

An Interview with Hilary Schieve

Perspectives from the COVID-19 Pandemic: Leadership and Learning in Nevada

Produced by:

The University of Nevada Las Vegas
The Lincy Institute
2024

Principal Researchers:

Magdalena Martinez, Ph.D. and Kelliann Beavers, Ph.D.

The following interview was a part of the “Perspectives from the COVID-19 Pandemic: Leadership and Learning in Nevada” research project. The recorded interview and transcript were made possible through the generosity of The Lincy Institute at the University of Nevada, Las Vegas. The goal of the project was to understand and document how Nevada organizations and leaders responded to the myriad challenges that the pandemic engendered. The interviewees thank The Lincy Institute and their supporters for the opportunity to reflect on their roles throughout the COVID-19 pandemic. The researchers also acknowledge the following individuals who contributed to the conceptualization, data collection, and analysis of the project: Dr. John Hudak, Dr. Makada Henry-Nickie, Elia Del Carmen Solano-Patricio, Taylor Cummings, Peter Grema, Kristian Thymianos, Saha Salahi, Madison Frazee, and Katie Lim.

Each interviewee had the opportunity to review their transcript. All measures have been taken to preserve the style and language of the interviewee. This interview features Hilary Schieve, Mayor for City of Reno, and was conducted on 9/21/22 by Kelliann Beavers. This interview covers topics including reflections on leadership, organizational challenges, and opportunities for collaboration.

Interview with Hillary Schieve

Date: 9-26-2022

SPEAKERS: Kelliann Beavers, Hillary Schieve

Kelliann Beavers [00:04]

Okay. So, to begin, I just want to confirm that you are comfortable with us recording the call, and we'll have you review a transcript afterward before we were to incorporate any of it into our research.

Hillary Schieve [00:14]

Sure. Perfect.

Kelliann Beavers [00:16]

Great. So the first question is very general. As an elected official, how did you see your role during the pandemic?

Hillary Schieve [00:27]

Such a good question.

Kelliann Beavers [00:31]

And you can answer any of these questions with respect to the peak of the pandemic, or ongoing, and even now. I know that there is a lot of repercussion and reality that are still related to it. So feel free to answer whatever is meaningful for you.

Hillary Schieve [00:43]

Yeah. Well, I think – and I don't know who you're interviewing exactly. Are you doing a lot of mayors?

Kelliann Beavers [00:53]

So, we are doing some. We have, so far, interviewed the Mayor of Henderson, and we've interviewed – these are the groups we are interviewing from elected officials, both at the state level and local level, government agency heads – so leaders of different agency departments that were key in response, and then education leaders, business leaders, and community organization leaders.

Hillary Schieve [01:18]

Okay. Is that just within Nevada?

Kelliann Beavers [01:22]

Yes. Our focus is within Nevada specifically and throughout Nevada as a whole. And given that we are in Southern Nevada, and our network is here, it's important, to me, that we do get a clear picture of Northern Nevada as well. I was able to speak with the county manager in Washoe, and the emergency manager. And we have also spoken with one county commissioner, but it wasn't

me who did the interview. So that's the perspective, thus far, other than Katie Neddenriep, I think her name is, from [Elko-??01:51] we've talked to as well.

Hillary Schieve [01:54]

Okay. The reason I asked whenever you said that is that I think, you know, I'm very close with a lot of mayors. I do a lot of work with the Conference of Mayors. And so, a lot of my support system was with mayors across the country. And so I think I had, maybe, a different view than most – hearing their stories and being in constant contact with them. I think mayors especially led a lot of the charge across the country. Just really sort of – we didn't have any help at the federal level. That was really challenging.

So, as mayors, I think we became much closer. And also, seeing the dynamic. Mayors are typically the biggest champions for their cities, right? And so my whole time in office, seeing mayors are always very positive, and they have this mission of how they message their cities. And I think we all found ourselves in a time where I could really hear it in their voices, of uncertainty and fear, but also, ready to lead because we felt so disconnected on the federal level, which we had never seen before. We had always had a lot of resources and help on the federal side, especially with the Obama Administration. We had numbers to the White House. We could call anyone, right?

