



**New River Valley Public Health Task Force  
After Action Report  
COVID-19 Pandemic Response**

Spring 2023

**Be committed.**  
**Be well.**



is committed. Be well





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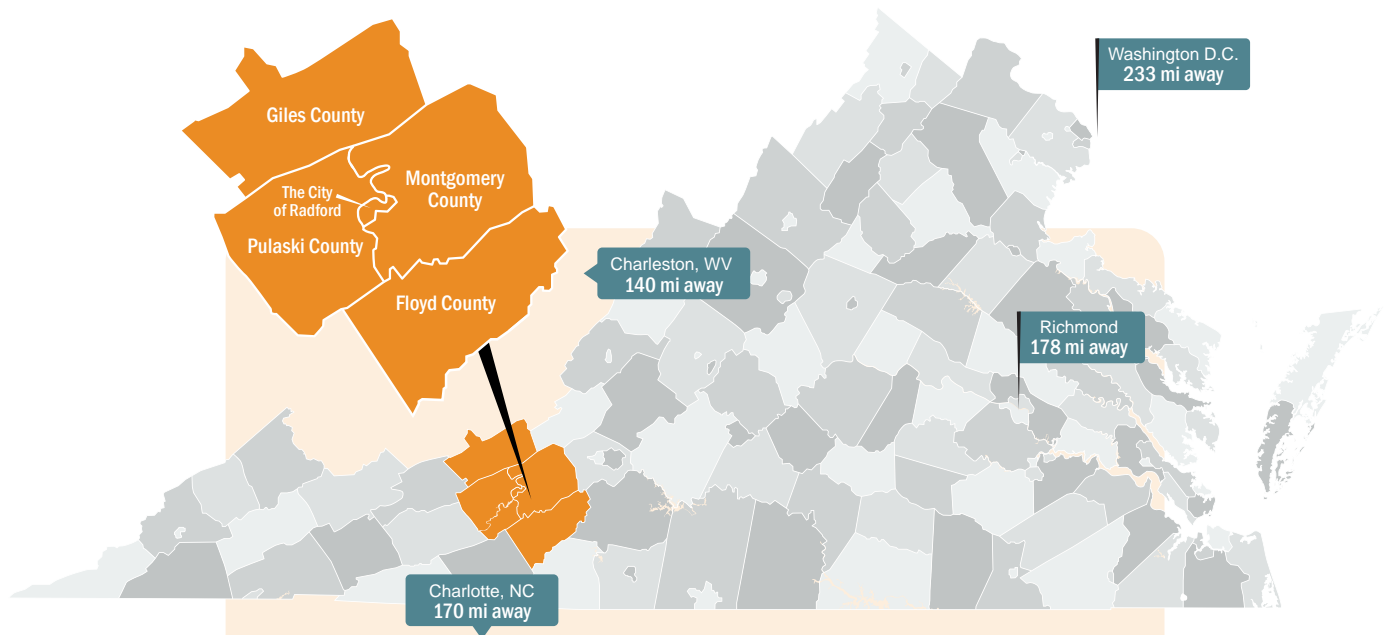
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## Introduction

In February 2020, as news that a novel virus was spreading worldwide, a small group of emergency responders, communicators and health professionals met in Montgomery County, Virginia to discuss how to plan for the disease arriving in the community. Within weeks, the group had grown to encompass the entire New River Valley region and had agreed to pool funds from the localities involved to achieve greater regional impact.

This group became the New River Valley Public Health Task Force, and has worked to mitigate the effects of the pandemic on the region's health, education, economy and social fabric. Thanks to the Task Force, the New River Valley — 200 miles from Richmond and 260 miles from Washington D.C. — **was the first in Virginia to open a public call center and the first to offer drive-through COVID-19 testing.** The Task Force helped the New River Valley offer residents, schools and businesses the kind of support typically not available in such areas of small towns and rural communities – and often not available in regions with greater resources.

The following pages share how the New River Valley approached the work, learned lessons, and made permanent improvements in response to this crisis.

This is a story of the power of cooperation.

# Built on a history of cooperation

The New River Valley Public Health Task Force was born of a regional spirit of cooperation, from two different vantage points: multi-disciplinary within a county, and multiple counties/city within a geographic region. From ice storms and tornadoes and weeks-long power outages, to the 2007 shooting at Virginia Tech, the region has had several emergencies over the years that required resources from multiple jurisdictions. The experience with hands-on coordination, combined with a culture of working together for regional benefit, set the stage for a coordinated response to the pandemic.

## In-county cooperation

Anthony Wilson, Chief of Police of the Town of Blacksburg, first called together the group that became the New River Valley Public Health Task Force. “The virus had just hit the state of Washington,” he recalled, “and we knew there was no way it wasn’t going to come here.” Wilson initially gathered a team of emergency response professionals from Montgomery County and its two towns, Blacksburg and Christiansburg. “We have a tight knit emergency response group in Montgomery County. We’ve been through a number of incidents and tragedies and work well together,” Wilson said.

The meeting was held at Lewis Gale Montgomery Hospital with representatives from the hospital and Dr. Noelle Bissell, director of the New River Health District, as well as a team of public information officers from different organizations in the county. “We wanted to pull together a team that would gather information and start putting together the foundation of the emergency response to this pandemic,” said Wilson. News stories from Italy were starting to show overwhelmed hospitals and the group’s first priority was to protect the healthcare system in the region.

During discussions with Dr. Bissell at that first meeting, it became evident that the response would have to be larger than Montgomery County and encompass the entire New River Valley. “Dr. Bissell was responsible for the public health activities throughout the region, so it didn’t make sense to build a team that was unique to just Montgomery County,” said Wilson.

The Montgomery County team invited stakeholders from other counties and the City of Radford to join a regional Task Force. The New River Valley Public Health Task Force was established on March 11, 2020 — coincidentally the same day that the World Health Organization declared COVID-19 a pandemic.



## A strong Regional Commission

The New River Valley Regional Commission (NRVRC) was established on October 9, 1969, as a Planning District Commission whose purpose is to support planning for the physical, social and economic development of the New River Valley, including the coordination of federal, state and local efforts to secure and manage resources when faced with opportunities and challenges. The regional commission framework is based on broad enabling legislation that provides a flexible organization to support the needs of local governments. The NRVRC includes the Counties of Floyd, Giles, Montgomery, Pulaski; the City of Radford; the Towns of Blacksburg, Christiansburg, Pulaski, Floyd, Pearisburg, Pembroke, Narrows, and Rich Creek; Virginia Tech, Radford University, and New River Community College.





#nrvstrongertogether

**“ It was fantastic to watch the genuine spirit of cooperation that we’ve long held here in this region play out during the pandemic. ”**

**—Kevin Byrd,**

**Executive Director, New River Valley Regional Commission**

## Tapping a regional framework

Chris McKlarney, County Administrator for Giles County, appreciated the invitation to join. He described Giles as a small piece of the New River Valley region, in both population and budget. “We were able to benefit from all these other larger, better staffed organizations and the expertise that they brought to the table,” he said. “We didn’t all have the same capabilities, but whatever capabilities we had, we needed to bring to the table.”

McKlarney then brought in the New River Valley Regional Commission to support some of the Task Force work. Prior to the pandemic, the chief administrative officials (CAOs) in the New River Valley typically met six times a year through the Regional Commission to cooperate on region-wide efforts like water, environmental, and economic issues. During the early stages of the pandemic, they were hosted by the Regional Commission at least once a week and sometimes up to three times weekly. The Regional Commission itself grew into a larger role as its team became a major provider and coordinator of regional resources and activities.

As things began to shut down across the country and region, government administrators were making minute by minute decisions regarding the protection of health and support of local economies. Marc Verniel, Blacksburg Town Manager, remembers speaking nearly hourly with the largest regional employer, Virginia Tech, about how to message students regarding housing and services as the campus moved to on-line classes. Protection of health and safety was at the top of mind, as appropriate, and keeping these needs in perspective with long term economic, social, and community context was a necessary and complicated conversation. “Without the trust built over years of engagement and collaborative work in the region, those necessary conversations could not have happened and our local economy would have suffered further without them.” This approach proved valuable and is reflected in the New River Valley’s Metropolitan Statistical Area (MSA) having one of the fastest post-pandemic recovery in the entire country.

### PERMANENT IMPROVEMENTS

## Tighter local government cooperation



Before the pandemic, the New River Valley Chief Administrative Officials (CAOs) met up to six times each year to coordinate regional efforts. As the pandemic efforts subsided, the group institutionalized a monthly meeting schedule, which will help the region spin up responses more quickly as well as support cooperative regional projects more effectively.

**“ I don’t think as a region we give ourselves enough credit for how well we did this. Everyone worked well together, and we were able to pull in resources and even change direction when needed. We did that seamlessly, without spending hours or even minutes bickering about details. We all just said let’s get in here and get this done for the citizens. ”**

**—Craig Meadows, Montgomery County Administrator**

# Structure of the Task Force

The Task Force was initially formed using an Incident Command Structure (ICS) framework, which participants said allowed members to easily contribute resources, expertise, and people power that fit their skills and experience — and move fast in response to a changing environment. Curtis Whitt, Deputy Fire Marshal for the Town of Christiansburg, was a key local resource that managed and updated the structure and kept the Task Force informed of changes (a fuller accounting of this work can be found in the Appendix Incident Command Response Report). As noted by Chief Wilson, “He made things appear in the drop of a hat and could facilitate us moving to any locality at warp speed. He was the contact not only for Dr. B and me, but directly to the nurses and staff that did the heavy lifting.” When clinics or testing facilities needed to move, Whitt was quick to work with local and regional partners to make it happen and prepare logistics to ensure work moved forward efficiently and effectively.

## Converging on a single goal

When Anthony Wilson called the first pandemic response meeting for Montgomery County in February 2020, he was struck by the very different reactions to the pandemic among attendees. “We had two completely different ends of the spectrum. But you know, we came away from that first meeting collectively saying, ‘Alright, let’s start thinking about the response to the pandemic.’” However, according to Wilson, “It was obvious from the start that Dr. Bissell was going to be the general, and we needed to build a machine that would support her.”

### Building from an awkward history

The two key leaders of the Task Force, Police Chief Anthony Wilson and Public Health Director Dr. Noelle Bissell, worked together ceaselessly since February of 2020, until Wilson’s retirement in 2022. Their first meeting, however, did not predict such strong collaboration. “My first exchange with Noelle Bissell was about a year before the pandemic,” Wilson said. “She was trying to get me to have my police officers dispense needles to drug addicts without arresting them. Anyway, she left and she probably thought, ‘well, that’s an idiot.’ And I thought, ‘well dang, that’s an idiot.’ Lo and behold, a year later, we met in the same room about a pandemic.” Trust and mutual respect exudes in their descriptions of each other today.



**LEFT TO RIGHT:** Chief Anthony Wilson and Dr. Noelle Bissell



## LESSONS LEARNED

### Visible cooperation makes a difference

At every testing and vaccination site, the Task Force leaders made sure that representatives from all the counties and towns were visibly working at the site. “When we were at the hospital, or at the high school, residents came from all over the New River Valley and we put the different police and EMS teams up front, so you would drive in and see Giles, Pulaski, Montgomery counties as well as Blacksburg, Christiansburg, and Radford. This way, residents would feel it was their place and recognize that it was a wider community providing this support,” Wilson described. “This was a key piece of this machine we built to support to community.”

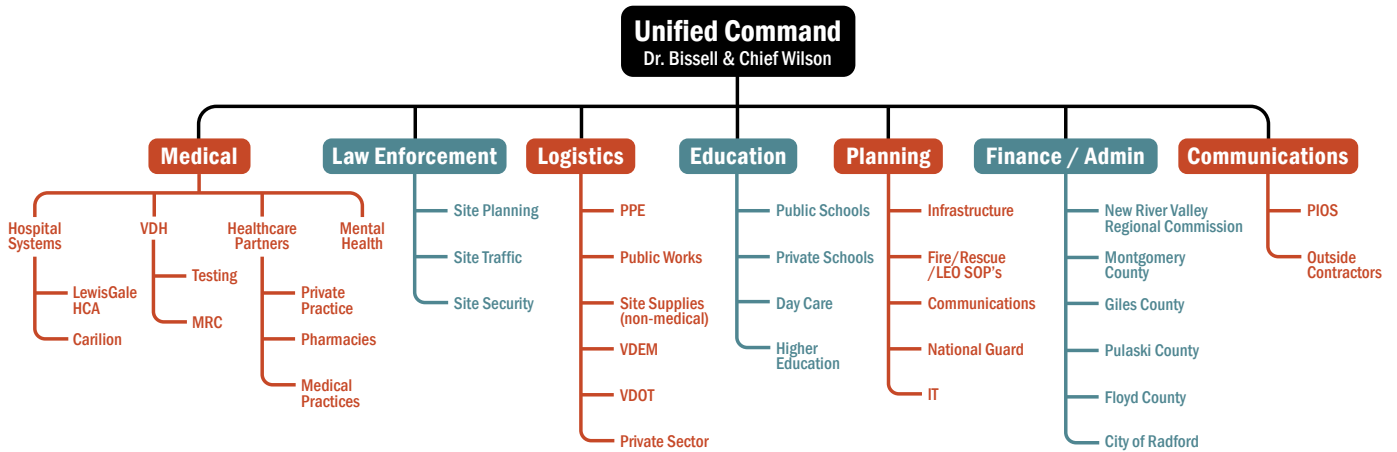


### Find and Empower Local Logistics Experts

The first meeting of the group that became the Task Force was called by emergency personnel, who automatically adopted an Incident Command System (ICS) structure and Curtis Whitt was quickly tagged as the coordinator. An ICS is a standardized approach to responding to an emergency, that helps tap funds, personnel, resources, and communications from multiple organizations, provides a unity of command, and common terminology. The effectiveness of the Task Force and its ability to move fast show that a mixed ICS/emergent interorganizational structure can enhance the disaster management capacity that exists in a community when a crisis occurs. And perhaps most critically, the Task Force took advantage of the expertise available and leveraged that flexibility in order to grow and strengthen regional and community partnerships.

