr>
<tr>
<td><strong>Education and Occupation Level</strong></td>
<td>Doctors, administrators, public health officials, government officials, nonprofit organization, and community leaders (COVID-19 task force)</td>
</tr>
<tr>
<td><strong>Geographic and Place</strong></td>
<td>Urban area, rural areas in Houston and Harris County</td>
</tr>
</tbody>
</table>

These criteria determined the study's topic, which can significantly help obtain more findings and the data portion. The second part is to apply additional samplings from community leaders and nonprofits that are heavily involved in serving disadvantaged communities in most impacted areas in Houston with pre-existing socioeconomic before COVID-19. The government officials are expected to provide their perspectives, such as their roles, challenges, plans, funding, and recommendations in the pandemic context. Community leaders and nonprofits are expected to share their experience with the government response to the pandemic, whether efficient or otherwise.

**Data Analysis**

The data analysis used the collected data from all standard content of the responders. Firstly, the obtained data from the transcriptions' audio recordings and identify characters (if agree) or anonymously. Secondly, all the transcriptions were listened in several times to develop the proper perception and interpretation of COVID-19 and its impacts on different levels. All the obtained data were compared and divided into different units, groups, and categories to generate
a suitable theme and discussion to ensure that data is not lost, or discrepancies made during the process. Additionally, the content has contributed to a deeper knowledge and understanding of the participants' experiences and perspectives, which can apply to an integrated framework of identifying the problems and issues (Schwartz-Shea & Yanow, 2012).

**Data Collection Procedures**

The data collection procedures are designed to capture different aspects of COVID-19 response throughout the qualitative methods leading to three major concepts: Leadership behavior, emergency response, and collective actions. The interview guide included important topics from the current situation of COVID-19 with several participants from public health, city officials, and professional individuals. The interview protocol aimed to find significant information of the study with high quality of each open-end questions (Steiner & Brinkmann, 2009), such as economic hardships, government decisions, and lessons from previous pandemics. The procedures included informative interviews with members who aim to capture their views for COVID-19.

The interviewees were contacted via telephone, email, and WhatsApp with detailed information about the study's purpose with their approval. Other used technology, such as Otter transcription technology to maximize participation. All participants were provided certain instructions and placed in a room before the meeting, which assisted in reducing any distractions (Kvale and Svend, 2009). The primary language used in this study was English with a duration of 30 minutes or more.

**Validity of Data Collection**

The content of the research has met the ultimate validation, justification approaches, and reliability of results. On the other hand, the variety of methodology includes numerical data
(statistical readings), interviews, questionnaires, books, and journals, which should be a robust tool to collect information (Steiner & Brinkmann, 2009). Validation of any research study should be a high priority and very concerning, mainly conducting a survey on COVID-19 and the leadership response to the pandemic. Maintaining the reliability of the data collection was the priority of this study. The research has implemented the research guidelines, including ethically and socially. The role of the researcher was to be skilled in conducting the interviews by utilizing reliable technique tools, strategizing content from different perspectives of the participants, and comparing the collected data. These techniques have helped produce promising findings that have helped establish good themes and data analysis.

Considering the current tension of the political atmosphere and the public health intervention is critical in many different ways. Based on the direction in this study, the information or the content of the study were validated through several different approaches, including:

- **Short/Long-term Observation:** In this study, there was a sequence of events during the data collection process, raising concern for accurate data. To monitor all different activities such as people's behaviors, interactions, attentiveness, and open-end narrative which helped to enhance the quality of information validation (Lofland, et al., 2006). Additionally, working in public health COVID-19 reporting and the disaster management background has tremendously helped monitor all different information and changes.

- **Avoiding Bias:** It is essential to mention that some bias may happen and affect data analysis and results, particularly in this topic, which illustrates the importance of effective leadership in this critical time (Kotter, 1995). Although the findings have different views and understanding of the current situation, remained independent and non-judgmental
with the clarity regarding the directions and practices. I plan to show all essential sides based on evidence and follow ethical acts, principles, and honesty to evaluate the reporting process impartially and accurately without bias (Quinn, 2015).

- Data verification and certification: It is worth mentioning that the integrity of the information provided via the data collection process is considered a significant, essential part of the study. For example, participants' exposure, consents, authorizations, technical performance, trusted and reliable sources like local or state government, and other techniques. In this field, I plan to ensure the data's protection; it is imperative that all procedures are followed and is a priority during the study (Corbin and Strauss, 2007).

**Research Design Questions**

It is necessary to follow the study's objective by following the primary research question and its related sub-questions within the same approach. These research questions have answered the research's purpose by using important and specific questions from the ground reality of the event (Schwartz-Shea & Yanow, 2012). The sub-research questions have also urged the participants to bring more additional and essential findings to the entire context by answering different perspectives based on their experiences within this catastrophic event framework. These findings have shed light on the significant value of conducting group focus, aiming to bring essential facts about government groundwork, particularly its consequences. Besides, it will be a terrific opportunity to address the social dilemmas for those impacted by COVID-19 and set a recommendation for public policy changes and implementations. **My central research question seeks answers on ‘How public health officials are able to navigate the COVID-19 response in the middle of a critical political atmosphere’?**
The primary question is followed by other important questions such as:

- Please share with me what your current responsibilities related to your work with the Public Health Department.
- How do local government perceive disaster management programs? How are these programs and protocols updated in response to public health pandemics?
- How would you describe public perception related to science and vaccines? Do you think these perceptions impact public actions and behaviors? How so? Do you think there are differences in this perception related to COVID-19 vs other vaccines? Have these perceptions and actions changed over time?
- How has COVID-19 impacted our public health policies? How has COVID-19 impacted the local/state/national economy? Can you tell me if – and how so – there has been a need for general stimulus and/or additional health funding?
- Can you share with me about the relationships between public health officials and government officials during the COVID-19 pandemic response? What about coordination? What about transparency and accountability? What about communication?
- What do you think the general perception over COVID-19 pandemic related government procedures are? (i.e. including shutdown, social distancing, and masking). Do you share this perception? Why or why not?

**Ethical Evaluation and Participants Protection**

A research study that involves an individual's involvement is typically facing some ethical challenges and implications such as policy, capacity, delays, guidelines, and approvals before and during the planning and preparation process of the interviews protocols, particularly during this pandemic. While conducting this type of study, it is essential to know that it has built
a trust among the participants by ensuring all individuals' confidentiality, privacy, and anonymity are being considered throughout the entire process and how the data was submitted by providing all project information (Corbin and Strauss, 2007). As a researcher, it is also essential to pay attention to sensitive details, particularly when planning to conduct interviews.

