

COVID-19 relief efforts in Seattle & King County would not be possible  
without the CARES Act 2020

Delores Mack

A thesis

submitted in partial fulfilment of the  
requirements for the degree of

Master of Public Health

University of Washington

2022

Committee:

Brad Finnegan

Daniel A. Enquobahrie

Program Authorized to Offer Degree:

Public Health

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Delores Mack

University of Washington

**Abstract**

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Delores Mack

Chair of the Supervisory Committee:

Brad Finnegan

Department of Health Systems and Population Health

**Introduction:** The rapid spread of the coronavirus disease (SARS-CoV-2) known as COVID-19 caused a global pandemic that resulted in millions of cases of respiratory illness, physical discomfort, and death. Washington state reported the first death on February 29, 2022, as a result of COVID-19 in one patient from a long-term care facility in Kirkland, WA (CDC, 2020). The Washington State Department of Health, Public Health – Seattle & King County, and the statewide hospital systems immediately implemented strategic plans to bring awareness of the severity of COVID-19, in an effort to stop the spread of the virus, all while planning relief efforts in case the spread took a turn for the worst. Focusing on the time period of March 2020 through January 2021, the Coronavirus Aid, Relief, and Economic Security (CARES) Act 2020 passed by the U.S. Congress on March 25, 2020, was implemented to keep structures such as the Isolation and Quarantine Centers and the Assessment/Recovery Centers staffed and clinically operational within Seattle and King County. This report analyzed the relief actions of Public Health Seattle & King County and how their strategic planning included the use of the CARES

Act funds. **Methods:** Data was collected from both primary and secondary sources. Using a structured interview questionnaire, interviews were conducted with two key stakeholders. Due to the nature of this study, a descriptive analysis was appropriate to ensure responses from interviews were captured and summarized effectively.

**Findings:** Using the Isolation and Quarantine Centers, King County was able to provide safe havens for members of King County who were homeless or unsheltered to isolate and quarantine after acquiring COVID-19 or being exposed to the virus. The Isolation and Quarantine Centers were vital resources to reduce the burden on emergency department as a means for clinical care. In addition, the Isolation and Quarantine Centers helped decrease the spread of the virus in congregate settings within Seattle and King County. According to King County's Comprehensive Annual Financial report, "the County's governmental activities earned \$244 million in payments from the Coronavirus Relief Fund, a new source of non-grant Federal support authorized by the Coronavirus Aid, Relief, and Economic Security Act (CARES Act)." Of those funds, \$40 million aided the efforts through the Isolation and Quarantine Centers.

**Conclusions:** Although the Isolation and Quarantine Centers were not the sole reason why hospitals did not reach max capacity, they did play an essential role in keeping patients with mild COVID-like illnesses out of the emergency department but with access to clinical assistance and observation.

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## **ACKNOWLEDGEMENT**

I would like to express my gratitude for my thesis committee chair and committee member for their invested guidance, encouragement, and patience with me in the completion of my thesis. I would also like to thank Patty Hayes, former Director of Public Health at Seattle & King County, Elise Chayet, UW Instructor, and Mark Taylor, Senior Associate Administrator at Harborview Medical Center for their contributions to the success of this thesis.

## INTRODUCTION

The Coronavirus Aid, Relief, and Economic Security (CARES) Act (2020) provided fast and direct economic assistance for American workers, families, small businesses, and industries (USDT, n.d). The CARES Act was passed by Congress on March 25, 2020, and signed into law on March 27, 2020 (USDT, n.d.). Division A, Title III of the CARES Act 2020 that addresses, “Supporting America’s Health Care System in the Fight Against Coronavirus” will be the focus of this health policy analysis. This law supported the implementation of a variety of programs to address issues related to the onset of the COVID-19 pandemic. In response to the global pandemic on a local level, Public Health – Seattle & King County (PHSKC) quickly adjusted to the growing number of cases, hospitalizations, and deaths in Seattle and King County (KC). Adjustments such as making internal adjustments to workplace environments, encouraging employees in administrative roles to work remotely, transitioning from in-person patient care to virtual visitations and/or telephone encounters. In addition, they opened three Isolation and Quarantine Centers or IQCs (Kent, Issaquah, and Seattle) in 2020 that provided safe individual shelter, fully staffed with qualified nurses, behavioral and mental health professionals, security, and administrative staff, a 24-hour COVID-19 Call Center to provide directives and guidance on COVID-19 precautions to the general public. This thesis is a health policy analysis. The writer had firsthand account through two interviews with the former Director of Public Health at PHSKC that details the specifics of the relief efforts at the Isolation and Quarantine Centers and Assessment and Recovery Centers (ARC). In addition, a single interview was conducted with Mark Taylor, BSN, RN who serves as the Senior Associate Administrator for Harborview Medical Center. PHSKC supports individuals and families at various locations by providing housing, staffing, supplies, food, personal hygiene necessities, and COVID-19 testing to help

stop the spread of coronavirus. Based on the writer's research, she will determine if and how the CARES Act funded the relief efforts of PHSKC.

### A Brief Background of the Coronavirus

According to John Hopkins Medicine, the coronavirus is a type of virus that causes disease. In 2019, the pandemic of respiratory illness, called COVID-19, a type of coronavirus identified as SARS-CoV-2. COVID-19 proved to be severe, highly contagious spreading from person to person, and caused millions of deaths. COVID-19 has caused lasting health problems for those who have survived the virus, and people (and some animals) are still testing positive for the virus. Symptoms of the virus includes fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea. Any number of these symptoms may appear 2-14 days after exposure to the virus (CDC, 2022).

In the United States, the COVID Data Tracker (as of 7/14/22) is showing an increase in case trends reporting 88,932,987 cases, an increase in death trends reporting 1,018,035, and an increase in hospital admissions trends reporting 33,742 (CDC, 2022). Per Washington state Department of Health's Disease Activity and Testing dashboard (as of 7/12/22), there were 16,162 new COVID-19 cases statewide within a 7-day case count from June 28 – July 4, 2022. Within the same time frame, there were 671 hospitalizations statewide. The number of deaths reported are 72, however the latest numbers are from June 4 – June 10, 2022. In King County, according to the COVID-19 Summary Dashboard (as of 7/13/22), cases are trending upwards reporting 477,570, as well as an increase in death trends reporting 2,942, and hospitalizations at 12,816. These numbers will continue to fluctuate.

## Description of the Study Area



Source: <https://kingcounty.gov/about/region/maps.aspx>

King County is located in Washington state. The state has a population of approximately 7,738,692 (US Census, 2021). According to the 2020 Decennial Census from the U.S. Census Bureau, King County, Washington has a total population of 2,269,675, with a population age make up of persons 65 years and over 13.5%, persons under 18 years 20%, and persons under 5 years 5.7%. Even though data for ages 18-64 years was not available, one can assume that the remaining 60.8% of the population are ages 18 to 64 years. With regards to race, white non-Hispanics constitute 66.2%, Hispanic or Latino 58.1%, Asian 19.7%, Black or African American 7%, Two or more races 5.2%, American Indian and Alaska Native 1%, and Native Hawaiian and Other Pacific Islander 0.8%.