So we certainly didn't feel that sort of help. So I think, in a lot of ways, there were times that we felt uncertain but optimistic. And it was interesting because everyone sort of played a different role. If you were the county, that was completely different. And so I could only control what we were seeing here in Reno. But then the county health department, they actually had the lead, right, because of the policy, and that was a little challenging as well.

And one of the things that I don't know if you know about me is that I also believed my role – and this is out of the gate, first, day one – was to be transparent with the information that we had. And especially, speaking with mayors, and I was on the phone with Mayor DeBlasio from New York and the mayor from Seattle. And these were the cities that were seeing some really alarming numbers and events. And so it became very real to me, and I kept thinking, what if we don't shut down our city? No one has any idea of what that looks like. And so, I was actually the first to do that in Nevada, and then the governor did it two days later.

Kelliann Beavers [05:26]

Interesting. So by that, you mean to make the decision to say, "We are going to go into lockdown, at the time, when we need that."

Hillary Schieve [05:33]

Yes. And that actually came from some information from the health department. They were very nervous but reluctant to act at that point. And I just felt we needed to be, like I said, transparent with that information. And really, no one knew; we really didn't have a plan, obviously. That was challenging, to shut down a city in a ten-minute press conference. But I felt like, with this information, with what I knew at the time, that was the best decision.

Looking back, there were some things, I think, that allowed us to have some time on our side, to put together [background noise – dog barking – 06:28] Sorry...

Kelliann Beavers [06:29]

That's okay. We welcome your dogs into this as well.

Hillary Schieve [06:33]

They're my sister's dogs. My dog is much more well-behaved. And so I think it allowed us to have time to put some infrastructure in place. And one thing is that we really did coalesce with sort of everyone I had – a lot of physicians and experts reach out to me. And it's interesting because, as a mayor, we're used to fires, floods, and those kinds of events, right? I have never worked with my medical community and my hospitals. And so that was a whole other dynamic, and I think taught us that we need to know who those experts and players are in our community that can help.

And so, we were reaching out to people that you typically weren't working with, and built relationships, like I said, within our medical community. And I think there was a lot to learn, especially knowing that a lot of the infrastructure was not in place. And all of a sudden, having to figure out, okay, what buildings can we put makeshift hospitals in, and where are we going to, obviously, find a workforce? And so, just so many dynamics. *So many dynamics.*

So I think a lesson, for sure is to know your medical community. Know who is driving your public health departments. Really understanding public health. Let's see-

Kelliann Beavers [08:28]

Yeah. Everything you're saying is great. Feel free to just keep riffing. I can go to another question if you feel like you're at a stopping point. But I also am really enjoying everything you're sharing, so – and it's very interesting what you're saying about this sort of network of mayors elsewhere being a part of your experience and your decision-making. And that's not something – of course, I know about the U.S. Conference of Mayors, but it's not something that I have thought through in terms of being kind of like a contributing aspect of your experience and your decision-making at that moment.

Hillary Schieve [08:58]

Right. And so, you know, and I also say, honestly, I felt like it was a time of America in mourning. And the reason I did is because mayors, like I said, are so positive, and they're just – if there's a will, there's a way. And there were times when you'd hear a mayor start to cry because they have to get on the phone to order refrigeration trucks for bodies and things like that, right? It was a very, very different shift of, I think, what we know of each other. And mayors really did lead the charge on so many levels. And then watching other things play out, where I was very fortunate is I had a lot of support from Governor Sisolak. Whereas other mayors, if you watched like what Keisha Lance Bottoms was dealing with in Atlanta, fighting with her governor, right? Having two very different views and politics.

And then we saw how that was so damaging, trying to get, obviously, her state on the same page. I was fortunate, like I said because I had Governor Sisolak – I can call him, and I have a great

relationship. So I was very, very fortunate, but I was seeing sides of the country as a whole, right? And so I think that's exactly where my perspective comes in.

So then there's that side of things like I was saying. The county took over some of those decisions. And that can be really hard because then my constituents are like "Well, why aren't you doing this?" Well, we really don't have the power to do that. That's out of my jurisdiction, right?

So what I did do – because you start to think of ways on so many different levels. But one was starting to work with the medical community and making those connections. It was even right down to the wire of – these physicians were saying, "Hey, we probably need to learn how to use ventilators." These were physicians that had never used a ventilator but said, "Listen, we can learn, and we can do this," right? And then it was even calling around to medical – what do they call them – I don't know – surgery centers. And calling them and saying, "Do you have ventilators? We don't have any ventilators." And then we had a manufacturer of ventilators up here that I reached out to, and they were like "No, because it's been too hard to get these parts," and things like that, right?