## Incident Command Structure Adaptation

Wilson saw the need for the ICS on two different levels. “To get people to buy into the regional Task Force, it was going to have to look like a real machine,” he recalled. “The ICS structure taped up on the back wall did that. People came into the room and immediately saw that this was a real Command Area, that this was going to be a real operation. More importantly, the command system made us slow down and take a minute, figure out some things before we acted. You’re more prone to mistakes if you don’t have that component already up and very, very firmly functioning.”



Chief Wilson and Dr. Bissell shared leadership, with logistics/safety, communications, finance, medical, educational and business teams reporting to them. The county, city, and town administrators and managers on the Task Force discussed operations weekly at their regular Regional Commission meetings. The Regional Commission members kept their elected officials apprised, and were typically given the authority by these bodies to make decisions as needed.

**“ Anthony Wilson and Noelle Bissell were two of the best leaders I’ve ever worked with. It was so obvious they were the right people to be guiding the Task Force because they were making good decisions and were being very open and honest with people. We weren’t getting that clarity anywhere else from the federal or state government. This generated immediate trust among the local elected officials and all of us on the Task Force.”**

**–Chris McKlarney,  
Giles County Administrator**



Vaccine clinic in Giles County





At every level, elected and administrative leaders in the New River Valley supported the Task Force and allowed it the authority to make regional commitments, while incorporating information and processes into their own operations. Angie Hill, Montgomery County Deputy County Administrator, had a bird's-eye view of Task Force activities, as her team came to serve as the fiscal unit — approving and processing all Task Force expenditures. The Task Force was able to move quickly, she said, because of the early involvement of the emergency management team. “They are used to managing a crisis and moving fast. Having the logistics so organized helped us all have confidence in what we were doing.”

## Meetings

For the first several months, the Task Force met daily. Meetings started on time and Dr. Bissell would begin with a medical update. Chief Wilson then called on attendees around the room with each entity or team reporting. Issues were discussed and the larger meeting would break up. Meetings were in person throughout the pandemic, with appropriate spacing and masking as required. The provision of space and resources (Zoom links, food, coffee) was provided by New River Community College (NRCC) at the Uptown Mall offices in Christiansburg. The central location was ideal and the staff at NRCC opened the building that was otherwise closed to support a dedicated command center for the Task Force. Political and administrative officers, including Congressman Morgan Griffith, attended meetings to observe the structure and provide real time perspective of state and federal policies and resources during the pandemic. In April 2020, remote attendance by Zoom was enabled and a majority of attendees chose the remote option. This hybrid meeting format remained throughout.

Covid update on Zoom.



## LESSONS LEARNED

### Critical functions should show up at the insider's table

When the Task Force meetings added the Zoom option, the majority of attendees participated by Zoom and the in-person team evolved into a de facto “inner circle” that participated in decisions after the general meeting. Eileen Baumann from Uncork-it, the eventual communications team lead, suggests for any future responses, that the communications team lead needs to show up in person to get first-hand knowledge of decisions and activities. “I attended by Zoom and had to chase down in-person meeting participants during the day to get confirmation of decisions,” she said. “Had a member of my team been physically in the room, I would have saved hours and had better information during those early vaccination weeks when the situation could change abruptly during a single day.”

### Predictable meeting structure

A predictable meeting format and trusted/dedicated location was key to keeping local, regional, state and federal partners in the loop and efficiently engaged throughout the pandemic. Additionally, it allowed the Task Force to move fast while still allowing engagement throughout the process.

### Keep elected officials informed

Through the regular Regional Commission facilitated Chief Administrative Officials check ins, the local government leaders transmitted updates to their elected officials. Elected officials were added to the three-times weekly Task Force emails so they could remain informed. This trusted and transparent information sharing regarding resource availability and distribution kept the work moving forward efficiently which also allowed quick pivots when needed.

## 2020-21 VACCINATION TOUR

### STATS



### ORGANIZATIONS

Carilion Hospitals -- City of Radford -- Community Service Organizations -- COVID Crushers -- Floyd County -- Giles County -- Law Enforcement Partners -- LewisGale Hospitals -- Many Business Partners -- Medical Reserve Corps Montgomery County -- New River Health District -- New River Valley Regional Commission -- Non-Profit Organizations New River Community College -- NRV Agency on Aging -- NRV Community Members -- Public Health Task Force -- Pulaski County -- Radford University -- Student Service Groups -- University EMS and Police -- VCOM -- Virginia Tech -- VMCM

### LOCATIONS

Blue Ridge Church -- Grace Life Baptist -- Dedmon Center -- Lane Stadium -- Blacksburg Community Center Christiansburg Rec Center -- BHS/BMS -- Old Armory RHS -- GHS/NHS -- CHS/CMS -- PHS/PMS -- AHS/AMS EMHS/SMS -- Holy Spirit Catholic Church -- Blacksburg New School -- FCHS/Check Elementary/Willis Elementary Christiansburg Carnival -- Eco-Village -- Local Pharmacy Partners -- Calfee Park -- Giving Tree -- Waldron Wellness Center Radford Early Learning Center

### QUOTES

"1946, 1956, 2003, 2005, 2009 - birthday lottery" -- "Can I wave the signs today?" -- "Can some of you help haul some things from the trailer?" -- "Check birthdates!" -- "Check IDs... Don't Check IDs" -- "Did you eat breakfast this morning?" "Did you sign in yet?" -- "Drink plenty of fluids" -- "How do I get my 2nd?" -- "How many 2nds?" -- "I have an appointment" "I lost my card" -- "I need to be able to read your name & birthdate" -- "I'm going to miss seeing you all every week" "It's on the Read First" -- "Let's get you to the troubleshooting table" -- "Relax your arm" -- "Runners, follow me!" "Switch to Pfizer" -- "That's Lyle!" -- "What color is your dot?" -- "What Phase are you in?" -- "What's for lunch today?" "When's the last appt?" -- "Where are all the clipboards?" -- "You're not due for a 2nd yet" -- "Your vaccinator can go over that with you" -- noemail@email.com -- VAMS, PrepMod, SUG, EverBrite, Evergreen, Eventspace, EVERBRIDGE!

# Incorporating volunteers

During 2020 and 2021, Task Force efforts engaged volunteers, including a local mask makers group that provided masks and face shields for first responders, health workers, and children, the COVID-19 Crushers (a group of students from Virginia Tech), students from Radford University and Virginia Tech, and the Medical Reserve Corps.

The vaccination effort itself involved more than 1,500 volunteers. The Task Force opened Virginia's first COVID-19 call center and by January 2020 hired a full-time coordinator.



*The COVID-19 Crushers formed to help provide the region with supplies and accurate information on the pandemic. The Crushers became an integral part of the Task Force during the vaccination phase, helping to support numerous clinics.*

## LESSONS LEARNED

### Plan for volunteers

Every disaster or regional emergency relies on volunteers during recovery. The Task Force experience showed that planning for volunteers in advance helps speed and smooth recovery. The Medical Reserve Corps (MRC) volunteer system is great for medical volunteers, who are background-checked, and assigned as needed. However, there are typically needs for administrative and logistics volunteers. The Task Force, through its Business Continuity Team (discussed in following pages), built a system for signing up and gathering a list of skills available, whether it was computer use, talking on the phone, helping elderly visitors navigate a line, or building packets for distribution. Each emergency will be different, but sharing a signup system early and procuring the resources to manage volunteers will help avoid delays. This is particularly important if background checks will be needed.

### Support the volunteer groups that self form

The NRV Mask Makers and the COVID-19 Crushers formed organically from ideas in the community. The Task Force leaders saw great value in these groups and worked with them, accepting their assistance, and in some cases, providing resources or funding. By engaging citizens, the Task Force messages were informally shared. Inviting people to join the response created additional ambassadors of accurate messaging in the community. Celebrating the growth of supportive volunteer groups that actively contribute to success helps encourage the creative solutions that can bubble up in a connected community.

# Shared funding and resources

When the four counties and the City of Radford first formed the Task Force, there was no indication of state or federal funds coming to support the region. Each jurisdiction agreed to share resources and funds to support the efforts of the Task Force generally — and particularly the public health efforts. The Task Force jurisdictions agreed to figure out how to pay at a later date. This early support was critical to the Task Force success. Dr. Bissell knew she had the support of the community and her public health team was able to procure the swabs, test tubes and testing media for testing, before these materials became scarce.

Even before the Coronavirus Aid, Relief, and Economic Security (CARES) Act funds were allocated, Task Force members applied for grants from different sources. The Regional Commission wrote a grant to the Department of Housing and Community Development for Giles County, which supported the initial involvement of the Business Continuity Team. Additionally, the Regional Commission was awarded a grant from GO Virginia. When the Federal government provided CARES funds in April 2020, Task Force localities pooled a portion of their funds to the Task Force and retained the rest for local needs. Montgomery County, for example, contributed 25% of its CARES funds to the Task Force, and split the rest between the County, Blacksburg, and Christiansburg.

Initially Chris McKlarny, the Giles County Administrator, oversaw the finances and budget. When the CARES funds were made available by the Federal government, the fiscal agent role changed to Angie Hill, Montgomery County Deputy County Administrator. As the largest county on the Task Force, Montgomery County had the largest financial, procurement and human resources teams. Hill's team made sure that the regulations were followed with CARES and American Rescue Plant Act (ARPA) funds. It was a challenge at times, she said, determining whether the funds the other localities sent to Montgomery County were from general funds or CARES funds. "If they did pay us with CARES money, that counted as CARES money to Montgomery County; we were like a subrecipient from them," she said. "This was an unanticipated complexity."

Hill sat in on the Task Force Meetings and answered questions about available funds and whether certain items were allowable expenses. She also met with the Chief Administrators each week, when in-depth financial discussions occurred. Those meetings were collaborative, she said, ensuring successful navigation of Federal regulations and requirements and the needs of the region. Initially, she recalled, the Task Force established categories of expenditures that changed with the pandemic. The allocation cost shifted, she recalled, but the total cost for each jurisdiction did not.

Some costs would be shared equally and others by population. Items like vaccination and testing costs were split by jurisdiction populations, while marketing and the Business Continuity Team (BCT) were shared equally. The Chief Administrators discussed the cost sharing on some items in depth, such as billboards and other marketing expenses, due to expected return for their area. For most jurisdictions, the Chief Administrators could approve expenses.



## PERMANENT IMPROVEMENTS

With the Task Force working at a regional level, local funds enabled localities to take additional steps to protect first responders, buying respirators and vehicles that could be deployed while equipment from a previous run was sanitized. This equipment will serve the region for many years. Their purchases would not have been possible without the Task Force pooling funds to cover more consumable supplies.



## LESSONS LEARNED

### Commit early

Committing funds early helped the Task Force pivot as needed and move quickly. The early commitments were a significant boon to the Health District, which would not have been able to buy supplies without it.

### Involve financial experts early

Angie Hill, the chief fiscal officer for the Task Force, advised that future response efforts get the finance team established and involved from the very beginning. The finance team can help guide responders through regulations, while helping to find and procure additional funds.

### During an emergency, resource allocation needs will change

Looking back, the Task Force definitely spent some funds that could have been used differently or allocated differently, said Angie Hill, chief fiscal officer for the Task Force. "However, I don't regret any choices that we made. We made the right choice based on the information that we had at the time. And that is how we have to look at it."

**No other region in Virginia pooled money across jurisdictions.** By sharing costs across the region on the systems for testing, vaccinating, communications, and business continuity, the localities were able to spend their CARES funds on items that helped their local communities. For example, some localities provided emergency responders with additional equipment, such as extra breathing apparatus or even ambulances for transport. This was critical, as the equipment needed to be sanitized before the next run. Localities also provided business incentive grants for nonprofit organizations, childcare, and small businesses, which would have been difficult without the Task Force handling the testing, vaccinating, and other regional issues.

## Shared equipment and access

The Task Force members also pooled resources, which saved the localities significant funds. For example, shared logistics plans, shared digital resources — even shared telephone calling meant that each jurisdiction did not need to buy or spin up its own. Task Force members contributed a significant amount of time and resources of their communications and public information teams. In addition to the regular Task Force meetings, the communicators met twice a week to work on coordinated and shared messaging. Radford University contributed freezers for vaccines when they were very difficult to get and Virginia Tech contributed resources of its video and branding teams.

*Table: Examples of resources contributed to the New River Valley Public Health Task Force.*

## Task Force Funding by Locality

Floyd County	\$236,667
Giles County	\$262,174
Montgomery County	\$1,573,736
Pulaski County	\$512,095
Radford City	\$267,014
<b>Total</b>	<b>\$2,851,687</b>

## Task Force Spending by Category

Testing and test equipment	\$637,533
Vaccinations	\$94,341
Masks (General Public)	\$578,588
3 months PPE (1st Responders)	\$216,926
Be Committed. Be Well Marketing	\$206,994
Women's Resource Center share	\$262,552
Health Dept vehicle and mobile clinic	\$207,361
NRVRC equipment	\$11,701
NRVCS vehicle & vaccination transportation	\$50,894
Crisis Center Renovation	\$403,251
External public relations team	\$85,702
Rapid test kits	\$90,980
<b>Total</b>	<b>\$2,851,687</b>



### Shared Resources

Members across the Task Force contributed time and energy of their PIO teams.

Montgomery County Public Schools shared Zoom rooms and Google Drive resources for communications team.

Virginia Tech shared branding team capabilities for branding and videos.

Montgomery County provided the fiscal team to handle all funds and purchases.

Fralin Biomedical Research Institute at Virginia Tech Carilion developed a PCR test and platform for fast test results.



### Space/Equipment Contributions

New River Community College provided daily and then weekly space, technology, and supplies for the Task Force meetings.

Radford University shared freezers for vaccines and Dedmon Center for large community-wide vaccination sites.

Blue Ridge Church provided the initial vaccination site, for 2 months.