## COVID-19 Relief Efforts in King County

King County took a direct attempt to stop the spread of COVID-19 by adopting the motto to “de-intensify” the shelters, day centers, villages, and encampments in the Greater Seattle area and cities within King County. The Department of Community and Human Services (DCHS) reported there is an estimated of 40,871 people experiencing homelessness in King County in 2020 alone. Although all people experiencing homelessness may not utilize congregate settings, King County had an obligation to minimize large gatherings that could serve as breeding grounds for the spread of COVID-19. The idea of Isolation & Quarantine (IQ) facilities is not a new concept to King County, as there are several IQ sites throughout the county for community members with other communicable diseases (i.e., tuberculosis) to have a safe place to isolate and quarantine. However, the COVID-19 pandemic exacerbated the need to open additional sites that had larger capacity.

On February 27, 2020, King County Washington had the first confirmed case of COVID-19, and two days later (February 29th), the first death due to COVID-19 occurred in a resident of King County (KC, 2021). The Executive Director, Dow Constantine signed a Proclamation of Emergency on March 1, 2020, in response to COVID-19. This enacted entities such as the Department of Community and Human Services, Public Health Seattle and King County, and the City of Seattle to convene weekly for strategic development for response to keep King County residents safe and fight the outbreak (KC, 2021). These weekly meetings were extended to homeless services, health care, supportive housing, city planners, coalitions, and faith communities to present up-to-date information on COVID-19 and respond to questions. There was a growing concern for congregate settings, so DCHS completed a countywide survey of

shelters, day centers, encampments, and supportive housing programs to identify resource gaps and needs (KC, 2021).

The first step from King County's strategic plans was a \$4M purchase of the former Econo Lodge Motel on Central Avenue in Kent, WA on March 4, 2020 (KC, 2021). These funds were King County budgeted funds and were not from the CARES Act which was not federally approved until March 25<sup>th</sup>. The grand opening for the Eastgate "surge-facility" in Bellevue, WA was on March 10, 2020. This was an 80-space, tented facility created to de-intensify the Eastside's largest homeless service site (KC, 2021). The county started to see a trickling of events such as the Washington State Department of Health (DOH) ordering schools to close statewide on March 13, 2020, and Governor Jay Inslee ordered statewide closure of food establishments with sit-in services and the prohibition of gatherings of more than 50 people on March 16, 2020. The second IQC in Aurora opened its doors to the community on March 24, 2020. On the same day, alongside the U.S. Department of Housing and Urban Development, King County led the first COVID Response Webinar and received the following accolades from Katy Miller (U.S. Interagency Council on Homelessness Regional Coordinator). Miller stated, "King County was instrumental in leading the nation on a COVID-19 response. I cannot think of a state that did not reach out to us to learn from King County" (KC, 2021). Nearly one month after the first COVID-19 related death in Washington state, King County recorded a total of 100 additional deaths due to COVID-19. This prompted the DOH to close all nonessential businesses statewide on March 25, 2020. The current efforts of the Kent and Aurora IQCs were not enough. King County and Seattle expand COVID-19 emergency shelter and housing response by creating a total of 1,893 spaces particularly for people experiencing homelessness and for those who

cannot safely isolate, quarantine and recover in their own homes (KC, 2020). In response to this, Dow Constantine stated:

*“We are determined to do all that we can to slow the spread of this virus in our communities and ensure that hospital beds are available for the most seriously ill. We are committed to the proposition that no one will be left behind. Not the old, not the sick, not those who are living in homelessness. We are all in this together, and we have to get each other through it. That is what our community expects, and that is what we will do (KC, 2020).”*

The third IQC in Issaquah opened its doors to the community on March 29, 2020, with the intentions of being a site for families of two or more (KC, 2021). The county’s efforts continued to address the growing needs within the homeless population. “In effort to slow the coronavirus and prevent transmission through the homeless population, King County negotiated with three hotels to serve as temporary shelter locations for people experiencing homelessness” (KC, 2021). Nearly 400 people were moved to hotels within King County on April 2, 2020. On April 3, 2020, King County Metro initiated its Transportation for Pandemic Response (TPR) where certain Metro vehicles were designated to transport community members into designated KC isolation or quarantine facilities. The vehicles had isolated driver cabins for health precautions and were operated by metro drivers who were deployed to COVID-19 pandemic relief response, which is separate from their normal duty stations (KC, 2021).

The Shoreline Assessment and Recovery Center made its debut on April 12, 2020, with intentions of helping potentially infected community members who did not require immediate acute hospital care. This soccer field turned medical facility was in partnership with medical

staffing from Kaiser Permanente. After assessing the latest data of confirmed cases and hospitalizations, the county found that:

The data shows that rates of confirmed COVID-19 cases for Hispanics, Native Hawaiians and Pacific Islanders is four times that of Whites. The rate of confirmed cases for Blacks is double that of Whites. Rates are higher for American Indian/Alaskan Native populations (but not statistically significantly higher because of low numbers) and the rate for Asians is similar to Whites (PHSKC, 2020).

The Shoreline ARC was short-lived and closed its doors on May 8, 2020, as the need for isolation and quarantine was focused on Kent, Aurora, and Issaquah. On May 14, 2020, the Elliot Avenue Modular Shelters servicing community members ages 55+ from homeless shelters opened its doors to provide isolation and quarantine as well as life wellness programs in efforts to transition into stable housing. The efforts of not only PHSKC, but also the City of Seattle contributed to a remarkable outcome and on May 22, 2020, no new cases of COVID-19 were reported among the homeless populations. To continue the slowing trends of coronavirus cases in King County, health communication in the form of a public service announcement shared in over twenty languages was developed by DCHS and Public Health Staff. The approximately two-minute PSA entitled, “Stay Home, and Slow the Spread” was marketed on March 30, 2020 (KC, 2021). The efforts for safe places to isolate and quarantine continue within King County. However, due to the encouragement of residents to stay home to slow the spread, King County Metro operations took a dive. Many of the Metro drivers, especially those on part-time status were facing potential layoffs. DCHS designed a program that would incorporate the Metro drivers to become COVID-19 Health Ambassadors on August 5, 2020. Those who opted into this program would pass out free masks and hand sanitizer in the community. Through the isolation

and quarantine or assessment and recovery centers, King County was able to serve 2,319 community members (KC, 2021).