So there are so many different dynamics. But just to hear your medical community and these physicians all say, "Look, we're going to learn to use a ventilator." We didn't know what this looked like. I mean in NY it was absolutely horrific, and it was a disaster, and all I could think of is that could be us. But I think we were able to buy some time, put some infrastructure in place at Renown, and look at the parking garage. We made that into a makeshift hospital. We had support from the guard and things like that.

So for the most part, I think Renown really rallied together, even if there was a difference in politics and opinion. That sort of didn't start until later. At first, everyone – because Reno is a smaller community, I think people really came together in a time of need. So that was very, very positive.

And then, as things progressed, one of the things – and I really felt helpless because I'm not at the county [dog barking] – is information. And what I mean by information is, I put together a group, a COVID committee, of different people with different backgrounds and strengths. One was an attorney. Several were doctors, ER doctors, so that they could tell us what was happening on a daily basis in the hospitals.

And then one of the things is, working with some really talented tech people that put that data together, and we made the COVID Risk Meter. And our thinking behind that was, let's give people the power to make their own decisions because obviously, this isn't really working, of how we're messaging. And I think the experience was different for everyone, right? Some people love staying home and enjoyed that aspect of it, and others did not do well at all staying home. And there were just so many different emotions and dynamics, and then you had your essential workers out there and then you had our healthcare workers. And they, God bless them, because they rose to the occasion, and their strength was heroic on so many levels.

But when we put the COVID Risk Meter together, and we took this data – and I actually called experts across the country to join us to form this COVID Risk Meter, and it worked a lot like the pollen count, or high burn days, right? And what we meant by that is, some people might not have allergies, and they can go ride their bikes at any time. And then there are others that have horrific allergies and would never ride their bikes during these high pollen counts. And it was sort of similar, in that sense, and I could certainly relate because I've had a kidney transplant and I'm immunocompromised. And so, for me, I have to be mindful-

Kelliann Beavers [15:30]

Wow, that's huge.

Hillary Schieve [15:31]

Yeah. So I have to be much more careful about my surroundings.

Kelliann Beavers [15:35]

Absolutely. I think that – a lot of what you're describing makes me – or what I am hearing you articulate is that a great deal of your experience sounds like it was really like hands in the thick of things, and participating in aspects and ways that I wouldn't have necessarily thought you would have had to, as a mayor, although I recognize that you would have had many critical roles. When you describe yourself calling around to find out whether ventilators are where, or you describe yourself participating in some of these different nuanced ways that you've described. Do you think that is reflective of just the nature of yourself, and how you like to lead within the community or the crisis? It does sound like definitely something that is distinct, and probably, was really impactful for your community.

Hillary Schieve [16:29]

Yeah. I think, too, I mean people might have said, "Oh, gosh, she's being so sensitive." Let's just take masks, for instance. A mask is not anything that's new to me. Because when I had my transplant, I had to wear one for six months, right?

Kelliann Beavers [16:46]

Wow, that's – so I mean, number one, that's intense that that happened to you. Number two, it really does give you a completely different perspective on what it means to do that, the value of it, and the necessity of it for a lot of people.

Hillary Schieve [16:59]

Well, and I kept saying – and I was a big proponent of wearing masks, right, and when I wore a mask, it was interesting; because for people, a mask was new. But I had my transplant 20 years ago at Stamford, and there was a reason they were telling me to put one on.

But there was also another aspect that I think people forget, which is that everyone is going through their own emotions and their own challenges at home, especially when you're at home, that could be a whole different dynamic for someone, right? Being in, maybe, an abusive environment. I mean we don't know what that looks like. But I was also going through – my sister was dying of cancer, and I was taking care of her at the same time. So I was really sensitive to the masks.

Kelliann Beavers [17:49]

Oh, my gosh.

Hillary Schieve [17:50]

It was crazy. So-

Kelliann Beavers [17:52]

Well, my heart breaks for you. That is just so much, number one, for you – personal stuff is scary.