Following ethics during this qualitative research method is considered critical in discipline and practice, requiring additional institutional rules and standards (Bazeley, 2013). It is an obligation to distinguish the wrong from the right in any work, whether at school, daily life, and/or place of employment. In modern-day, technology made a change that required an update of all these guidelines and protocols. Due to the nature of this research study, involving participants from public health entities, specifically in the government sector, several steps took place, including location, short-long term publications, the safety of the participants, the fairness of the content, and the topic itself. Therefore, this research has maintained the following steps:

- No identity was disclosed.
- Participants names were anonymous and generalized.
- All participants were informed about the consent’s information and participation risks, if any!
- Ensure all data is protected by implementing techniques against unauthorized access, modification, or disclosure.
- Copyrights and authorization by providing a particular license or permission of the research work if required
- Consents of the participants by explaining the nature of the content and participation that make decisions based on their voluntary participation.
• Maintain records with the university’s approval by protecting password access and other protective procedures.

**Methodological Limitations**

Due to the nature of the COVID-19 pandemic, the study expects to face some limitations and challenges in the methodological aspect. Recurring participants might be one of the problematic issues, long-short questions upon interview, the complexity of using the zoom or telephone interview, recording-technology issues, limitation on in-person interviews may also impact on the interaction of the participants such as gesture, reaction, languages, visual aids, and other data source issues (Steiner & Brinkmann, 2009). In conclusion, gathering data was always to be big issue that are significantly impacting the analysis, details, and publication process during the pandemic. Further COVID-19 response research is recommended by investigations to address these issues, which will allow humanity to help humanity during a public health crisis.

**The Role of the Researcher**

In the aspect of researching the COVID-19 response, the role in research is critical as I am always engaged in collecting different data for analysis reasons by utilizing various tools such as participant observation, conducting interviews, seeking existing journals and questionnaires. These tools have assisted in exploring different patterns and concepts (Kvale and Svend, 2009). My professional background in disaster management (American Red Cross), urban planning (Boston University), and COVID-19 fatality team-data analysis (Houston Health Department) was one of the main reasons to investigate this topic. Besides, my current role as a president of a local nonprofit organization has allowed me to engage with local leaders and officials to establish a fundamental understanding of pandemics from policy and health perspectives.
Thus, few expected challenges may impact the study results' balance, such as actions, feelings, judgmental thoughts, and observations throughout the data collection process. However, practicing via previous studies and following all researcher guidelines and regulations such as information validation, peer review, ethics rules and principles, notes, securing data, and protecting participant privacy has created an outstanding balance and control throughout the study (Quinn, 2015).
Chapter 4: Results and Analysis

Summary of the Participants

As outlined in Chapter 3, I selected my participants from the field of public health and particularly those who worked in COVID-19 response with different academic backgrounds, positions, and professional experiences. Recruitment invitations were sent to more than six individuals, and five accepted the invitations. The invitations contained the research goals, the nature of the research, and all other context in detail. Consent was also sent out, along with the invitation, and all participants signed the consent.

Interviewees were informed about recording interviews as audio and text, which will be erased within three years of the publication. Participants showed no objection to the data collection procedures and records. In-person interviews were conducted at the participants’ office within the City of Houston jurisdiction within the weeks of February 10–22, of 2022. Each interview ranged from 20–30 minutes. Interviewees were given the option to reveal their identities. The interviewer granted a title for each interviewee as Participant I, II, III, IV, and V. All interviewees were given the main theme question, followed by sub-questions, which was a great opportunity to expand on the main topic area.

Characteristics, Demographics, and Backgrounds of the Interviewees

The five respondents were White, Hispanic, and Black. Most of them have been in a government job between a range of ten to thirty years in public service and serving the public under the context of public health on local, state, and federal levels within the following categories:
Table 2.

**Characteristics, Demographics, and Backgrounds of the Interviewees**

<table>
<thead>
<tr>
<th>Sampling</th>
<th>Job Classification</th>
<th>Date of Interview</th>
<th>Major Responsibilities</th>
</tr>
</thead>
</table>
| Participant I | Chief Medical Officer, Medical Director, EMS Director, Houston Fire Department, Tactical SWAT, Houston Police Department, COVID-19 Spokesperson | Feb. 2, 2022 | COVID-19 Task Force Speaker  
SWAT Tactical Response Physician  
Provide recommendations to elected officials with health guidance and scientific based evidence |
| Participant II | Bureau Chief for the Immunization Program | Feb. 17, 2022 | Oversees the immunization program and provide services involving Euston and Harris County  
This includes the responsibility of ensuring high coverage rates in the community on the routine side and in COVID-19 response. Involvement is also in the annual pandemic plan including disasters. |
| Participant III | Division Manager of Epidemiology, Executive Level | Feb. 22, 2022 | Operation Lead for COVID-19 Response  
HIV surveillance Lead for the City of Houston, National Health Behavior Surveillance |
These are then NET projects, which are COVID-19 in pregnant women and their infants.

| Participant IV | Division Manager in the Division of Disease Prevention and Control | Feb. 17, 2022 | Works on funding portfolios, particularly in epidemiology and laboratory capacity grants under the Houston Health Department. This is one of the ways in which the CDC, or Centers for Disease Control, passes funds through the Health Department. |
| Participant V  | Senior Public Health Educator                                   | Feb. 17, 2022 | Initiates and coordinates the COVID-19 Call Center, community outreach, and canvassing different communities around Houston, especially the marginalized areas, regarding businesses promoting COVID-19 education. After the release of vaccines, deployment for providing vaccine information, canvassing different neighborhoods. |
General Results

All results were obtained from subject matter experts in public health within a government entity, which helped bring their insights from the current crisis. In addition, their experiences have helped to address issues, lessons learned, and recommendations to this study. Depending on the background, various answers were obtained from each participant, and some have given broader explanations of the situation; others have responded within the context of the question. They have all addressed that we need to strengthen our disaster preparedness programs locally, at a state-level, and federally through funding, collective action, and effective leadership for future pandemic events.