On December 11, 2020, the Federal Drug Administration (FDA) issued the first emergency use authorization (EUA) for the use of Pfizer-BioNTech COVID-19 vaccine in persons aged 16 years and older for the prevention of COVID-19 (USDHHS, 2022). The FDA issued the second EUA for Moderna on December 18<sup>th</sup> and the third EUA for Janssen on February 27, 2021. On December 17, 2020, vaccines for high-risk health care personnel and staff and residents in long-term care facilities in King County, designated as phase “1A” by state officials was initiated (KC, 2021). An aggressive strategy to rapidly roll out community vaccinations to ensure equitable access and reach people as quickly as possible was put in place by Executive Dow Constantine. "King County will step up and organize community vaccination centers and mobile teams to make sure we hit the ground running as more and more people become eligible to receive doses," said Executive Constantine. "To get this pandemic under control, 16,000 adults must be vaccinated every day for six months. That’s why we need everyone behind this effort. We are moving ahead now despite the lack of clarity on supply chain or federal funding allocation because every day delayed impacts the lives of our residents, the strength of our community, and the vitality of our businesses." Executive Constantine announced an initial investment of \$7 million to create two vaccination centers, likely in South King County since this area has a higher incidence of COVID-19 and other health disparities (KC, 2021). These funds allowed for five mobile strike teams to vaccinate members of long-term care facilities, homeless shelters, senior centers, and other areas housing vulnerable populations. In addition, PHSKC piloted their first three-person mobile vaccination team on January 22, 2021. Staffed by two public health nurses, Molly Bosch and Delores Mack, and one staff physician,

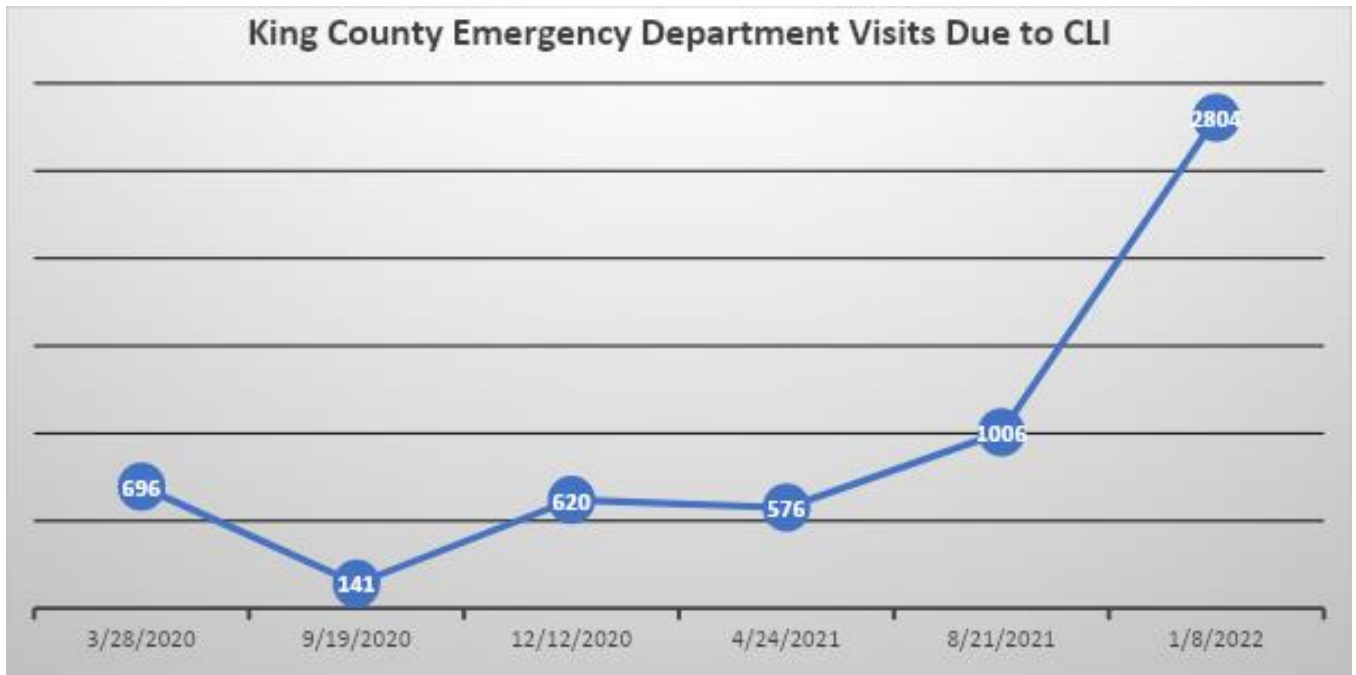
Margaret Lukoff, this team serviced six adult family homes in Auburn, WA. On February 1, 2021, PHSKC expanded vaccination efforts by opening two mass vaccination clinics in South King County (Kent Showare Center and Auburn GSA). It is important to note that the \$7M included funding for COVID-19 testing that was processed through PHSKC laboratory yet performed both on a mobile basis and at IQCs.

### Hospitalizations

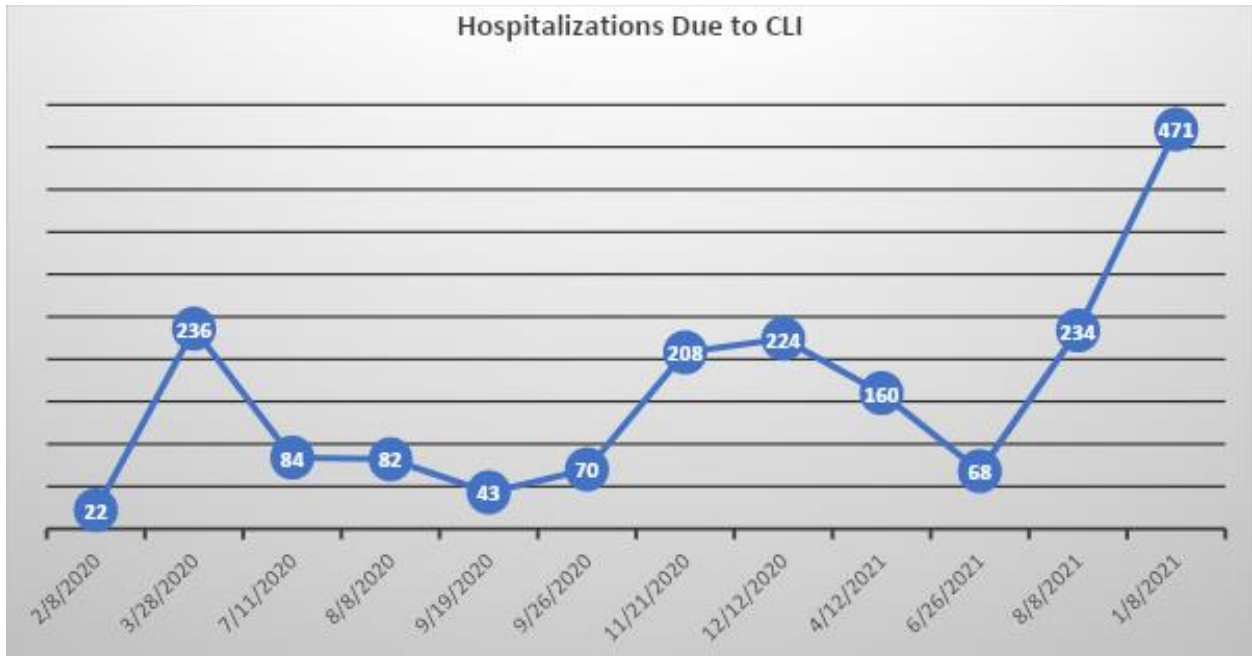
The King County’s syndromic surveillance data dashboard provides data on COVID-like illness or CLI and Pneumonia at King County Emergency Departments (ED) among adults.

Figure 1 and two shows the timelines of the five spikes in ED visits due to CLI and hospitalizations respectively.