Hillary Schieve [18:00]

Well, I mean, it was a really, really, really challenging time for me. But I kept saying, you know, you don't know what someone's circumstances – and at home, they might have a cancer patient, right? And so people making these crazy insinuations about masks and how horrible they were, you know what I mean? These anti-maskers. And I just didn't have a lot of sympathy for that because I have a sister at home, you know, dying from cancer. And we had to wear masks a lot because of treatments and those kinds of things. And so there's just so much emotion. So, yeah, that's kind of the role that I played.

So we put out the COVID Risk Meter so that people could start to put the power back into their hands because it looks different for everyone. And that's really the only that I could play, of just advocating and educating, because, at the time, we didn't have any power. It was out of our jurisdiction. That was over on the county's side because that's the way the governor structured it.

And so I do think the one thing is, we really needed to have a much stronger force of communication with all electeds. And when I tried to do that, sort of locally, I got a lot of pushback, and it became very, very political, with different political stances as we've seen. It just became absolutely political. So I just rallied with my COVID group and just used the "Holy Pulpit" to message about masks and about what we were seeing in our ERs and just the data that we had. And so I felt like that was the best way, you know, and like I said, it's different for everyone. Some people were not afraid at all, and then some were. And I have lost a couple of really dear friends to COVID.

So, yeah, that was the only way that I felt like I was going to make a difference, is just to continue to educate and try to – and have sympathy for others because I think we lost that on so many levels, and that was really unfortunate. So, like I said, I think it looks very different for everyone.

Kelliann Beavers [20:48]

Thank you so much for your transparency and vulnerability in sharing all of that. And I'm really sad to hear about your sister and all of the intense things that you were processing. And thank you for all of your service.

Hillary Schieve [21:02]

You're very kind. Thank you. Honestly, thank you so much. That's very sweet, you know. I think I'm still processing a lot. Yeah (laughs).

Kelliann Beavers [21:14]

Yeah, no doubt. That kind of thing, I think, is a lifetime of processing. And it's so unimaginable, everything that unfolded, much less for something so personal, to be happening simultaneously.

Hillary Schieve [21:25]

Okay, listen. I have to tell you; I need to put you on my phone. For some reason, my computer is not charging. It says it's charging, but as I'm sitting here, it's on 3% battery.

Kelliann Beavers [21:39]

Okay.

Hillary Schieve [21:40]

So, if you don't mind-

Kelliann Beavers [21:43]

Sure, of course not. No, that's fine.

Hillary Schieve [21:45]

Okay.

Kelliann Beavers [21:46]

Hillary, are you good? I don't know – I thought you may have a two o'clock, but are you good to keep rolling? I just want to be.

Hillary Schieve [21:53]

I have a 2:45.

Kelliann Beavers [21:55]

So, you have a little bit more time.

Hillary Schieve [21:57]

And Cassie, you don't need to stay on.

Cassie [22:05]

Well, if there's any follow-up or anything else that you, Kelliann, need, or Mary [Hillary] if you need, feel free to – Kelliann, you have my email. Mary [Hillary], you know where to find me, so-

Hillary Schieve [22:13]

Yes, okay.

Cassie [22:14]

All right. Thank you so much.

Hillary Schieve [22:15]

Of course. Thank you as well.

Kelliann Beavers [22:17]

Thank you again, Cassie.

Cassie [22:19]

No problem. Bye.

Hillary Schieve [22:24]

Okay. So, hang up with me, and then I will call you right back from my phone. Sound good?

Kelliann Beavers [22:26]

Okay, that sounds good.

Hillary Schieve [22:28]

Okay. (exits Zoom meeting.) [22:44-22:57] Hmm, let's see. I know you can hear me.

Kelliann Beavers [22:58]

Yes, I can. And that's ample, if it's complicated, to figure out how to get the rest of it to work. So whatever is best for you.

Hillary Schieve [23:08]

Okay. If you don't mind, I can't, for some reason, it's saying it doesn't have access to my camera. I have a brand-new phone, so I think it's just my settings. So, is that okay?

Kelliann Beavers [23:17]

That's fine. Yes, of course, that's fine. The audio is what's key, and I really appreciate all that you're sharing with us. So, one of the things that you were just speaking to was about the – your own wish that there had been more consistent communication among elected officials, or leadership broadly. And when we first started doing these interviews, I didn't know about something that existed, that I then learned later existed, and many people have talked about, which was the entity that FEMA mandates to exist to respond to an emergency, that ended up creating a multiagency coordination group, at least in Southern Nevada, that a lot of folks called into each morning and collaborated through. Which seemed like something that should have definitely occurred throughout the four regions and everywhere.

