

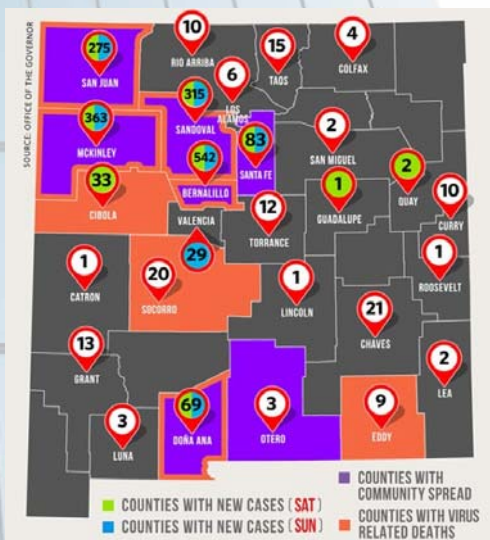
Health & Economic Issues from COVID-19 in New Mexico

Summary

After almost six weeks of increasing numbers of people testing positive for COVID-19, most models indicate that New Mexico and many other states have reached peak infection levels, or will do so within the coming weeks. The Centers for Disease Control and Prevention (CDC) is now predicting that up to 20 states with limited COVID-19 impacts will be ready to begin staged reopening in May. In many places in the nation, the infection peak will likely be much lower and less severe than initial models predicted – an achievement resulting from hard decisions by state and local leaders to shut down schools and implement travel restrictions and social distancing orders.

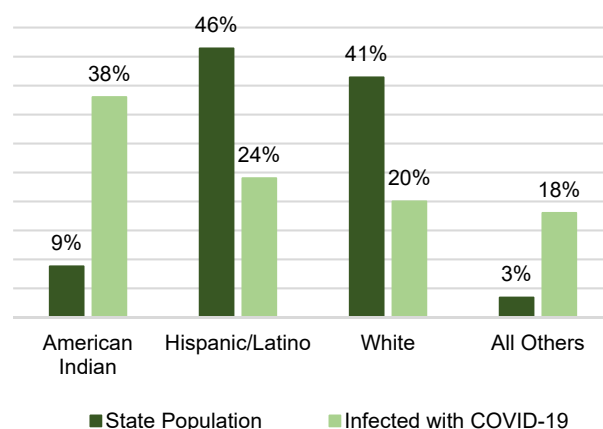
Those same leaders throughout the U.S. are now looking around the COVID-19 corner, asking what milestones their states and cities need to reach to begin the transition from isolation, and forming recovery plans to do so safely. In one example, seven governors of northeastern states are creating a working group of public health, economic, and government officials from each state to develop a regional plan. The governors of California, Oregon, and Washington announced a "Western States Pact," agreeing that they would jointly reopen their economies based on certain health outcomes. Other states and countries like Germany, Hawaii, Utah, and Missouri are creating individual plans for reopening. Texas Governor Abbott said he plans to begin reopening different Texas businesses through a series of executive orders starting the week of April 20.

Recognizing that New Mexico as a state is likely on the precipice of flattening its statewide infection curve, and that most regions of the state, including Bernalillo, Santa Fe, and Dona Ana counties, are already on the downward trend of new cases, this white paper provides a summary of current guidance about how to move forward. This white paper consists of two parts. First, a review of commonly agreed-upon milestones that regions need to meet before beginning to reopen. Second, a review of how other states and countries are planning and prioritizing reopening activities moving ahead.



COVID -19 by Race/Ethnicity

(As of April 19, 2020)



Sources: Chart - New Mexico Department of Health. Map Credit – Santa Fe Reporter, April 19, 2020

Spotlight

Program Evaluation Unit
Legislative Finance Committee
April 20, 2020



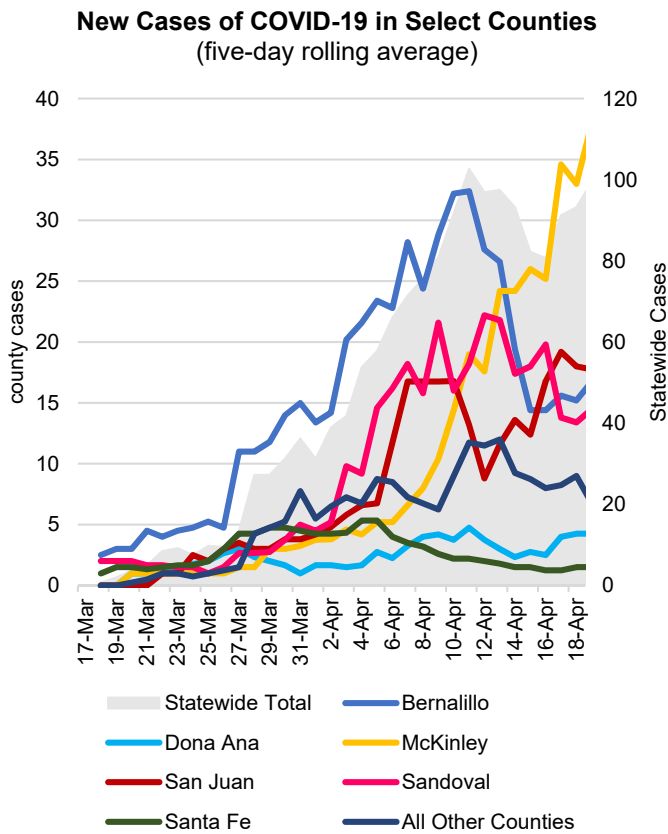
NEW MEXICO
LEGISLATIVE
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Current Status

