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SYSTEM

Institute of Government and Public Affairs
Task Force on the Impact of the COVID-19 Pandemic

POLICY SPOTLIGHT | SEPTEMBER 29, 2020

Ongoing Expert Advice on Pandemic Policies

Every American state has been improvising policies to deal with a pandemic that emerged quickly, has proven to be long-lasting, and is affecting in some manner virtually every person in the country and, perhaps, on Earth. It has been this way for more than half of 2020 and there are few, if any, signs that COVID-19 will abate anytime soon.

There's nothing novel in the outbreak and spread, far and wide, of a dangerous, infectious disease. Historians specializing in the early 20th century have been in demand to discuss the 1918-19 flu pandemic, which claimed 50 million lives worldwide and about 675,000 in the United States.¹ Many American adults have some memories of news of the SARS outbreak in 2002—mostly vague and limited memories because that disease was fairly quickly controlled in Asia, where it originated, without greatly affecting the U.S.

Even so, federal and state officials have been making up policy playbooks on the fly, at times copying from one another. As policymakers have been writing these scripts for how to

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proceed, they have aimed to do two things: one, protect public health by restricting normal activity while, two, striving to limit the bad side effects from suspended economic activity, isolation, and the abrupt disruption of work, education, recreation, worship, and nearly every other facet of life.

These side effects are an important but perhaps under-stressed point when evaluating policies aimed at controlling COVID-19. Restrictions on normal work and leisure activities, which both slow the virus' spread and also contribute to unemployment and business failure, present a difficult cost-benefit analysis. Are there alternative, comparably effective measures that would disrupt the economy less? How does one compare the costs of "excess deaths" or life-years lost with those of economic stagnation and rises in depression, suicide, and related social ills?²² Even when policymakers seek the best scientific and medical advice, few decisions are simple. There are medical-scientific facts and theories related to disease spread and control, and there are social-scientific facts and theories on societal responses to large shocks. Both are at play in fighting COVID-19 and weighing them together is a challenge. It is fair for the public to ask of leaders, "What kind of advice is guiding these rules? From whom? How are you balancing inconsistent or competing recommendations?"



IGPA is attempting to monitor, on an ongoing basis, the social and economic effects of the COVID-19 pandemic on Illinois residents with a set of Pandemic Stress Indicators (PSI). These indicators are intended to assist public officials making tough decisions, help inform the public about key aspects of the crisis, and bring the lived experiences of people from all over the state to bear on decisions made during this pandemic by both private and public actors. Together, the indicators harness the insights of experts and residents across Illinois to give a 360-degree view of the pandemic as it unfolds. The project grew out of work by [IGPA's Task Force on the Impact of the COVID-19 Pandemic](#).

One initiative in the PSI effort is a survey panel of experts. Rather than settle for a one-off document representing our best read of expert opinion on policy *circa* April, we created a process for continuing collection of diverse, informed opinion. In early May, with approval from the University of Illinois at Urbana-Champaign Institutional Review Board, we contacted dozens of experts in economics, public health, and vulnerable populations, inviting them to join a panel to which we would send periodic short surveys. We sought expertise from multiple kinds of experts precisely because of the inherent tradeoffs involved in pandemic policy. Seeking feedback from experts throughout Illinois specializing in economics, public health, and vulnerable populations ensures that we are considering input from individuals who view the world through differing lenses, and who are

members of a variety of communities throughout our state. Hereafter, this Policy Spotlight highlights select findings from several of these canvassings of experts.

