



City of Roswell
Office of the Mayor

COVID-19 in Southeast New Mexico Perspective and Pathway

by:
Dennis Kintigh
Mayor, Roswell, NM

April 27, 2020

Background

Roswell is a city of just under 50,000 located in Chaves County in southeast New Mexico. The Chaves County population is about 66,000. With an area of over 6,000 square miles, Chaves County is larger than three states and Puerto Rico.

Roswell's primary economic drivers are agriculture, especially dairy, and oil and gas. The dairies supply the Leprino Cheese plant. As part of the Permian Basin, the Roswell oil and gas companies support the country's energy needs. In addition, Roswell has two hospitals, a Department of Health Rehabilitation Hospital, and numerous independent medical practices. The Roswell Air Center has become a major location for storage of the nation's civilian air fleet with over 260 airliners arriving since March 18th.

Roswell serves as the state's gateway to southeast New Mexico and is geographically and culturally separate from the rest of New Mexico. It is over 90 miles from Roswell to Vaughn, the next town north on US 285. It is 70 miles from Roswell to Ruidoso on US 70. Besides going through Albuquerque or going out of state, there are only three routes from southeast New Mexico west toward the Rio Grande valley; US 70 through Ruidoso, Alamogordo and Las Cruces; US 82 through Cloudcroft, Alamogordo and Las Cruces; or US 380 through Carrizozo to San Antonio.

Roswell is closer to Lubbock, TX, than to Santa Fe, Albuquerque, or Las Cruces. The other cities in Southeast New Mexico are even closer and have greater economic interaction to west Texas.

The southeast region of New Mexico is generally considered the Counties of Curry (Clovis), Roosevelt (Portales), Lea (Hobbs and Lovington), Eddy (Carlsbad and Artesia), and Chaves (Roswell). These five counties are approximately 12.5% of the State population.

COVID-19 in Southeast New Mexico

As of Saturday, April 25th, the number of COVID-19 cases reported on the Department of Health website were: Curry – 11, Roosevelt – 6, Lea -10, Eddy – 11, and Chaves (Roswell) – 22 for a total number of cases in Southeast New Mexico of 60 cases. These 60 cases are 2.3% of the 2,660 cases in New Mexico. Again, these five counties have a population that is 12.5% of the State population. On April 9th, these counties had the following numbers: Curry – 9, Roosevelt – 1, Lea – 2, Eddy – 6, Chaves – 18 for a total of 36 or 3.64% of the State's 989 cases. The growth in cases in Southeast New Mexico over the 16 days from April 9th to April 25th was 24 cases out of the State's increase of 1,671, or less than 1.5% of the additional COVID-19 cases. This huge disparity necessitates a different approach for Southeast New Mexico.

Chaves County had its first cases publicly reported (four in number) on Monday, March 23rd. On April 25th, Chaves County had a reported total of 22 cases. Since Saturday, April 15th, two weeks

prior, Chaves County had only 3 new cases. The “doubling time” for COVID-19 in Chaves County is now 13 days.

As of Friday, April 24th, only three individuals have been hospitalized in Chaves County at ENMMC, the “Hub” hospital for this region. The one COVID-19 death attributed to Chaves County was an 80+ female transferred for other issues to Central Desert Behavioral Health facility in Albuquerque in late March. The patient had no symptoms of COVID-19 at the time of transfer, but developed them after a week in Central Desert, a recognized “hot spot” in the State.

Some might assert that the low incidence rate of COVID-19 in Southeast New Mexico is due to low testing. That is a concern. Using the data available on the interactive DOH map of New Mexico counties, testing seems a bit low.

Testing can be evaluated by two methods. One way would be to compare the county’s percentage of total State tests performed to the percentage of population in a ratio. Ideally the ratio would be 1, meaning the percent of total tests was the same as the percent of population. The other way would be a percent of the county residents tested. Using either method Southeast New Mexico appears to be underserved.

Using the ratio of percent of tests to percent of populations, these numbers on April 13th were Curry – 0.45, Roosevelt – 0.26, Lea - 0.22, Eddy – 0.39, and Chaves – 0.85. Again, an equitable distribution of tests would be 1.0. The ratios on April 25th were Curry 0.44, Roosevelt – 0.23, Lea – 0.20, Eddy – 0.39, and Chaves – 0.73. These figures indicate an increase in testing in other parts of New Mexico but not so much in Southeast New Mexico, which is understandable.