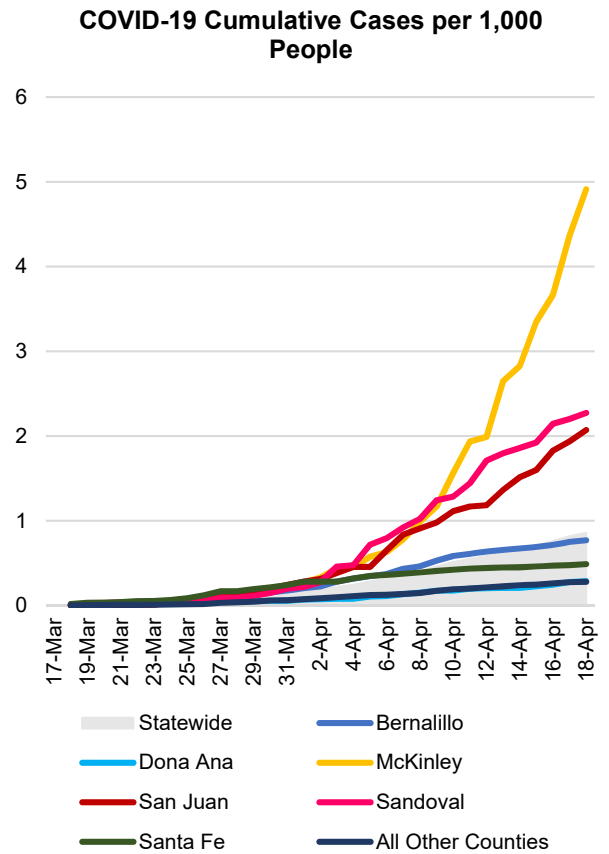
As of April 19, the New Mexico Department of Health reports detecting 1,845 positive COVID-19 cases from 37,042 tests. 487 COVID-19 infected people had successfully recovered, 55 had died, and 103 are hospitalized.

With the exception of three counties in the northwest, New Mexico has mostly "flattened the curve" of new COVID-19 infections



Sandoval, McKinley and San Juan counties are all "hotspots" in the state, with increasing numbers of infections. Other counties, however, are beginning to flatten their curves. Bernalillo has the most cumulative cases in the state, but the numbers of new cases have generally been lower since the weekend of April 10. Dona Ana and Santa Fe have always had relative low and steady infection rates compared to Bernalillo, indicating their citizens were better able to "flatten the curve" through effective social distancing and other containment measures.


Source: New Mexico Department of Health



The three hotspot counties not only have rising numbers of cases, but they have rates (cases per 1,000 residents) of infection that are much higher than the rest of the state – indicating a more severe outbreak. Moving ahead, the state may be able to think about gradually reopening less affected counties and regions while continuing to focus on infection mitigation efforts in these hotspot counties.

Source: New Mexico Department of Health

While early outbreaks of the virus centered in the Albuquerque metro, since then, the most intense levels of infection have been in the Northwest corner of the state. As of April 18, half the total cases were in three counties (McKinley, Sandoval, and San Juan), despite those counties only accounting for about 16 percent of the total state populous. These counties are home to a significant number of Navajo and Pueblo people and, Native Americans are infected with COVID-19 at rates that far exceed their proportion of the state population.



There is a recognition of the outsized impact COVID-19 is having on Native Americans in New Mexico, but it is unclear if current shut-down orders are enough to stem spreading infection levels in these counties. The Navajo Nation has mandated the use of masks and instituted a 57-hour weekend curfew for residents. Special, temporary, COVID-specific healthcare operations are actively being built in Gallup by the Army Corp of Engineers. On April 15, the Santa Fe New Mexico reported that the governor's office was in talks with Arizona, Utah, and the Indian Health Service to possibly create a joint effort to address impacts of COVID-19 on the Navajo Nation, though no concrete plans have been released by any state. Because of the outsized effect COVID-19 is having in McKinley, Sandoval, and San Juan counties, recovery efforts there will likely need to be paused until the virus can be better contained. However, while activities in the Northwest will necessarily need to be focused on containment, other regions may be able to gradually move away from shut-down orders to reopen.

