COVID-19 Series – Episode 5
Recovery after COVID-19. Conversation with Charlottesville FD
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Ed Comeau: Hi this Ed Comeau with CRR Radio. In this episode, we're continuing our look at the COVID-19 pandemic across the nation and around the globe, but we're doing a little bit different in this one. In the previous ones, we've been looking at what departments are doing to plan and prepare for their response to it, but in this particular one, we're going to take a look at the other side, what fire departments and cities can do to plan for recovery from this kind of pandemic, which is certainly new to everybody. So with that, let's get into the show.

Ed Comeau: And today is Wednesday, April 15th, and on the phone today we have Chief Andrew Baxter from Charlottesville fire department and Deputy Chief Joe Powers who heads up their CRR division. Gentlemen, I appreciate you taking the time out to join us today on CRR Radio.

Andrew Baxter: Well thank you.

Joe Powers: Thanks for having us.

Ed Comeau: We've been focusing in the first four episodes of CRR Radio on the lead up and the planning and the preparing that everybody's doing. And I think on this one, what I definitely would like to do is shift the focus a little bit and look at what the recovery is going to be. But maybe, Chief, you could just give us a little bit overview of what things are like right now in Charlottesville before we start getting into that. Where are you at right now, and what's been your planning, and what's going on down there?

Andrew Baxter: Sure. So we're located in central Virginia city of about 50,000 people, and we're surrounded by Albemarle County, and home of the University of Virginia. So from an emergency management and preparedness perspective, we operate under a regional structure, city of Charlottesville, Albemarle County, and the University of Virginia. So for a little over a month now, we've been operating out of our emergency operations center and engaged in a planning process and the three localities, if you will, and then also regionally, and coordinating with the state where it's appropriate, and really essentially tweaking plans for a pandemic environment. And at this point, I would say the phase we're in is continuing to refine those plans and those policies and those practices. We await the first wave of COVID patients to arrive in our area.

Ed Comeau: And so the surge really hasn't hit. You haven't peaked yet in terms of COVID patients?

Andrew Baxter: No, and as I'm sure everyone else in the country's doing, we're looking at various models. The Commonwealth of Virginia just last week in a partnership with the University of Virginia and RAND Corporation pushed out a new model that has Virginia specific data in it, which obviously will make it more accurate for this community. And what we're seeing from that model is that if we continue our current social distancing practices and we're under a statewide governor's executive order that mandates that, as are most other States at this

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point, if we continue those practices and continue to see the rate of rise flattened, they call it a pause, that we will see our peak in early August actually, which gives the health system and the rest of us plenty of time to create systems and capacity in our various health system to absorb that spike in patients.

Ed Comeau: Well, it's incredible looking at this, and when you say August, to think of it going that far out is just really incredible. So it does give everybody time to ramp up and get ready and prepare. But one of the things I noticed, Andrew, is that Joe had sent me a great document that we posted on our website, the city recovery planning chart, that's looking at the after effect. You're planning, you're preparing, you're getting IAP in place, getting all your personnel ready to respond, but on the other side of it all when it all passes by, how do we come back from something like this? And I was hoping you could expand upon that a little bit. What's your process? What are you looking at for coming back off of the COVID-19?

Andrew Baxter: Sure. So I think one thing that everyone should understand is that this is a work in progress for us as well. And the metaphor we've used, and it's not original to us, but we're laying the railroad track as we're driving the engine down that track. It just occurred to a number of us when we began to wrap our brains around how long this process is likely going to last, there really is no end point at this point, that this was going to be a different process than the standard demobilization from an incident or the standard back end of a COOP process where you might have a recovery and reconstitution element in your COOP plan.

And one of the ways we talked about it early on was this isn't the day after a snowstorm when you turn the city of Charlottesville back on and everything starts up again. And even more broadly, it's also different than recovering from a hurricane or a tornado. The focus really in this instance is on human infrastructure. So the risk here is the transmission of a viral disease. So that then drives all of the planning and is really the critical variable in how we're going to figure out how to recover into a new normal. The idea that we're going to go back to the state that we were in in February of 2020 is just not realistic given the fact that we don't have a vaccine and probably won't see one for the next year or two. So that really reframes recovery in a completely different way.