Schools and community sites provided space and support for testing/vaccinations.

Virginia Tech provided Lane Stadium as a vaccination site.



### External Resources

Purchases of materials and equipment.

Uncork-it crisis PR assistance.

Local pharmacy coordination with vaccines.

Everbridge contact system.

CDC & VDH regulations and guidance.

VDOE regulations and guidance.

DOLI regulations and guidance.

## Ahead of the funding

The New River Health District received just over \$7.75 million in COVID-19 response funding and material support that drove the testing, vaccination, health partnerships, and community engagement elements necessary during the pandemic. The workload was overwhelming and the mobilization requirements were immediate. The health district staff was professional, engaged, and flexible as needs, rules, and funding levels shifted and changed. The state and federal response was often not appropriate for the needs on the ground and in the initial critical months of pandemic response, the health department worked with partners to cobble together necessary resources and skill sets to get the job done.

While nearly \$8 million is a large amount, much of the funding did not arrive until after the wide scale testing and vaccination needs had passed. Nearly 75% of these funds did not arrive until after March 2021 and were tied to strict regulations of how, when, and with whom the funds could be utilized.

## Health District Funding by Category

Community Outreach	\$546,415
Vaccinations	\$2,012,901
Testing	\$378,093
Contact Tracing & Detection	\$3,596,471
Targeted Population Support	\$390,487
Public Health Workforce Development	\$303,038
Communications	\$215,000
Hospital Support	\$313,972
Environmental Health	\$24,866
<b>Total</b>	<b>\$7,781,243</b>



## LESSONS LEARNED

### Keep up the paperwork and log financial decisions

The federal funding came to communities with many open ends. Chris McKlarney recalled Craig Meadows, Montgomery County Administrator, telling Task Force members: “In a few years, we’ll be sitting down with some auditor and we won’t remember all these decisions and details. All we will have are the guidelines and we need to carefully follow those guidelines because we will have to answer to every doubt the auditor develops.” McKlarney was thankful for the advice. “He was spot on. We were conservative and kept up with the paperwork. And sure enough, we are sitting down with auditors.”

### Advocate for resources at the state level

Because the funding cycles did not always align with on the ground needs, local politically connected organizations and individuals were important allies to the health district and local administrators. This advocacy provided crucial information flow up the chain to the funders as well as kept local resources focused on what was most important.

### Be transparent and flexible about resource allocation

Local shares of COVID-19 funding were distributed by population, by geography, and by need. Keeping everyone informed about the distribution models and a willingness to be flexible as needs changed. For instance, the first round of PPE was originally designated for hospital and emergency response staff; however, it was ultimately shared widely with schools, food pantries and other front line workers once PPE sources became more available to hospitals and first responders again.

# History of Regional Pandemic Response

Pandemics are global, but each locality has a different experience and response. The New River Valley typically experiences epidemics and disease surges weeks after major U.S. cities and the more populated areas of Virginia. As Dr. Bissell is known for saying, "It takes about 2 weeks for the flu to travel down Interstate 81 from Northern Virginia each year." The New River Valley's forward thinking efforts took advantage of this lag as the region braced for the pandemic impact.

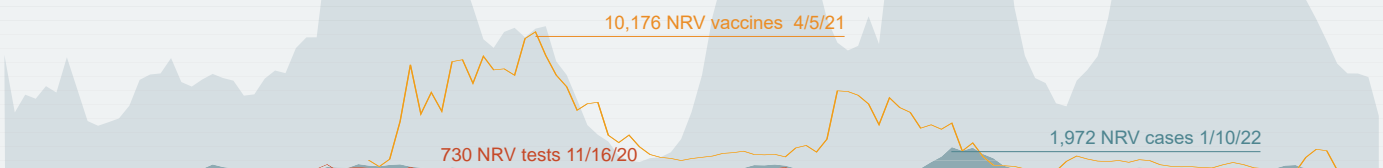
## Graphical timeline

The following pages show the timeline of the pandemic's impact on the New River Valley and the regional and local responses during the months of highest cases and most intensive needs. This is a snapshot of a particular time and is not meant to include all responses or impacts from the pandemic on the citizens of the region. It does, however, attempt to show the heavy lift of work done by many local and regional groups in the peak months of the COVID-19 pandemic as well as the precipitating virus and regulatory impacts that influenced the work.

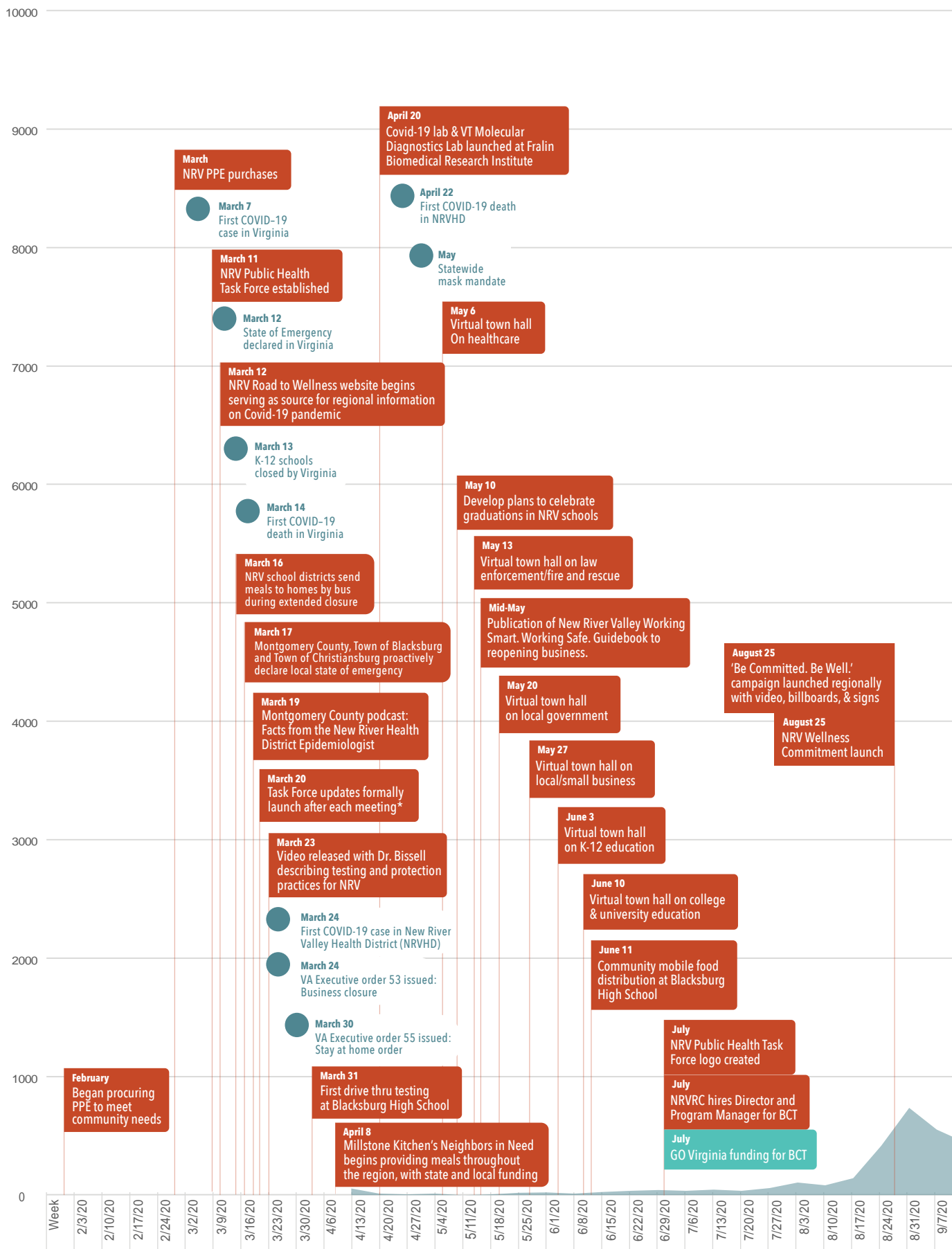
We have organized the timeline events into four different categories:

- NRVTF Key Dates and Responses (in orange tabs) - indicating various ways local and regional partners addressed needs, provided services, and generally responded to the pandemic impacts on the communities of the NRV
- Vaccine Key Dates (in yellow tabs) - indicating when vaccines were approved and for whom
- Funding Key Dates (in teal tabs) - indicating when and what type of funding awards were available to localities
- Virginia and National COVID-19 Key Dates (marked with blue circles) - indicating various state and national policy and virus spread that had direct and indirect impacts on the regional response

You'll note the vaccine and test lines end on the timeline. What this represents is the end of local and regional tracking of these data due to their reduced relevance in assessing overall cases and health impacts on citizens of the region. Vaccines and tests continued to be offered but in less large-scale ways due to availability through multiple sources and citizen-driven decisions about reporting (or not) positive test results to the health department. Additionally, due to expanded treatment, natural and vaccine aided immunity, the overall health impact on the region changed and tracking hospitalizations became a more relevant way to assess regional stress and resiliency.