Achievements necessary to transition from lockdown to gradual reopening

Several publications from the White House, academics, think tanks, and states emerged over the last two weeks with guidance for states and regions on achievements necessary to safely ease current levels of social isolation without sparking new outbreaks. General agreement on milestones among these publications include steadily declining cases, adequate hospital capacity, and sufficient levels of testing and contact tracing, all of which are discussed below.ⁱ

Achievement 1: A steady decline in the number of new COVID-19 cases

In his March 28 publication, "The Roadmap to Reopening," former Commissioner of the Food and Drug Administration Scott Gottlieb and colleagues noted that to safely move out of strict social distancing measures (i.e., closing schools, nonessential businesses, social gatherings) a state must first have 14 days (the virus incubation period) of declining new COVID-19 cases. The White House guidance from April 16 also suggests a 14-day downward trajectory of new cases (in total or as a proportion of total tests) before regions should relax social distancing requirements. In another think tank publication, staff experts for the Center for American Progress noted "at the height of transmission in South Korea, the country was averaging about 18 new cases per million people per day, and at these levels, South Korea was able to suppress transmission without locking down society."

Under any circumstances, New Mexico has not reached these milestones *statewide*. From April 13-18, New Mexico as a whole ranged between 62 and 116 new cases per day. However, New Mexico is a large state, and New Mexican towns and counties have remarkably different levels of infection spread, with some counties yet to have a confirmed case. Therefore, if a county or multi-county region achieved or maintained these low levels of

Guidance for reopening from the White House, April 16, 2020

Before Moving to a phased comeback, states or counties should meet gating criteria, including a 14-day downward trajectory of cases, be able to treat all patients without crises care, and have a robust testing program in place for at-risk healthcare workers, including emerging antibody testing. After that states and counties should move to reopen in three phases, moving between each phase after meeting the gating criteria during each phase.

Phase 1: Schools and senior living facilities remain closed and vulnerable people continue to shelter-in-place. Employees can return to work in phases while limiting person-to-person distance, but telework is encouraged. Elective surgeries can resume and most businesses except bars can open under strict physical distancing protocols.

Phase 2: Schools open. Vulnerable people continue to shelter-in-place but non-essential travel can resume for others. Employers should still encourage telework and make special accommodations for vulnerable people. Physical distancing protocols in public and at work remains in place. Bars can reopen.

Phase 3: Vulnerable people can resume public interaction with distancing precautions. Resume unrestricted staffing of workplaces and limit physical distancing requirements. Visits to senior care facilities and hospitals can resume.

Source:
<https://www.whitehouse.gov/openingamerica>



infection, they could move to gradual reopening before more acutely affected regions of the state, especially if temporary travel restrictions in and out of those regions were established.

Achievement 2: Adequate hospital capacity to deal with surges in acute COVID-19 cases

In order to safely move from extreme social distancing measures, states need to ensure that their hospitals are able to treat all COVID-19 patients requiring hospitalization without resorting to crisis standards of care. Variability in models of COVID-19 infection rates and acuity makes it difficult to know if New Mexico needs to expand its hospital capacity. By some measures, the state should not have a difficult time serving COVID-19 patients, even during peak infection times. Other models, including the state's internal model, show the state running short on beds (though executive agencies have declined to share the assumptions that underlie those estimates with LFC staff.)

New Mexico has approximately 3,460 total beds and 460 ICU beds available at hospitals around the state. On average, those beds are occupied 60 percent of the time, meaning that somewhere around 1,384 total beds and 189 ICU beds would have been available for COVID-19 patients statewide under average circumstances.ⁱⁱ As of April 19, there are 103 patients hospitalized with COVID-19. Twenty-two of those were on ventilators as of April 16, and models estimate we are one to three weeks away from peak infection levels.

These numbers may underestimate available hospital beds, however. On March 25, the governor ordered hospitals to stop offering elective surgeries, which likely freed up some regular hospital beds for COVID-19 patients, though the exact amount is unknown. Additional emergency treatment facilities are also coming online throughout the state. The federal government has approved a request from the governor for a field army hospital. The Army Corps of Engineers is also outfitting the gym at Miyamura High School in Gallup with 60 hospital beds dedicated to COVID-19 patients.ⁱⁱⁱ The gym-turned-healthcare-facility is expected to be operational by the end of April. The state has also secured the old Lovelace hospital building in Albuquerque to add an additional 200 beds for COVID-19 treatment.