Qualitative Research Data and Interviews

The purpose of this study is to examine the government response to the COVID-19 pandemic. A qualitative approach was used to provide a complete analysis of the complex environments and to investigate the aspect of human behaviors that may have affected the results of particular issues or phenomena. I took these interview opportunities to adhere different categories developed from the sequence of answers, such as issues, challenges, recommendations, and lessons learned.

The questions were very details emerging different areas including leadership, disaster preparedness programs, vaccination, communication and coordination, and collective efforts which presented throughout each category by all involved parties. The data collection process has produced several findings which has helped bring valuable insights to protect our society from any hazard impacts (Moynihan, 2007). Most interviewees have emphasized the importance of decision-making during crisis events, particularly in moving the direction of response and proper decision-making, mainly in dealing with challenges and complex situations. The
The pandemic has shown the different opportunities that can provide different scenarios such as failures, lessons learned, and success stories, particularly to the public service and leadership direction locally and nationally. Leadership requires a paradigm shift during disaster events. The following structure represents the information and themes from the interviews involving local health personnel from Houston Health Departments.

- **Research Question - How do local governments perceive disaster management programs? How are these programs and protocols updated in response to public health pandemics?**

“So, when it comes to disaster preparedness, the City's Office of Emergency Management has all of the plans so each department with libraries, public health, public works, police, fire, every department has a set of plans that the Office of Emergency Management makes sure is complete, and that they work together, right, so that you don't have one plan saying one thing and then another department has a plan that addresses the same issue and says something completely different. So, they have to have a cohesive plan. So optimal management does that. From a public health standpoint, we have traditionally been responding to weather related disasters like hurricanes and floods, and the health department traditionally gets involved. Traditionally, that's not the right word. We routinely, we commonly get involved first in shelter operations, so when the George R. Brown Convention Center is going to house 10,000 people for a week, we make sure that the conditions there are safe from a disease control standpoint predominantly” (Participant I, February 2, 2022).

“Well, what we do, we work in conjunction with the Bureau of Preparedness, and what we do is have our annual pandemic plan. An epidemic plan consists of all members of the Health Department, which is updated on annual basis. Us, with the Health Department, we are involved
in many responses whether it is a pandemic or whether it's a disaster. We've been involved when there's flooding, when there is intense weather, and now the pandemic that we've been in for the last almost a year now, almost two years now” (Participant II, February 17, 2022).

“General. So, the thing is, like as my, one of my previous, you know, managers used to say, that public health is like, if you create a fire somewhere, then only people come to rescue or go to you. So, you have to create that emergency situation for people to react, otherwise nobody's thinking about public health. So, my experience is that sometimes, because the government has a lot of you know, agendas and on their plate, and so, public health is always like, not in the forefront, like they are not thinking about it, unless something happens” (Participant III, February 15, 2022).

“We do receive funds from the federal government and from the state in our public health. So here, in the Health Department, we have a Public Health Preparedness Division, and so they receive funds from the government on getting ready, if there's a disaster. So, some of the things that they do is they do hold exercises” (Participant IV, February 22, 2022).

“I think that when you work with the Health Department, you have people that want to do their best for the community and in an effective, efficient way. And I think the politics may have become a barrier at times, which may have impeded the maybe sometimes funding, sometimes planning, and sometimes inflammation implementation of the different programs, whether it's education or the actual logistics of trying to reach certain communities” (Participant V, February 17, 2022).

Finding (Enhance Disaster Preparedness)

Despite some coordination challenges and limitations within the integrated framework of any governmental entity, most of the participants emphasize the importance of disaster protocols
under the context of public health that is needed to protect our vulnerable population from any natural disaster or significant pandemic events. The participants have also highlighted their experiences with the Houston Health Department and how the department can attribute to the high demands of health services, particularly upon disaster, which can reduce the spread of viruses. I agree with all these statements; however, we need to improve our health structure to become more effective and valuable to our communities by adding preparedness and health education classes and training segments that can be assets in a time of crisis. In addition, involving local communities have enhanced our approaches from implications to solutions, particularly on the preparedness and fair distribution of resources and funding.

- **Research Question** - How would you describe public perception related to science and vaccines? Do you think these perceptions impact public actions and behaviors? How so? Do you think there are differences in this perception related to COVID-19 vs other vaccines? Have these perceptions and actions changed over time?

“Before the pandemic there was always that element of our society who believe that vaccines were dangerous and would lobby against the development and use and promotion of vaccines. During this pandemic, it unfortunately became highly politicized. So, there are politicians who chose to comment a lot on vaccines, and that made the situation far worse in fact today” (Participant I, February 2, 2022).

“There’s a very good question. There are many perceptions with a community. Anytime you have government involvement, there is a mistrust of government. There's always a political aspect but we, as a polling service, have the responsibility to educate our community and try to provide as much current information as possible. So, that way individuals can make formal decisions. We're not going to be able to change everybody's mind, per se, whether it's a religious
belief, what is the political belief, but having the facts and providing that information, incredible information. Hopefully, it will help individuals overcome some of those perceptions and mistrust with government and public entities. We have run many campaigns throughout this whole pandemic. We have run the campaign in many languages, both on social media, different platforms, TV, and radio. I know I conducted some interviews in Spanish for the Spanish speaking population, which is a high population here in Houston Harris County area, so yeah, we noticed the mistrust but all we can do is just convey a message on how important it is, in the importance of being vaccinated not only to protect himself, but also protect their family members” (Participant II, February 17, 2022).

“It was a very emergency approved vaccine. So, although the government was trying very hard in the earlier phase, but there were, within the government, there were different groups of people with different thoughts. So, it kind of confused the public because approach from the leadership, you know, like, was not uniform, I would say. That's why I think the public got more and more confused about it” (Participant III, February 15, 2022).

“I think there's a difference in perception. Again, because a pandemic is new, we're still trying to understand most of it. too, because the guidance has changed over time, the science has slightly changed and so people find that hard to trust in. I think we already talked about the politics of it. Where there's a quick, there's a clear divide in our communities about whether you’re left or right and whether you approved the vaccine or not. And then I think lastly, just vaccines in general, have a question mark on them. Because as public health scientists, we know that vaccines are not it, they're not medicine. So, they are not necessarily for your individual health, vaccines in response to public health” (Participant IV, February 22, 2022).
“I think with our health promotion efforts, I think that's made a big change with the perception and trying to impede false information and really trying to facilitate the accurate information and the ongoing guidelines from CDC. So, I think the perception has changed and we have to keep aware too as the different backgrounds and the different races. Whether it's Hispanics or Blacks or Asians of different cultures are going to believe differently” (Participant V, February 17, 2022).