I sat down with Joe probably three or four weeks ago and began having this discussion, and then framed out a basic concept of how we want it to look at the next six months to nine months, and then began to look at what kind of processes we would need to put into place to evaluate what were we doing before, what are we doing now, and then what do we want to do as we're able, based on the best advice of the medical community are able to turn back on, and how does that look and what do we do? One of the other things that we really wanted to make sure that we capture here is we've obviously encountered some efficiencies in how we operate as a city, as a fire department, as a broader regional community, and we need to start capturing

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those now. And whether it's teleconferencing, or Zoom, or working from home, how we use PPE in the fire service. There's a host of issues that we've really become experts on, because it's been forced upon us. But it would be a shame if we lost that knowledge just trying to go back to the old normal.

Ed Comeau: And you bring up an excellent point here about things are not going to be the same. They're going to be some long lasting impacts, and it's going to be pretty interesting to see what happens. So this document you've put together, can you go into that a little more detailed and explain what it's all about? What's your thought process on it?

Andrew Baxter: Sure. So basically, we've got a timeline, and then we've got on the horizontal axis and then on the vertical axis, basic functions of our local government, and then married to that are phases of what a recovery period will likely look like coming out of a pandemic. So tied to containment or mitigation is really the first important question you have to ask. Which phase are we in? Meaning are we in a phase of containment where the public health officials can do contact tracing and isolation, or is their community spread and now we're in mitigation. And then how do we go back to containment, and what does that mean for every function of local government across that timeline?

Ed Comeau: Oh, and by the way, folks, we will have a link to this document on the show notes, and it's also on our webpage in the coronavirus library. So I know we're trying to talk about a visual here on a audio podcast, but across the top, it's laid out by months, but that's just a place holder, because all of this is going to be predicated on data, what's actually happening. It's not necessarily that this step's going to happen in April or May or something like that. Is that right?

Andrew Baxter: Right. Yeah. And the way we've talked about this is that we're going to try to the degree that we can to identify the steps within each one of those time periods, but that time period is going to extend or retract based on the state of the disease in the community, and the state of the health system, and the state of our workforce. So we'd like to hope that the steps along that pathway are the same, whether it takes six months or six days, and that's kind of where our work is right now.

Ed Comeau: So is this something that's citywide or specific to the fire department that you're looking at in this planning process?

Andrew Baxter: It's citywide. And I think what we're going to learn here in the next couple of weeks with Joe's work with each of our city departments is how this applies in each of those environments. And obviously, we start thinking about things from a public safety framework because that's what we do. But as we often tell people that are new to the incident management system and the planning process, it really doesn't matter what discipline you're planning for. The planning process is the planning process. So we're pretty confident that this exercise, if you will, this new planning tee for recovery in this environment is going to be applicable in all the various disciplines of our local government

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Ed Comeau: And, Joe, and in developing this, is this something that you have already started partnering with the other agencies in the city, or is this, in essence, a proposal that you lay out to them as to the process that we can go through?

Joe Powers: Oh yeah, thanks. So we're moving forward, and we're partnering with agencies within the city already, and we started that process last week with some really good discussions. And then yesterday, we had the first, can't say a face to face meeting anymore, but it was a facilitated discussion over teams or Zoom on what needed to happen in order for us to get through each of the three phases that we developed and what the new normal looks like. And one of the things that I do want to mention is that this is the culmination of a lot of minds coming together, a lot of brainstorming, and it's a work in progress. Like the chief said earlier, it's changing every day, because once we start to deploy it like we did yesterday with social services, I realized that there were things that can be updated, and we did so.