Gottlieb notes that adequate critical care capacity for hospitals should be 30 beds per 10,000 adults. With 1.3 million adults over age 18, New Mexico would need 440 additional hospital beds to meet that benchmark. Unfortunately, other projections for COVID-19 hospital capacity vary considerably, and it is unclear how prepared New Mexico actually is to deal with a potential surge of hospitalizations over the next few weeks. On April 9, Human Services Department (HSD) Secretary Scrase released projections from a hospital-needs model developed specifically for New Mexico with Presbyterian and experts from the national labs. Notably, the New Mexico model anticipates significantly greater need than a model from the University of Washington that has been widely cited nationally. The Institute for Health Metrics and Evaluation's model provides estimates for the same metrics, but its figures differ from the state's model by up to 30 times. New Mexico officials

Approximate Hospital Capacity

	All Beds	ICU Beds Only
Total Beds	3,460	460
Occupied Rate	60%	59%
Appx. Available Beds	1,384	189

COVID-19 patients hospitalized	103 Hospitalized
	22 on a Ventilator

Source: Harvard Global Health Institute's "Pandemics explained" data set April 14, 2020, Department of Health

Some hospitals are shedding staff rather than ramping up for potential COVID-19 surges

Facing revenue declines due to the abrupt cessation of elective surgeries and a drop-off in outpatient visits from the governor's moratorium on elective procedures, some hospitals are cutting-back staff where COVID-19 patients have not materialized to make-up the lost workload.

On April 14, Christus St. Vincent in Santa Fe put 300 employees on temporary "low-volume" leave.

The same day, Lovelace Health System reports it will be furloughing, reducing hours and slashing pay for about 630 employees.

The previous day, Memorial Medical Center and Mountain View Regional Medical Center in Las Cruces placed 125 employees on temporary leave and furloughed 67 employees, respectively.

Federal guidance indicated that elective surgeries could resume on an outpatient basis so-long as a region has 14-days of decreasing new cases, can treat all patients without crises care, and has a robust testing program in place for at-risk healthcare workers.

believe the IHME model is off by a large factor, and other states and localities that have developed their own models have expressed similar skepticism about IHME's estimates, which are generated from inputs from China which were believed to be underreported until recently.^{iv, v}

COVID-19 Projections

	Medical Beds	ICU Beds	Ventilators	Deaths
NM/Presbyterian Model	1,327 to 10,087 at peak	805 to 6,189 at peak	614 to 4,647 at peak	2,110 to 4,367 in next 12 months
IHME Model*	118 at peak	29 at peak	26 at peak	80 by August 2020
Harvard Global Health Institute Model **	1,447 over 18 months	314 over 18 months	Not Modeled	Not Modeled

Source: Governor of New Mexico and IHME

*IHME is projecting 80 COVID-19 deaths by August but does not offer a 12-month figure. The model also tracks numbers of beds needed at peak infection times rather than over the entire six months.

** Harvard numbers are based on 20 percent of the population becoming infected over 18 months.

The IHME model also appears to be more conservative in its assumptions about the efficacy of social distancing policies in reducing transmission. As a result, on top of using hospital need projections, the state will need to be able to monitor and potentially quickly scale-up hospital resources as necessary as the COVID-infection peaks.

Achievement 3: Adequate testing and tracing

New Mexico has been testing for COVID-19 at a per capita rate that exceeds most other states,^{vi, vii} but there is little consensus on how much testing is needed for adequate surveillance. Notably, the White House reopening guidance this week was silent on testing levels adequacy. However, some experts believe that expanded testing and tracing capacity must be in place for populations to move away from stay-at-home orders affecting whole populations to a more targeted "identify and isolate" strategy that can rapidly detect new infections and outbreaks.

As of April 19, New Mexico has completed 37,042 tests at five in-state labs, or an average of 477 per million per day. This is well over the national average (of 318 per million per day) and approximately double the gold standard of South Korea which has conducted about 8 thousand tests per million since the beginning of the outbreak (New Mexico is over 17 thousand tests per million). In her April 15 press conference, the governor noted the state has 60 testing sites in 33 counties with the capacity to run 3,500 tests per day, and that number will expand with additional planned private partners including Sandia National Labs and Walmart. Commercial labs nationwide are reporting they have eliminated testing backlogs^{viii} and TriCore lab reports they alone have enough capacity to process up to 1,000 tests per day,^{ix} However, the private lab has also reduced it reduced hours for testing in recent days which may lower their capacity.^x Still, this level of testing puts New Mexico in a favorable position compared to other states – one example, Minnesota, a state with 2.8 times the number of people as New Mexico, has aspirations for testing levels

Diagnostic vs. Antibody Tests

Current tests for COVID-19 are diagnostic in nature, meaning the test identifies people who are actively infected with the virus. They cannot determine if people have been exposed and/or recovered from the virus, however.

Though the understanding of COVID-19 immunity is evolving, it is likely that people who have recovered from a COVID-19 infection will have *some* level of immunity for *some* amount of time.

