**Content Analysis Exercise – Andrew R. Smolski**

**Instructions**

In this exercise, you will practice coding artifacts. Each of the following are articles pulled from varied sources on the same topic in the same year. Rather than reporting, these are pulled from the opinion sections. As such, they serve a different function than reporting facts (although, as a sociologist, there is reason to question whether objective, value-free reporting is possible). In this case, I selected three articles discussing responses to COVID-19.

First, read through all three articles. After, go through and conduct open coding. Due to time constraints, I recommend not coding line-by-line. Instead, code only where you see a relevant theme. Your purpose is to produce an understanding of the frames that are being employed. How are they framing their arguments? With what themes? Is there a pattern across articles? At what level of generality? How do they use different themes?

To code, utilize the review function in Microsoft Word. Specifically, use the comment function to highlight and make note of a theme. When you are done, and if time permits, write a brief summary about your codes. We can share these in a large discussion. Also, for a bit of fun, try and guess the publication where I pulled each article from.

**Article A**

This week, according to members of the federal government, and state and local governments, Americans have begun to flatten the curve in the novel coronavirus outbreak. The excitement was muted – after all, trends can easily reverse – but real. Americans have abided by recommendations and orders. They've left their jobs to stay at home; they've practiced social distancing; in many places, they've donned masks.

The result: a reduction in expected hospitalization and death. According to the University of Washington Institute for Health Metrics and Evaluation model most often cited by members of the Trump administration, the expected need for hospital beds at peak outbreak was revised down by over 120,000, the number of ventilators by nearly 13,000 and the number of overall deaths by August by nearly 12,000.

Here's the problem: We still don't know the answers to the key questions that will allow the economy to reopen.

First, what is the true coronavirus fatality rate? This question is important because it determines whether certain areas ought to be open or closed, whether we ought to pursue – Sweden style – a more liberalized society that presumes wide spread, or whether we ought to lock down further.

We've seen case fatality rates – the number of deaths divided by the number of identified COVID-19 cases – but both the numerator and the denominator are likely wrong. We don't know how many people have actually died of coronavirus. Some sources suggest the number has been overestimated, given that classification for the cause of death, particularly among elderly patients, can be variable. Some sources suggest the number is dramatically underestimated since many people are dying at home.

Even more importantly, we have no clue how many Americans actually have coronavirus. Some scientists suggest that the number of identified cases could be an order of magnitude lower than the number of people who have had coronavirus and not been tested. That would mean that the fatality rate is actually far lower than suggested, even if the transmission rate is high.

Secondly, what are we expecting in terms of a second wave? The institute's model simply cuts off in early August. It does not predict how many people will die in a second wave. This is the most important problem because experts maintain that the virus is seasonal, which means we are likely to see more serious spreading in the fall. And that means we will be faced with either renewed lockdowns for large swaths of the population, with wide-scale testing and contact tracing, or with the realization that we will have to isolate those who are most vulnerable and let everyone else work.

Which raises the third question: What exactly can we do? Are we capable of rolling out tens of millions of tests over the next few months – and compelling people to take tests regularly, since the virus is transmittable while carriers are asymptomatic? Can we create a contact tracing system for 330 million Americans – and are we willing to submit ourselves to one?

One thing is certain: Things cannot continue as they have been. Americans are not going to stay home for months on end, and they certainly will not do so on the basis of ever-evolving models, especially as statistics roll in that look like the lower-end model estimates in terms of death and the upper-end estimates in terms of economic damage.

We need transparency and honesty from our scientific experts. We need to know what they know, what they don't and when they hope to know what they don't. We're grown-ups, and we're willing to follow their advice. But they need to start answering serious questions, or they will fall prey to the same lack of institutional faith to which all other American institutions seem deeply prone.

**Article B**

The infamous Typhoid Mary was first brought to public attention when a private investigator attempting to track down the source of multiple outbreaks of typhoid fever discovered the Irish cook had taken employment with multiple families over five years, leaving when they became ill and finding new posts elsewhere. Unwilling to stay in confinement and quit her job, Mary Mallon was forcibly quarantined from 1907 until 1910, when as an asymptomatic carrier of the bacteria she was released after signing an affidavit agreeing not to work in food preparation again. Now working as a laundress, Mallon earned far less than she had as a cook, so she changed her name and renewed her old duties, infecting at least twenty-five more people and killing two. In 1915, she was arrested again, and imprisoned in a sanitarium until her death after starting another outbreak.