Hillary Schieve [24:16]

Mm-hmm.

Kelliann Beavers [24:19]

I don't know if there was the same thing happening in your region necessarily, or if that isn't exactly how it worked in Northern Nevada. I did hear you describe that you, yourself, created your own community of experts to advise you as to what was happening in the hospitals. But do you want to talk otherwise about what collaboration there was or wasn't?

Hillary Schieve [24:41]

Sure, yeah. So, you're exactly right. And unfortunately, that information was – (hesitates) – it was sort of the same. It didn't seem to be (hesitates) so specific enough.

Kelliann Beavers [25:06]

Mm-hmm.

Hillary Schieve [25:07]

And then it was like "We don't have enough swabs to do tests." I mean it felt so unorganized. And, of course, I mean we hadn't been through a pandemic. I get that. I want to have grace and mercy for a lot of the things that we could have done better. But there was not a playbook on any of this. But it got to a point where I think people started dropping off that call. It just wasn't helpful. All you could tell us was just the numbers and how many tests.

And then, half of the time, the testing stations were 1) would be down, and it was just – it was tough. So I think people started to get pretty disillusioned, and then, we kind of had, a little bit up here, where they didn't want to be transparent. And I know that someone had given the media some – the phone number to call in, and they were pissed about that. And I just felt like honesty is always the best policy, right? There was some of that, this lack of transparency all of the time. And I think that there's sort of this – government is always being afraid to fail, and I think that's probably because we're so scrutinized all of the time with everything we do. But we're human. And so, yeah. I think after a while, people started to tune out that call. That's sort of what happened.

Kelliann Beavers [26:44]

It sounds like it either inhibited or just happened to not be a forum for actual strategizing in creative decisions. And what I would have imagined you being hungry for and needing desperately from your cohorts, basically, of leaders. I can see how it would happen, number one, with that many people on the call. But also, what you're describing about the fear of being overly criticized, and fear of, essentially, doing anything at all because of how unknown everything was. It really resonates, and I think that had to have been intensely challenging.

Hillary Schieve [27:20]

Yeah. Well, that's why I say, I was very lucky to have my mayors. They were my support system. And I knew that other electeds in the region didn't really have that, and that was really too bad.

Kelliann Beavers [27:29]

Mm-hmm.

Hillary Schieve [27:32]

But I also think people started to make it political.

Kelliann Beavers [27:38]

Yeah. And that's a shame considering the nature of the crisis, which was not political at all.

Hillary Schieve [27:44]

Right. That's exactly right. Exactly right. So, in some ways, we absolutely have learned from it, and I think we're in a better position now than we've ever been, probably, to really shine a light on our deficiencies in public health, right?

Kelliann Beavers [28:06]

Mm-hmm.

Hillary Schieve [28:07]

And start to be much better prepared. And then I shift too – because I don't know if you know this about me. So during this entire time – then my city was going through riots, and my poor sister was upstairs dying. And then we were in the middle of a pandemic, and it was just a lot. And so, I honestly thought I was at this crazy breaking point of "I need to talk to someone." And so I had reached out to therapists, and they were like "Oh, yeah, we could get you in like three or four weeks." I didn't tell them who I was. But they were like "Oh, yeah, three or four weeks, and do you have cash pay?" and I was like "What?" I mean the system was so crazy and it was so broken, and that's nothing new when it comes to mental health. But I was thinking to myself "Look, I'm ready to fall apart, but my community's got to feel the same." And I have always been a *huge* advocate of mental health, but I never talked about it until – and unfortunately, six weeks later, after my sister passed away, my brother died of what we think was probably a drug overdose.

And so, you know, it was nothing I ever talked about mental health because I never wanted to shame them. But after they passed away, you know what I thought about "If your mayor's not talking about it, who is?" And so I took some CARES Act money, about 1.3 million dollars, and I bought subscriptions for any resident that wanted to use them – telehealth therapy – something called "Talk Space." It's been used by Demi Lovato and Michael Phelps, the swimmer, to deal with the mental health aspects of a pandemic. And listening to these very young – from teenagers to these college students – especially those age groups that are feeling so isolated because they're so identified by their peers, friends, and the events that shape them. Many of them didn't get to go to their high school graduations, their proms, or those kinds of things. They were really, really, really struggling. And I thought "I'm struggling. I know they're struggling."