**Finding (People’ Perception on Vaccine)**

Most of the participants have highlighted the benefit of COVID-19 vaccination and our public perceptions, particularly from their perspectives as public health officials and administrators. As the pandemic continues to impact our daily-life activities and livelihoods, our population perception remains challenging due to many factors involved, such as cultural, religiously, and politically. For example, during my current position in Public Health Analysis, I have noticed a significant opposition from specific races and religions, mainly due to certain beliefs such as conspiracy theories or political parties. Additionally, my work has allowed me to provide vaccination educational campaigns to the middle eastern communities in Houston who mainly speak Arabic, such as conducting health assessments, translation and interpretation, recorded videos, using many ways of social media platforms, and other outreach events which have helped to reduce misinformation and to bring the scientific-based, positivity, and knowledge to our communities.

- **Research Question** - How has COVID-19 impacted our public health policies? How has COVID-19 impacted the local/state/national economy? Can you tell me if – and how so – there has been a need for general stimulus and/or additional health funding?
“Well, the only policy change that we could make to stop a virus that spreads before people have symptoms would be to completely isolate the community from any travel to or from and I would use the example of, there are several island nations around the globe that did that, and they were very successful in limiting the amount of people there” (Participant I, February 2, 2022).

“As we know we were COVID-19 in the beginning of the COVID-19, there was a lot of unknowns, and some of the decisions were being made for the CDC. So, we always follow CDC recommendations here at the local level, and one of those recommendations was to, as you know, we shut down different parts of the country based on the number of cases that were involved. That definitely impacted the economy. It's many businesses closed. Many businesses were closed for long periods of time. Many folks have lost their job, which impacted not only their health but also their social wellbeing and one area that's impacted, children” (Participant II, February 17, 2022).

“I think there has been an impact where companies have changed their policies. Companies have changed their, like the government change their baseline, you know, what is it called, I don't know, the basic pay wages actually. But on the other hand, you know, there's a lot of economic impact, you know, people have gotten jobs in public health, and other areas, but people are also like, going like, because of them, whatever the economic stimulus, and I don't believe that, if it is the one-time $1,400 you know, like, you can keep it for the life, but people have found better opportunities working from home” (Participant III, February 15, 2022).

“I’m not an economist, so I don't know how, in general, how this has impacted. I can speak from a personal standpoint, and I think one of the things that I can say just, personally is thankfully, because of the stimulus, you know, folks have been able to stay in jobs. There are
more job opportunities, because the stimulus then did what it was supposed to do, is stimulate the economy. So, people, where people have job opportunities that he probably didn't have before. Even within public health, this is one of the best times for a public health career. So, I've been hiring in the last couple of, last two years, and I've seen on people's resumes people who had left public health coming back to public health because there are just many more public health jobs “(Participant IV, February 22, 2022).

“You know, we have these stimulus checks and that was a major factor in helping the people in our local area. Some of these people were, were able to eat, some of these people were able to make their home payment, whether it was rent or their mortgage. A lot of people were sustained by that, but that is the word sustainability for me. It's, you have to make policy changes and economic changes so that you can help people have sustainable change, not just changes that are for temporary. That's important for social justice, for health equity, is to make sustainable changes” (Participant V, February 17, 2022).

**Finding (Public Health Policy)**

As we all know, the COVID-19 pandemic is a severe public health dilemma that generated additional economic issues with significant job losses that lasted several months across the nation and negatively impacted all different ways of life. The participants have tackled the critical role of public institutions such as the federal government in response to the economic crisis resulting from the virus that has impacted business, healthcare and insurance coverage, education, and mobility by social class, gender, race, and ethnicity. The government stimulus budget has helped millions of people robust their economic situation in the initial response to the pandemic.
However, when I was brought in with the COVID-19 task force on March 30th, I have observed there was a decisive struggle by race and ethnicity for the Hispanic and Black communities who struggled to cope with the income and sustain their families' lives, particularly with the pre-existing socioeconomic issues which have increased the impact of income loss. Participants have also highlighted the importance of public health funding, which is a significant step in strengthening our health insurance coverage and restoring our community's trust in government institutions.

When COVID-19 hit the U.S. and the rest of the world, it uncovered several catastrophic issues that brought attention to prepare similar future events such as surveillance detection for proper response. Federal and state governments need to strengthen disaster preparedness into public health, including policy amendments, funding, and innovation. The urgent consideration to draw new public policy has become one of the essential priorities among other dilemmas. We need an early policy intervention to improve our public health performance. Advocacy for better public health must become a more necessary indicator on government agenda than its political direction. It is important to bring social science into policy to bring more reforms to health policies that can effectively implement and develop this field. It can be done with actual scientific evidence with acceptability and viability.

To promote these practices to policymakers, the politician must collaborate by making good decisions for public health's best interest, particularly in the funding, teamwork, and transparency side. “So when it comes to disaster preparedness, the city's Office of Emergency Management has all of the plans so each department with libraries, public health, public works, police, fire, every department has a set of plans that the Office of Emergency Management make sure is complete and that they work together right so that you don't have one plan saying one
thing and then other department has a plan that says addresses the same issue and it says something completely different. So, they have to, they have to be cohesive plan. So optimal management does that. From a public health standpoint, we have traditionally been responding to whether related disasters like hurricanes and floods. And the Health Department traditionally gets involved. Traditionally, that's not the right word. We routinely, we commonly get involved first in shelter operation” (Participant I, February 2, 2022).

- **Research Question - Can you share with me the relationships between public health officials and government officials during the COVID-19 pandemic response? What about coordination? What about transparency and accountability? What about communication?**

“So I'm fortunate because I work in a government that has a strong Mayor form of government, so I really only have one person that I answer to and it's the Mayor in contrast to Harris County, where they have five County Commissioners, including the judge, and so my colleagues at Harris County, they basically have five bosses that they have to report to right and they each one of them has a different opinion on things and it's a completely different structure over there” (Participant I, February 2, 2022).