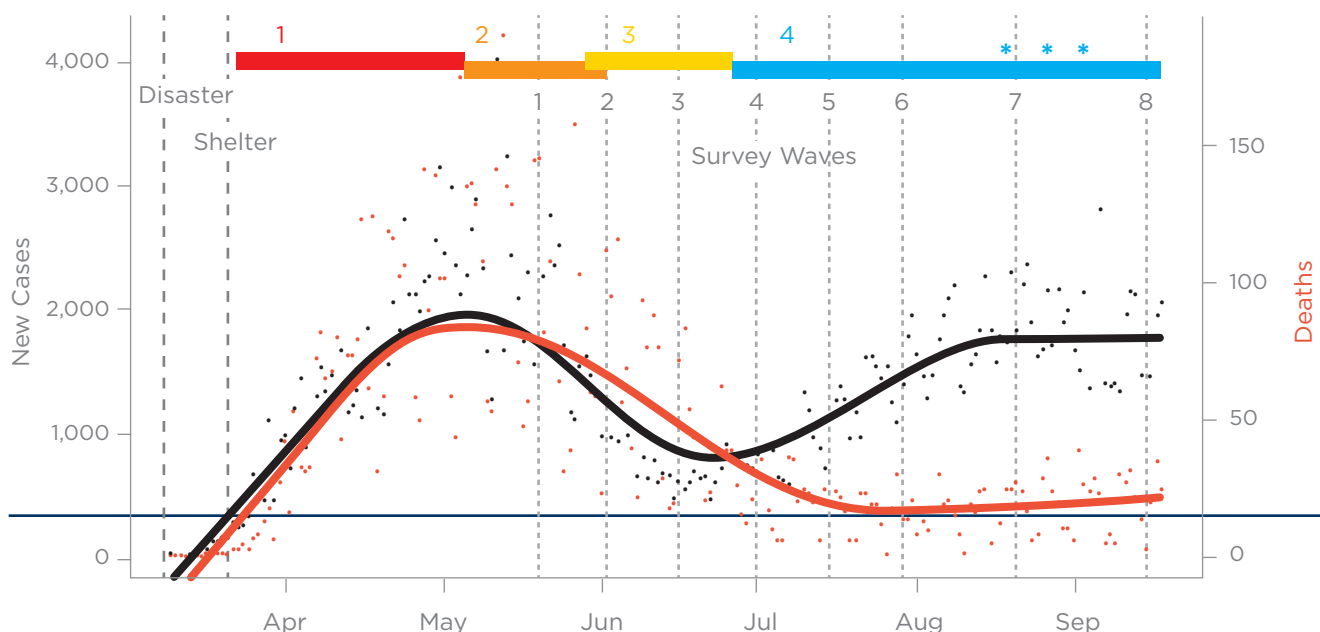
For context, Figure 1 shows two of the key statistics indicating how COVID-19 has progressed in Illinois since the first diagnosed cases in early March. Vertical lines on the left of the figure mark Gov. J.B. Pritzker’s proclamation of a disaster (March 9) and then the initial shelter-at-home order (March 21), subsequently extended and modified. Black marks are daily counts of new confirmed (active) cases, in the metric of the left vertical axis (maximum value 5,368, off of the chart, on Sept. 4), and red ones are daily new deaths recorded as having been caused by COVID-19, in the metric of the right vertical axis (maximum value 191, on May 13).³ The black and red lines show estimated smooth trends for cases and deaths, respectively.⁴

New cases of the disease have clearly followed a rise-fall-rise pattern, with the second wave having displayed a slightly more gradual rate of increase than the first, and, at time of writing, appearing to have flattened at approximately the same peak value. By contrast, new deaths, after peaking in early May, slowly fell until about mid-July. Thereafter, even as the daily number of new known cases crept upward, the daily death count has been

quite steady. As summer fades to fall, the good news is that the disease seems less deadly than it did in the spring. The bad news is that the case-load is still growing, and the plateau on the right of the deaths curve represents a steady continuation of excess deaths as compared to normal times.

At the top of the figure is a horizontal line showing how Illinois has been categorized in terms of the five “phases” of the pandemic, as defined by the *Restore Illinois* plan introduced by Gov. Pritzker on May 5. The introduction of that plan marked the transition from Phase 1 (“Rapid Spread”) to Phase 2 (“Flattening”). That plan divided Illinois into four regions, whose categorizations separately depended on local public-health statistics. However, the regions had similar public health experiences and so then moved in lockstep, with the exception of a five-day lag in switching from Phase 2 to Phase 3 (“Recovery”) for Region 1 (Northeast). The shift to Phase 4 (“Revitalization”) was made simultaneously in all four regions. In mid-July, the plan was revised to replace four regions with 11, all of which, at time of writing, remain in Phase 4, based on revised criteria adopted along with the re-definition of regions. However, rules for bars and restaurants were revised Aug. 25, and additional mitigation measures were introduced for Region 4 (Metro East) on Aug. 18 and again on Sept. 2, and for Region 7 (South Suburban) on Aug. 26, on the basis of test