Authorities in the United Kingdom are now facing conundrums similar to the bodies that dealt with Mallon in New York a century earlier as they attempt to prevent coronavirus deaths: how do you stop people going to work when they might be sick if doing so is financially prohibitive for them? In the UK, statutory sick pay is paid after three days of unpaid leave, and often requires a doctor’s note. Immediately after announcing public health advice urging people to self-quarantine for two weeks upon coming into contact with a coronavirus carrier or exhibiting symptoms, the government was asked how they expected people to follow the advice when for many people on low pay, and zero hours contracts, doing so will have a massive financial effect on their household’s ability to meet rent, keep food on the table, and pay the most basic utility bills.

Speaking to several people working in Parliament and government buildings, workers employed through outsourcing companies all told me if they felt symptoms were mild, they would still come to work. If they met a carrier and their employer did not know, they would not self-isolate. One cleaner in Parliament told me “If I’m sick, I will have to come in or the company will just cut my shifts. People are really, really scared. Nobody knows if they will have a job to come back to if they get sick for just one day, two days, it’s really serious if it is two weeks. I will just pretend I feel fine, take paracetamol and keep working.” Another outsourced contracted worker in a government department said “the government haven’t been giving us any good advice. Will they stop those companies from punishing us if we catch coronavirus? They just say we will get paid but if I don’t know if I will have a job in one month, two months, I will not take the risk of [self-isolating] unless I need to go to the hospital I am so sick. The risk is too much.”

Boris Johnson announced shortly afterwards that the government would scrap the three day unpaid period of sick leave for people in quarantine for coronavirus. Going back to the same people, their answers to me remained the same: money was part of the problem, yes, but their contracts meant they could easily be sacked and let go, since each hour and each day they worked was at the whim of the company, and taking any time off sick often resulted in people being replaced.

Coronavirus has threatened to act like a brick removed from the foundation of a poorly built tower. The structure has remained standing so far, but if precarity is built into every layer of infrastructure, everything can easily come tumbling down with an unexpected impact. Stripping back workers’ rights and legislating to quash union organizing mean millions of people don’t feel able to risk taking time off sick, including the people cleaning the buildings politicians work in every day.

Cuts to the National Health Service (NHS) mean a system already struggling with waiting times, with overworked and exhausted doctors and nurses and a failure to recruit new staff, is now expected to absorb a huge influx of patients with an illness we still know little about. The Conservatives’ contingency plan for coronavirus, which the Chief Medical Officer in England predicts will affect one in five workers, is to force retired doctors and nurses to return temporarily to the profession, which means the use of much older medics who have long been away from the field, but also increased risk of exposure for people in an age group that is particularly vulnerable to death when they contract the virus.

Quarantine is also nigh impossible for many people: the vast number in shared accommodation, whether younger people who can’t afford their own home or those in temporary housing due to homelessness, will struggle to properly isolate themselves with shared kitchens and bathrooms. Those on the street are often so ill they would miss early signs of the virus if they noticed at all, and it is hard to picture rough sleepers, many with substance abuse problems, following government guidance on regular hand-washing and self-isolation. In the past, tuberculosis and typhus have spread rapidly through homeless encampments in Los Angeles: many big cities across the UK have myriad small encampments of rough sleepers in the safest, most sheltered spots. The thousands of “hidden homeless” people, couch surfing and in temporary rooms will also find it impossible to self-isolate, and the lack of a strategy to enable all homeless people to access somewhere static if they fall ill is a public health disaster.

If schools close too, problems remain for parents: if they’re forced to take two weeks off to stay at home with their children, if they come down with the virus themselves later or come into contact with the contagious, many people on insecure contracts will be unable to cope with a month on statutory sick pay and are more likely to send at least one parent to work or leave their kids with family members. The poorest will also then lose out on free school meals for their children, and, for many, the breakfast clubs set up to combat food poverty among children from the ages of three to eighteen.

For a decade, the Conservatives have pursued austerity ideologically, committed to gutting the infrastructure of public services, spending the bare minimum to keep services operating. They’ve allowed companies to exploit workers and squeeze living standards, so millions of families are in poverty or just about managing. Allowing capital to profit while leaving workers in situations where they’re just scraping by means the smallest personal disaster, from getting ill to losing shifts, leaves you homeless and financially destitute. British people are lucky the NHS ensures that access to health care is not dependent on earnings; but the way the NHS has been managed for a decade means it was at breaking point before coronavirus hit. Now, millions of people are facing the possibility that they could lose their jobs or homes because of illness, and will try to work no matter how sick they become.