“Well, that's always a challenge, right? Because you're going to have communication at the local level. and at times, unfortunately those become political. You also have a message that's coming from the state which can sometimes conflict with a recommendation that are being provided at the local level. And then you also have those recommendation from the federal level, which can conflict recommendation from the state and all the recommendations from the local levels. So, when you have three forms of government, it makes it very challenging to have one consistent message that everybody's hearing” (Participant II, February 17, 2022).
“So, from my experience of working here, in the Health Department, I think there was a lot I, you know, everything was like, very transparent and very coordinated. The response like the mayor’s office, or for the city, was constantly in communication with the Health Department to see what their, you know, any recommendations or how to, you know, kind of initially we had some resistance” (Participant III, February 15, 2022).

“So I think the first question I think will be something for the Director of Dr. Perez, not at my level, but I think from putting off my public health hat and just speaking as an individual I think it was interesting to see, for example, the relationship between the two, Fauci and President Trump, I think that is something that's going to be a public healthcare study in the years to come, and because we really had never seen before then a president kind of trample upon the guidance from, you know, the public health personnel that was providing guidance to the country. So, it almost seemed like even to Dr. Fauci was brought on as a subject matter expert. It was clear that the President did not appreciate his guidance, and I think that that caused some division and some confusion within the public. We saw within the state of Texas, the Governor said something about a mask mandate. We saw the Harris County Judge say, you know, so it was it was very interesting just to see politicians, especially elected officials, either side or go back or reverse some of the guidance coming out of communities or coming from public health officials (Participant IV, February 22, 2022).

“People were wanting to know how we can work together and so that's, that's a key opportunity for us to come together and create a dynamic communication, creating and planning so that we can help each other because maybe we have a concept or an approach to how vaccines are just are dispersed, right, maybe or maybe we have an idea that they could use in their
community. I think so. I think communication has been key with people who maybe are of faith” (Participant V, February 17, 2022).

**Finding (Communication, Transparency, and Accountability)**

This research question considers one of the main questions in this study, mainly because we have seen significant answers. Most of the participants' backgrounds are in public health and public administration for local government, which is the front-line to combat the virus response. During the crisis, it was essential to rapidly communicate, coordinate and collaborate across all involved parties, including governmental and non-governmental entities such as stakeholders and businesses. Public officials should listen to Health officials and local leaders to understand the capacity of the crisis by providing all urgent needs and actions to local governments hospitals to cope with the situation, particularly on the response and recovery side of the pandemic. Mortality reporting was one of my responsibilities daily during the COVID-19 response between the year of March-2020/and June-2021. Communication and collaboration with the local, county, and state levels was an enormous task, ensuring that all information was correct and accurate before being disseminated.

Additionally, the public administration approach, which includes transparency, accountability, and effectiveness, may play a significant role in the government sector to achieve excellent outcomes in decision-making, which is especially important to all involved to manage disaster response and recovery properly. The structure of the government network may reflect a big picture of how formal entities such as federal, state, and local governments are expected to handle the coordination of these public health pandemics through a network of evaluation processes that can improve the coordination between health care sectors itself (Dal Molin & Masella, 2015). Additionally, the bureaucratic approach and government procedures during
disasters shall be waived during emergency management situations. The non-bureaucratic style is suitable for these types of pandemic events which can give great flexibility of changes and adaptations to specific conditions such as procedures, authorization, and protocols. For example, during my work with American Red Cross Post-Hurricane Harvey, things became more efficient to get approved, which created a great network of collective efforts, which brought more short-long outcomes (Emerson & Nabatchi, 2015).

- **Research Question:** What do you think the general perception of COVID-19 pandemic-related government procedures are? (i.e., including shutdown, social distancing, and masking). Do you share this perception? Why or why not?

“Yes. So, you know that boils down to the perception that my experience, the perception people have had about, about government interventions. In many cases has been a difference in how you see your role or society, and is it your responsibility to look out for yourself, period? Or is it your responsibility to look up for yourself and those around you? Period? Because it’s your responsibility. If you see it as your responsibility to look out not only for yourself, but also for those around you. Then we would be more welcoming of things. Like masking, vaccination, social distancing, and so on and so forth. And I, when I talk with people who disagreed with those the most common rationale, I got for their difference of opinion for me was that number one, it was a question of their, their right to make a decision for themselves and not be told what to do. Which is not the same question” (Participant I, February 2, 2022).

“Well, we do have to follow the CDC recommendations as a public health but again, it is the mixed message even coming from CDC. As I mentioned earlier, it is the federal code with new developments were being based on the study on the information as he was receiving. So therefore, you know, people have different perceptions regarding the fact that well, then, then I
gave him a consistent message. They don't know what they're doing. Who are we to believe the
doctors are that we believe the guard so we definitely have to do a better job going forward
agenda we can come together? Now in Politico cannot become political. It has to come what is
best for our community members. It doesn't matter which political party you're in at the end of
the day is about protecting individuals and protecting human beings and protecting lives.
Because to be honest with you, COVID-19 doesn't discriminate and COVID-19 doesn't care
which political party you belong to, right? Anybody pretty much is susceptible for coming out
with the disease” (Participant II, February 17, 2022).

“I think my perception is that I think the government did what they can, you know, in
order to contain this pandemic, they were trying to do that, because I think those are the only
measures you can take in order for anyone, you know, like, because we, because of vaccines,
those were human trials that we were doing, right. So although, like, down the line in two years,
now, we are saying that, okay, people who got vaccinated are protected to some extent of not
going the severe disease, you can still get the severe disease and depending on your body, you
there will be multiple outcomes, right” (Participant III, February 15, 2022).

“So, I don't share the general perception that a shutdown was bad. From a public health
standpoint, the way some benefits that even we did not plan for like the benefits with the floor,
like I said. Now, from an economy standpoint, we can look at the numbers and look at, you
know, the time for businesses, airports, hospitality, those businesses suffered a huge blow in that
time and so the perceptions will be slightly different from a public health standpoint”
(Participant IV February 22, 2022).

“I think now, is it someone's right, business right as a business owner, does that business
owner have the right to say my constituents? Consumers don't need to wear a mask or me
walking into a grocery store, do I have the right not to wear a mask? You know, we do have these rights, right? But we also have rights as business owners. We also have rights as Americans. Personally, I wear my mask. I follow the guidelines all the time” (Participant V, February 17, 2022).