Figure 1: COVID-19 Events and Trends in Illinois, March 10-Sept. 17, 2020



positivity numbers above a specified threshold.⁵ After reaching the threshold to lift these mitigation measures, Region 7 returned to Phase 4, with no additional restrictions, on Sept. 18.⁶ (Light blue asterisks on the figure indicate these additional restrictions.) Moreover, some localities have issued emergency ordinances with additional restrictions.

Finally, dotted vertical lines mark the launch dates of the first eight waves of the ongoing PSI expert survey being conducted by IGPA.

HOW MANY REGIONS (POLICIES) FOR ILLINOIS?

One of the most important decisions in implementing rules to mitigate the pandemic is how local the rules should be. Once Gov. Pritzker began formulating policies, promulgated by executive orders, key questions were: a) whether one set of rules should govern the whole state, or could rules be localized by region, county, some mix of county and city, and so on; and, b) if the latter, whether decision-making power should be decentralized so that localities could differ not only in their regulations, but also in the criteria by which they set those rules. Taking that final question first, in Wave 1 we asked, “Ideally, who should be setting or revising rules to ‘re-open’ Illinois?” Options were the following: the president; the president and Congress through the normal national legislative process; the governor; the governor and General Assembly, through the normal state legislative process; county and/or city officials; and uncertain.

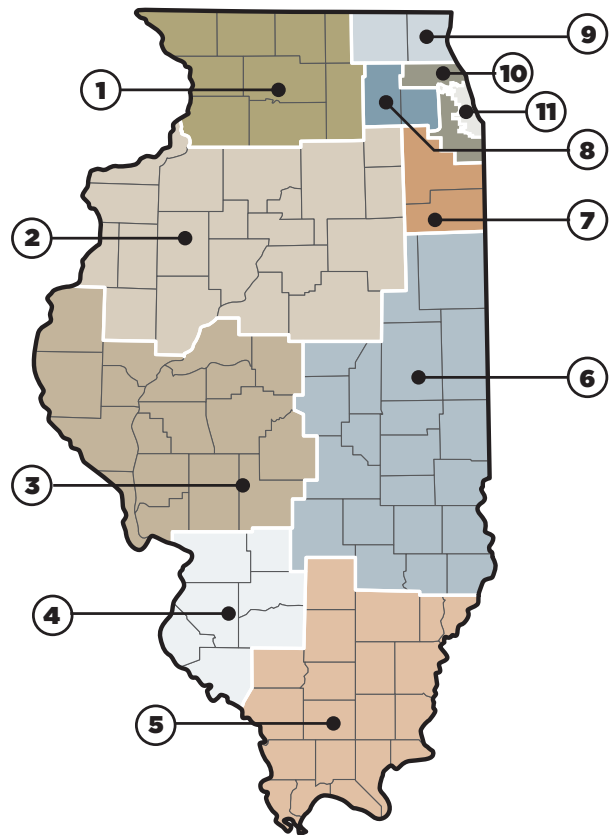
About 48% (14/29) said the governor should be in charge, which was then (and remains) the best summary of the situation descriptively in Illinois and most other states. Another 28% wanted state legislators involved as well, while only 14% preferred to see decision-making decentralized to local officials.⁷

With the governor setting rules, the question arises: how many distinct rules ought to cover the state? Our first-wave survey also asked:

The *Restore Illinois* plan groups 11 Emergency Medical Services regions into four larger regions (Northeast, North-Central, Central, and Southern Illinois) that can follow different re-opening schedules. What do you think is the right number of regions for stay-at-home or quarantine rules in Illinois?

The most extreme responses had limited appeal: only one respondent picked “one: only statewide

Map 1: Illinois Map Depicting Mitigation Regions



rules make sense” and only one respondent chose “more than 20: it should be possible to have variation by county or city.” Just under half (14/29) of the respondents thought that the then-current designation of four districts was a good choice, while 34% (10/29) selected “5-20: more regional variation would be useful.”