The Conservatives have repeatedly tried to calm the public and convince them that public health is not at risk. But gutting vital services and leaving millions of people just about managing financially has created a precarious society, socially and economically, and coronavirus looks set to cause the fine threads holding everything together to snap.

On breakfast TV on Monday, Boris Johnson said “one of the theories is you could perhaps take [coronavirus] on the chin, take it all in one go, and allow the disease as it were to move through the population without taking as many draconian measures. I think we need to strike a balance.” This wasn’t the response of a prime minister seeking to calm the populace; he could have done so by stating there were scientifically backed public health plans in place, and he was happy to fund them. This was clearly an attempt to limit expectations, to tell the public the government wouldn’t adopt many of the measures followed by China and Italy, because pressure from business has more value than people’s lives.

Those most at risk remain the most vulnerable — older people and people with preexisting serious health conditions. But also the poorest, the homeless, people who are already struggling with health, finances, and housing: the government have already made their lives intensely difficult, and now a decade of austerity will make it almost certain lives will be lost unnecessarily as a result.

**Article C**

Close to 370,000 infections and nearly 11,000 deaths in the United States. Nearly 10 million Americans filing unemployment claims. Unimaginable heartbreak and hardship, with worse to come. Given this still-developing emergency, and the fatal inadequacy of the U.S. government's domestic preparedness and response so far, it is very hard to focus on the devastation that is about to strike the world's poorest and most vulnerable.

But if President Trump doesn't overcome his go-it-alone mind-set and take immediate steps to mobilize a global coalition to combat the Covid-19 pandemic, its spread will cause a catastrophic loss of life and make it impossible to restore normalcy in the United States in the foreseeable future.

Covid-19 is poised to tear through poor, displaced and conflict-affected communities around the world. Three billion people are unable to wash their hands at home, making it impossible to follow sanitation protocols. Because clinics in these communities have few or no gloves, masks, coronavirus tests, ventilators (the entire country of South Sudan has four) or ability to isolate infected patients, the contagion will be exponentially more lethal than in the developed countries it is currently ravaging.

The U.S. health system is utterly overwhelmed -- yet we have 26 doctors for every 10,000 Americans. In Africa, where 1.3 billion people live and the virus has arrived, countries average fewer than three doctors per 10,000. From favelas in Brazil to refugee camps in Jordan, millions spend their lives penned into densely packed areas where the distancing saving lives in the United States is essentially out of the question.

And with hundreds of millions in developing countries dependent on the informal economy to make a living, the most effective public health measures would require giving up their only means of putting food on the table.

President Trump is unlikely to be moved by the human cost of what awaits the world's most vulnerable communities. And he will surely be tempted to imagine that lasting closures of air and land routes will insulate the United States from what happens to them. But the weakest links in the chain will impede our own ability to stem the contagion and begin the recovery process.

That's because the United States is intricately tied to the rest of the world, thanks to a global supply network that reaches into remote corners of the globe, American family ties to dozens of acutely at-risk nations and trade ties with dozens more.

In 2014, while serving as ambassador to the United Nations, I supported President Barack Obama's efforts to build a 50-nation coalition to combat the Ebola epidemic in West Africa. Ours was an all-hands-on-deck public health, logistic and diplomatic campaign to get countries to pool their resources to prevent hundreds of thousands of infections in Guinea, Liberia and Sierra Leone, and the spread of the deadly disease around the world.

Ebola and Covid-19 present extremely different challenges, especially now that the coronavirus has already progressed so widely. Ebola's advance was limited by the heroic front-line efforts of West Africans who ultimately received mammoth international backing, but also by the fact that the disease could not be transmitted through the air and that it first took hold in remote areas with no direct flights to major international cities. Still, the relative (if belated) success of the Ebola response taught three urgently relevant lessons.

First, the United States leads no matter what it does. While President Trump's retreat from international organizations, agreements and alliances has substantially weakened U.S. influence, the country remains the world's largest economic, military and cultural power, and nations still look to us in times of crisis.