# COVID Action Timeline



NRVTF key dates

Vaccine key dates

Funding key dates

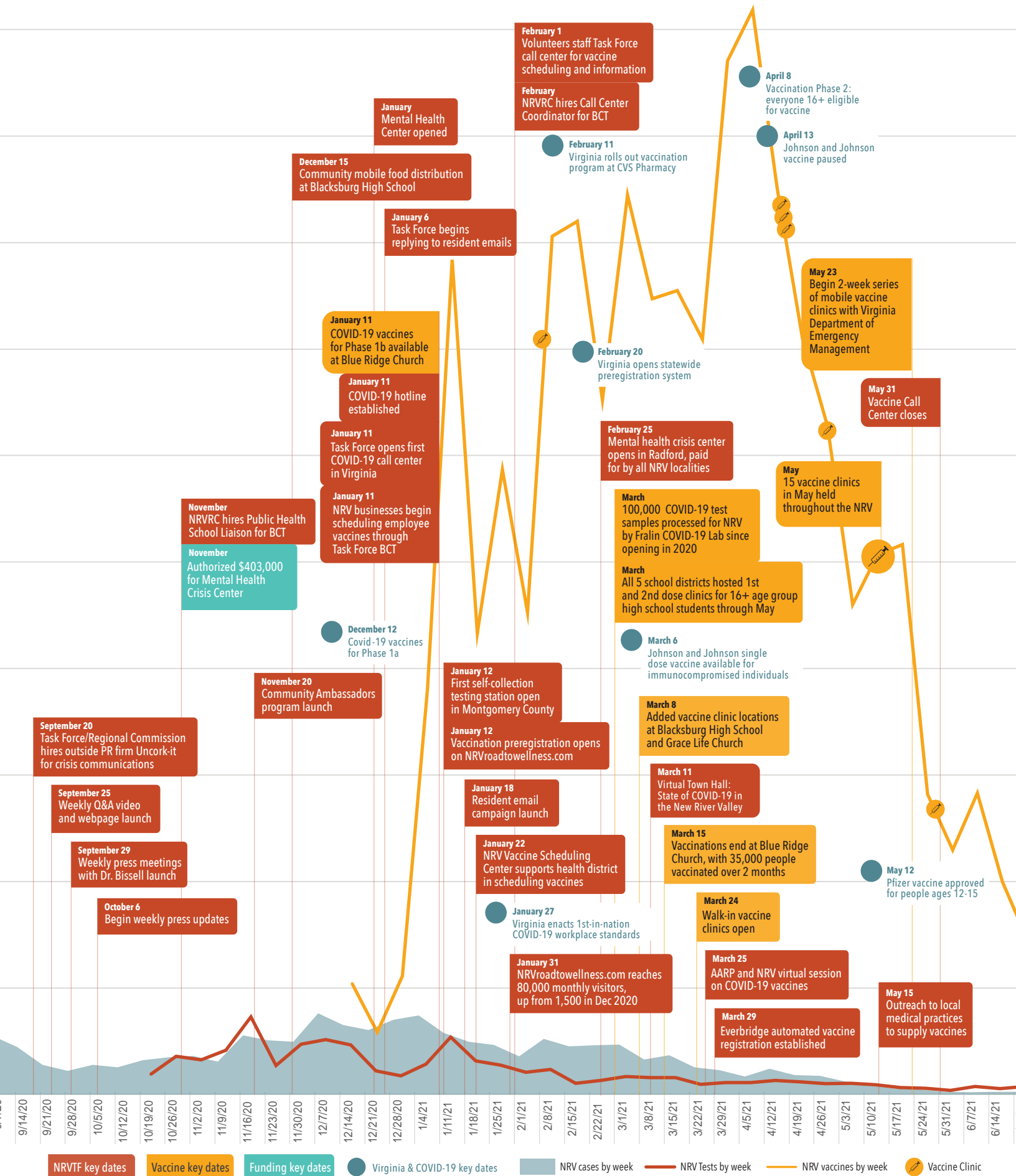
● Virginia & COVID-19 key dates

■ NRV cases by week

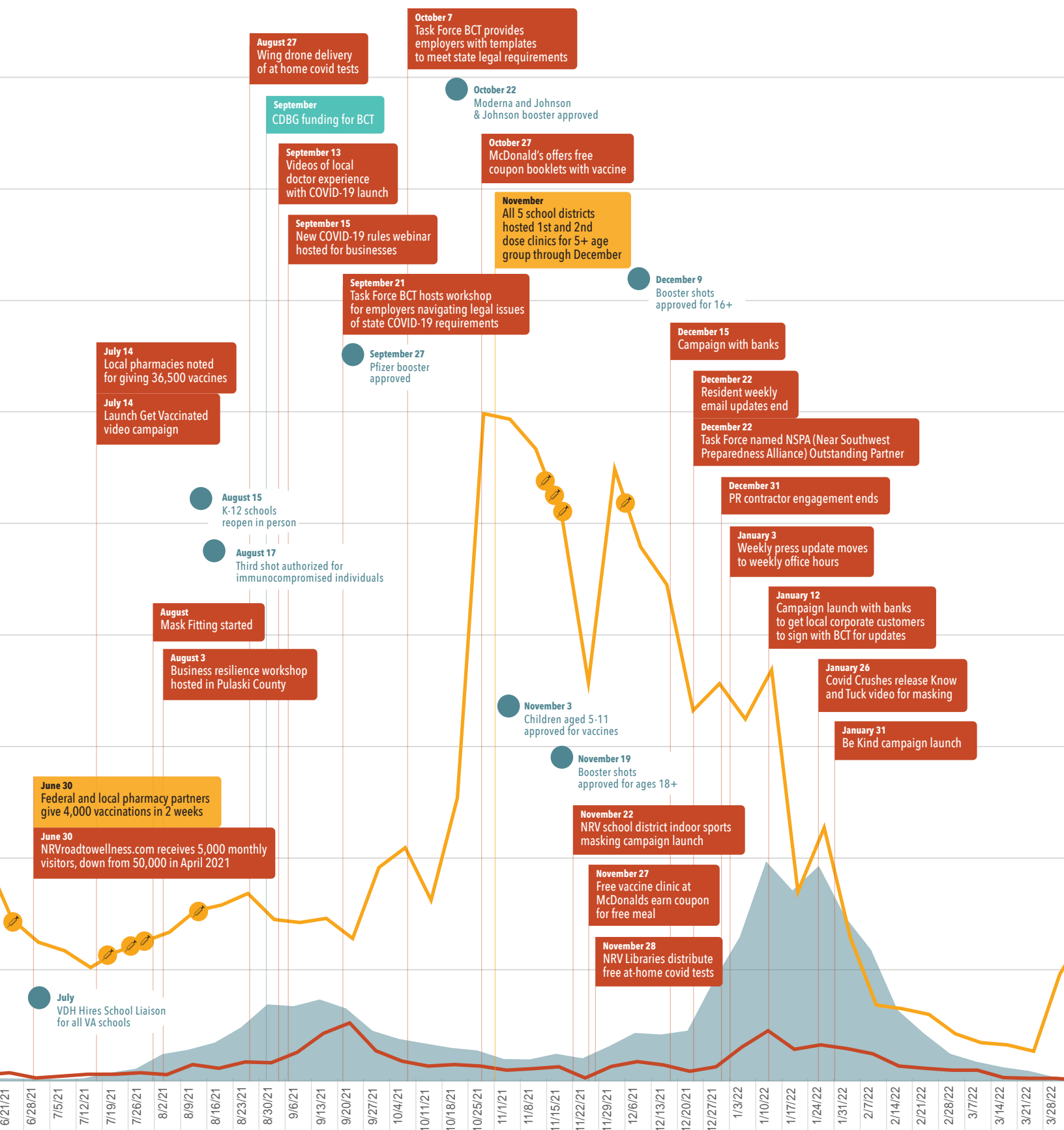
■ NRV Tests by week

■ NRV vaccines by week

● Vaccine Clinic







**August 27**  
Wing drone delivery of at home covid tests

**October 7**  
Task Force BCT provides employers with templates to meet state legal requirements

**September**  
CDBG funding for BCT

**October 22**  
Moderna and Johnson & Johnson booster approved

**September 13**  
Videos of local doctor experience with COVID-19 launch

**October 27**  
McDonald's offers free coupon booklets with vaccine

**September 15**  
New COVID-19 rules webinar hosted for businesses

**November**  
All 5 school districts hosted 1st and 2nd dose clinics for 5+ age group through December

**September 21**  
Task Force BCT hosts workshop for employers navigating legal issues of state COVID-19 requirements

**December 9**  
Booster shots approved for 16+

**July 14**  
Local pharmacies noted for giving 36,500 vaccines

**July 14**  
Launch Get Vaccinated video campaign

**December 15**  
Campaign with banks

**December 22**  
Resident weekly email updates end

**December 22**  
Task Force named NSPA (Near Southwest Preparedness Alliance) Outstanding Partner

**August 15**  
K-12 schools reopen in person

**September 27**  
Pfizer booster approved

**December 31**  
PR contractor engagement ends

**August 17**  
Third shot authorized for immunocompromised individuals

**January 3**  
Weekly press update moves to weekly office hours

**August**  
Mask Fitting started

**January 12**  
Campaign launch with banks to get local corporate customers to sign with BCT for updates

**August 3**  
Business resilience workshop hosted in Pulaski County

**January 26**  
Covid Crushes release Know and Tuck video for masking

**June 30**  
Federal and local pharmacy partners give 4,000 vaccinations in 2 weeks

**June 30**  
NRVroadtowellness.com receives 5,000 monthly visitors, down from 50,000 in April 2021

**November 3**  
Children aged 5-11 approved for vaccines

**January 31**  
Be Kind campaign launch

**November 19**  
Booster shots approved for ages 18+

**November 22**  
NRV school district indoor sports masking campaign launch

**November 27**  
Free vaccine clinic at McDonalds earn coupon for free meal

**November 28**  
NRV Libraries distribute free at-home covid tests

**July**  
VDH Hires School Liaison for all VA schools

NRVTF key dates

Vaccine key dates

Funding key dates

Virginia & COVID-19 key dates

NRV cases by week

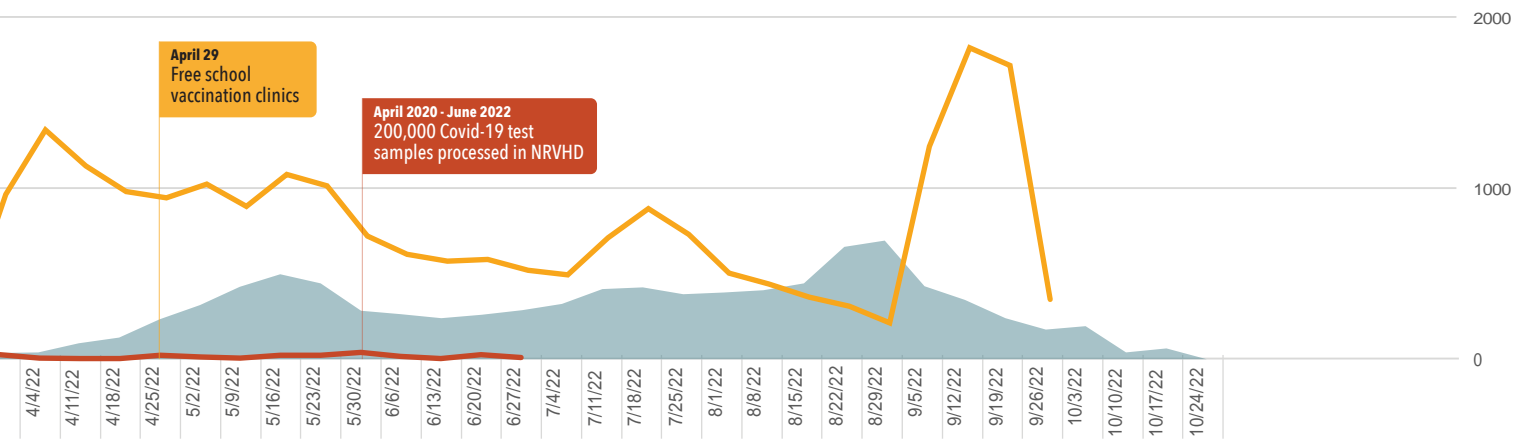
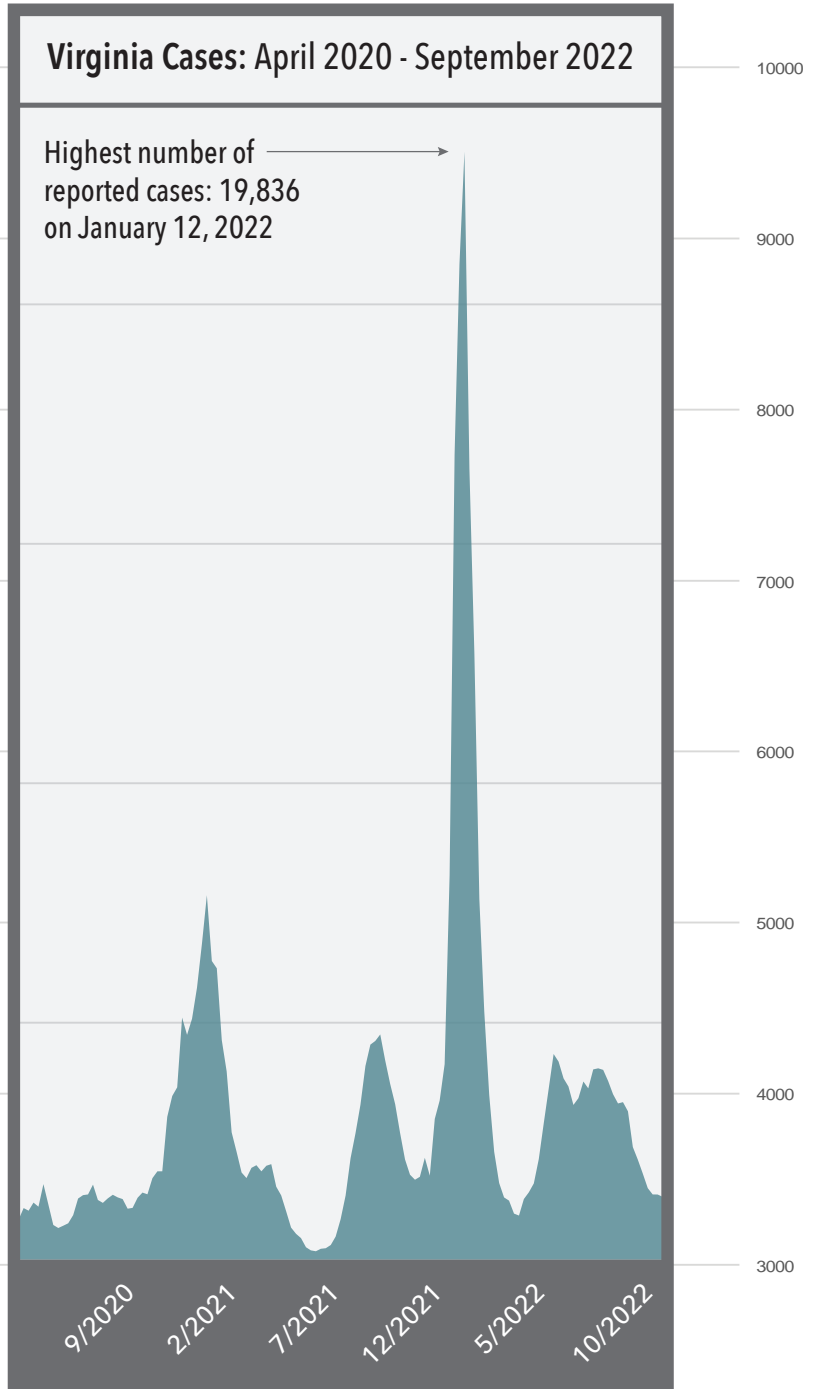
NRV Tests by week

NRV vaccines by week

Vaccine Clinic

# Virginia Cases: April 2020 - September 2022

Highest number of reported cases: 19,836 on January 12, 2022



NRVTF key dates

Vaccine key dates

Funding key dates

● Virginia & COVID-19 key dates

■ NRV cases by week

— NRV Tests by week

— NRV vaccines by week

📍 Vaccine Clinic

# Protecting health and the healthcare system

## PERMANENT IMPROVEMENTS



Thanks to their cooperative experience during the height of the pandemic, the two hospital systems serving the New River Valley continue to connect when there is a need to find help for patients and keep them close to home.

**“The Virginia Tech COVID-19 Lab was a game-changer for the district. While other people were still waiting for 10 days to get results from LabCorp or the CDC, we were getting results back the next day, or the following day. It made a big difference when we were doing case investigations and contact tracing in the beginning.”**

**—Dr. Noelle Bissell, Director, New River Health District**



Early in the pandemic, the world was still learning about the virus and the disease it caused. Information was changing quickly — and often seemed contradictory — as researchers and medical professionals learned more. Nearly all emergencies start with a similarly large lack of knowledge, yet with an urgent need to help those involved and keep the damage from spreading. The Task Force evaluated the situation quickly after forming and defined two initial objectives: protect the healthcare system — including nursing homes and congregate settings — and assist the public health director in any way possible.

## Keeping the healthcare system viable

The concern was that local hospitals would be overrun as had happened in Italy and in other regions in the U.S. This first-level effort included the acquisition of personal protective equipment (PPE), virus testing, and logistics plans for handling a surge at the hospitals. Chief Wilson remembered, “We thought the hospital aspect was the key logistics piece because if you don’t know each other when that surge happens, if we can’t come together now, it’s going to fall apart.” Based on past experience, Wilson was confident about the Task Force ability to secure the region’s hospitals in terms of tenting and extending the hospitals outdoors. He also understood that this might require “building something we’ve never built before, which is a combination of doctor-level medical care, with nursing care, with first responder protocols because it’s basically a hazardous material situation... this isn’t something in a book,” Wilson added.

## Balancing hospital loads between systems

The Task Force collaboration itself also made a significant difference in patient loading at the region’s hospitals. Bill Flattery, the Carilion New River Valley Medical Center CEO, said the biggest help was the strong communication with the Health District and the other hospitals. “Because of the Task Force relationship we built with the folks from Lewis Gale Montgomery, we were able to coordinate patient care between the hospital systems,” he explained. “There were times when we were overwhelmed with patients, and they had beds available. Several times, we were able to call them about patients we were holding in the emergency department because we didn’t have inpatient beds here. And we were able to coordinate care.”

## Protective equipment

Early in the pandemic, there was a global shortage of personal protective equipment (PPE), such as masks and respirators for healthcare workers and first responders. In addition to purchasing protection for the region, the Task Force worked with a local group that made more than 10,000 masks and face shields for first responders and critical personnel, such as teachers.