**Finding (Leadership and Government Procedures)**

Although the government's goal was to protect the public from the virus's spread, many have shown a lack of confidence and objection to government procedures. The participants have emphasized and praised these actions as a positive direction to manage the pandemic, particularly from a public health standpoint, including masking, shutdown, and social gathering. However, the public has a significant opposition, practically when it became a political involvement (Republican vs. Democratic). During the last two years, I have observed major public trust issues in government performance in handling the pandemic, which appeared to be purely political motivation. The participants also suggested that local governments can benefit from these experiences by strengthening relationships with the public by building stronger coalitions and engaging them in the process. “So, it kind of confused the public because approach from the leadership, you know, like was not uniform, I would say. That's why I think the public got more and more confused about it. And it is because of that, you know, like, even now you'll see some people, some of the leadership, some of the prominent figures, they will say, okay, I believe in vaccine, or I don't believe in the vaccine” (Participant III, February 15, 2022).

Also, it is important to say that the leadership style can decide on response direction during a crisis. Leaders must work through all possibilities to bring stability to the event. Problems are different from routine emergencies wherein control-command has a structure of procedures to manage the situation through a particular script. However, a pandemic event such
as COVID-19 has other characters or up typical nature, making leaders face significant issues with a lack of familiarity and understanding. Leaders also must expand on the opportunities that include services, strategic planning, and decisions collectively. Additionally, managing crisis events, particularly in public health and hospital settings, requires specific structures, collaboration, and communication, through direct and indirect coordination with local, state, and federal health authorities building quick testing and vaccination testing, contact tracing, and other health infrastructure. Leaders should think about temporary solutions to stop the spread of the virus and create a long-term health mitigation phase through different health programs.

Summary

The findings of this study have provided great venues of opportunities for analysis, investigating, and assessing the situation, particularly in the response phase of the pandemic. It clearly shows how public institutions react to specific events and how they are supposed to reduce any future impacts effectively. The critical factors of the findings circle several important drivers such as collective actions by all involved parties, fundamental disaster programs in a public health context, and effective leadership for resilient communities during a crisis. The pandemic has also provided a complete framework to investigate how to contain the spread of the virus through a deeper understanding of the choices across the different groups, whether government, private sector, or nonprofit. COVID-19 has made the world and the U.S. less healthy, which requires the researchers to provide helpful guidance and effective policy to help develop a fundamental strategy to mitigate this pandemic and prepare for any impending crisis. All findings from interviews have focused on suggestions to bring a new innovative idea, funding, and believing in science directions, which have helped in strengthen our public health approaches.
Chapter 5: Discussion, Recommendations, and Conclusion

The purpose of this study is to examine the government response during the COVID-19 pandemic to determine the area of improvements needed within the integrated framework of the public health context and disaster management program. This research aims to describe how public health officials can manage crisis responses such as the COVID-19 pandemic among the challenges of the political atmosphere. In addition, the study explores the ideas of strengthening the incorporation of essential factors such as leadership and collective actions. The data results were analyzed and presented the different perspectives of the participants throughout a collection of interviews with a high level of involved individuals in the government sector. The main research question of this dissertation is the impact of politics on public health responses during the COVID-19 global pandemic. The study has main question on How Public Health officials’ ability to navigate the crisis response in the middle of a critical political atmosphere.

With additional follow up questions as following:

1) Please share with me what your current responsibilities related to your work with the Public Health Department.

2) How do local government perceive disaster management programs? How are these programs and protocols updated in response to public health pandemics?

3) How would you describe public perception related to science and vaccines? Do you think these perceptions impact public actions and behaviors? How so? Do you think there are differences in this perception related to COVID-19 vs other vaccines? Have these perceptions and actions changed over time?

4) How has COVID-19 impacted our public health policies? How has COVID-19 impacted the local/state/national economy? Can you tell me if – and how so – there has been a need for general stimulus and/or additional health funding?
5) Can you share with me about the relationships between Public health officials and government officials during the COVID-19 pandemic response? What about coordination? What about transparency and accountability? What about communication?

6) What do you think the general perception over COVID-19 pandemic related government procedures are? (i.e., including shutdown, social distancing, and masking). Do you share this perception? Why or why not?

The findings have addressed several gaps in response to specific settings of disaster vents. It indicated that an intervention is required to promote a strategy of a conceptual framework for public health resiliency that aims to identify intensive action to bring effective procedures to disaster environments. Additionally, the analysis outlined the complexity of our government system, particularly when it comes to policy action and best practices applied to public health intergovernmental framework locally and federally. The qualitative work has also identified barriers, best practices, and recommendations to this research study.

**Limitations of the Current Research**

Due to the nature of the COVID-19 pandemic, there were limitations in conducting this research study, including the changes of the CDC guidelines, numbers of the participants, previous research with different or similar findings, technical issues, whether in person or via using zoom. Recurring participants might be one of the problematic issues, long-short questions upon interview, the complexity of using the zoom or telephone interview, recording-technology issues, limitation on in-person interviews may also impact on the interaction of the participants such as gesture, reaction, languages, visual aids, and other data source issues (Steiner & Brinkmann, 2009). In conclusion, gathering data have always been the issue that significantly impacts the analysis, details, and publication process during the pandemic.
Further COVID-19 response research is recommended by investigations to address these issues, which will allow humanity to help humanity during a public health crisis. If the numbers of sampling have increased from five to ten participants, the results might be more extensive, adding great information to the study. All current participants have supported the dissertation's purpose to promote better public health response to pandemic events. My interviews results have presented valuable information on existing issues.

Additionally, these participants were from the government sector with public health and administration background, which I believe also limited their responses to be more careful about issuing certain statements such as criticisms of government functions and the process, and also their opinions about leadership behavior and style which limited some of my overall expectations. Another limitation or challenge was that people did not want to talk about COVID-19 due to the overall negative experiences such as sharing common feelings, negative outcomes, worsen their anxiety, or social stigma, which was also significant barrier to recruiting more participants.

**Recommendations for Future Research**

A future research study is recommended to help policymakers with more information about COVID-19 pandemic impact, including more data collection, public involvement, and more factors. Leaders have been presented with a new set of dilemmas and challenges which potentially they never been encountered before since the Spanish Flu in 1918. It will require a new finding to look at the crisis comprehensively, which can address more questions in connection to the pandemic. Some of the current research questions have shown to be a challenge to some of the assumptions of specific policies, which have raised additional inquire about our existing social structure has been heavily impacted by the COVID-19, which initially
aimed to protect our communities from any harm. In consideration of this crisis event, researchers should focus on bringing innovative approach solutions in large-scale settings and long-term recovery policies on federal, state, and local levels.