During the early days of the Ebola outbreak, when professionals from the Centers for Disease Control and Prevention and the U.S. Agency for International Development took steps to battle the virus, other countries assumed the crisis was one that specialists and humanitarians alone could handle, rather than a four-alarm fire necessitating hands-on management by heads of state. When President Obama saw this was not enough and put forward a decisive blueprint for action, announcing his decision to deploy 3,000 troops and health workers to West Africa and convening fellow heads of state at the U.N. to press them to make contributions of their own, other countries followed.

With the United States taking a lead role supporting Liberians, the British government stepped up to play point in Sierra Leone, while France significantly increased its role in French-speaking Guinea. China, not wishing to be left behind, broke new ground, contributing humanitarian funding and sending medical workers to the region, where its military constructed a 100-bed treatment unit.

In today's crisis, by contrast, when President Trump downplayed the Covid-19 threat, ridiculing epidemiological projections, other leaders took their cues, assuming that the U.S. government knew something they didn't and deferring the tough restrictions needed to stem the spread until it was too late.

Today, instead of spearheading the development of a global plan to manufacture and allocate resources, Trump's zero-sum response is infuriating allies and generating a ruthless scrum in which the United States must outbid other countries to gain access to scarce protective equipment. When Secretary of State Mike Pompeo insisted on including "Wuhan virus" in a recent G-7 statement instead of generating constructive action from major powers, the United States was leading -- signaling to others that this emergency was yet another vehicle for competition rather than coordination.

Second, the United Nations and its agencies can be important tools in the fight, but they will be only as effective as their powerful members allow them to be. In September 2014, I helped secure the passage of a U.N. Security Council Resolution that declared the Ebola crisis a "threat to international peace and security," the first time a public health emergency was ever classified as such. American diplomats drummed up 134 co-sponsors, to this day the most in the 75-year history of the United Nations.

This measure, which China and Russia voted for, didn't make Ebola any less deadly. But it shook up world leaders and offered a vital show of solidarity with the governments and peoples of West Africa in a context in which having a sense that the crisis could be solved played a decisive role in giving Africans the hope they needed to change behaviors that were aiding the spread.

Despite Mr. Trump's disdain for international organizations like the World Health Organization (the U.S. contribution to which he attempted to halve just two months ago) and despite Washington's own bungled domestic response, we nonetheless must immediately begin to build a broad and determined global anti-Covid coalition. Such a coalition must create hubs for sharing scientific data on the virus, testing and vaccine efforts, taking advantage of the staggered movement of the disease and every country's ability to learn from infection cycles that have peaked earlier.

It must regularize frequent high-level political contacts to enable speedy decision-making, and the procuring and distribution of resources beyond the home front. It must apply pressure on those countries failing to come clean on case numbers. And it must assemble a mechanism that gathers volunteers, funds and in-kind contributions from U.N. member states, businesses and philanthropists to provide tailored support for particular vulnerable communities. Neither the U.N. secretary general nor the director general of the W.H.O. has the convening power or the leverage to perform this role unless the United States gets behind the effort.

Third, while the day may come when China can build and lead an effective global coalition, that day is not here. Much has been made of the fact that China is sending protective equipment to Ireland, Italy, Serbia and other nations, while the Trump administration has been forced to plead with South Korea and Russia for donations. China clearly sees both an opportunity to clean up the reputational damage done by its early mishandling of the crisis and a chance to showcase its generosity and superpower status.

There is no question that by the time this crisis is over, China will end up the largest international donor of precious medical provisions, which will hopefully help save countless lives. But sending supplies is not the same as leading the world.

Whatever its rhetoric about building a "Health Silk Road," China has never built a global crisis coalition, in any sphere. Although China has more foreign diplomatic posts than the United States, Chinese officials have little experience hustling governments or private actors for contributions, while U.S. diplomats have been doing this for decades. Also, Chinese diplomats will not urge, for example, Bangladesh to turn on the internet in its refugee camps to allow public education, or Egypt to stop suppressing information. The United States and China urgently have to do what neither does easily, which is to put the blame game and larger competition aside, identify their comparative strengths and join forces.

It may well be that Mr. Trump's inability to recognize the extent to which U.S. security is tied to that of others makes him incapable of reversing course and building a global coalition. But given the pressure he feels to restart the economy and normal life, this should be the wake-up call he needs that walls won't protect us. Unless the United States exerts leadership to prevent Covid-19 from raging out of control abroad, the crisis will not end at home.