Following the revision of *Restore Illinois* in mid-July, which increased the number of regions from four to 11, we returned to this topic in Wave 6 of the survey. Support for the status quo was slightly higher, with 54% (14/26) endorsing the revised plan, and only 15% (4/26) indicating that they thought four regions were preferable. Others indicated that they were unsure (5), would like only one statewide policy (1), or preferred even more than 11 regions (2). On the whole, there has been broad support for the degree of decentralization in implementation of pandemic rules among our respondents. The recent shift to permit more within-state variation increased respondents’ approval, and the main exceptions are now those who are uncertain about the best policy.

WHAT RESTRICTIONS?

Of course, the heart of the matter is *which* restrictions on normal life should be in place across these regions. In multiple waves, we have asked the experts to weigh in on whether particular rules associated with the phases were sensible, too restrictive, or not restrictive enough. In the first wave, as new cases and deaths were both beginning to decline, 37% of respondents (11/30) thought that “officials should ease the restrictions to allow more public and economic activities.” By Wave 3 in mid-June, the only one of seven specific regulations that a majority of our respondents judged not “sensible” was allowing indoor worship services, which 74% (25/34) regarded as insufficiently restrictive.

As Figure 1 illustrates, by the time we launched our fourth survey, starting July 1, it was becoming clear that the number of new COVID-19 cases had stopped falling, and by the fifth survey wave (mid-July), it was clearly the case that a second surge of the disease was building. In the fourth and fifth waves, our respondents expressed more reservations that policies were not restrictive enough. In Wave 4, majorities judged open theatres, bars, houses of worship, and, indeed, gatherings of up to 50 people to be not restrictive enough. Table 1 shows that only two restrictions were regarded by a majority as sensible, as opposed to “not restrictive enough,” by the time we again asked for these judgments in mid-July, as part of Wave 5.



One of the “sensible” restrictions was opening of child-care and summer camps, which are probably viewed as especially important because so many parents cannot return to normal work routines without some form of out-of-home child care.⁸ Interestingly, the other “sensible” restriction was opening of hair-care shops. While having one’s hair cut or styled necessarily involves two people (barber or stylist and customer) being in close proximity, both can wear masks and, presumably, remain distant from others. It appears that crowding and congregating—whether in theatres, arenas, churches, gyms, etc.—is what worried our experts most, particularly when done indoors.

Table 1: Opinions on Some Phase 4 Openings/Restrictions

Allow...	Wave 4 (early July)		Wave 5 (mid-July)	
	Not restrictive enough (%)	Sensible (%)	Not restrictive enough (%)	Sensible (%)
Gatherings of 50 or fewer	58	42	63	37
Primary, secondary, higher education	28	72	-	-
Child care, summer camp	-	-	26	74
K-12 schools open	-	-	50	50
Indoor restaurant dining	56	44	56	44
Fitness clubs and gyms	43	57	67	33
Theaters and cinemas	58	42	70	30
Indoor worship services	60	40	81	19
Youth sports	-	-	56	44
Hair care	-	-	23	77

Exact question wordings differed slightly by wave and are reproduced in the appendix. Because of non-responses, row percentages are based on slightly different totals: 23-26 for Wave 4 and 25-27 for Wave 5, with 19 having completed both waves.

That indoor-outdoor contrast had, indeed, been echoed in some questions from our third wave, administered in mid-June, about when our respondents anticipated (again) being personally comfortable with various activities. For instance, in regard to restaurant dining, the percentages reporting being comfortable “now” (mid-June) or expecting to feel comfortable with that activity by the end of summer were, respectively: 78 and 15 (take-out), 32 and 29 (outdoor dining), and 11 and seven (indoor dining).

One direct policy recommendation reflecting the preference for outdoor over indoor events emerged in the fifth survey wave. We offered a series of claims about resuming schooling, including “Schools should prioritize using outdoor space for some instruction while weather permits.” That argument secured 50% of respondents agreeing strongly, and another 42% agreeing (not strongly).

“Schools should prioritize using outdoor space for some instruction while weather permits.”

WHAT WILL ILLINOIS LOOK LIKE AT THE END OF 2020?