Researchers are currently developing antibody tests, also called serology tests, to determine past exposure. While these tests are not widely available yet, they will likely become an important tool in determining who can safely move about in public as the economy reopens.



of 5,000 per day—a rate that would be half of what New Mexico already has the capacity for.^{xi}

Authors of the "Roadmap to Reopening" report estimated that a national capacity of at least 750 thousand tests per week would be sufficient to move to case-based interventions when paired with sufficient contact tracing. As New Mexico has 0.6 percent of the U.S. population, a rough estimate of the need for the state could be approximately 4,500 tests per week. In the five weeks since COVID-19 testing began in New Mexico, the state has recorded 37,042 tests, or 7,408 per week – well over the benchmark.

On March 17, researchers from the Harvard Global Health Institute estimated that 500 thousand tests per day nationally, or about 3,000 tests per day in New Mexico, would be enough to adequate tracking and containment strategies to work.^{xii} Again, the governor has reported a current testing capacity of approximately 3,500 per day, but between April 13-18 there were only approximately one thousand tests administered across the state per day.

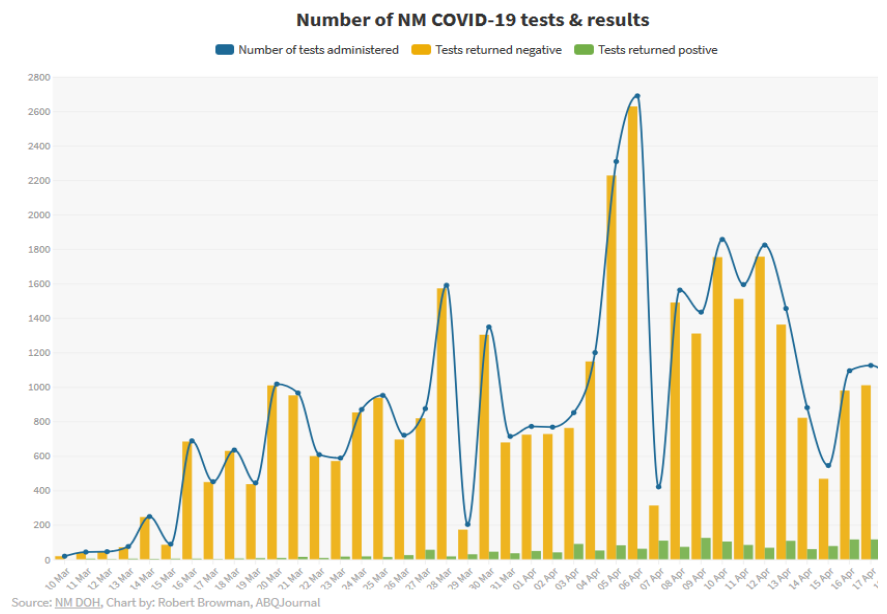


Chart Credit: Albuquerque Journal

Contact tracing involves a health professional reaching out to all people that have had contact with a newly infected person and directing them to self-isolate to stop the spread of the virus.

However, different researchers from Harvard (from the Edmond J. Safra Center for Ethics) estimate that this level of testing may be wholly inadequate for any sort of wide-scale loosening of restrictions. Instead, the Harvard experts suggest that between 1 and 10 million tests per day nationally, which would include extensive surveillance testing of asymptomatic people, would "allow a significant return to the workforce." For New Mexico, that would mean testing approximately 60 thousand to 600 thousand people daily.^{xiii}

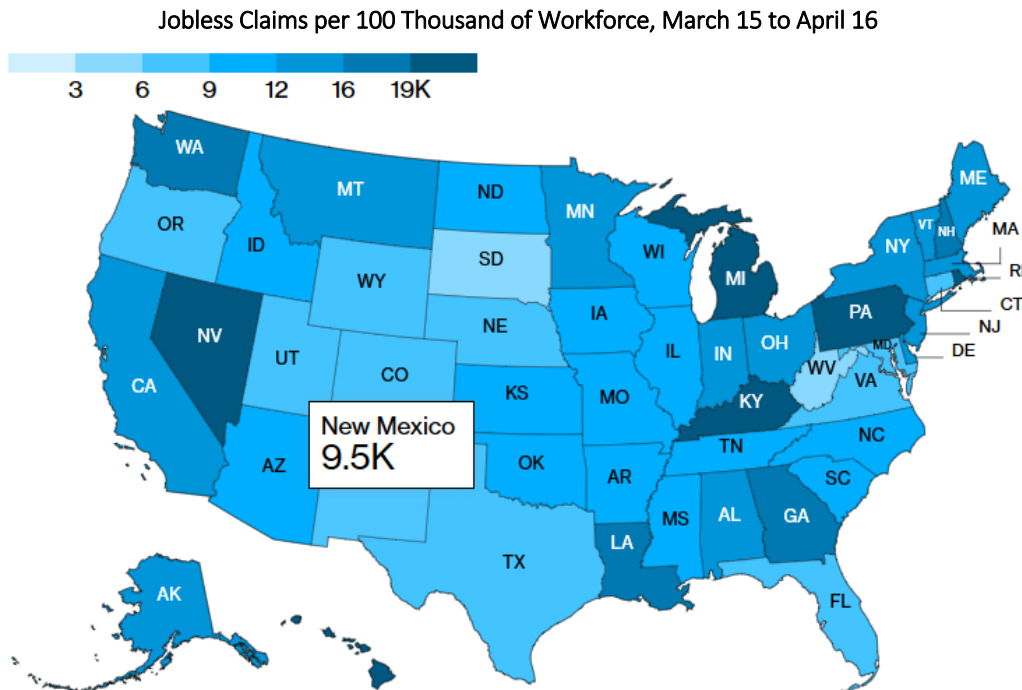
The level of necessary testing is influenced by the type and level of contact tracing available to the populace. An April 4 story from the Albuquerque Journal reported that the Department of Health has about 60 staff currently dedicated to contact tracing or about 6 cases per staff per week.¹ The