And so then I started to really message about mental health, and how important it is. So that's really now, forever, will shape me to be on a mission to have accessible mental health for everyone, regardless of if you can afford it or not. And we had a massive mental health issue before, but now it's just magnified tenfold from going through a pandemic. And in talking to people, some people that I know, some of the strongest people I know on the planet, that would never have anxiety or depression, and they certainly had it during the pandemic, right?

Kelliann Beavers [31:05]

Yeah.

Hillary Schieve [31:07]

So that kind of thing. And my thought was, if we can prevent one person from committing suicide, or from using, or from relapsing, or maybe going home and hitting their child – if we're doing something preventative, then I think we're on the right track. Because that's another thing that does really well is they are reactive instead of being proactive. And so that was another thing: learn to be proactive before we are in crisis, like I said, with our public health. We should be in a better position for what comes next. Now, will we be? I don't know. I hope we've learned some lessons.

Kelliann Beavers [31:54]

Right. And that is one of the last sort of topics that I do want to talk more about. But first, I want to observe that I didn't know about that program that you stood up with respect to making Talk Space available to folks, nor did I know what had happened with your family and your brother. And I can only imagine that the compassion and sort of personal intimate connection to having had something like that happen so close to you is really meaningful for everyone whose lives you touch anyway. But that talk therapy is a powerful thing to make available to people at a time like that. And it's also not inexpensive, so for it to be made available and in an affordable way, I'm sure did do many of the things that you mentioned, you know. Just one person; just one day; just changing one possible pivot point.

Hillary Schieve [32:53]

Right.

Kelliann Beavers [32:55]

Those things are really big.

Hillary Schieve [32:56]

Yeah. Well, and it's interesting. So we had 5,000 people that used it. That might not seem like a lot-

Kelliann Beavers [33:03]

That is.

Hillary Schieve [33:06]

I don't mean to put a price on life; but we learned that 48% of those people that used the service had never sought out mental health help, therapy, or anything like that. And a majority of them were 18-24, so it really does shine a light on the struggles. And also, people were not, obviously, in person, right? That was another factor of why I did it remotely. I took a lot of grief for doing that initiative from our local therapists.

Kelliann Beavers [33:48]

Hmm. Oh. Because from their perspective, you may have been their – but I don't think that's the case. I don't think that these are – and I, obviously, do not know this to be true. But I don't think that you're talking about a population of young people who would have otherwise waltzed into a local office and sought help.

Hillary Schieve [34:06]

Yes. You're exactly right. Well, you're exactly right. And not to mention, I think people in crisis can't wait three to four weeks or pay \$150.

Kelliann Beavers [34:20]

They can't wait 30 minutes.

Hillary Schieve [34:21]

Yes.

Kelliann Beavers [34:22]

And that's why that is important.

Hillary Schieve [34:23]

Yes.

Kelliann Beavers [34:24]

To be able to say, "Hello, I need help right now. I'm breaking down." Those tools are really powerful.

Hillary Schieve [34:29]

Yes, you're exactly right. And the other aspect of it – and this is true – my other thought was, these people might realize that therapy has helped them, right? And therefore, they might go on, after the year's subscription is over, that they might go on and seek out therapy. I've got to tell you; the letters I received were unbelievable. I'm so grateful that we did it, and I'm grateful that I took a lot of the scrutiny. And a lot of them have gone on to continue with therapy. But still, I get that it's so expensive, and it is. I'm lucky; I have health insurance. But a lot of times, they don't even take health insurance.

Kelliann Beavers [35:14]

Yeah.

Hillary Schieve [35:15]

So it's a whole thing. But now, more than ever – as a matter of fact, I'm getting ready to stand up a 24/7 crisis center. The governor gave me a building on the NNAMHS campus to stand it up.

Kelliann Beavers [35:29]

Wow!

Hillary Schieve [35:32]

Yeah. So now, we will pull in local therapists to help us launch this whole initiative. And so there's a lot of that – we were actually working on that before the pandemic. But I think it just, even more so, we've gotten that much more buy-in because of the pandemic.