In multiple waves, we have asked our respondents to forecast into the near future. Obviously, predictions about how the pandemic will progress are inherently difficult, given that policies and behavioral norms have been shifting with news about public health data, as well as the politics of the pandemic, and will continue to do so.

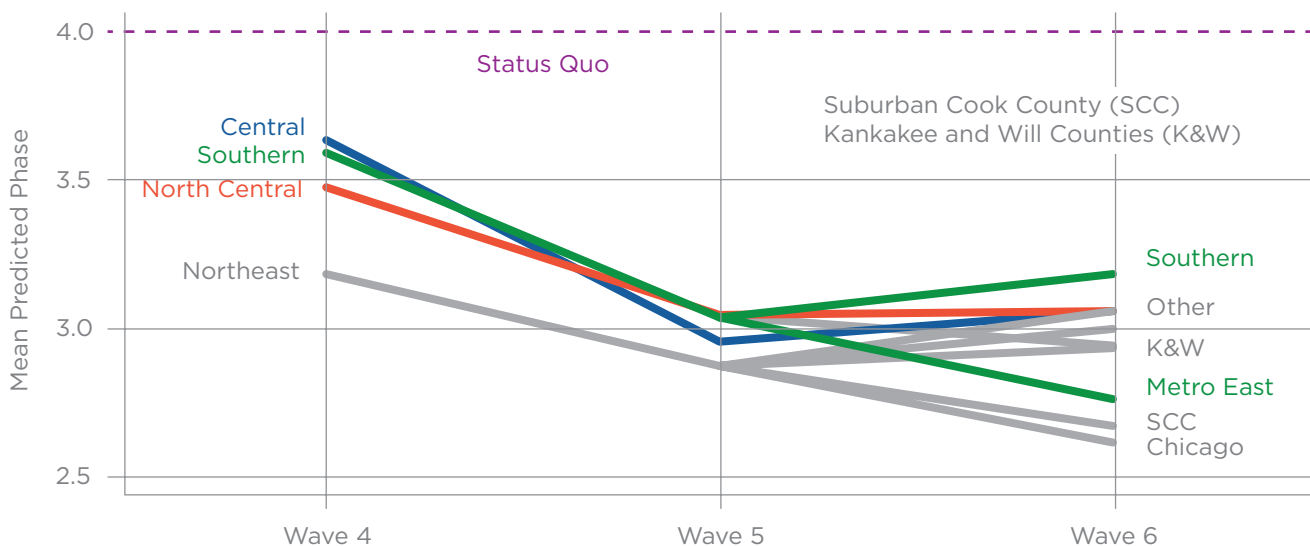
When we ask our expert panelists how they expect Illinois to look by the end of 2020, we are effectively asking them not only to predict how the disease will spread, but how laws and rules will be revised (or not) and how behaviors and norms will shift (or not), to alter (or not) the patterns of contagion unfolding at the time of the survey.

In Wave 2 (early June), we asked respondents if they expected an improvement by way of a shift from Phase 3 to Phase 4 and/or a regression to Phase 2 in any regions of Illinois. The most popular answer on slipping backwards was a prediction of return to Phase 2 sometime between August and December, a view held by 52% (15/34). Experts were less certain about improving conditions, but 26% (9/34) said (correctly, as it turned out) that at least some parts of Illinois would shift to Phase 3 before the end of July.

More recently, we have asked for predictions about conditions at the end of 2020. In Waves 4 and 5, we sought predictions of what Phase (1-5) each of the original four regions of Illinois would be in, and in Wave 6, we asked about the revised 11-region map. Figure 2 shows the mean values from these responses.

The status quo at the time of each of the surveys was Phase 4, so one salient point about these predictions is that, on average, the experts have

Figure 2: Experts’ Expectations about December 2020 (End-of-2020 Phase Predictions)



consistently expected a slide backward. Some predicted no change from Phase 4, a very few foresaw an improvement to normalcy (Phase 5), but only in Wave 4. However, the average of the responses was between the third and fourth phases in the fourth wave, and then, roughly, Phase 3 for the Wave 5 and Wave 6 responses. Only Wave 6 asked for 11 separate predictions, and these are the final data points. Seven are clustered very close to Phase 3, with four others standing apart: Region 5 (south) had the highest mean predicted phase (3.19), while its neighbor Region 4 (Metro East) had the third lowest (2.76). At the very bottom are Regions 11 (Chicago, 2.62) and 10 (suburban Cook County, 2.67), meaning respondents are the least optimistic about how these parts of the state will fare.