But one of the other things that we found was one of the best resources for this type of a recovery came out of the American Enterprise Institute. And it's a document that you could Google called the National Coronavirus Response, A Roadmap to Reopening, and that really helped us to define the phases, the benchmarks in order to go from one phase to the other, and really what it looked like and how long it could take for us to get to essentially a phase three where most of the restrictions across the community are lifted. But yesterday, had a great conversation with the Department of Social Services, and tomorrow, I'm deploying to a Public Works. The treasurer's office is happening on Friday, and everybody is starting to get on board with looking beyond their computer screen or looking beyond their office door and seeing what is out there.

Because one of the biggest takeaways from the social workers or the social services leadership yesterday was how long this could really take for us to get out. And that even though many of the services that are deployed, especially in social services, many of them are mandated in many of them cast to continue to move forward, but we can't do it the same way that we always have, and we have to plan for what recovery looks like if this becomes our new normal. And a lot of the things that we're doing today are going to be our new normal. We've deployed that and pushed it out to many of the departments, and they've started the process for road mapping their recovery.

I developed a three step process that does not match the three phases within the recovery chart, but I have a three step process for working with each of the individual departments. In that first step is for all of the leaders to get together and really identify the core programs and services that they provide both internally and externally.

So external programs are focused more toward the community. Internal programs are focused more toward our staff, our training, payroll and administration. Once we did that, I wanted to understand what programs were in place before COVID hit our community and what programs are in place now,

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and to describe each one of those and how those changed. And one of the things that we found was the efficiencies that are being almost, for the lack of a better term, exploited because of COVID.

Social services found that using FaceTime and Google Duo to communicate with their adult protective service clients is actually a really good way to do daily check-ins rather than going knocking on doors. Unfortunately, our social workers can't knock on doors and do face-to-face contacts with some of our most vulnerable populations, but they found it very interesting how many of the adult population, the elderly population have the technology and are willing to use it to interact with local government. And that was one of the big aha moments for them yesterday was that's one of the things that will likely move forward.

One of the other things that came out yesterday with social services was because everybody is working remotely, now they're scanning all of their mail and all of their documents. And in doing that, it's providing us a date and timestamp, and the organization and the documents are much more readily available to the entire staff. Things aren't getting lost on people's desks anymore, and the whole process for document management has become very efficient. And that really falls into that step, too, where once they've identified everything that they're doing, they're moving forward. And now I'm talking with each of the departments to understand what programs are in place, which ones have limited but they're still full service but they've been modified, which programs are limited, and which programs are we just not doing any more like internal training or onboarding of new staff as something that a lot of our departments aren't doing right now because of the pandemic, but that is something that we're going to have to do and we're going to have to do it in our new normal while COVID is still around.

So that's where we need to start understanding what is it that we need to do in order to hire people, to do interviews, to do all of the checks and balances that we do with HR, how do we do that without some of the direct face-to-face or close contact that we normally have? And then I'm asking each of the departments once they've identified how are all of the programs have changed, what happens when we transfer from phase one, which is where we are now with the control, they're slowing the spread, what happens when we transfer to phase two? What happens when we transfer to phase three for each of these programs? Because that really allows the departments to understand what needs to happen, where are the efficiencies are that we need to capture and the service delivery models have inherently changed and likely don't need to go back to a traditional model. Traditional meaning prior to February 1st.

And in that last step is once we've figured out where everybody's going with their programs and where they're going with their phases, what is it that we need to change within the workplace environment? How do we manage our staff and how do we manage the areas for which they work, but also where are the policies that need to be changed, because we're in a new environment and

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likely our policies are reflecting our older environment. And that's where we're going with recovery from a city standpoint.

Ed Comeau: Now, one of the things I'm curious, earlier, Andrew had mentioned incident management system and obviously the fire service is very used to it. That's the world that you guys work in all the time. With your interfacing that you're doing now with all these other city agencies, is the fire department taking the lead on this whole process? Is this something that they really hadn't thought about and hadn't created such a structure as we're seeing here because of your experience with incident management leading the way?