## Testing

One of the biggest challenges early in the pandemic was the inability to measure where and how many infections were in a region. Dr. Bissell recalled ordering testing supplies, such as swabs and tubes, on eBay and Amazon for the first drive-through in Blacksburg on March 31, 2020, one week after the first confirmed case of COVID-19 in a resident of the district. **The drive-through testing site was the first of its kind in Virginia, and was only possible because of pooled funding and logistics provided by the Task Force.** One goal of the mass testing sites was to keep people from going to the hospitals to get tested.

Test results in those early days, however, were slow: 10 days to 2 weeks. A two-week wait for test results was not workable, and Dr. Bissell teamed up with the Fralin Biomedical Research Institute at Virginia Tech-Carilion to develop a polymerous chain reaction (PCR) test and platform. On April 20, 2020, the Virginia Tech COVID-19 Lab launched under a U.S. FDA-issued Emergency Use Authorization to help public health lab testing capacity in Southwest Virginia. Between that date and June 2020, the lab processed more than 200,000 tests, working at a rate faster than their normal capacity, which is 5,000 tests per week.

The Task Force identified and planned multiple drive-through testing sites, using parks, schools, fairgrounds, and the regional mall. Each drive-through site required extensive logistics and coordination, with issues including security, appointments, check-in, walk-ups, test collection, traffic management, on-site screening and biohazard waste disposal. Later that year, the Task Force developed self-collection stations — sheds where residents could receive a packet and collect their own specimens for processing. The first shed was made available in January 2021 in a parking lot outside the Montgomery County Health Department. Sheds were made available in Giles, Pulaski, and Floyd Counties and the City of Radford.

As rapid antigen testing became more available, the state provided a limited supply of free tests through the public library system, and later in 2022, the Business Continuity Team provided them to employers, local governments, and community groups.



## LESSONS LEARNED

### Protect healthcare infrastructure

The Task Force's first goal was protecting the healthcare operations in the region. In any disaster or crisis, there are usually stresses on emergency and health resources. The stresses may differ, but the importance remains the same. Protecting the viability of the healthcare system and the capabilities of the emergency responders should be a top goal in every emergency response.

### Tapping local capability can be a game changer

Resources from out-of-region were unavailable or too slow to help early on in the pandemic. Developing and discovering local sourcing for the equipment and testing was a game changer.

### Converting to DIY helps stretch resources

When the New River Health District and the Task Force created the self-test collection sheds, the team was able to reduce the need for personnel assigned to testing and the need for hazardous waste receptacles.

# Vaccination

In the New River Valley, the COVID-19 vaccination program was the largest effort of the Task Force and required a fast expansion of resources and help through different organizations and volunteers. With the support of the Task Force, health professionals were able to provide 123,000 vaccines in a four-month period in a rural area during a time of low supply and high emotion.

## Intricate logistics

One of the first problems to solve was logistical. The Task Force stepped up to ensure that freezer space did not limit how many vaccines were given in the region. Radford University offered two of its freezers to the New River Health District for storage. The Task Force logistics team planned multiple location setups. Each vaccination site required separate areas for registration waiting, registration, vaccination wait, vaccination, post-vaccine waiting, emergency medical, staff break, staff check-in, and storage.

On January 11, 2021, thanks to the coordination by the Task Force, the New River Valley was one of a handful of districts in Virginia that had completed vaccinating the bulk of its healthcare workers and first responders, and moved to vaccinate a larger group. Through its Business Continuity Team, the Task Force organized on-site vaccination clinics at many employers, and a large vaccination site opened at Blue Ridge Church in Christiansburg near the U.S. 460/I-81 interchange, a highly accessible location for the region.

## Early vaccination system confusion

Early in the vaccination process, the state's vaccine registration and scheduling system proved unreliable — as was the supply of vaccines. The Task Force implemented a quick signup process, a vaccine hotline and a call center of volunteers to support that hotline through May 2020. The NRV Road to Wellness website was designated as the source for current vaccine information in the region and updated several times each day. Residents were encouraged to sign up for email notifications of vaccine news.

## Supply stabilization

As vaccines became more available, the Task Force stopped coordinating large clinics and worked with a number of community partners, including local pharmacies and healthcare providers, promising local physicians who wanted to vaccinate patients that daily deliveries could be arranged as needed. The focus never wavered from the most at need and at risk populations in the region and collaboration with the hospitals provided critically needed RN resources to augment the health district not just at the clinics but also for many home visits to those with special situations. With just a phone call, both hospitals quickly mobilized nurses to leverage health district supplies to support homebound folks. In an effort to reach everybody, the Task Force worked at fairs and other community events, including opening day for minor league baseball at Calfee Park in Pulaski, and procured a mobile clinic van for the New River Health District.



**“This vaccine distribution upset the social order in the community. Grocery store workers and the elderly had higher priority than those who were accustomed to being first in line.”**

**—Dr. Noelle Bissell, Director, New River Health District**



## LESSONS LEARNED

### Repurposed plans help other operations

The logistics and safety teams created guiding policies and event procedures that were able to be repurposed for use by a local hospital. “The Task Force emergency planning people were so good with logistics that we actually had them come over to Carilion New River Hospital to help us with the logistics for an early employee and family vaccine clinic,” said Bill Flattery, the Carilion New River Valley Medical Center CEO. “The Task Force gave us the opportunity and support so that I could say, ‘Hey, we’re going to do this vaccination event. Can you come review what we are doing and see how we can improve on it?’ That was extremely valuable,” he said.

### Work around ineffective systems

“We learned that trying to scale up through certain state systems didn’t work early on. We would ask the question; what can we do locally to improve the situation. Then we’d develop awesome workarounds,” said Kevin Byrd, Executive Director of the New River Regional Commission.

### The fix can destabilize

During the first three months of 2020, there was a much higher demand for vaccines than availability. The Centers for Disease Control (CDC) outlined an equitable order of priority for vaccine distributions that balanced the needs of the most vulnerable due to age and health and those vulnerable due to occupation. “This vaccine distribution upset the social order in the community,” said Dr. Bissell. “Grocery store workers and the elderly had higher priority than those who were accustomed to being first in line.” In addition, neighboring districts handled priorities in different ways, increasing confusion, which, added to underlying fear, raised anger levels in the community’s conversation.

### Prepare for data analyst capability

During emergencies and upheavals, information can be stored in multiple systems and formats. During the early vaccination period, the Task Force had to rely on paper records in multiple formats mixed with some digital lists when determining second dose schedules. The data analytics team from the public relations firm was called on to sort through who needed to be contacted.

### Consider how to engage the post-crisis providers

The vaccination program began as a massive public health drive, but would eventually resolve to doctors and pharmacists. As the vaccine supply grew, the Task Force worked to engage medical practices, promising them daily supply, if needed, but did not get a strong response during 2021. This effort also revealed that the health department does not have an email list of all the medical providers in the district, which hampered efforts considerably.

# Mental health

PERMANENT IMPROVEMENTS



## Permanent Mental Health Crisis Center

The Task Force funded the creation of the new NRV Mental Health Crisis Center, which has been serving the region since January 2021 for accompanied patients in distress. The Center services are expanding to offer walk-in mental health crisis support for area residents.

**“ We have to make sure that the mental health people are at the table from the very beginning. We were dealing with a virus, and we were thinking about the illness that comes from the virus and really weren’t thinking about the secondary impacts like mental health. ”**

**—Bill Flattery, CEO,  
Carilion New River Valley  
Medical Center**

When the Task Force first formed, efforts focused on a viral disease and protecting the health care system. Mental health, at the beginning, was not a top concern. However, when the schools were closed and many businesses worked remotely, the regional emergency services noted an uptick in violence, self-harm, and other emotional challenges. Public school professionals described significant increases in disciplinary behaviors and suicidal ideations.



Meanwhile, during the height of the pandemic, six out of eight mental health facilities closed to new admissions due to staffing shortages. The communication and collaboration within the Task Force helped New River Valley police, hospitals, and mental health professionals communicate with hospitals across the state to find beds when needed.

Mental health was top of mind when the region launched its Community Wellness Commitment campaign in the summer of 2020. The second commitment listed was to support the mental well-being of all community members. Later in 2020, the localities pooled funds to open a Mental Health Crisis Center in Radford, initially for law enforcement from around the region to bring patients in distress — in a less chaotic environment than a hospital emergency department. The Task Force supported mental health first aid training for human resources professionals in spring 2021.

## History of regional collaboration on mental health

The New River Valley’s collaborative efforts mitigated some of the mental health effects. The region has a long history of collaboration on mental health issues. In 2001, the region developed the first Crisis Intervention Team in Virginia and the first multijurisdictional program in the nation. The Crisis Intervention Team is a successful program for improving police interactions with persons with mental illness to prevent inappropriate incarceration. Law enforcement officers in the region are trained in crisis intervention and de-escalation strategies. This helps bolster regional awareness of mental health issues.





## Co-occurring health concerns exposed

As 2022 rolled to its close, society was learning more daily about the longer-term mental health effects as well as the co-occurring substance misuse treatment and prevention needs that was further exacerbated by the pandemic. A World Health Organization brief in March 2022 described a 25% increase in anxiety and depression, with the greatest impact on young people and women. The reduced access to regular medical and treatment care hit the most vulnerable the hardest. The underlying needs and impacts on mental health and substance use disorders were further exposed during the pandemic and the regional service providers were stretched to breaking in their efforts to stem individual and congregate facility crises. By the fall of 2022, schools, jails, businesses and local governments were joining with more typical mental health care providers in providing in-house training for overdose prevention and supporting telehealth and on-site spaces for services and programs in efforts to address the needs of employees, clients and students.

Mental health support is an ongoing need that will continue to need attention going forward.

**“Mental health is still one of the big issues that we’re dealing with, and something that we’re going to need to work through for as long as the students who were impacted by the pandemic are with us.”**

**—Kevin Siers, Superintendent,  
Pulaski County Public Schools**



### PERMANENT IMPROVEMENTS

#### Taking steps to keep mental health top of mind

Leaders across the New River Valley have been working to bolster mental health in their communities — trying to prevent persons from going into a crisis. Medical professionals are engaging in more screenings, employers are working to reduce stress, increase support for mental health, and increase flexibility. Communities such as Pulaski County seek to provide mental health opportunities for residents.



### LESSONS LEARNED

#### Emergencies and upheavals lead to community mental health challenges

All emergencies and upheavals can lead to mental health challenges in a community, but the extended isolation and loss of socialization affected the region on multiple fronts. During Fall 2022, the region was still observing the mental health toll — from school disruptions to the impact of isolation on the elderly. Mental health must be a top priority for any community emergency response situation.

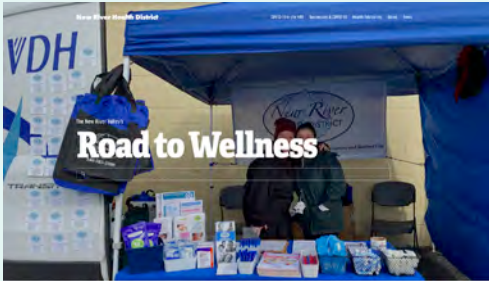
#### The pandemic exposed mental health support weaknesses

The pandemic revealed some issues where the community and country do not offer a strong enough support system. Mental health support is a major and ongoing need that requires more community investment. As the pandemic evolved, medical professionals, employers, schools, and communities realized they must put more emphasis on mental health services and screenings.



# Communications

## PERMANENT IMPROVEMENTS



### NRV Road to Wellness website

Prior to the pandemic, the New River Valley Regional Commission had developed a website to support the New River Health District on region-wide health issues, including tick-borne diseases and rabies. The Task Force used that website as the main information source for regional COVID-19 efforts. A large portion of residents have accessed the website regularly, giving a substantial audience for the website going forward.

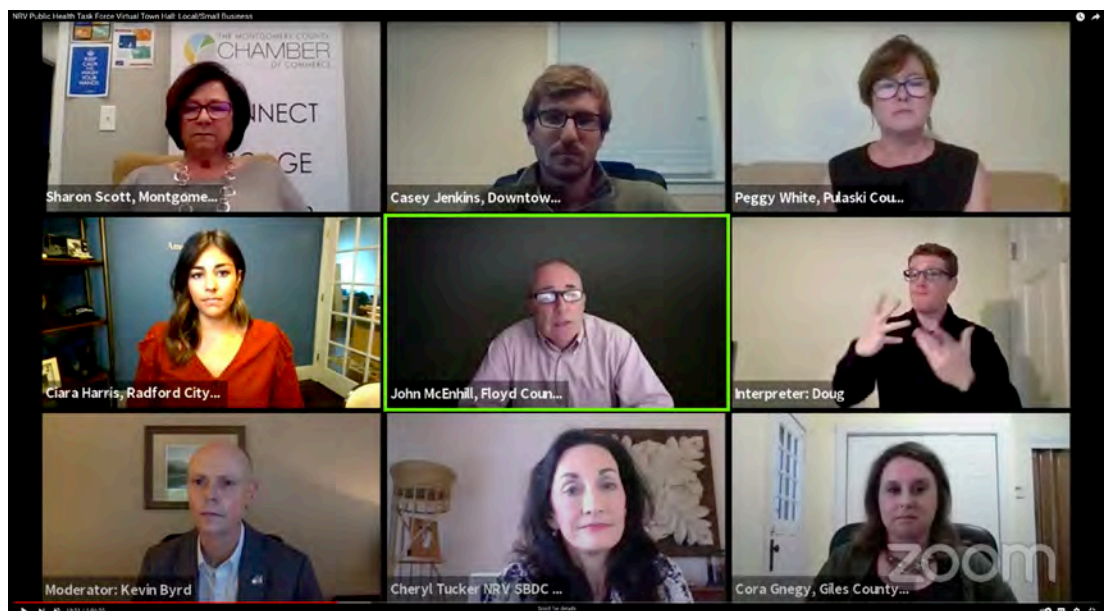
During emergencies and crises, community communications is one of the most important tools. Residents need a constant stream of information that communicates instructions and informs them when there are or are not changes. Communications must be more frequent and repetitive than usual, because fear and anger add to a community's mental load. Consistency matters; a consistent spokesperson, consistent tone, and a consistent, up-to-date place to go for information.