**Figure 1**



**Figure 2**



There is no correlation to low records of hospitalizations and spikes in ED visits or hospitalizations and utilization of IQCs per Patty Hayes. Ms. Hayes, a registered nurse, noted in our interview that it is important to note the difference between a spike in hospitalization versus waves in a virus based on the variant (i.e., Delta or Omicron) how that affects the community. For the Omicron variants (B.1.1.529, BA.1, BA.1.1, BA.2, BA.3, BA.4 and BA.5), it was less severe, yet it spread more easily than other variants (CDC, 2022).

The Washington state DOH provides a chart that shows the rate of the COVID-19 outbreak in Washington state by cases, hospitalizations, and deaths over time (See Appendix G on page 32 for case, hospitalization, and death trends).

#### Washington Medical Coordination Center

On July 7, 2022, the writer conducted an interview with Mark Taylor, BSN, RN who serves as the Senior Associate Administrator at Harborview Medical Center in Seattle, WA.

Appendix D on page 34 provides a full list of the questions asked of Mr. Taylor. The first question asked of Mr. Taylor, is “Did Harborview every reach capacity?” Mr. Taylor stated this was not an easy question, however the answer is “Yes, but we did not run out of beds.” For the past two years, Harborview has been running above 100% capacity. Harborview is licensed for 413 beds; however, capacity is consistently above 420.

In late March 2020/early April 2020 (exact time unknown), the Washington Medical Coordination Center (WMCC) was established out of Harborview Medical to facilitate the balance system for statewide hospitals. The WMCC is a product of ongoing collaboration between Washington Disaster Medical Coordination Centers (DMCCs) and the Northwest Healthcare Response Network to triage and place COVID-19 and related patients requiring acute hospital care in an equitable manner across Washington (NHRN, 2021). The triage staffing team consisted of one emergency medicine or intensive critical care trained Registered Nurse and one physician who served as the medical director when on duty. The triage line was a 24/7 service for all 133 statewide hospitals. This balance system was to ensure that no one facility was overloaded, patients can be seen at a location with adequate staffing, and not one facility had to ration care or make treatment decisions based on the number of beds. Per Mr. Taylor, to-date there are over 4,300 calls and inquiries that utilized the services of the WA Medical Coordination Center. The number of transfers/transport of patients to the hospital facilities is also unknown. He did note that July 2020, there was a significant uptake in calls received at the WMCC.

According to Mr. Taylor, Public Health Seattle & King County had an interface with all of the public health environments that had an overlap with the hospitals. This typically does not happen as much but worked out for the pandemic for pre-care and post-care. This also worked well for partnerships when coordinating with COVID-19 vaccine distribution and testing sites.

Harborview Medical Center had its own Isolation and Quarantine Center within close proximity of Harborview Medical Center. This IQC was not staffed by PHSKC, although Harborview is owned by King County, it is staffed by the University of Washington Medical System. Mr. Taylor is not sure if the Harborview IQC was prioritized for patients who were sick but not eligible for hospital admission, he assumed it was based on proximity to the Harborview Medical Center. Mr. Taylor did state that Harborview often used the COVID-19 Triage Line to have patients admitted to the other PHSKC Isolation and Quarantine Centers in either Kent, Issaquah, or Seattle as there were many patients who came through the Harborview Emergency Department seeking care, but they were not necessarily sick but needed a place to go due to being unsheltered. Those who did present CLI, but not appropriate to be hospitalized and did not want to affect others in shelters, were triaged to IQCs. Harborview continues to be over capacity; however, all patients are not there due to COVID-19 related illness.

In the conclusion of our interview, Mark Taylor stated that all hospitals were required to report their daily occupancy to the Washington Medical Coordination Center so they can be abreast of their daily numbers, however the database that housed this information would not be something the writer can access. In his words, the hospital system was already struggling with the post-acute care model, and the COVID-19 pandemic “broke it.” Patients are having extended stays in the hospital because there is no adequate discharge plan for them. Long term care facilities are having the same capacity issues as the hospitals, therefore patients who need long term care or skilled nursing facilities are not able to be discharged there because of maxed capacity. This then leaves patients to remain in the hospital, yet they have no acute care needs but are in “A-typical areas receiving low-intensity care.” He stated that the state of Oregon is experiencing similar concerns. The writer asked if revisiting the Access and Recovery Center

model would help alleviate capacity in the hospital. Per Mark Taylor, this would be a temporary fix that would be beneficial as having “Tents with mid-level providers wouldn’t be a bad idea but I’m not sure if we are quite there yet, but to not count it.”

### [King County 2020 Finance Report](#)

According to the Comprehensive Annual Financial report for January 1 – December 31, 2020:

Governmental activities accounted for 31 percent of the total improvement in net position of the County. The total revenues for governmental activities were \$2.77 billion, an increase of 18 percent or \$432 million from the prior year. Revenue increases were primarily driven by pandemic-related Federal mitigation and stimulus payments. The County's governmental activities earned \$244 million in payments from the Coronavirus Relief Fund, a new source of non-grant Federal support authorized by the Coronavirus Aid, Relief, and Economic Security Act (CARES Act). Amongst the revenue sources that existed in prior years, operating grants and contributions increased the most, 44 percent or \$93 million with the increase fueled by Federal Emergency Management Agency (FEMA) Public Assistance Grants which comprised \$66 million of the increase. The second largest contributor was property tax revenue, which increased 9 percent or \$83 million. The increase in property taxes was the result of strong growth in newly constructed properties, totaling \$11.03 billion of assessed value, down slightly from \$11.56 billion in the prior year. The County receives a full allocation of property tax in the first year on new construction.

The county did receive funding from the CARES Act and FEMA; however, these funds were received after strategic initiatives were implemented using other funding (KC, 2021). Due to the pandemic, there were increased spending to supply the needs for pandemic relief:

Expenses for governmental activities during the year increased by a net of 23 percent or \$479 million. Expenditure increases were focused on areas most impacted by the pandemic including health and human services, and law, safety, and justice. In health and human services, which overall increased 30 percent or \$227 million, the increase was driven by pandemic related spending in the Public Health Fund (increased \$64 million or 31 percent) for epidemiology, testing, contact tracing, and other pandemic-related programs, the Building Repair and Replacement capital fund for isolation, recovery, and quarantine facilities (\$40 million in new investment) and the Housing and Community Development Fund (increased \$39 million or 87 percent) for rent assistance/eviction prevention programs and to deintensify congregate sheltering operations (KC, 2021). The figure in Appendix C will show how coronavirus relief funds contributed to governmental (\$243,687) and business-type (\$1,451) activities in 2020, for a grand total of \$245,138 funding. As noted in the financial report, the business-type of funding mainly contributed to Federal support of the Public Transportation (KC, 2021). The financial report acknowledges a change in budget, “The General Fund’s final budget differs from the original budget in that it reflects an increase of \$187 million in expenditures due to supplemental budget appropriations, which included COVID-19 response” (KC, 2021). However, the largest increases to estimated revenues are for intergovernmental revenues, property taxes and transfers from other funds (KC, 2021).