Kelliann Beavers [36:01]

Right. And it sounds like it's something that obviously mattered to you prior to the pandemic, and just the need was intensified. And I think it's really admirable, and bold, and necessary that you responded in the way that you did.

Hillary Schieve [36:12]

Well, you are so sweet. You need to come live in Reno.

Kelliann Beavers [36:16]

Oh, I've - [over talking 36:17] (laughter)

Hillary Schieve [36:20]

We need people like you. Well, you know, I don't know. I'm just – I don't know. I've learned a lot, and I certainly have learned that we don't have a magic wand that I think people think you do when you're an elected official. And all you can do, sometimes, is just go with your best intentions and hope that you can change it for someone else. I can't change what happened to me, but I can certainly change it for someone else.

Kelliann Beavers [36:58]

Yes, that's really powerful, and I appreciate the way that you stated it, too. Because I think that is sometimes a perception, that there is, if not a magical way, a quick and direct way to resolve many of the challenges that people are facing if you are in a leadership position, and that is not always true.

Hillary Schieve [37:17]

Yeah. Well, and a lot of times, we are sort of powerless, right? Sometimes that just happens. And with COVID, I mean honestly, the governor had a really, really, really tough job, you know? People criticized him left and right. And I don't care who you are; there's not one politician I know that can make those decisions easily because, in politics, you live and die by your economies, right? Those are – I mean that's honestly how people sort of judge you – look at everyone now with Biden is like "Oh, my God, you know. But Trump was wonderful because the economy was so great." You know what I mean? So what our governor had to go through was just so incredibly difficult. Because every decision that you would make, even the ones I would make, it didn't matter what it was. There was a side that was telling you it was absolutely wrong and fake, yeah. Fake. That's a good word for it. A lot of people said, "This is fake," you know? So that's frustrating.

Kelliann Beavers [38:27]

Yeah. Those moments when people purported that the whole thing wasn't happening was hard for me to comprehend. And definitely, as someone who didn't grow up in Nevada, and was suddenly, on the daily, looking at Governor Sisolak to understand what the next edict was going to be, I know that just observing his presence, as he said the things he said, made me feel like that is a human being, having a human experience, who is doing the very best he can to walk the line that has to be walked. And that's – I don't know what else can be done in a moment like that.

Hillary Schieve [39:01]

Yeah. And I think, too, I saw a lot of arguments and disagreements between electeds, right? I mean there really was. I'll never forget when he was saying, "Listen, we're going to close down school," and I was on the phone with several electeds from down south that were not happy. And so there was, I think, a lot of that going on. People were not growing in the same direction, and that was tough. That was tough. Everyone sort of had their own silo going, and that did not help.

Kelliann Beavers [39:46]

Yeah. And many kinds of silos existed beforehand, but then people were forced into this necessity to connect space. And it was really challenging to kind of comprehend, even, what was best at times, even as someone who was trying to perceive that.

I want to honor your time, and you've already shared a lot of it with me. Is there anything else that you know you'd like to share, as far as programs that unfolded while you went through this unprecedented experience, and/or anything that's unfolding now, in terms of lessons or hope that you have?

Hillary Schieve [40:27]

Well, I mean there's so much. And we did a lot with the CARES Act money, like helping small businesses. That was really important, to get grants out to small businesses. They're the lifeblood. And I think a lot of cities did that, but we also modified codes in the sense of, you know, making it so people could dine outdoors, and use other parking spaces, and things like that. Really trying to be workable with those kinds of things, to make sure that what economy we *did* have, we could keep it going, right?

Kelliann Beavers [41:08]

Yeah. My background is in urban planning, so I recognize how actually difficult it is to change those things.

Hillary Schieve [41:15]

(laughs)

Kelliann Beavers [41:17]

And so, as they started to change, I really did feel like some type of manna was falling from the sky. Because that really couldn't have been easy to make many of those things happen.

Hillary Schieve [41:27]

Right. Well, and that's the thing. I think a lot of these codes have been in place for so many years. And that's a tough thing for the government, that it really is, for some reason, they don't do change well and they don't do "fast" well. And in some ways, I think they were forced to. One of the things that we did is, we had plans to build a much larger shelter. We had a shelter that was like 250 beds, and we grew that shelter to 800 beds. And we had a plan of five years, and we actually got that done in nine months with the county.