The Task Force communications team reflected the spirit of collaboration and served as a prime example of resource pooling to meet the region's communications needs. Public information officers, graphic designers, and social media teams from government, public schools, higher education, emergency response teams and healthcare gathered with the Task Force from the outset — with multiple meetings per week in addition to the Task Force meetings.

The communications team worked to develop a common message and share it with the community through all their channels, pooling resources and working quickly. Almost immediately, the team converted a regional wellness website to serve as a main information portal for the community and established a single spokesperson, Dr. Noelle Bissell, to represent the effort in the New River Valley. As the pandemic continued, the communications team instituted weekly scripted press briefings for Dr. Bissell as part of its campaign to provide regular communications in a consistent rhythm.

The bulk of the New River Valley's news media is shared with the Roanoke Valley and sometimes with Lynchburg, which added to resident confusion since the different regions sometimes followed different procedures. The Task Force

**Town Halls:** During spring 2020, the Task Force held six livestreamed Town Halls with questions and answers from the audience. This was a large push to get information directly to residents without going through third parties. The audience for the Town Halls varied from 350-1,400 viewers. The first online webinar with health care providers was watched by 9,000 people.





**Single spokesperson:** Dr. Noelle Bissell served as the spokesperson for the New River Valley pandemic response, with regular, scripted press updates, a community update, and participation on multiple forums.

moved to more regional channels, including a series of Town Hall events in spring 2020, a regional wellness campaign, and strong efforts in regional social media, videos and more. In addition, during fall 2020, the Task Force built a team of regional ambassadors to amplify and spread consistent information to the different geographic and interest communities, including through church leaders and those in Chinese, Indian, and Hispanic communities. The Ambassador program lasted until January 2022.

As the pandemic progressed, the Task Force asked the Regional Commission to engage a public relations contractor to support and coordinate the communications. While the communicators worked well together, they individually represented their home organizations and the Task Force realized a need for a point team that represented the Task Force and the region as a whole. The contract engagement ended as the region was moving into the endemic phase. The contractor, Uncork-it, Inc., served as Task Force community communications lead, working with a team for fast-moving information and strategy that included the VDH Public Information Officer (PIO), the Montgomery County PIO, and the Business Continuity Team. The regional PIO group supported the efforts with advice, insights, resources, and continued amplification of the messages. The social media team was highly involved, creating materials to support the messages.

The communications team faced significant headwinds with the polarization around schools and vaccines that was also happening nationally. The goal became to provide consistent facts and support, during a storm of misinformation.

## Communications Strategy

- Communicate best practices to support the Task Force's disease mitigation efforts with the goal of protecting the most vulnerable populations.
- Emphasize the regional collaborative effort to meet the needs of the community by securing adequate PPE for first responders and local medical professionals, as well as stopping the spread of COVID-19 through preventative measures, mitigation tactics, and contact tracing.
- Provide accurate and timely information regarding COVID-19 to all audiences.
- Support the testing and vaccination efforts with timely, multi-channel messages.
- Employ communications to help the community remain cohesive and supportive during a long-duration crisis.
- Combat disinformation and fear-mongering with consistent, correct information and compassion.

### COVID-19 UPDATE October 6, 2021

#### Get Your Vaccine!

- **Vaccines work.** Vaccines are safe, effective & free. Visit [Vaccine Finder](#) for vaccination sites nearest you.
- **Vaccine clinics/events** - For flu and COVID-19 (pages 12 & 16), appointment only, 9:30 a.m. to 3:30 p.m.
- **Mondays, Thursdays & Fridays** - Montgomery Co. Health Dept., Christiansburg. Call 540-585-3300.
- **Tuesdays** - Floyd Co. Health Dept., Floyd. Call 540-745-2142.
- **Wednesdays** - Pulaski Co. Health Dept., Pulaski. Call 540-441-2186; Giles Co. Health Dept., Pearisburg. Call 540-235-3136.
- **Fridays** - Radford Health Dept. Call 540-267-8255.
- Get a [digital verification \(QR\) code](#) of your vaccine.

#### Employer Resources

- On-site services for employers: Contact Ashley Briggs: 540-639-9313, [abriggs@nrvc.org](mailto:abriggs@nrvc.org).
- **BCT Workshop Series:** next two sessions Oct. 14 & 28, in partnership with [Uncork-it](#). Register here: <https://forms.gle/WbCzAR7ZU1a6cax8>
- We are in high transmission: all employers are mandated to require all employees to mask indoors around others.
- **Friday Oct 8 is the deadline** for all employers to complete their Infectious Disease Preparedness Plan (IDPR).

#### COVID-19 Data

As reported to VDH, by date of lab report. May differ from other sources, due to reporting lags. Totals are cumulative since March 2020. (Negative values reflect data corrections.)

	New cases, each lab report	New cases, weekly avg.	Total cases	Total hospitalizations	Total deaths	Total vaccines given	% fully vaccinated
Floyd County	6	5	1,329	44	24	13,248	44.4%
Giles County	11	8	2,111	79	28	15,773	47.0%
Montgomery County	37	25	11,406	247	96	90,978	46.8%
Pulaski County	22	21	3,829	182	77	30,748	45.6%
Radford City	5	4	2,824	47	30	15,468	42.4%
New River Health District	81	63	21,498	598	255	166,215	46.1%
Virginia	3,919	2,685	882,437	37,884	12,999	10,630,604	60.7%

\* Cases are now reported weekdays only, creating a cumulative number (3-day total) each Monday. The weekly case average (2nd column of the table) most accurately reflects local trends.

[www.NRVRoadToWellness.com](http://www.NRVRoadToWellness.com) | [www.nrvc.org](http://www.nrvc.org) | [#BeCommittedBeWell](https://www.facebook.com/BeCommittedBeWell)

**Be committed. Be well.**

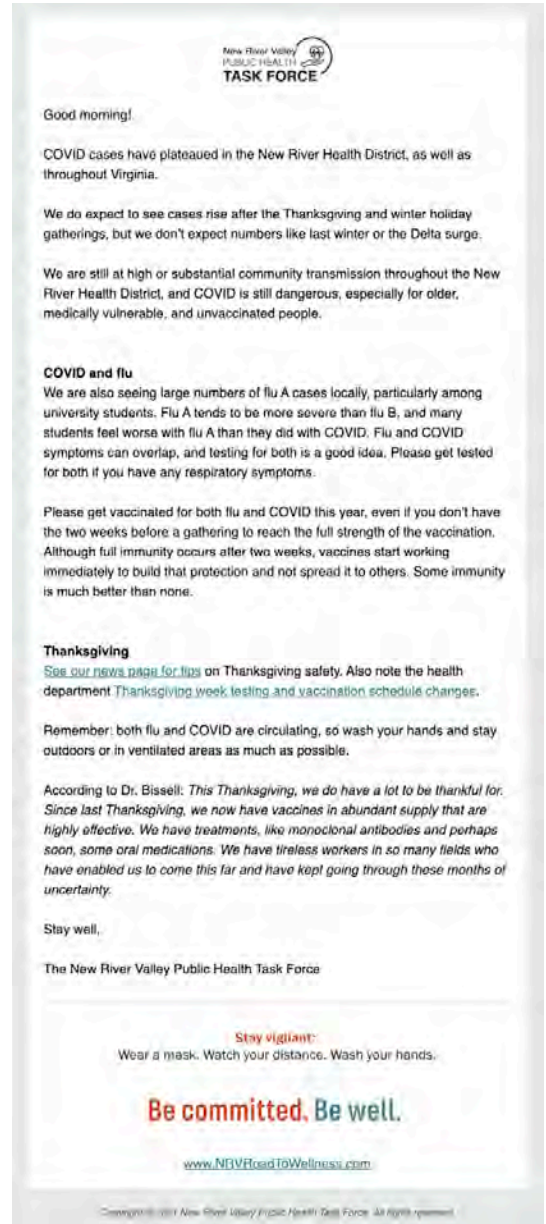
**Task Force Update:** The communications team sent regular updates after each Task Force meeting, to elected officials and later on a weekly basis that included the general public.



Be Committed. Be Well. Campaign



Task Force update email





## LESSONS LEARNED

### ▶ **Regular updates to elected officials**

From the beginning, the Task Force communications team sent regular updates to community leaders and elected officials. The updates were reviewed for accuracy by Chief Wilson, Dr. Bissell, and Kevin Byrd with the Regional Commission. The communications team ensured that the updates were sent after each Task Force meeting and included up-to-date statistics, actions and recommendations. This kept elected officials updated so their interactions with constituents reflected current knowledge. The updates also confirmed the trust the elected officials placed in the Task Force, enabling the pandemic response teams to move quickly.

### ▶ **Clarify commitment levels early**

Several months into the pandemic response, the Task Force realized that a lead communicator for the New River Health District was serving at least 10 additional health districts within the Virginia Department of Health. The requests by the Task Force were too much for this role, but the communicators working together had not clarified their other commitments before engaging with the Task Force.

### ▶ **Establish single source and direct communications at the outset**

People tend to set their patterns of information and communication early in an emergency. At the beginning of a response, among the first communications going to the public should be an official source of information they can access, plus an opportunity to sign up to receive updates. While the Task Force established the NRV Road to Wellness website early, a majority of residents never accessed it and a large proportion didn't know of its existence. The technology now exists for direct communication — often even during major power outages. From the outset, the public should be given a process to sign up for updates; for the COVID-19 pandemic, that would have been email and text contact information. The Task Force did eventually develop a weekly email update to the community 10 months in and recipients were happy to receive and read the updates, knowing they no longer had to spend hours seeking the information. Direct communication with little effort by the receiver goes a long way to tamping down anxiety caused by lack of information and perceptions of lack of transparency.


### ▶ **Crisis communications needs were underestimated**

In a crisis, expectations for leadership are heightened, and leadership must respond with clear, direct communications, even when that means saying, "I don't know right now." As Chief Wilson said, "Every decision you make now is under a microscope." There is no time and little bandwidth for clarifications, corrections, and do-overs. In the digital age, messaging can go viral in an instant on social media, compounding the problem when there is no room for nuances of context.

### ▶ **Local communications are more trusted than state and national sources**

For multiple reasons, COVID-19 communications broadcast by the Task Force were more reliable and came to be trusted more than messaging from the state and federal levels. The lesson learned is that when information relates to local situations, there is an opportunity to get ahead of disinformation.

# Economy and Business Continuity



**NEW RIVER VALLEY**  
**WORKING SMART.**  
**WORKING SAFE.**  
A GUIDEBOOK FOR REOPENING  
YOUR BUSINESS IN THE AGE OF COVID-19  
**#NRVSTRONGERTOGETHER**

In March 2020, when the Task Force was just formed, discussions with the chief administrative officers and Kevin Byrd, Executive Director at the Regional Commission, shaped the concept of a team that would support the region's economy by helping the businesses and employers in the region to navigate the upheaval of the pandemic. Within weeks, the Task Force launched efforts under the Regional Commission to help employers and businesses to operate in the pandemic environment. These efforts evolved into the Business Continuity Team (BCT). The work was supported by CARES Act funds initially and substantially through GO Virginia and Community Development Block Grant (CDBG) COVID-19 response funding. While its role evolved, nearly every employer and business that interacted with the BCT considered it a game changer. The BCT continues to support businesses in the region and serves as a key positive long-term outcome even as the Task Force pandemic operations have wound down.

## Outreach to businesses

In the spring of 2020, the Task Force worked with the five Chambers of Commerce in the New River Valley, coordinated by the Regional Commission, to develop a strategy document for businesses to follow to remain open or reopen as soon as possible. The document was published in early April 2020 — months before the Commonwealth of Virginia provided guidance to businesses.


**“ When the Business Continuity Team came in and told us ‘you guys don’t have to shut down, we can help you.’ That’s when we started referring people to them and it was great to have a place for businesses to go. ”**


**—A Chamber of Commerce employee**

The BCT actively reached out to businesses and employers with ads, postcard mailings, inserts in business license mailings, and direct phone calls and emails. During vaccinations, the Task Force supplied police teams with flyers for convenience store workers to post. The team also provided businesses with masks, gloves, and later on, with tests. As the BCT staff quickly learned, providing materials gave the team the opportunity to speak directly with organizations about the other services and information offered.

In discussions with employers and business leaders, the BCT identified several activities to support employers with cleaning their facilities after an outbreak and tapping legal and public relations support.

**Business Continuity Toolkit**



 **Be committed.**  
**Be well.**

**“ I think that the partnership with the Regional Commission, the Health District and the BCT was incredible for the community. I think it saved lives. ”**

**–Manufacturing leader**

## By the numbers

480 unique businesses engaged

57,015 jobs directly impacted

27 schools engaged

While the cleaning, public relations, and legal funding was not tapped as anticipated, the BCT’s role grew into supporting businesses and employers with timely, targeted knowledge and access to services — serving as a guide and liaison. It was in this role that the BCT became a major force helping many employers in the region to navigate the pandemic.

The BCT team helped employers arrange for employee testing and vaccination and provided an on-site expert as needed. Perhaps most critically, the BCT regularly provided businesses with up-to-date charts, graphics and information on isolation, quarantine, testing, and vaccination opportunities as state and federal guidance evolved. As the pandemic legal environment changed, the BCT provided employers with access to legal advice and a package to help comply with regulations. Employers grew confident they would get actionable information as it was developed.

The BCT was also instrumental in working with the schools, coordinating volunteers, supporting vaccination clinics, and helping with food insecurity efforts.

During the height of the vaccination period, the BCT had four full-time employees. As the pandemic activity wound down, the workload and staff shrank. This ability to grow and step back when the need changes is critical to emergency response and served the region well.