department has not released any information on the adequacy of this tracing capacity, but they may soon be aided by technology.

On April 10, Apple and Google (Android) announced that by mid-May, they would release an app that would automate contact tracing among any phone owners that opted in, covering up to 3 billion smartphones worldwide. However, some people may have privacy concerns related to using such an app. Wired magazine reports that "to be effective, contract tracing apps need roughly 50 percent to 70 percent of a population to use them" and also that "Singapore introduced such a contact tracing app on March 20. There, in a society considered far more disciplined and with fewer privacy concerns than the U.S., fewer than one-fourth of smartphones have downloaded it nearly a month later.^{xiv}" Still, any automation of contact tracing will lighten the load of human-driven contact tracing.

Considerations for Reopening

"If any state, if any country, were to wait until we could keep everybody safe, we'd have to be closed forever." – Colorado Governor Jared Polis, April 17, 2020^{xv}



Map Credit: Bloomberg <https://www.bloomberg.com/news/articles/2020-04-16/u-s-jobless-claims-total-5-25-million-in-week-four-of-lockdown>

The sudden halt in commerce across the U.S. due to COVID-19 has placed millions of businesses in jeopardy and tested the capacity of governments at all levels to deliver relief as many sectors of the economy freeze in place.^{xvi} Since then, the nation has seen unemployment soar to over 17 percent, and federal support to keep small businesses afloat has run out in a matter of



weeks.^{xvii} Though some more federal funding for business and unemployment is almost certainly on the way,^{xviii} the federal government will not be able to fund businesses to stay closed indefinitely. Moreover, the COVID-19 pandemic has left New Mexico in a perilous revenue situation, severely limiting opportunities for state-support of businesses moving ahead.


The most cost-effective path forward for the state and federal government is to find a way to swiftly but safely allow businesses to resume operations. However, even with plans and milestones for reopening, no economists are predicting a complete return to business as usual in the next several months. Until a vaccine or effective treatment is in place, precautionary measures such as those outlined by the CDC, will likely accompany any reopening of operations, including social distancing, wearing face coverings, and not having large gatherings. There are also social considerations; reopening the economy too soon could lead to reduced consumer confidence—if people are afraid, they will be unwilling to resume normal activity even if restrictions are lifted. This would hinder the recovery and make the economic downturn last longer.

That said, there are likely some lower-risk avenues the state might consider following to reopen businesses, schools, and other operations. The following is a review of potential avenues for reopening and how they are being considered by experts and leaders in other states and countries.

Consideration 1: Targeted reopening of low-risk regions and operations

As illustrated on page 2, the Northwest quadrant of the state is still battling with escalating infection rates and increasing numbers of new COVID-19 cases. However, in the majority of the state, infection levels have either stayed low or are on the downward slope of the infection curve, and most counties are moving toward meeting the achievements listed in the first half of this memo. In some cases, there have been ten or fewer cases in whole counties with little evidence of community spread. In these places, it is reasonable to think that some of the smaller, but economically important nonessential businesses and organizations may be able to open up with little risk to spreading COVID-19, so long as they practice precautions (some of which are suggested in the next section.)

Germany is taking this tack of reopening small businesses, and the country has a plan to allow **bookstores, car dealers, and other shops up to 800 square meters (about 8,600 square feet)** to open again starting April 20. "But they all have to ensure that the number of customers inside is limited while also avoiding long lines from forming outside."^{xix} The same logic could be considered for a targeted reopening of **healthcare facilities in rural New Mexico** where the likelihood of a COVID-19 outbreak remains low. These smaller and rural healthcare facilities are often major economic drivers in their communities and serve an important role in preventative healthcare that may keep down the demand for more serious hospital services in areas that are dealing with COVID-19 impacts.