Following the pandemic, the stimulus checks have reduced the financial impact on the communities, which has shown that more funding is needed for many other socioeconomic such as basic living needs. These essential elements have made policymakers more diligent, mainly to improve the existing programs to make them more effective. Future research should also center on identifying other vital factors such as education, labor, housing, health care delivery, and mental health. Unfortunately, the crisis has also accelerated the inequality system across the country and made it worse, making people of color and low-income individuals have become exhausted and exposed to the pandemic. It’s a great indication that our country’s institutions have failed to protect our most vulnerable population and communities harmed by our public health that has significantly experienced high rates of infection and mortality, which brought the attention for more future research consideration to address these issues.

Recommendations for Practice

The role of government in crisis management in taking proper actions towards disaster events such as pandemics should be more robust and effective (Moynihan, 2007). The United States considers a wealthy country in many ways, such as advancing technology, healthcare system, and economy. However, the conflict between public policy and public health has created political atmosphere which has resulted in poor management and performance. Our role as public practitioners needs to be improved to cope with our knowledge, skills, and performance, particularly in the public administration world. This project is significant because it has identified essential issues in our disaster response mechanism to catastrophic events. In addition,
the research has expanded its capacity based on my work experience with the COVID-19 task force, the participant's perspectives, and overall observation with all success stories and challenges that have faced policymakers and leadership on local, state, and federal levels during the crisis.

**Collaboration and Communication**

The pandemic has shown an excellent lesson about exchanging information with all involved parties throughout the partnership on various tasks and solutions to urgent matters. These critical approaches will enhance public service delivery and improve government performance in general. Media plays a significant role in crisis events, particularly in the context of the response and human behaviors. Communication and government statements should be unified and transparent, particularly between all involved parties, to avoid further rumors that can cause severe social damage and human violence, making sure given information is correct and accurate throughout its various ways of distribution, such as news and social media platforms, and printed papers.

For example, our communication department at the Houston Health Department, coordinated directly with many governmental and non-governmental parties on local, state, and federal levels, ensuring all disseminated public information related to COVID-19 mortality and positivity is valid and correct. “In terms of policy so the other thing the other politician that had an impact, in my situation was the governor and the government, the governor or is the GAO, the GA orders that came out. And those have been very frustrating, because, in my opinion, those were largely motivated by a political mindset which was not based as much in the facts of how virus spread is I wish that they would have been and I understand the governor's position because if you listened to his press conferences, he made it very clear what he was thinking and why he
did things. I didn't always agree with them” (Participant I, February, 2022). Witnessing the daily conflict between Dr. Fauci and former president Trump was not a great experience to watch in leading the nation to a safer side. However, as public servants, we should make this experience lessons learned and improve collaboration and communication in many different ways to protect our public from further damage.

**Public Service Strategy**

Local governments must invest in their public service capabilities and capacities framework which can be defined as certain indicators, including behavioral approach that can achieve all necessary goals to the public departments and public servants’ performance, by providing them with all related training, incentives, and technology, which will lead to becoming more productive and effective in their roles. It will also lead to well-functioning and strategic government. These incentives including increase health funding, educational advancement, and rewards and promotional opportunities.

**Disaster Preparedness System**

Effective disaster programs require solid institutional frameworks that can benefit sectors to be prepared for any unexpected crisis and quickly and appropriately respond to sudden issues. Crisis management and preparedness procedures should be prioritized and not underestimated by the leadership at any local, state, or federal level (Moynihan, 2007). As a subject matter expert in working for disaster recovery operations for both Super Storm Sand in NY 2012 and Hurricane Harvey in Texas in 2017, I saw that these supernatural disasters were large-scale crisis events which was an opportunity to provide funds, resources, and new public policy. “Well, what we do we work in conjunction with the Bureau preparedness. and what we do is have our annual pandemic plan. An epidemic plan consists of all members of the health department, which is
update on annual basis. us with the health department we are involved in many responses whether it is a pandemic, or whether it's a disaster. We've been involved when there's flooding’s when there is intimate weather and now the pandemic that we've been in for the last almost a year now almost two years now”. (Participant II, February 17, 2022).

**Public Health Spending**

The federal government must be able to provide budgetary funding such as grants before even it happens under the context of crisis and pandemics, avoiding all funding issues and mistakes that occur during COVID-19 by proven that available funding resources are significant when a crisis hit which will ensure public service delivery is ongoing during a catastrophic event. Also, strengthen health portfolios such as epidemiology, IT infrastructure, data science, planning, early detection, health surveillance, laboratory, testing, and pandemic tracing units. “So, one of the benefits really of the COVID-19 pandemic is that it's forced us within public health to diversify our knowledge to acquire new knowledge, to engage new talent to innovate, to delve into new spaces, like I had said earlier. and so, it's really exciting because we do have new funding opportunities. Because of that we've developed new partnerships with organizations. There are many learning opportunities and platforms for future public health practitioners for students, their internship opportunities.” (Participant IV, February 22, 2022).

**Conclusion**

The COVID-19 pandemic has impacted the entire world in many aspects, particularly the United States, which trigged rapid changes in all life. Leaders have tackled numerous decisions based on the best practice of specific models, strategies, and leadership direction that initially aimed better to change things in response to the pandemic crisis. However, some of these strategies have shown to be ineffective and inadequate, which impacted the response efforts such
as unified messaging, collaboration, and communication. This study's research results show that we need to prioritize our organizational capacities towards public health preparedness programs, collective actions, and decisive leadership across our multi-government sectors to become more effective and successful, which will sustain our cities.

On the other hand, the pandemic has also shown how weak and strong we are in certain areas, which brought the attention to invest in our public policy and present solutions to protect our citizens from future health threats. If we choose to do nothing, many people will die. If humans learn nothing, we are doomed to fail.