Using the percent of county population, there is still some concern. On April 9th, the percent of county population that had been tested were: Curry – 0.7%, Roosevelt – 0.4%, Lea – 0.3%, Eddy – 0.6%, Chaves 1.3%. On April 25th these numbers were Curry – 0.9%, Roosevelt – 0.5%, Lea – 0.4%, Eddy – 0.8% and Chaves – 1.5%. This is an improvement, but still a concern, especially outside Chaves.

However, the concerns about testing rates should not overshadow the more reliable and much more significant data on hospitalizations. As of April 24th, when there were 152 people hospitalized in New Mexico, there were **no patients** with COVID-19 in **any** hospital in the five counties of Southeast New Mexico. Only three patients with COVID-19 have been treated at Eastern New Mexico Medical Center (ENMMC) the “hub” hospital for this region this entire time. All three have been successfully treated and released.

Other Disparities

Other portions of New Mexico have had significantly different experiences. This is despite the fact that the health orders have been Statewide and, it is assumed, uniformly enforced.

On April 9th, McKinley County (with 3.5% of the State population) had 84 reported cases or 8.5% of all cases. On the same date, Bernalillo County with 32.4% of the population had 369 cases or 37.3%. By April 25th, McKinley had passed Bernalillo with 708 cases compared to 670 cases in Bernalillo.

Similarly, Dona Ana County, with 10.3% of the population, had only 44 cases on April 9th. At the same time Santa Fe County (7.1% of the population) had 70 cases. By April 25th, Dona Ana County, operating under the same rules, had jumped to 110 cases, surpassing Santa Fe's 95 cases.

It has been widely reported that the elderly, especially those with underlying medical conditions, are much more vulnerable. Reviewing a snapshot of cases from the week April 19-25, there were 40 deaths. Eighty percent of those were individuals over 60 years of age. All the younger had underlying health issues. Any local approach to the virus must include continuous focus on protecting this vulnerable community.

Unless there is a huge disparity in citizens' behaviors within the State, other factors are at work. This, if for no other reason, means different approaches are called for in different parts of New Mexico.

Pathway Forward

Based on the significant difference in COVID-19 impact in Southeast New Mexico, it is suggested that the State Health Order be amended to "carve out" southeast New Mexico for modified health rules.

This needs to be accompanied with a commitment by the DOH to do enhanced testing in these five counties. To double the number of tests conducted to date in all five counties would require less than one day of the State's testing resources. This will enable officials to spot any adverse trends. A three-week test period would enable changes in conditions to manifest.

Changes in restrictions in different parts of the State need to be municipality centric. Municipalities are where the citizens are located (in Chaves County, 5 out of every 7 residents live inside the city limits of Roswell). It is where services (fire, police, water, etc.) are based. It is where health care facilities are found, and it is where people shop, dine and worship.

Any new rules should be clearly identified as being the responsibility of the mayors of these communities. Mayors are widely known to the community and State officials. They are accountable to the voters and are already perceived (correctly or incorrectly) as the person "in charge" of the community.

By placing mayors in charge, all of resources of the municipality can be used to ensure compliance with health orders. This would free up NMSP personnel for other critical areas.

Specifically, it is suggested that mayors be given the authority to change the focus from “essential/non-essential” to encouraging low risk behavior while maximizing economic activity. Motels should be open to allow full occupancy. It needs to be noted that Lea and Eddy County hotels have been operating above the 25% restrictions for oil and gas operations but as shown above, these counties have very low rates of cases. medical and dental services should be resumed with the responsible health care professional setting standards they deem appropriate based upon their facility and patient population. Finally, houses of worship should be reopened with occupancy limitation (possibly 50%) and aggressive cleaning protocols.

The inverse to the fact that elderly and chronically ill people are much more vulnerable is the fact that young healthy individuals are significantly less vulnerable. Therefore, healthy exercise must be promoted. Outside athletic events, with reasonable social distancing, should be encouraged, not just tolerated. Gyms and fitness clubs should resume operations. Parks, local and state, need to be fully accessible.

Conclusion

The specifics of these new rules of operation are subject to discussions and negotiations. However, it is clear that this pandemic has not hit New Mexico in a uniform manner. Resources, responses, and restrictions must be tailored to the actual observed conditions in the different parts of the State. Southeast New Mexico is the obvious area with which to begin transitioning back to greater economic activity.

Note:

The data used is from the New Mexico Department of Health website <https://cv.nmhealth.org/> and from the John Hopkins University Center for Systems Science and Engineering (CSSE) website. The attached spreadsheets reflect data from these sources through Saturday April 25, 2020. Any errors are solely the author’s responsibility.