New Mexico could also consider following Texas, where Governor Abbott is reopening **state parks** beginning April 20, as people can often enjoy these spaces while wearing masks and keeping safe distances from one another. State parks in New Mexico could likely also be open under this logic, as could **zoos, outdoor plant nurseries and landscaping businesses, golf courses, and car washes**. Other businesses could also potentially reopen with a drop-off/pick up model that minimizes human contact – much in the way that many restaurants are currently operating. These businesses might include **pet groomers and veterinarians, florists, computer repair businesses, and other businesses where customers could order online and pick up products at the store**.

Consideration 2: Reopening while maintaining space and hygiene

Some aspects of the economy never completely shut down—essential stores and services, and business where workers can function from home, for example. For most parts of the state, these operations have carried on in ways that have allowed the communities they work in to slow and stop transmission of COVID-19. As large grocery and big-box stores have been able to adapt to operations that inhibit person-to-person contact, it may be reasonable to expect that some smaller businesses with much lower levels of daily person-to-person interaction could also operate so long as they take some suite of precautions. These precautions would likely follow the April 9 CDC guidance for "critical infrastructure workers"^{xxi} including:

Compulsory use of face masks, especially for public-facing workers: The CDC already recommends cloth face coverings for people in public settings, and Governor Lujan Grisham has strongly urged all citizens to wear masks in public. On April 15, New York Governor Cuomo made wearing faces masks in public compulsory.

Monitoring employee temperatures: The CDC recommends that employers measure employee's temperature and assess symptoms before they return to work and that employees self-monitor their temperatures thereafter.

Ensuring people can stay away from one other: The CDC notes that limiting face-to-face contact with others is the best way to reduce the spread of COVID-19. As such, if and when stay-at-home restrictions are lifted, businesses will need to adapt to allow people to minimize contact with people outside their households, much in the way that essential businesses have. This could mean significantly limiting the number of people in a given space at any point in time (current guidance from the governor limits essential stores to 20 percent capacity). It also suggests that, if feasible, employers should continue to allow employees to work from home whenever possible. For restaurants in particular, New Mexico could consider implementing measures that Singapore (marking every other seat off limits) or Hong King has taken (requiring restaurants to operate at no more than half capacity with no more than four people per table and a guaranteed spacing between tables) to minimize risk.

Cleaning: The CDC guidance for essential employees recommends they routinely clean and disinfect all areas such as offices, bathrooms, common



areas, shared electronic equipment. This likely means that employers will need to provide extra supplies and staff time to increase the amount and level to which their workplaces are disinfected as a condition of reopening. The CDC also recommends that workplaces develop policies for worker protection and provide training to all cleaning staff on when and how to use protective equipment.

Consideration 3: Protecting vulnerable people

Some people are more at risk of developing serious complications from COVID-19 than others, and federal guidance indicates vulnerable individuals should continue to shelter in place much longer than others, even during a phased reopening. Of the 1,845 cases of COVID-19 in New Mexico, nearly 90 percent did not require hospitalization. However, people that are elderly and with certain pre-existing conditions are much more likely to need hospitalization as a result of contracting COVID-19. Because of their heightened risk, these more vulnerable people will likely need to remain relatively isolated even as social distancing restrictions are loosened. Gottlieb notes that these vulnerable populations "should continue to engage in physical distancing as much as possible until a vaccine is available, an effective treatment is available, or there is no longer community transmission."

For New Mexico, this may mean continued restrictions on visitors and outings for nursing home residents and non-COVID-19 hospital patients. It also means that some sort of allowance will need to be made for the working vulnerable to stay at home without the risk of losing their income. The methods for doing that will vary circumstance to circumstance but might include some sort of extended paid sick leave requirements.

Consideration 4: Schools and childcare capacity

Finding some way to reopen schools and childcare facilities will be a crucial component to any economic reopening plan, but few experts agree on how to best go about it. Reopening businesses while school closures remain in effect will almost certainly put an undue burden on workers with children and may require they stay out of the workforce until childcare arrangements can be made. Complicating this effort is that K-12 public schools were never structured to educate children remotely, and current efforts to do so have been, for the most part, implemented hastily to varying levels of success. Furthermore, the necessary disruption of the 2020 school year will likely create a need for more instruction (not less) for the current cohort to catch up.

This lost education time will almost certainly affect low-income students the most. LFC's program evaluation team have found that even before the pandemic, low-income students face a 6,000-hour learning gap by the sixth grade, compared to their middle- and high-income peers. These low-income students are also much less likely to have the technology, strong broadband, and available parental time necessary to make remote learning effective, leaving the potential for the 6,000 hour learning gap to grow.