## METHODS

### Study Question

The primary question the writer wanted to answer was, “Did the Isolation and Quarantine Centers contribute to decreasing hospitalization due to the coronavirus?” The answer to this question was NO. The strategies that King County quickly implemented to avoid hospitals reaching maximum capacity provided assistance, especially for the unsheltered community. However, the WA state hospital system were over capacity statewide but not 100% of hospital admissions were due to COVID-like illnesses. The IQCs and ACRC were back stops, or “pressure valves” as Patty Hayes stated to avoid overflow. Precautionary implementation led by King County and WA DOH to lockdown, implement tracking systems, coordinate resources, implement a mask mandate, encourage and promote sanitation practices and social distancing were bold actions to get community members to stay home and be separated. The ongoing efforts of the Washington Medical Coordination Center plays a major role in regulating patient admissions in statewide hospitals.

### Data Source

Data was collected from both primary and secondary sources. Primary data was collected through interviews with a former employee of Public Health – Seattle and King County, and a current employee of Harborview Medical Center. In addition, secondary data on utilizing public information regarding finances, COVID-19 data trends, and any other appropriate resources were retrieved from the PHSKC and Washington State’s Department of Health’s website.

### Description of Data Collection Process

Brad Finnegan, the Committee Chair, introduced the writer to Patty Hayes, the former Public Health Director at Public Health - Seattle and King County via email. Thus, interview questions were prepared for an initial target interview with Patty Hayes. The interview questions

(see Appendix A) were sent to Patty Hayes on Wednesday, March 9, 2022, to allow adequate time for review and preparation. On Thursday, March 10, 2022, Ms. Hayes provided an email response (see Appendix C) addressing the financial component of the questions prior to the target interview and offered the writer a follow-up interview as needed. The interview took place via Zoom on Friday, March 11, 2022.

With permission from Patty Hayes, the writer retrieved both video and audio recordings from the interview, including email responses received. This was done to enable the writer to answer the question proposed in this thesis. A second interview with Patty Hayes was conducted on Monday, May 9, 2022. See Appendix D for the questions asked in this interview. The questions were not provided to Ms. Hayes prior to the interview.

Elise Chayet, Instructor from HSERV 567: Strategic Leadership of Public Health Systems recommend the writer connect with additional sources to get a deeper insight regarding hospital capacity. Ms. Chayet provided a list of four best references; however, the writer was not able to solidify an interview with the recommended sources. Brad Finnegan suggested Mark Taylor, and the writer was able to connect with Mr. Taylor's Administrative Assistant, Heidi Denn, to confirm an interview date.

### Description of Data Analysis

Due to the nature of this study, a descriptive analysis was appropriate to ensure responses from interviews were captured and summarized effectively. This was done by retrieving video and audio recordings from zoom, the information transcribed and analyzed. In addition, email conversations and information from PHSKC website were also used to support the data to ensure the thesis question was adequately answered.

## **FINDINGS**

Public Health – Seattle and King County did not utilize funding from the CARES Act 2020 to implement the IQC and the ARC. In addition, the Isolation and Quarantine Centers and Shoreline Assessment and Recovery Center contributed to decrease hospitalizations of coronavirus like illnesses. Funding supplied to King County was utilized and proportionally distributed as needed. Per the King County Comprehensive Annual Financial report for January 1 through December 31, 2020, King County received \$244 million in payment from the Coronavirus Relief Fund (a source of the CARES Act). Of those funds, \$40 million was awarded to the building repair and replacement capital fund for isolation, recovery, and quarantine facilities. Per Patty Hayes, when allocating funding to continued efforts, King County would first distribute FEMA funding as they had the most restrictive usage and rigorous documentation process. Secondly, funding from the CARES Act followed by state funding supplied to the county was used for continued efforts.

The Shoreline ARC was initiated to be an overflow for hospital discharges, as nursing homes/skilled nursing facilities declined patient discharges to their facilities in the early stages of the pandemic. King County created an outdoor, tented 150 bed facility to aid in hospital discharges (KC, 2020). The City of Shoreline welcomed the facility that was staffed by Nurse Practitioners and Physician-Assistants from Kaiser Permanente. Per Patty Hayes, the Shoreline ARC was not utilized as intended, therefore the partnership with homeless service sites allowed for use of the facility. Residents of the homeless service sites who presented with symptoms but were not ill for hospital admission but too ill for IQCs were admitted to the Shoreline ARC. King County implemented a COVID-19 Call Center that acted as a triage service for admissions into both the IQCs and the ARC. While at either facility, if the condition of the patient worsened, they were then transferred to the emergency department. Over time, the Shoreline ARC

continued to see significant decreases in admissions, plus staffing from Kaiser Permanente declined due to the low patient-to-provider ratio, that it closed within a few months of opening. Since the hospitals did not need or use the ARC, resources were pivoted to help avoid coronavirus outbreaks and spreading in congregate settings.

These efforts helped avoid influxes of hospitalizations and deaths due to COVID-19 amongst those unsheltered. The spaces for safe isolation and quarantine provided by King County included:

- Kent motel, 1233 Central Avenue North, Kent (79 spaces)
- North Seattle modulars, 1132 N. 128th Street, Seattle (23 spaces)
- Harborview Hall, 326 Ninth Avenue, Seattle (45 spaces)
- White Center modulars, 206 SW 112th St., Seattle (31 spaces)
- Issaquah motel 1801 12th Avenue NW, Issaquah (99 spaces)
- In addition, the City of Seattle has created an isolation and quarantine site designated for first responders, with 155 spaces in Seattle.
- Shoreline 18560 1st Avenue NE, Shoreline (140-150 spaces)
- Interbay 601 Elliott Avenue West, Seattle (72 spaces)
- Bellevue 13620 SE Eastgate Way, Bellevue (140-150 spaces)
- NEW: SoDo 1039 Sixth Ave. S., Seattle (240 spaces)

Per Patty Hayes, the COVID-19 Call Center had a daily county of available spaces at each facility to help determine available space for admissions. IQC were priority locations for admissions as they had the most staffing with nursing, behavioral health specialist, site management and operations, and onsite security.

## **DISCUSSION**

### Comparison with Previous Reports

The writer has searched for other states who may have utilized hotel-based COVID-19 Isolation and Quarantine strategies and found an article entitled, “Assessment of a Hotel-Based COVID-19 Isolation and Quarantine Strategy for Persons Experiencing Homelessness.” From March 19 to May 31, 2020, a retrospective cohort study of a hotel-based IQ care system for homeless and unstably housed individuals in San Francisco, California was conducted (Fuch et al., 2021). Five designated IQ hotels leased by the City and County of San Francisco provided 457 beds and serviced 1,009 hotel guests during the dates of the study. This model was associated with reduced strain on inpatient capacity within the San Francisco area. Similar to King County, this model integrated medical and behavioral health services to homeless and other marginally housed persons. This study explored how the availability of the IQ hotels were associate with hospital capacity at Zuckerberg San Francisco General (ZSFG), a public county hospital in San Francisco where one-third of the annual admissions are homeless individuals (Fuch et al., 2021). Of the 1,009 guests, a total of 549 were referrals from ZSFG with 367 guests (63%) were successful transfers to IQ hotels. However, there was a total of 327 unique individuals as with 308 guests were referred once, and 19 guests had two or mor referrals to the IQ hotels. A total of 113 of the 549 referrals were ineligible. In 2021, there were more than 8,000 persons experiencing homelessness in San Francisco nightly. Fuch et al. (2021) suggest, “The IQ system may have helped divert patients to hotels instead of requiring continued hospital-based isolation, thus preserving critical capacity in our city’s largest public hospital.”