Joe Powers: I think we're in a good spot, Ed, because the multiple agencies that we've pulled in early to our both local and regional incident management teams, and even the EOC, we're creating some really good relationships and having some of these discussions early so that folks understand where we need to be going. I wouldn't say that the department is taking a lead on it, but we're, we're helping to push people along and providing them the tools and the facilitation they need in order to develop good recovery plan.

Andrew, did you have something that you wanted to say?

Andrew Baxter: Yeah. Yeah, I would respectfully say it a little bit differently. I would say the fire department has taken the lead on it, and Joe's being modest, which is one of the additional qualities that Joe brings to the table, but one of the other things that's important to understand about our community, and how we operate as a city in this environment today, which is unprecedented obviously in terms of their risk, it's been over a century since we've had a major pandemic, is the experience that we had in August, 2017 with the Unite the Right rally and the riots and civil unrest.

And so that experience plus the one year anniversary of that rally, and then the two year anniversary, and then every other smaller incident related to that, a series of felony trials, et cetera, et cetera. There are a good number of folks still in leadership positions in city government, and county government, and at the university that experienced that at some level. We've had incident management teams deployed in our community in a significant way three times in the last three years. It's not a foreign concept. I think many of our folks really do look to the fire service and public safety to play a lead role, and one of the things that we're really emphasizing early on when we stood up our city incident management team was principles that people in the fire service in the IMT world are very familiar with. It's not about rank. It's about capability and we share information and five of those are bad. And so some of the normal things that exist within a local government bureaucracy, not as a bad thing, but it's just normally how we work, we sort of took those off the table from day one, and generally speaking, that way of thinking about the environment that we're operating in now has been accepted by our workforce, which is a good thing.

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Ed Comeau: And Andrew, looking down the road when, I wouldn't say it's all over but certainly has become more manageable, what changes do you think you and your peers are going to see in the fire service? What's going to become permanent that has changed since February?

Andrew Baxter: So I don't think there's probably a fire chief in the U.S. Or Canada that isn't thinking about the fiscal impact on our ability to provide these services. I think we're going to be even more than we are now as a leader in mobile integrated healthcare and community paramedicine, I think we're going to be one of the legs of the stool that include public health, emergency medical services, tertiary care hospital systems, community based care. I think most people have now figured out that the fire service is a critical partner in that moving forward.

So I think that'll be embedded in how our communities look to us into the future. How we pay for all that? That's a big question, and so back to the fiscal impact. And I don't know what the answer to that is. I also think that many communities, a couple of years from now, we'll see perhaps in a new way how critical an effective local government is to a vibrant, resilient, economically strong community. We do a lot of stuff in the background as local government and in the fire service that really props up the opportunity for people to have successful businesses, and a good education system, and good social networks, and we're that infrastructure, a key piece of that. And I hope that people will see that in a new way when we come out of this.

Ed Comeau: Well, we've been talking with Chief Andrew Baxter and Deputy Chief Joe Powers from the Charlottesville Fire Department down in Virginia focusing on the aftermath, the recovery process that will go on after COVID-19.

Ed Comeau: And Andrew, Joe, I really appreciate taking the time out of your busy day down there. I know you're going 90 miles an hour, and I really appreciate you taking time to share all this with us on CRR Radio.

Andrew Baxter: It's our pleasure. Thank you so much for having us.

Joe Powers: Thanks, Ed. I appreciate it. I appreciate the opportunity.

Ed Comeau: You had been listening to a special edition of CRR Radio focusing on what departments across the country are doing in response to the COVID-19 pandemic. I also want to remind you the coronavirus shared resources library that contains a wealth of information relating to policies and procedures that you might find helpful, or if you have something you want to contribute, you can do it all that strategicfire.org/coronavirus. CRR radio is a production of Vision 2020, and it's produced by me, Ed Comeau, and edited by Rich Palmer. Be sure to subscribe and follow us on Twitter and Facebook at Strategic Fire. Thank you for listening.