Others have posited methods on how to best move ahead with a more COVID-safe school environment in the fall. The White House guidance from April 16 notes that schools should be able to open in phase two – after regions can demonstrate some loosening of stay-at-home orders without reemergence of new COVID-19 outbreaks. Others have suggested that summer camps and schools could resume on an opt-in basis, noting that some teachers and families would weigh the risk of lost learning time with spreading infections to themselves.^{xxi}

Denmark was the first European country to reopen its schools after lockdown. There, classroom sizes were limited to ten, desks were spaced over six feet away from one another, playgroups were limited, and children with infected family members were asked to stay home. Denmark decided to reopen elementary schools first to help parents return to work with older children not returning until May. Germany is taking the opposite approach, assuming that older students will be more likely to practice hygiene and distancing rules.

Hawaii's state recovery plan notes that when schools restart in-person instruction, administrators will need to make provisions for immune-compromised children and for older teachers and staff who would be especially vulnerable to a new outbreak of the epidemic among their younger students. They suggest limiting vulnerable teachers to teaching online classes and holding twice-a-day sessions with half of the students attending in the morning and half in the afternoon to allow for increased seat spacing between students.


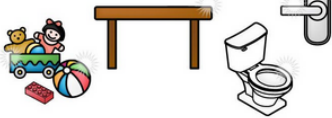



Consideration 5: Travel restrictions and the tourism economy

Though tourism contributes over \$6 billion to the New Mexico economy annually in normal times, it is unlikely the industry will rebound as quickly as other industries. For one, in order for regions with low or no infections to remain that way, it is likely that some sort of regulation or restriction of travelers in and out of those areas will need to be in place until a vaccine or treatment is developed. The World Health Organization suggests that in the meantime, regions need to develop ways to rapidly detect and manage suspected cases among travelers, including the capacity to quarantine individuals arriving from areas with community transmission.

These barriers will likely mean that New Mexico's tourism-reliant economic sectors will not be able to recover as quickly as its others, even if all state-mandated restrictions are lifted. Even after restrictions are lifted, travelers may

Danish Rules for School During Pandemic

Pupils and teachers must follow strict hygiene and distancing rules.

- The Danish Health Authority recommends 65 sq. ft. per child in day care and 43 sq. ft. per child in kindergarten and schools.
 
- Desks should be 6.5 feet apart.
 
- Children are to play in small groups of three to five from their same classroom.
 
- Hand washing and hygiene every two hours.
 
- Staff members must wash toys at least twice daily. Disinfecting of toilets must be done after use. Tables, door handles and other surfaces also twice a day.
 
- Food must not be shared.
 
- Children must sit 6.5 feet apart on school buses. There will be more buses available.
 
- Dropoff and collection of children will be done at intervals and if possible outside of the day care or school.
 

Credit: The Wall Street Journal, <https://www.wsj.com/articles/where-schools-reopen-distancing-and-disinfectant-are-the-new-coronavirus-routine-11586971911>



find that limited events make traveling to New Mexico less attractive (for example the closing of Santa Fe's major summer art markets). Further, people may not feel safe traveling, especially if they are older or otherwise more vulnerable to the virus. As a result, if the state is looking to stage business reopenings by sector, it may want to put tourism-related industries behind others that do not have such large barriers to rebounding.

"Next Step" Options

When it comes to COVID-19 containment, the federal government is asking states to chart their own paths forward. Citizens across the country have been critical of COVID-19 responses by state leaders in all directions—some worrying that reopening too soon will result in more infections and unnecessary deaths. At the same time, others feel that the economic liability of closing businesses isn't reasonable in places that have already flattened their infection curve.

These tensions, health risks, and high economic stakes make it incredibly important for states to use data and sound expert guidance in guiding their next steps forward. To do this, many states are forming recovery task forces (TX, UT, AL, AK, LA, MT) and regional coalitions (in the west with WA-OR-CA, northeast with NJ-NY-CT-DE-PA-MA, and midwest with KY-IN-WI-MN-MI-IL) to gather and disseminate the best-vetted directives moving ahead. As of yet, New Mexico has not formed or joined such a task force. But task force or no, some entity at the state level will need to undertake the following activities starting soon.

- Determining necessary actions to control infection spread and health impacts in hotspot counties
- Ensuring testing and healthcare needs are met across regions with different population densities and infection levels
- Setting local criteria and benchmarks counties or regions need to meet to move into a phased reopening
- Outlining the business and social activities allowed under each phase of reopening
- Determining best practices for childcare and k-12 schools as they look to reopen in the fall
- Setting protocols for re-isolation if outbreaks reoccur
- Coordinating with neighboring states on phased reopening to ensure consistency for populations living near state borders

Importantly, COVID-19 recovery task forces might also be the bodies that produce a retrospective on the response to the pandemic. For New Mexico, such a body would ask and answer questions like, "*what did New Mexico do well,*" "*where did the state stumble,*" and "*how do state agencies use the lessons of the last five weeks to make up better prepared for emergencies in the future?*" With the answers to these questions, the state may actually come out of the COVID-19 crisis operationally stronger than when it began.

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