In response, most leaders have taken to significant ‘best practice’ models and strategies, aiming to bring rapid decisions by monitoring changes and mitigating actions, and adequately delegating enough funds to areas of most need. However, the pandemic has raised the importance of ethical dilemmas in disaster events which require a combination of the characteristic feature in unified actions to achieve adequate response elsewhere. Communicative and transparent leaders consider an essential commodity that can strengthen our public health models by providing attention, energy, and wisdom during unpredictable crises that can help long-lasting structure resiliency in combating pandemic events such as the COVID-19 pandemic.
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https://doi.org/10.1080/01944363.2014.967710


Appendix A

Recruitment Email/Letter

Dear [Name]:

I am conducting a research study on the Pandemic COVID-19 response and how Public health officials can navigate the political atmosphere. Participation is expected to take between 30-45 minutes of the interview time with a sequence of relevant primary and secondary questions. If you are interested, don't hesitate to contact the investigator/researcher, providing your best days and timings. All interviews will be conducted either via person or zoom. Also, it will be recorded and will be kept confidential.

Further instruction will follow in a separate email. Please note that there are no known risks involved in this research. A consent letter will be provided prior to the interview.

"This research has been approved by the West Chester University of PA Institutional Review Board #_________

If you have any questions, please let me know.

Omar Aldabagh DPA Candidate | M.S. | B.A.
Mobile: 267-496-2368
Email: OA920696@wcupa.edu
Appendix B

The main research question of this dissertation is the impact of politics on public health responses during the COVID-19 global pandemic.

Interview Framework:

7) Please share with me what your current responsibilities related to your work with the Public Health Department.

8) How do local government perceive disaster management programs? How are these programs and protocols updated in response to public health pandemics?

9) How would you describe public perception related to science and vaccines? Do you think these perceptions impact public actions and behaviors? How so? Do you think there are differences in this perception related to COVID-19 vs other vaccines? Have these perceptions and actions changed over time?

10) How has COVID-19 impacted our public health policies? How has COVID-19 impacted the local/state/national economy? Can you tell me if – and how so – there has been a need for general stimulus and/or additional health funding?

11) Can you share with me about the relationships between Public health officials and government officials during the COVID-19 pandemic response? What about coordination? What about transparency and accountability? What about communication?

12) What do you think the general perception over COVID-19 pandemic related government procedures are? (i.e. including shutdown, social distancing, and masking). Do you share this perception? Why or why not?
Appendix C

Project Title: United States Leadership and Collaborative Actions and Challenges brought on By SARS COVID-19

Investigator(s): Omar Aldabagh; Kristen Crossney

Project Overview:

Participation in this research project is voluntary and is being done by Omar Aldabagh as part of his Doctoral Dissertation to the purpose of this study is to analyze the role of leadership behavior, disaster preparedness and response programs, and collective actions towards covid-19 in crisis response. A complete framework of practical approach and practice is needed to overcome all difficulties and limit livelihoods impacted during the crisis. The study has questioned on Public Health official’s ability to navigate the crisis response in the middle of a critical political atmosphere. Your participation will take about 30-40 Minutes to Take questionnaire, Complete interview. There is Broader their understanding on the importance of public health preparedness and disaster management approach include leadership-style, the significant collaboration between all parties to you as the participant, and this research will help Improve our future performance and respond to pandemic events, particullarly our public health sector . Participation will include questionnaire.

If you would like to take part, West Chester University requires that you agree and sign this consent form.

You may ask Omar Aldabagh any questions to help you understand this study. If you don’t want to be a part of this study, it won’t affect any services from West Chester University. If you choose to be a part of this study, you have the right to change your mind and stop being a part of the study at any time.

1. **What is the purpose of this study?**
   - The purpose of this study is to analyze the role of leadership behavior, disaster preparedness and response programs, and collective actions towards covid-19 in crisis response. A complete framework of practical approach and practice is needed to overcome all difficulties and limit livelihoods impacted during the crisis. The study has questioned on Public Health official’s ability to navigate the crisis response in the middle of a critical political atmosphere.

2. **If you decide to be a part of this study, you will be asked to do the following:**
   - Take questionnaire
   - Complete interview
   - This study will take 30-40 Minutes of your time.

3. **Are there any experimental medical treatments?**
   - No

4. **Is there any risk to me?**
   - No risk
5. **Is there any benefit to me?**
   - Benefits to you may include: Broader their understanding on the importance of public health preparedness and disaster management approach include leadership-style, the significant collaboration between all parties.
   - Other benefits may include: Improve our future performance and respond to pandemic events, particularly our public health sector.

6. **How will you protect my privacy?**
   - The session will be recorded via audio.
   - Using certain recording software for research purposes only such as Otter.
   - Your records will be private. Only Omar Aldabagh, Kristen Crossney, and the IRB will have access to your name and responses.
   - Your name will **not** be used in any reports.
   - Records will be stored:
     - Password Protected File/Computer
     - The researcher will ensure all participants are protected and all procedures are being maintained with the following step, ensure all data is protected, Copyrights and authorization, Consents of the participants, Maintain records with the university’s approval.
   - Records will be destroyed Three Years After Study Completion.

7. **Do I get paid to take part in this study?**
   - No

8. **Who do I contact in case of research related injury?**
   - For any questions with this study, contact:
     - **Primary Investigator**: Omar Aldabagh at 267-496-2368 or oa920696@wcupa.edu
     - **Faculty Sponsor**: Kristen Crossney at 610-430-5838 or kcrossney@wcupa.edu

9. **What will you do with my Identifiable Information/Biospecimens?**
   - Not applicable.

For any questions about your rights in this research study, contact the ORSP at 610-436-3557.

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I, _________________________________ (your name), have read this form and I understand the statements in this form. I know that if I am uncomfortable with this study, I can stop at any time. I know that it is not possible to know all possible risks in a study, and I think that reasonable safety measures have been taken to decrease any risk.

_________________________________
Subject/Participant Signature Date:_______________

_________________________________
Witness Signature Date:_______________
Appendix D

IRB #: IRB-FY2022-48
Title: United States Leadership and Collaborative Actions Challenges brought on By SARS COVID-19
Creation Date: 9-8-2021
End Date: 
Status: Approved
Principal Investigator: Omar Aldabagh
Review Board: West Chester University Institutional Review Board
Sponsor: 

Study History

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Key Study Contacts

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<thead>
<tr>
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<th>Contact</th>
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</thead>
<tbody>
<tr>
<td>Kristen Crossney</td>
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<td>Omar Aldabagh</td>
<td>Principal Investigator</td>
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</tr>
<tr>
<td>Omar Aldabagh</td>
<td>Primary Contact</td>
<td><a href="mailto:aa920696@wcupa.edu">aa920696@wcupa.edu</a></td>
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