In the seventh wave of the survey, we presented a figure similar to Figure 1 above, for data running through Aug. 20. At that point, the new-cases time series was not yet flattening. We asked what pattern in each series the respondents expected to see over “the next few months.” Almost half (10/22) predicted further rises in both new cases and deaths. About a quarter (6/22) foresaw further increases in cases, but a consistent (flat) daily death count. Only about a fifth (4/22) expected neither cases nor deaths to increase.

Three months from year’s end, it is premature to evaluate the accuracy of these various forecasts. Moreover, criteria for shifting between phases have been altered, and an intermediate stage of adding additional rules for mitigation without re-classifying the phase was adopted in mid-July. Such policy tweaking could make it especially hard to evaluate summer predictions in the winter. At a minimum, however, these data strongly suggest that our experts are pessimistic about putting the pandemic behind us anytime soon.

The virus was dubbed “novel” for a good reason: even medical experts have been scrambling to understand its nature. Because the SARS-Cov-2 virus that causes COVID-19 has been shown to have more (and worse) effects than was first appreciated, it is not surprising that views of best practices and policies have also shifted. Growing public impatience with awkward remote schooling, uncomfortable masks, and cancellation of so many forms of recreation and relaxation is easily understood. But such restlessness is potentially



dangerous since reducing contagion requires adherence to rules. One expert, in Wave 4, summarized concerns with public opinion about the situation: “Policy, understanding and expectations are not in line with what infectious disease experts know—we are in the first mile of a marathon.”

“Policy, understanding and expectations are not in line with what infectious disease experts know—we are in the first mile of a marathon.”

The results above represent only a small fraction of the expert opinion we have tracked for the PSI. More survey results, including opinions on how to encourage mask wearing and expectations about unemployment levels, are available in short analyses of each survey wave, at the newly launched webpage for the [Pandemic Stress Indicator Expert Panel](#).

Since the inception of this expert panel, IGPA has also launched another Pandemic Stress Indicator, a journaling project that draws from the life experience of citizen-scientists throughout Illinois. In collaboration with [I-STEM Illinois](#) and the [Family Law and Policy Program](#) at the University of Illinois College of Law, IGPA has gathered citizen-scientists across Illinois to share how COVID-19 has affected them and their communities and to chronicle strategies for resilience. Our goal, as ever, is to broaden and enrich the pool of informed opinion on best public policy, based on experience and expertise.

As Illinois continues to grapple with the pandemic and as policies adapt, we will be regularly checking back with our expert panels. Topic selection is driven by events, and we hope in the not-too-distant future to be asking our experts how they think vaccination is proceeding in their areas of the state.

APPENDIX

Select Survey Questions Referenced Above

Exact survey questions from all waves are reproduced in the short wave reports available at the [IGPA website](#).

W1.Q2. In March 2020, in response to the COVID-19 outbreak, officials issued a series of orders declaring Illinois to be in a state of disaster, and requiring most individuals to stay at home, except for essential activities. Should these orders be altered in any way in the coming week, starting Monday, May 25?

- Officials should ease the restrictions to allow more public and economic activities.
- Officials should leave the present orders in place unchanged.
- Officials should tighten the restrictions to allow fewer public and economic activities.
- I'm uncertain what officials should do.

W1.Q5. Ideally, who should be setting or revising rules to “re-open” Illinois?

- The president
- The president and congress, through the normal national legislative process
- The governor
- The governor and general assembly, through the normal state legislative process
- County and/or city officials
- I'm uncertain

W1.Q6. The “Restore Illinois” plan groups 11 Emergency Medical Services regions into 4 larger regions (Northeast, North-Central, Central, and Southern Illinois) that can follow different re-opening schedules. What do you think is the right number of regions for stay-at-home or quarantine rules in Illinois?