### King County Efforts

Division A, Tittle III: Supporting America’s Health Care System in the Fight Against the Coronavirus served to be beneficial for the pandemic relief efforts in King County. The COVID-

19 pandemic may have struck Washington state first by having the first recorded death due to CLI, however the efforts of our state and county leaders are the reason why WA state never experienced a surge. Hospitals never reached max capacity statewide, residents abided by the mandates, closures, and sanitation guidelines such as hand washing and social distancing. King County leadership through Jeffrey Duchin, MD, Health Officer, Dow Constantine, King County Executive, Patty Hayes, former Director of Public Health, Jenny Durkan, former mayor of city of Seattle, and many others were essential personnel in the success of the county's efforts to protecting residents. In an article produced by the New Yorker entitled, "Seattle's Leaders Let Scientists Take the Lead. New York's Did Not", highlights the heroic efforts of WA state leaders following the science, closely monitoring the trends, and activating a strategic plan to save lives. Having direct access to Patty Hayes and her insight to the county's planning, implementation and execution of relief efforts was key to understanding the strength of King County.

The policy analysis was effective. The actual policy provides elaborate details as to why government funds are being provided to each state. How funds are allocated is up to the discretion of the state government agency receiving the funds.

Patty Hayes encouraged the writer to share the following program in the writer's thesis, as the writer is among the subjects included in the documentary. Soledad O'Brien, an American broadcast journalist produced a documentary on June 14, 2020, entitled, *Finding Shelter During the Pandemic: How Seattle Tackled its Homeless Crisis*. See Appendix D for link to the documentary.

King County did not keep record of capacity at any of the IQC or ARC over time. If so, this data could have been compared to the spikes in ED and hospitalizations due to CLI and the admissions at IQC and ARC to determine if there were any correlations. Also, there is no data to

prove that the CARES Act funding was actually needed for financial stability or just merely used since funding was allocated to King County. Per Patty Hayes, as budgeting was being done, the approach was to use FEMA first, CARES Act funding second, and state funding third. This was the only strategy followed to divvy funds. One can assume if the CARES Act funding was not a part of the rotation, that King County would have still been able to continue relief efforts.

However, one could assume that CARES Act funding provided means to expand programs such as using Metro drivers as Ambassadors instead of laying them off since Metro had discontinued normal services during the pandemic and ridership was non-existent.

Data collection contrast to the assumption that funding from the CARES Act 2020 enabled efforts by King County. The act was approved on March 25, 2020, however relief efforts by the county started with a \$4M purchase on March 4, 2020, to solidify the first IQC in Kent, WA. In comparison to other counties within the state of Washington, could the funds allocated to King County could have been given to other counties that did not have the financial strength as King County does? Snohomish County which is north, and northeast of King County opened an Isolation and Quarantine Facility in April 2020 (SC, 2020). There is no data stating how long these relief efforts lasted and if funding was to blame for closure. Pierce County which is south and southeast of King County did not offer isolation and quarantine services according to the Pierce County Public Health Department website.

King County is a national leader in COVID-19 pandemic relief efforts. CARES Act funding was allocated regardless of financial status of the state and their counties, yet according to the greatest need based on impact. Per Ms. Hayes, the implementation team did not have any formal program evaluation for efforts made from March 2020 through December 2020, which was the height of the pandemic and the slow start of the COVID-19 vaccine distribution. I would

suggest for future research, connecting with all the involved entities mentioned above would be informative to know how they view their organization's efforts, sharing both the pros and cons and hindsight of the effectiveness of the program. Also sharing strategies, they would do differently. To my knowledge, there is no active or ongoing plan to evaluate relief efforts.

## CONCLUSION

The CARES Act 2020 is a public policy derived from the emergency response to the global pandemic caused by the coronavirus disease. This policy passed by the U.S. Congress provided funding and guidance for how the funding should be used in relief efforts. Per King County's Comprehensive Annual Financial report, "the County's governmental activities earned \$244 million in payments from the Coronavirus Relief Fund, a new source of non-grant Federal support authorized by the Coronavirus Aid, Relief, and Economic Security Act (CARES Act)." Of those funds, \$40 million aided the efforts through the Isolation and Quarantine Centers. These funds were able to provide overhead, meals, personal hygiene products, clothing, clinical staffing, administrative management, and on-site security for 24 hours a day, 7 days a week from the start to end of the Isolation and Quarantine Centers for COVID-19. These efforts show the investment and dedication officials of King County had to deintensify the spread of the coronavirus within the community. Although the Isolation and Quarantine Centers were not the sole reason why hospitals did not reach max capacity, they did play an essential role in keeping patients with mild COVID-like illnesses out of the emergency department but with access to clinical assistance and observation.

Isolation and Quarantine Centers were in full operations during the dates of focus for this study, however, a program evaluation of the Isolation and Quarantine Centers and Assessment and Recovery Centers when they officially close for use for COVID-19 would be beneficial for

future studies. Other states who may not have strategic planning that involves isolation and quarantine centers within their city council can learn from practices in Seattle & King County. As Patty Hayes has stated in her interview, the use of Isolation and Quarantine Centers are not new to Public Health Seattle & King County, however the number of IQCs grew substantially during the COVID-19 pandemic. In the event of a future global pandemic, other states and nations can learn from the efforts of Seattle & King County and adopt similar measures that would best fit the structure of their state and local government.

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## APPENDICES

### APPENDIX A: Summary of 2020 Timeline of Events in King County, Washington

#### February 2020

- Feb 27<sup>th</sup>: 1<sup>st</sup> confirmed COVID-19 case in King County
- **Feb. 29<sup>th</sup>:** **1<sup>st</sup> recognized death due to COVID-19 in King County, 1<sup>st</sup> in the United States**
- Feb. 29<sup>th</sup>: Gov. Inslee issued State of Emergency

#### March 2020

- March 1<sup>st</sup>: KC Proclamation of Emergency
- March 4<sup>th</sup>: Purchase of Econo Lodge in Kent, WA
- **March 10<sup>th</sup>:** **Kent Isolation & Quarantine Center opens**
- March 13<sup>th</sup>: WA State DOH closes schools statewide
- March 16<sup>th</sup>: Gov. Inslee ordered statewide closure of dine-in at food establishments & prohibited gatherings >50 people
- March 23<sup>rd</sup>: Statewide Stay Home order initiated
- **March 24<sup>th</sup>:** **Aurora Isolation and Quarantine Center opens**
- March 25<sup>th</sup>: Nonessential businesses close statewide; 100 COVID related deaths in King County
- **March 29<sup>th</sup>:** **Issaquah Isolation and Quarantine Centers open**
- March 30<sup>th</sup>: “Stay Home, and Slow the Spread” PSA was marketed

#### April 2020

- April 3<sup>rd</sup>: KC Metro initiates TPR
- April 10<sup>th</sup>: Harborview Hall isolation and recovery opens for people who are homeless & have intensive health needs
- **April 12<sup>th</sup>:** **Shoreline Assessment and Recovery Center opens**

#### May 2020

- May 8<sup>th</sup>: Shoreline ARC closes
- May 11<sup>th</sup>: Local directive for face coverings in all indoor public spaces, and outside settings where maintaining six feet of social distancing is difficult.
- May 18<sup>th</sup>: Face covering directive statewide goes into effect
- May 31<sup>st</sup>: Stay Home order expired, Safe Start four-phase plan to reopened county by county initiated

#### August 2020

- Aug. 13<sup>th</sup>: Executive Constantine submitted \$87 million emergency COVID-19 budget for drive-through testing in South King County, housing, and childcare.