## PERMANENT IMPROVEMENTS

The businesses felt well served and the trust and access provided by the BCT connected them more strongly with the New River Valley. The BCT became a trusted source of information and a resource for business owners/representatives regarding not only COVID-19 information, but other public health concerns such as flu, hepatitis A and chickenpox. Critical relationships and trust were built by the BCT team with businesses, local health departments, medical professionals, and community organizations as the team assisted individuals and organizations to navigate through the pandemic. The businesses and organizations interviewed about the BCT have a strong desire for the organization continue into the future.

## Breaking radio silence

A major manufacturer in the region described the March/April 2020 time period as “a time of radio silence.” When the pandemic first hit, the manufacturing plant was trying to figure out if they could safely run. “The sister sites and other companies in the area were all experiencing the same thing,” they said — trying to figure out how to work within CDC, OSHA and corporate guidelines. The BCT staff reached out to the plant to provide assistance. “I thought it was a perfect opportunity to have a connection with the Virginia Department of Health,” recalled the safety director. “I was able to have one point source, versus earlier when I was trying to talk with the health department and got a different person every single time.” The plant used the BCT to coordinate vaccination clinics. “It was practically seamless.”

The information provided by the BCT and the Task Force was invaluable. Equally important was that the BCT representative attended a number of safety meetings, as well as talking to employees during vaccination clinics, answering employee questions. Straight information on the different vaccines was invaluable, he said. “I could not have done this job without that group. I made some of my colleagues jealous at other company locations, because we had that resource. It was just great, especially in a rural part of Virginia.”

**“ I really appreciated those email updates about how things were proceeding and what guidance was recommended... I felt like it was very even handed and fact based. ”**  
**–Operations leader for a builder**



### Nursery grateful for Task Force, Health Dept. resources

Riverbend Nursery operated continuously during the pandemic. With 100+ employees who live scattered across the New River Valley, the nursery had an outbreak early in the pandemic and relied on the Task Force and New River Health District to navigate the situation. CEO Steven Ronyak credited the contact tracing done early in the pandemic for helping mitigate additional impacts on their business. Since half of their workforce is Spanish speaking, he found the availability of resources in Spanish particularly helpful. “When you have more than 100 folks working for you, and they have their families and their work all spread throughout the Valley, we don’t want to have other people getting sick because of the carelessness.”

Ronyak credited the information and guidance supplied by the Task Force. “Having all the information in one spot from the task force and the CDC gave us the ability to have some good discussions with people. And because of those discussions, we ended up with about 90% vaccinated here.” Ronyak said that one of his greatest lessons learned was the need for a contingency plan in vital business operations.



## LESSONS LEARNED

### ➤ Tangible items can lead to supportive discussion

Offering tangible supplies can be a great way to engage businesses and organizations in the issues and the services and opportunities available.

### ➤ Evolve with needs

The BCT found that serving as a business-friendly provider of access and information was its greatest contribution. When businesses are uncertain about compliance and the potential penalties of non-compliance in an ever-shifting pandemic, they would rather speak with an impartial and pro-business entity like the BCT. This was also the case when they wanted the most up-to-date and unvarnished information about the public health crisis. For businesses in the region, the easy access and expertise of the BCT quickly made it the go-to guide for navigating all things COVID-19, including testing and vaccination.

### ➤ Businesses got a crash course in contingency planning

The pandemic has taught businesses the vital importance of contingency planning. As Riverbend Nursery CEO Steve Ronyak put it, “One big thing we learned was the importance of planning for the unexpected. Prior to the pandemic, we did not have a contingency plan in place for vital business operations. We now have that plan in place.”

### ➤ Reaching businesses was not easy

The BCT did not have a pre-developed list of businesses and contacts in the region and resorted to running ads and social media, plus personal discovery to reach out to businesses. The towns, counties and city have business lists for tax purposes, but these are not always complete or current. Also, when the business headquarters were out of state or out of the region, it was difficult to find the local manager, which is one reason flyers were distributed to convenience stores by public safety personnel. It would help in any future regional emergencies if jurisdictions change their business tax forms to include annual updates to local contact information and give permission for response teams to reach out.

# Education

Supplementing their primary role in education, schools have always served as a community focus and identity. During the pandemic the region experienced how schools are also deeply integrated into the local economies as large employers, providers of childcare, and community forums for gathering and disseminating information to the region's families. Schools are masters at navigating their complex relationships with parents, taxpayers, and stakeholders. However, the pandemic added extraordinary burdens to schools at every level — from administrators and teachers, to bus drivers and cafeteria workers — and the region's families.

The New River Valley public schools were quite innovative during the pandemic, offering programs for meal and computer delivery to area students using local school buses, developing virtual learning plans, conducting poignant pandemic graduation ceremonies, and finding creative ways to continue the educational mission. This was yet another indicator of the caring and collaborative spirit of the region.

In support of this mission, the Task Force's BCT hired a full-time staff person to work directly with the public and private schools in the region. Over the course of the pandemic, the BCT interacted with 27 school districts in greater Southwest Virginia. During the pandemic, the BCT distributed masks, provided information and resources to school nurses, and attended town halls at schools to answer questions. The school town halls were then followed up with a vaccination clinic two weeks later, a formula that led to increased vaccination rates. BCT staff were also available during the clinics to answer questions. Most importantly, the BCT was able to facilitate weekly meetings with all the school superintendents, so they could easily share ideas, communications and plans. The BCT continues to work and be integrated into the schools to handle ongoing concerns and questions.



## LESSONS LEARNED

### Impact of pandemic on learning and mental health

The impact of school closures on the families and community must be recognized and its impact was still being understood during fall 2022.

The school closures were contentious. There is the belief that schools closed too early and before the schools had a chance to come up with a cohesive plan. There was also much anger directed at the schools for closing when they did and for as long as they did — which they had no control over. "We would have stayed in school," said Kevin Siers, Pulaski County Public Schools Superintendent. He noted that the first positive case of COVID-19 in Pulaski County was a full month after the March 13th school closing.

Radford City Public Schools Superintendent Robert Graham agreed. "We thought that if the kids weren't in person they would fall so far behind, they would never catch up. Even though we were in person again from the beginning of the 2020-21 school year, we're starting to see some of that." Graham noted how schools worked to establish a plan that would benefit the entire school community. While the administrations believed that the best thing for the children would be in-person learning, they were also aware that many families were afraid and would not send their children back in person. That necessitated teaching with multiple platforms and putting a significant added burden on teachers. Developing teaching plans and assessments for synchronous, asynchronous, in-person and home learning is daunting, Graham said, and predicted a large post-pandemic task of catching their students up. "They haven't really been in a normal school year for two and a half years," he said, "and now we're going to have to try to catch them up in a year's time, which is very difficult to do."

Increased mental health issues among students and staff, and greater behavioral issues among the students also rose during the pandemic. Staffing issues, said Siers, continued every day. Schools were short-staffed across the country as educators had taken early retirement or left the profession post-pandemic. "There's not been a day this year (2022/2023) that we haven't had to pull people out of their planning to help cover for a teacher who didn't make it in that day," he noted.

**“ I don't think I would still be superintendent had we not had the Task Force resources. It is just too hard. The BCT and New River Health District not only lead us, but they lead us in a very professional way. They cared and they wanted to make sure that the most precious treasures — the kids — were given the best opportunities. ”**

**—Robert Graham, Radford City Public Schools Superintendent.**



PERMANENT IMPROVEMENTS



### School superintendent regional cooperation


The superintendents of the region’s public school systems met weekly during the pandemic, establishing strong cooperative ties that continued even as the pandemic moved to an endemic disease. The superintendents now engage in regular meetings with the BCT and health department to tackle pandemic recovery, mental health issues and other issues of regional concern.



**Above:** A Montgomery County Public School staff member helped distribute lunches delivered by school bus while schools were closed early in the pandemic.

### Mismatch of state reaction and local situation

On March 13, 2020, Virginia Governor Ralph Northam ordered all K-12 schools to close for a minimum of two weeks. Pulaski County Public Schools had already closed March 13 for teachers to prepare for intermittent shutdowns, so there would be no loss of continuity. With the state school shut-down following that day, “We just never put the kids back in school and sent everybody home,” said Pulaski School Superintendent Kevin Siers. “It’s like we sent everybody running to the hills at the first sight of the pandemic without a good plan in place. Looking back, that was the worst reaction we could have had.” The first positive case recorded in Pulaski County was a full month after schools closed, he notes.



#### CHROMEBOOK DROP OFF PROGRAM

- Drop off your chromebook on the meal delivery bus.
- All of your Google Classroom information will be downloaded to the device.
- Chromebooks will be returned via the meal delivery bus on Monday. (We hope to shorten this time frame.)
- Chromebooks must have the MCPS barcode and student label. These items were applied when the Chromebook was issued.
- No Chromebooks will be accepted for repair tomorrow. More information on Chromebook repair will come out later.

### Volunteer with MCPS

YOU CAN HELP WITH OUR MEAL DELIVERY PROGRAM. VISIT [WWW.MCPS.ORG/VOLUNTEER](http://WWW.MCPS.ORG/VOLUNTEER).





PERMANENT IMPROVEMENTS

### Digital technology improvements

The pandemic forced schools to improve virtual learning and digital technology tools, which have now become a permanent fixture at many schools for a portion of the student population. “I think innovation with technology has been a bright spot in the pandemic,” said Graham. “We were forced to learn how to navigate instructional technology, and I think that’s really going to help the students going forward.”





**PERMANENT IMPROVEMENTS**  
**Virginia Virtual Academy**

The City of Radford and Giles County joined with other districts in Southwest Virginia to offer the Virginia Virtual Academy (VAVA) for students and families who prefer a virtual learning environment. During the pandemic, a number of students and families discovered that virtual learning was a better fit, for emotional or educational reasons. The VAVA is now offered free of cost to any student in Virginia and is taught by Virginia licensed teachers. Nontraditional students can also earn a degree through VAVA. The Academy was the first in Virginia to offer a full educational platform leading to a high school degree and “We plan to continue offering this option going forward — as long as we can afford to offer it,” said Radford City Public Schools Superintendent Robert Graham.



**VIRGINIA**  
**VIRTUAL ACADEMY™**  
POWERED BY STRIDE K12

<https://vava.k12.com/>



**LESSONS LEARNED**

**Coordinated messaging provided strong support**

Kevin Siers, Pulaski County Public Schools Superintendent, said the Task Force’s help in developing messages to their stakeholders was critical. He mentioned that they used the BCT to review and craft messaging so that “it didn’t cause alarm, but helped build confidence in the community that what we were doing was what was best for kids and was going to be as safe as it could possibly be.” The communications regarding vaccinations, he said, was so effective that it allowed them to get back in school five days a week before any other school division in the state.



**Schools offer unparalleled leverage for community cohesiveness**

The pandemic brought home the understanding that the schools are a true nexus point of the community. Schools are simultaneously a large employer, a hub for communicating with the community’s families, a barometer for social issues like mental health, and an integral part of the community’s businesses for how they enable parents to work (in-person and virtually) by taking care of children during business hours. Schools can also play a significant role in community outreach, as evidenced by how area schools used school buses to distribute food across the region during the pandemic.

# Food insecurity

PERMANENT IMPROVEMENTS



## Continued delivery of food by school buses

Superintendent Graham of Radford City Public Schools noted the ongoing nature of food insecurity. “Even if we have a snow day now — after the pandemic — we will send the buses out to bus stops for the children to pick up food,” he explained. “We just feel like we have so much food inequity in Radford City that we need to do that. So generally, we’ll send a bus out with a busload of food, and it will come back empty.” He said that they will continue the program for as long as they have available funds. “You know, when you go through a pandemic like this, it just doesn’t stop,” he said. “I think it’s going to take us a good 10 years to get back to where we were.”

When the COVID-19 pandemic hit, the U.S. Department of Agriculture was authorized by Congress to waive eligibility requirements for free school lunches, allowing any student to eat at no cost. In the region, this translated to all counties and the city using CARES Act funding to load school buses up with food and deliver meals to students. There were additional efforts as well. Pulaski County, in collaboration with the nonprofit Beans and Rice, outfitted a mobile food truck to bring fresh food from local farmers to the YMCA and low-income housing developments. Mobile food distribution from churches, nonprofits and community groups also used school buses to make food deliveries. “Overall,” said Pulaski County Administrator Jonathan Sweet, “there were a lot of a lot of resources dedicated to responding and mitigating food insecurities.”



Food distribution event in Christiansburg

**Face coverings required.**  
Please keep 6 ft apart.



## Mobile Food Pantry Distribution



Friday December 18th  
1:00pm – 3:00pm

Belmont Christian Church  
1500 Peppers Ferry Rd  
Christiansburg, VA 24073

*The health, safety, and well-being of our employees, volunteers, and participants is a top priority. By following all CDC guidelines, practicing social distancing, and wearing face masks, our goal is to maintain safe practices while avoiding the disruption of this essential service for your community. We're asking that all clients wear a face mask during the food distribution process.*

FEEDING  
SOUTHWEST  
VIRGINIA

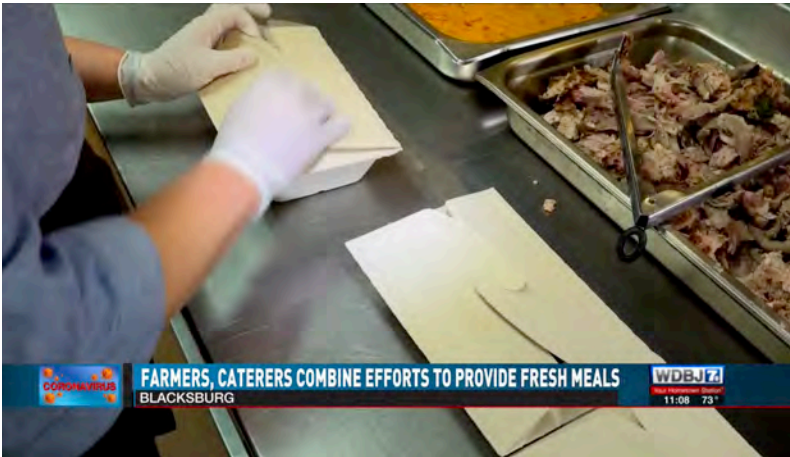
- All VA residents qualify
- No ID or income requirements
- Food will be distributed on a first-come, first-serve basis

Be committed.  
Be well.