- One: only statewide rules make sense
- Two, in case the greater Chicago area needs different rules from the rest of the state
- Four: the current plan is sensible
- 5-20: more regional variation would be useful
- More than 20: it should be possible to have variation by county or city
- I'm uncertain

W3.Q2. All of Illinois has now shifted to Phase 3 (Recovery) under the Restore Illinois plan, based on data pertaining to COVID-19 cases and medical capacity, plus testing and tracking capacity. Chicago lagged behind the rest of the state by only a few days. With a little bit of experience of the new rules, do you think the following Phase 3 provisions, easing previous restrictions, are sensible, not restrictive enough, or too restrictive? (If you are not sure what to think about a given rule, you can leave a row blank.)

Response options: too restrictive; sensible; not restrictive enough

- Gatherings of 10 or fewer allowed.
- Allow youth sports training with distance, but no games.
- Allow outdoor seating at restaurants, with distance and caps on party size and total capacity.
- Allow hair-care facilities to open, with masks, customer distance, and total-customer caps.
- Non-essential businesses allowed to open with distancing and capacity restrictions
- Remote learning in P-12 schools and higher education; limited child care and summer programs open with IDPH approved safety guidance
- Allow indoor worship services, with guidance (not restrictions) on capacity, cleaning, and conduct

W4.Q3. Below are some of the revised restrictions on life now in place for Phase 4. How would you characterize each rule? If you are not sure what to think about a given rule, you can leave a row blank.

Response options: too restrictive; sensible; not restrictive enough

- Gatherings of 50 or fewer allowed
- P-12, higher education, preschool open, with safety guidance
- Bars and restaurants open, with capacity limits and safety guidance
- Health and fitness facilities open, with capacity limits and safety guidance
- Theaters open, with capacity limits and safety guidance
- Indoor worship services permitted, with safety guidance

W4.Q5. What is your best guess of how each of the regions in Illinois will be classified at the end of 2020? If you're comfortable guessing only about select regions, feel free to leave rows blank.

	Phase 1 Rapid Spread	Phase 2 Flat- tening	Phase 3 Recov- ery	Phase 4 Revital- ization	Phase 5 Illinois Restored
Northeast					
North- Central					
Central					
Southern					

W5.Q2. Since our last survey, two weeks ago, Illinois has seen increases in confirmed cases and positivity rates. Central Illinois has seen an increase in the percentage of confirmed cases resulting in hospitalization. In light of such changing data, we would like your opinions, again, on some of the Phase 4 regulations. Response options: too restrictive; sensible; not restrictive enough

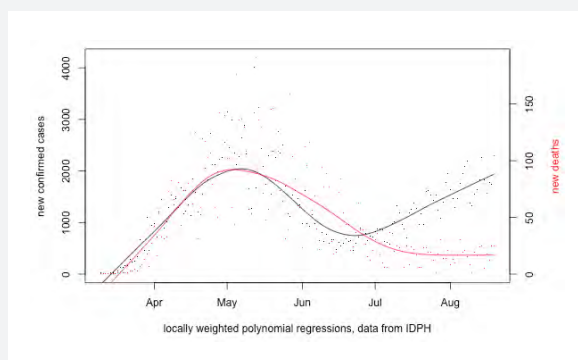
- Allow gatherings of 50 or fewer.
- Allow youth sports, with venue capacity limits.
- Allow indoor dining at restaurants, with distance and caps on party size and total capacity.
- Allow hair-care facilities to open, with masks, customer distance, and total-customer caps.
- Allow cinemas and theaters to open, with 50-guest caps, and concession regulations.
- Allow child care and summer programs to open with temperature checks, masks (except for infants), and capacity caps.
- Allow indoor worship services, with guidance (not restrictions) on capacity, cleaning, and conduct.
- Allow gyms and fitness clubs to open, with distance rules and 50-guest caps.
- Allow K-12 schools to re-open, under guidelines, and with district discretion over details.

W5.Q6. Finally, we will ask you once again, to forecast, based on present data and trends, how you think the four regions of the state, as defined by Restore Illinois, will look on

December 31, 2020, (As always, you can skip a row if you are not comfortable making a prediction for that area.)