A full comprehensive timeline is available at

<https://kingcounty.gov/elected/executive/constantine/covid-response/covid.aspx>

## APPENDIX B: Interview Questions for Patty Hayes

1. The CARES Act was enacted on 3/27/2020, when did funding become available to PHSKC?
2. Describe the eligibility criteria to receive funding through the CARES Act (i.e., targeted population, economic status of the target population, any community members with co-morbidities).
3. Once funding was secured, describe the planning and implementation of dispersing the funds into programs for COVID relief?
4. How did the vision of the Isolation & Quarantine Centers (IQC) come into fruition?
5. Was there a known deadline for how long the funds were expected to be available for? If so, what was the plan to maximize the funds for the best need of King County?
6. Describe any restrictions on how the CARES Act funding could and could not be used?
7. How did the CARES Act allow for partnerships/contracting with other medical providers (i.e., Fire Departments, Medical International)?
8. As IQCs proceeds to close permanently in 2022, if all funding provided by the CARES Act was not utilized, what becomes of the remaining funding?
9. Do you think the CARES Act funding allow for PHSKC to provide the total quality and expectation of care to the community? Were expected patient outcomes met? If not (or partially), what could have been improved?
10. What federal guidelines (i.e., HCAP, CMS) did IQCs operate under?
11. Did we miss anything in our conversation that would be helpful to know about how PHSKC approached using CARES Act funding?

## APPENDIX C: Patty Hayes's response to initial interview questions

Hi Delores, I've reviewed the questions and thought some initial background would be helpful for you to have.

- King County received CARES dollars directly as did the City of Seattle and state of WA.
- The City of Seattle did not share the CARES dollars with PHSKC but chose to use it for key priorities such as participating in testing and vaccination with their EMS staff, help for small businesses, etc.
- As I worked with King County, we actually took a holistic view of the needs and then fit the dollars that would fund the priority.
- So, when I speak with you, I will reflect on the role that FEMA \$ had, as it allowed for a great extension of the funding.
- The County Executive did not wait to see how many CARES dollars that were going to be received as we were first with the outbreak and needed to act.
- So, we built our response on an assumption of dollars from various sources.
- This included the state lab capacity dollars that DOH re-allocated to local health for things like vaccine work, testing and epi capacity.
- CARES dollars, along with FEMA, allowed us to set up the various response elements for key populations such as the homeless and homebound individuals.
- I'm afraid I won't be really clear on the specifics of CARES dollars alone because I was not required to build my response based upon what CARES dollars would be available.
- I know this might not be what you exactly need, but it will give you a sense on how things work in a space where local health is embedded in the County and has leadership support.

Talk tomorrow, Patty

## APPENDIX D: Interview Questions for Mark Taylor

- 1) During the various peaks of COVID in King County, did Harborview ever reach capacity?
  - a. If not, what do you think helped King County avoid some of the extreme peaks that other geographic areas had?
  - b. If so, how did Harborview triage patients to other facilities?
- 2) What types of coordination did you or others at Harborview have with Public Health Seattle King County?
- 3) Did Harborview triage patients to the County established Isolation and Quarantine Centers?
- 4) Is there someone at Harborview (and/or other UW medical entities) that could provide patient loads from March 2020 to January 2021? I'm trying to understand the degree to which King County facilities reached maximum capacity during the COVID surges.

APPENDIX E: 2020 King County CAFR Document: Changes in Net Position (in thousands)

King County, Washington

	Changes in Net Position (in thousands)					
	Governmental Activities		Business-type Activities		Total	
	2020	2019	2020	2019	2020	2019
<b>Revenues</b>						
Program revenues						
Charges for services <sup>(b)</sup>	\$ 888,957	\$ 847,635	\$ 973,654	\$ 1,109,879	\$ 1,862,611	\$ 1,957,514
Operating grants and contributions	304,901	211,658	533,111	26,168	838,012	237,826
Capital grants and contributions	17,527	20,556	28,087	64,081	45,614	84,637
General revenues						
Property taxes <sup>(b)</sup>	1,006,670	923,838	\$ 36,471	35,378	1,043,141	959,216
Retail sales and use taxes	247,725	257,476	637,425	686,120	885,150	943,596
Other taxes	23,151	21,799	—	—	23,151	21,799
Coronavirus relief funds	243,687	—	1,451	—	245,138	—
Unrestricted interest earnings <sup>(b)</sup>	40,304	58,218	33,080	45,318	73,384	103,536
Total revenues	<u>2,772,922</u>	<u>2,341,180</u>	<u>2,243,279</u>	<u>1,966,944</u>	<u>5,016,201</u>	<u>4,308,124</u>
<b>Expenses<sup>(a)</sup></b>						
General government	247,861	193,291	—	—	247,861	193,291
Law, safety and justice	819,211	726,568	—	—	819,211	726,568
Physical environment	22,253	22,788	—	—	22,253	22,788
Transportation <sup>(b)</sup>	105,306	102,634	—	—	105,306	102,634
Economic environment <sup>(b)</sup>	263,601	171,686	—	—	263,601	171,686
Health and human services	973,277	746,148	—	—	973,277	746,148
Culture and recreation	93,454	77,434	—	—	93,454	77,434
Interest and other debt service costs	18,400	23,606	—	—	18,400	23,606
Airport	—	—	30,816	25,475	30,816	25,475
Public transportation	—	—	1,054,739	1,032,062	1,054,739	1,032,062
Solid waste	—	—	136,081	234,164	136,081	234,164
Water quality	—	—	481,393	474,952	481,393	474,952
Other enterprise activities <sup>(b)</sup>	—	—	16,814	17,621	16,814	17,621
Total expenses	<u>2,543,363</u>	<u>2,064,155</u>	<u>1,719,843</u>	<u>1,784,274</u>	<u>4,263,206</u>	<u>3,848,429</u>
Increase in net position before transfers	229,559	277,025	523,436	182,670	752,995	459,695
Transfers	6,211	6,534	(6,211)	(6,534)	—	—
Increase in net position	235,770	283,559	517,225	176,136	752,995	459,695
Net position, beginning of year <sup>(c)</sup>	3,461,922	3,178,363	3,756,231	3,580,095	7,218,153	6,758,458
Net position, end of year	<u>\$ 3,697,692</u>	<u>\$ 3,461,922</u>	<u>\$ 4,273,456</u>	<u>\$ 3,756,231</u>	<u>\$ 7,971,148</u>	<u>\$ 7,218,153</u>

(a) Expenses for all functions include the allocation of indirect expenses from general government. The amount of indirect general government expenses allocated to each function is shown in a separate column on the government-wide Statement of Activities next to the column of direct operating expenses incurred by each function. In the above statement, the \$247.9 million in general government expense consists of \$298.0 million in direct program expenses reduced by indirect charges of \$50.1 million that was charged to the other benefiting functions.