New River Valley  
PUBLIC HEALTH  
TASK FORCE

**For more information please contact:**  
 Rita Pruitt, Director of Agency Partnerships  
 Phone: (540)342-3011 ext. 7040  
 Email: rpruitt@feedingswva.org



Montgomery County, for example, in cooperation with Millstone Kitchen, was a grant recipient in August 2020 for Millstone Kitchen’s Neighbors in Need program to address food insecurity. The grant came from the Virginia Department of Housing and Community Development and was augmented by funding from the Town of Blacksburg to provide meals to vulnerable populations through the remainder of 2020.

Giles County engaged its Access to Community College Education (ACCE) students that have a community volunteer requirement to help provide food for families. The Task Force participated in multiple food distributions through Feeding Southwest Virginia, a chapter of Feeding America, which is a nationwide network of 200 food banks and 60,000 food pantries and meal programs.

Chief Wilson contacted the New River Valley Agency on Aging early in the pandemic and was told they were seeing a 70% increase in food insecurity among the elderly and were forecasting that they would run through their available funds before the increased need would lessen. The Blacksburg Police Department was able to help in a variety of ways, including deploying COVID-19 Crushers to work with the Agency on Aging and helping to sponsor food distribution. One of these food distribution events was a mobile food pantry in April 2021 at Blacksburg High School.

The BCT worked with Feeding Southwest Virginia on several food distribution events in 2020 and 2021. This included a December 2020 food distribution event at Belmont Christian Church in Christiansburg to provide food to area families before the holidays. Feeding Southwest Virginia reports that 1 in 8 Southwest Virginia residents face hunger on an ongoing basis.



## PERMANENT IMPROVEMENTS

### New options for feeding the community

As a result of the Task Force pooling funds across jurisdictions, a number of New River Valley communities have been able to spend funds to help address ongoing food insecurity.



## LESSONS LEARNED

### The pandemic revealed hidden food insecurity

The BCT pointed out that “when people weren’t getting fed at schools and were cut off from resources they had cobbled together, the food insecurity in the region became more visible.” Food insecurity is ongoing, and effects on food insecurity from the pandemic will not disappear overnight. Superintendent Graham of Radford City Public Schools commented, “You know, when you go through a pandemic like this, it just doesn’t stop. I think it’s going to take us a good 10 years to get back to where we were.”

### When not used for transporting students, school buses can be tasked with delivering food

When the COVID-19 pandemic hit, the USDA was authorized by Congress to waive eligibility requirements for free school lunches, allowing any student to eat at no cost. In the region, this translated to all counties and the city using CARES Act funding to load school buses up with food and deliver meals to students and those in need.

# Community & the social fabric

The Task Force arose from strong community ties in the New River Valley, particularly among local governmental agencies. However, the stories abound of businesses — even competitors — helping each other during the pandemic. Add the thousands of people who volunteered through the Task Force and other groups, and a portrait emerges of a region with strong community ties at many levels.

Research increasingly indicates that communities with strong networks of relationships, called social capital, are better able to respond and recover quickly from disaster events. A research team led by Virginia Tech's Center for Public Health Practice and Research studied the social connections of the Task Force to explore what mechanisms and processes might be developed to convert social capital to collective capital to benefit communities.

According to Dr. Sophie Wenzel, principal investigator, the team found four key factors that contributed to collective capital with the Task Force over time:

- Relationships established pre-pandemic,
- The concept of “we are all in this together,” working toward a common goal,
- Repeated and frequent in-person interactions,
- Shared leadership

While celebrating how the Task Force helped to build community, the destructive elements presented by the pandemic must be acknowledged. The polarization and general deterioration of civility became a national phenomenon that also visited the New River Valley.

Robert Graham, Radford City Public Schools Superintendent, described how support of the schools went from signs that said “Heros work here,” to the next school year with teachers and staff being blamed for everything with little compassion and empathy. “The culture in the society has gotten so mean and disrespectful. I think that is a result of the pandemic. I do not know how to fix that.”

Dr. Bissell believes that the support from the Task Force enabled her health district team to move faster and likely serve better. “When I look at my fellow health directors who didn’t have their localities work together, they had more struggles to get testing and vaccinations up and running,” she said. “The Task Force support enabled us to be on the front edge of getting things done. It helped to have everybody supporting each other without competition.”

**“ We had a lot of good people who wanted to find ways to be helpful. ”**

**–Holly Lesko, Business Continuity Team**



## LESSONS LEARNED

### People want to contribute

Throughout the region and throughout the course of the pandemic, people stepped up to help their neighbors. This was evident in the Task Force efforts, and in the many informal ways that people helped out. People volunteered to deliver meals, donated time and money to community efforts to help those in need, and did all the countless things that neighbors do, like checking in on the elderly and offering childcare.

### Social rapport can be fragile during a pandemic

During the pandemic, many grew more familiar with the concept of ‘cognitive overload,’ which refers to what happens when too much is going on and a person can’t hold it all. Cognitive overload results in frustration, diminished capacity for decision making, and impatience. Pandemic cognitive overload at times led to a loss of manners and increased social aggression. Such behaviors contributed to occasional divisiveness in the community, reminding us that in times of high stress, we need to remember that people have different capacities for managing stress.

### Compassion fatigue is real

The workload for front line responders was a heavy lift and there were constant changes to rules and impacts to procedures due to virus variants that impacted treatment, prevention and response. The citizens of the region were rightly concerned and sometimes afraid and reactive. Keeping up effective professional support throughout the pandemic took a toll, and grace was necessary for everyone.

# Conclusion

The New River Valley Public Health Task Force arose from a history of collaboration and a strong community spirit in the region. The Task Force engaged multiple organizations over many thousands of hours to help the region navigate the COVID-19 pandemic. Because of its collaborative efforts and the decision for localities to pool funding, the Task Force enabled the New River Valley region to provide support to residents, governments, schools, businesses, and healthcare that far exceeded the typical capability of a rural region.

Emergency and disaster responses are about mitigation, recovery, and resilience. The New River Valley cannot directly measure lives saved or disease averted because of the Task Force; this was a global pandemic more powerful than any single region. The Task Force enabled the region to execute a nimble response to the pandemic, as evidenced by a number of first-in-state efforts. There is evidence of a stronger community network and stronger resilience, through studies and a number of permanent collaborations. And there are multiple stories from leaders throughout the region in healthcare, education, and business that said they could not have performed their roles without the Task Force. Moreover, the shared organization, communications, testing/vaccination, and business support efforts allowed localities to attend to the next level of response that was perhaps more specific to their communities, such as long-term equipment and facilities, and local economic support that builds resilience against future emergencies.

## Build and nurture trust

Every government, community, and business leader interviewed for this report believes that the New River Valley region must retain the capability of quickly standing up a regional Task Force for future emergency responses. Nearly all respondents suggest the mechanism should be through the New River Valley Regional Commission, through which all the chief administrative officials now meet regularly. A possible framework would be where an organization in the region, whether it's health, emergency, educational, or otherwise, may perceive a need to activate a Task Force and contact the Regional Commission to call the administrative officials to evaluate and jointly activate a Task Force.

**“ At a time where some communities paused, literally turtled, we didn't. We said, here's an opportunity for us to creatively work to try and get ahead. We learned that there's nothing impossible if we all work together collectively, put our minds to it, and address it. ”**

**—Jonathan Sweet,  
Pulaski County Administrator**

**“ My job was to stay informed and keep our elected officials updated. The trust we had with the commission and information sharing from the Task Force allowed us to support our staff to do what needed to be done quickly and flexibly. ”**

**—Marc Verniel,  
Blacksburg Town Manager**

## Collaborative muscle

The spirit of collaboration and joint support remained strong following the active Task Force period. “We had a tornado about to touch down in Blacksburg,” recalled Chief Wilson. “I'm sitting there, watching the funnel over Lane Stadium and I got calls from Giles County and Pulaski County telling me they had dump trucks and backhoes heading to my town and where did I want to stage them? The tornado hadn't even touched down yet, but the Task Force mentality was strong and the neighboring jurisdictions were moving to help before being asked.” The tornado didn't hit, Wilson said, but that kind of collaborative muscle should be maintained in the region.



**“The reason the Task Force worked is because people understood the importance of the task at hand and they didn’t keep score. If something was needed, and a locality had the ability to provide it, they just did.”**

**–Chris McKlarney, Giles County Administrator**



## LESSONS LEARNED

### Decision-making must be at the chief level

Communication and coordination between localities — and other organizations — should happen at the chief administrative official level. There is too much bureaucracy built into organizations at the staff level, according to Chris McKlarney, Giles County Administrator. “Decisions have to be made collaboratively at the top,” he said. “At the beginning, we were literally on a call every day. Later, we would jump on a call every week and then every month. But we had that ability to make decisions on the fly.” He described meetings where an idea or proposal was presented and often approved in 30 seconds. “We checked to see if all agreed, or if we didn’t have consensus. That made decision-making very efficient.”

### Trust is critical

When there must be a response to an emergency, it can’t be the first time partners and collaborators meet. It takes time to build trust, according to many of the Task Force leaders. “Every success we had was because of relationships,” said Chris McKlarney. “There was a willingness to help one another because of preexisting relationships.” New relationships were formed as well, but prior experience on the team is critical. “You never know what’s going to happen,” said McKlarney. “You’re going to make mistakes and just because someone messes up one time doesn’t mean you shouldn’t trust them. But that’s what happens. But if you already trust your partners, you can move on from mistakes and keep working together.”

There must be a high level of trust between different organizations for a regional emergency response to be successful, said Chris McKlarney, Giles County Administrator. Having a framework for leadership and local government collaboration already in place all the time is critical, he said, and the Regional Commission provides that. “That should be the most important role for the Regional Commission: to encourage and promote collaboration between governments. So that when a major event or issue arises, that trust level is already in place.”

Chief Wilson advised that the region actively seek out cooperative projects through the Regional Commission that require coordinated logistics, finances, project management and input from multiple localities and disciplines. “Let’s make this a practice where we bring in teams from different communities to work together, to keep the cooperative muscles strong.”

The New River Valley has trusted structures and relationships that crossed disciplines and geographies. These have been strengthened over time as communities and organizations have had to respond to crises. The pandemic offered another opportunity to test and grow the muscles of collaboration necessary to do the necessary work of pandemic response. Undoubtedly, there will be crises in the future that the regional network can tackle together. The track record of regional collaboration is a strong one that can continue to invite participation, receive critical feedback, and enhance the fabric of community wellbeing.



**“ What worked? I think the word that comes to mind more than anything is collaboration. I think that this region was a shining star during that period of time because there were so many caring people that wanted to work this crisis out together, not just by themselves. ”**  
–Robert Graham, Radford City Schools Superintendent



## LESSONS LEARNED

### Communities must lead their own response

During an emergency or disaster, each community or region is ultimately responsible for its own mitigation, recovery, and resilience. Chris McKlarney, Giles County Administrator, said it well: “State and federal resources are not the solution, you have to be able to take care of yourselves.” It’s not just about resources, he said, “It’s about intelligent and efficient action. We could spend 10 times the money we did and still not be as efficient.” The key, he says, is the relationships with people you are willing to trust, and the right people in charge of operations.

### Politics do not have to be part of a regional response

Multiple leaders mentioned that the Task Force was able to respond quickly in part because elected officials supported them and trusted them to do their jobs without interference. This is attributed to regional trust in administrative leaders and a strong reporting system back to elected officials.

### Plan for scope creep

Any emergency has many layers of impact. The Task Force initially convened to protect the hospitals and healthcare system, but was soon involved in many more issues and actions to support the community, including food insecurity, business continuity, communications, education and more.

**“ We had the same core values. We wanted to help people and we already had established relationships. So it was natural for us to pull together and be able to serve the community and each other during that time. ”**

–Angie Hill, Montgomery County  
Deputy County Administrator







## LESSONS LEARNED

### Decide fast and plan for change

The situation on the ground can change quickly and the Task Force was able to make decisions quickly. Those in the room had the authority, which was critical. “You had to hurry up, or simply choose not to act,” said Chief Wilson. “We didn’t have two weeks to study a situation or develop a plan.” In some cases, the Task Force geared up for an event, then didn’t need it, but having the ability to respond quickly helped build success.

### Get everybody to the table early

Gather all relevant parties — including finance, data analysis, and communications — to the table as early as possible. Some teams may not be needed immediately, but then they will be up to speed when needed and can move fast. Angie Hill, the Montgomery County Deputy County Administrator, recommended ensuring that everybody at the table is involved, paying attention, and reaching out to people who may be needed. “This is one of the things that worked well for us,” she said.

### Don’t underestimate the need for crisis communications

Chief Wilson and Dr. Bissell both stressed they underestimated the crisis communication need. The contributions from communicators from the various Task Force organizations were invaluable, but also represented their own organizations. Chief Wilson and Dr. Bissell recognized that a team representing the Task Force was critical, and eventually hired a contractor for the role. “As the pandemic passed beyond several months and we were so immersed in activity, we didn’t realize the conversations were spinning in a dangerous direction,” said Wilson. “Every word, every nuance must be carefully crafted, as there is no time or attention for rebuttals.”

Dr. Bissell agreed. “Risk communications cannot be overstated. People in that role need to be in the room from the get-go and all communications must flow from there to the respective agencies and organizations.

*This work and the development of the After Action Report would not have been possible without the support of local partners’ commitment to pooling their CARES Act funding, GO Virginia funding, and funding from the Virginia Department of Housing and Community Development through their COVID Response Community Development Block Grant program. Additionally, there were a myriad of local government and community organizations who provided hundreds of hours of time and talents in coordination with thousands of hours from committed volunteers in the region. This work involved input from many to support the whole of the New River Valley. As a result, the communities within are more deeply connected and resilient for it.*