	Phase 1 Rapid Spread	Phase 2 Flat- tening	Phase 3 Recov- ery	Phase 4 Revital- ization	Phase 5 Illinois Restored
Northeast					
North- Central					
Central					
Southern					

W7.Q2. Since late-June, trends in new cases of COVID-19 and in deaths from COVID-19 in Illinois have diverged. There has been a steady increase in new cases (a “second wave”), but the number of deaths each day has largely held constant. Previously, over the first wave, the two series had looked very similar. There are many theories for what explains this changed pattern, which is not unique to Illinois, but there does not yet seem to be consensus on one or two main factors. Regardless of why cases and deaths are no longer in sync, what do you expect to see in these data over the next few months?



- New cases will keep rising and deaths will stay level
- New cases will level off or fall and deaths will stay level
- New cases will keep rising and deaths will also start to rise
- New cases will level off or fall and deaths will start to rise
- Other
- I'm uncertain

PANELISTS

We are extremely grateful to the following individuals, all of whom have completed at least one wave of our PSI expert-survey series.

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Alicia Plemmons, Southern Illinois University at
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Carolyn Pointer, Southern Illinois University

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Tyler Power, Quad Cities Chamber of Commerce

Elizabeth Powers, University of Illinois at
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Tracey Smith, Southern Illinois University

Nicole Summers-Gabr, Southern Illinois University

James Swartz, University of Illinois at Chicago

Kevin Sylwester, Southern Illinois University

Moheeb Zidan, Knox College

ENDNOTES

¹ Centers for Disease Control and Prevention, “1918 Pandemic (H1N1 Virus),” accessed Sept. 18, 2020, <https://www.cdc.gov/flu/pandemic-resources/1918-pandemic-h1n1.html>.

² Wilson, Robin Fretwell, et al, “The Pandemic on Main Street: As State Restrictions Relax, Local Leaders Face Tough Choices,” NPR Illinois, May 28, 2020, <https://www.nprillinois.org/post/pandemic-main-street-state-restrictions-relax-local-leaders-face-tough-choices#stream/0>, last accessed Sept. 24, 2020.

³ Retrieved from the Illinois Department of Public Health, by periodic checks of <https://www.dph.illinois.gov/covid19/covid19-statistics>, last accessed Sept. 17, 2020.

⁴ These are estimated by locally weighted polynomial regressions (lowess), with a smoothness parameter of 1/3 defining “locally.” Both full time series, but especially deaths, exhibit a marked day-of-the-week pattern that may be, in part, an artifact of reporting practices. Trends estimated by averaging separate lowess estimates for each day of the week’s distinct time series are very similar to those pictured in Figure 1.

⁵ Illinois Department of Public Health, “Restore Illinois,” <https://www.dph.illinois.gov/restore>, accessed Sept. 22, 2020.

⁶ “State Lifts COVID-19-related Restrictions on Will, Kankakee Counties,” Daily Herald, Arlington Heights, IL, Sept. 18, 2020, <https://perma.cc/C3KM-85L2>, accessed Sept. 24, 2020.

⁷ The IGPA website features short reports of findings for each expert-survey wave. Results reported here may not match results from those reports precisely, as the reports are usually written within about four days of the survey launch, and we often receive a few later responses, included in calculations here, but necessarily omitted from the prior reports.

⁸ Powers, Elizabeth T., “Policy Spotlight: Child Care Is Foundational for Economic Recovery,” Institute of Government and Public Affairs, University of Illinois System, June 19, 2020, <https://igpa.uillinois.edu/report/policy-spotlight-child-care-capacity>, last accessed Sept. 24, 2020.



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- Pg. 1 - Diner, #1226610053 by Pedro Talens Masip
- Pg. 2 - Cinema audience, #1226318229 by Vladimir Vladimirov
- Pg. 2 - Gym workout, #1227598210 by svetikd
- Pg. 5 - Praying man, #1220682823 by Jair Ferreira Belafacce
- Pg. 7 - Hair salon, #1227224617 by BakiBG
- Pg. 10 - Survey, #1166079313 by Andrey Popov
- Pg. 11 - Masked student, #1251047993 by fstop123