(b) 2019 revenues and expenses were adjusted for the corresponding effects of the restatements of beginning net position.

(c) Net position, beginning of year has been restated. See Note 18 - Components of Fund Balance, Restrictions and Restatements.

**APPENDIX F:** Matter of Fact, a Soledad O’Brien documentary

**Title:** Finding Shelter During the Pandemic: How Seattle Tackled its Homeless Crisis

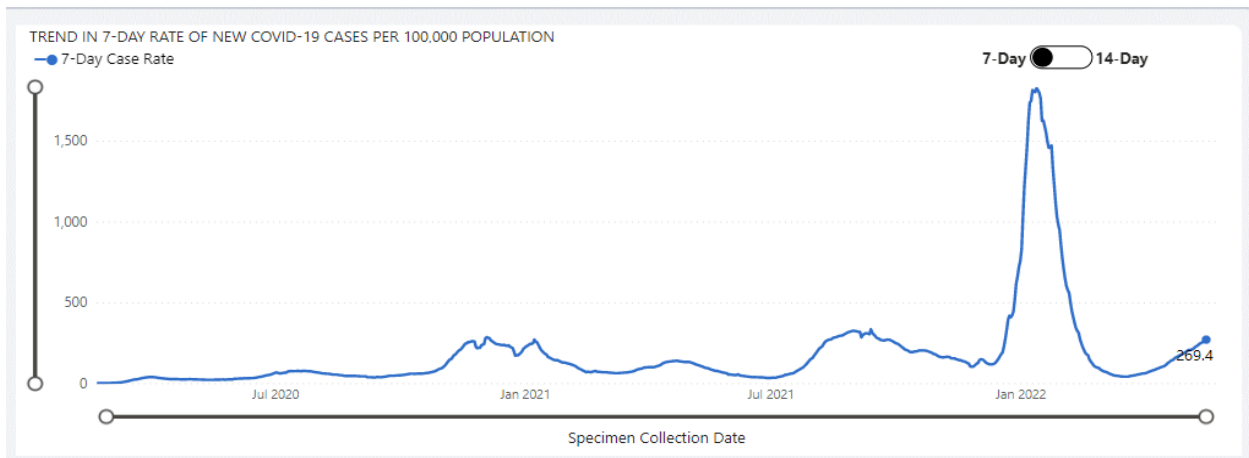
**Date published:** June 14, 2020

**Description:** As the world continues to combat the coronavirus pandemic, Seattle is also fighting another public health battle: homelessness. Washington State’s largest city is home to more than 10,000 people without housing. As the possibility of a COVID-19 outbreak loomed, the city raced to find shelter for that vulnerable population. Soledad O’Brien looks at the response that could serve as a blueprint for the rest of the country – if it can last.

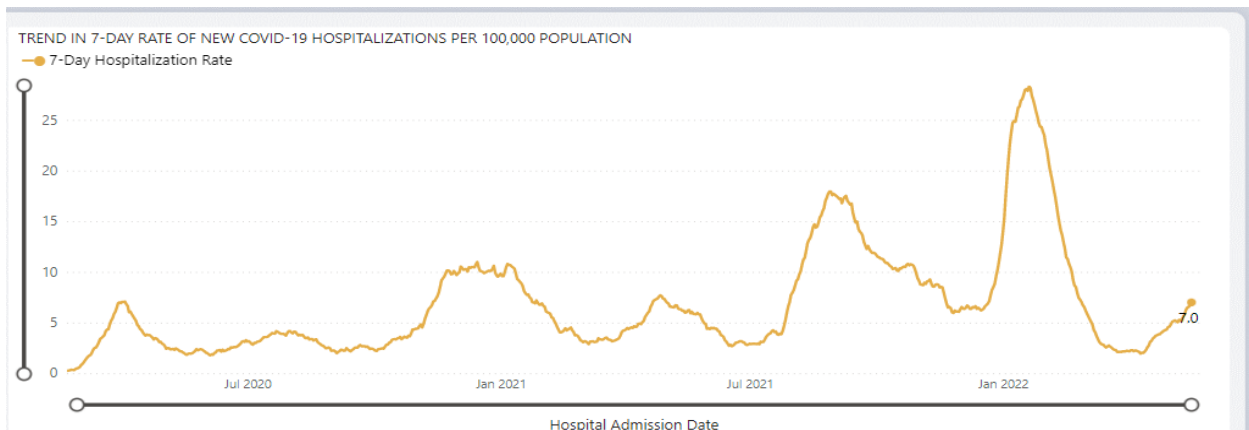
**Link:** <https://www.matteroffact.tv/finding-shelter-during-the-pandemic-how-seattle-tackled-its-homeless-crisis/>

## APPENDIX G

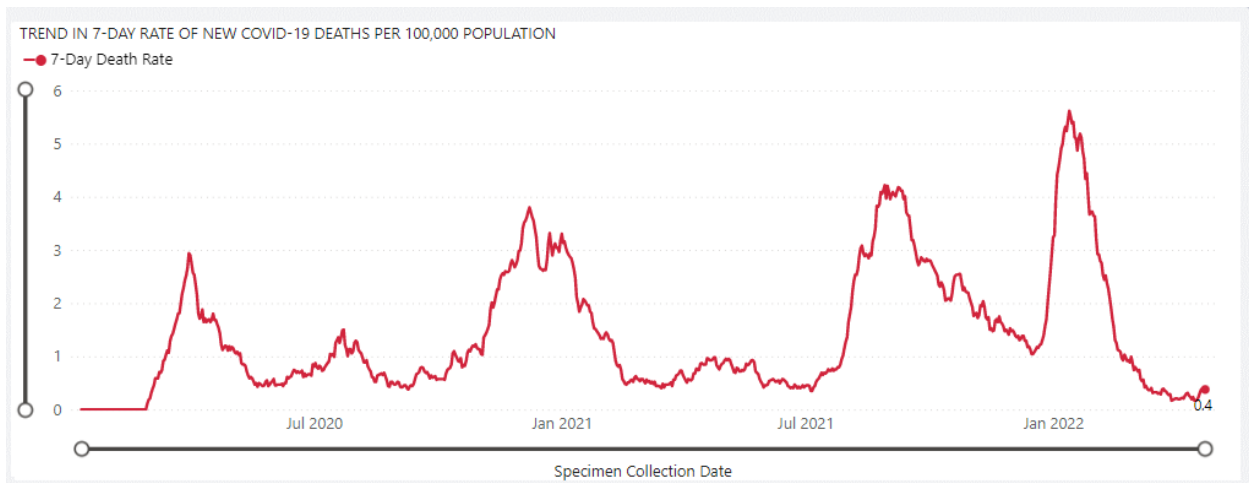
### Cases



### Hospitalizations



### Death



Source: <https://doh.wa.gov/emergencies/covid-19/data-dashboard#DiseaseActivityTesting>