Kelliann Beavers [42:11]

Wow.

Hillary Schieve [42:12]

And the reason we had to do that so quickly is because we were seeing high rates of homelessness. Because think about it: people weren't going to work, or we had a lot of people that were □— we had some pretty bad landlords that were doing evictions and some really terrible circumstances. So that sort of exacerbated it, right, and then just that whole other level of the mental health side, right, with addiction and things like that. People were just trying to cope. But that's what I would say is, we got that done in nine months, and we thought — our plan, before COVID hit, was five years.

Kelliann Beavers [42:58]

Right. And then you recognized that it could be done in nine months, not that it always absolutely has to. But that is a huge difference in terms of space of time.

Hillary Schieve [43:07]

Yes, and I would say this: listen, the CARES campus is not perfect. It is not. Because we did do it so fast, and we knew that. We knew we were going to have challenges.

Kelliann Beavers [43:17]

Yeah.

Hillary Schieve [43:21]

But it's better than nothing. And so, there's been a lot of scrutiny over that, right? That it's not perfect. Well, no, it's not, but we needed something now. And so, you know, there were a lot of lessons to be learned there; that actually, government can work much quicker when you want it to.

Kelliann Beavers [43:43]

That's an important takeaway, though, that you're explaining. Which is that a part of why it may not frequently is because there is a lot of dotting your I's and crossing your T's, that people are doing in order to ensure that things are just so, so there isn't heightened scrutiny. Whereas if maybe there was less-

Hillary Schieve [43:58]

Yes, mm-hmm.

Kelliann Beavers [44:01]

-concern with that, then things could unfold in a different way. Yeah. I'm so glad that you mentioned the CARES campus because I think that is actually what I came across in the news initially, when I said, "Oh, I really want to speak with her. It sounds like some interesting things have happened there."

Hillary Schieve [44:13]

Yeah. So – and that's still a work in progress, which is good. But then we also gave it over to the county side because they are the ones that get the funding for that.

Kelliann Beavers [44:24]

Mm-hmm.

Hillary Schieve [44:26]

The city just took it on for a long time because the previous mayor had a huge heart and said, "Look, this problem is massive, and we need to do something." And so, you know, that was another thing that happened. They realized that it was time for them to take that on because it was really under their jurisdiction. So, again, I think they realized "We've got to do this." Otherwise, I don't think, had we been in a pandemic, that would've happened.

Kelliann Beavers [44:54]

Yeah. Because I'm sure there's a lot of – whatever you want to call it – hemming and hawing about who's going to manage what.

Hillary Schieve [45:02]

Yes. And that's government.

Kelliann Beavers [45:04]

Yeah.

Hillary Schieve [45:05]

Yep. Yeah, that's pretty typical sometimes. And then, you know, there were times that everyone came together. So there were times I was incredibly proud, and humble, and just – but at times we were uncertain and scared. I don't know if people are not describing their experiences like that – I don't know what you are thinking. But it was a scary time. It's still scary, I think because you realize how vulnerable we are as communities. I mean that's one thing I realized that things can happen literally overnight that could be out of your control.

And so, again, that's where I've really shifted on. Government has to be proactive, and we have to invest in the front end of our public health and our infrastructure, right? We do everything reactively. Everything. And that just costs a lot more money and it costs lives. And so, I hope that's the takeaway for most electeds, that let's invest on the front end and be much more proactive.

Kelliann Beavers [46:26]

Yeah. Thanks for sharing that and for everything that you shared. This has been immensely meaningful. And I will certainly hope to continue to learn from you and stay connected with you. I really appreciate you sharing your experience. And as I described, I will ultimately provide you with a transcript of the call. And if you or Cassie have any kind of publications that the city or the county has done that you think I should look at, or anything you want to point me to, and/or anyone else that you think I should speak with, please let me know.

Hillary Schieve [47:01]

Yeah, that's great. I really, really appreciate it. The one thing I would say that was really impressive like I said, was the data and the technology that we used to come up with the risk meter. I mean it was spot-on. It was pretty phenomenal what we were able to put together. Like I said, it would be in the red, obviously, or in the green, and those kinds of things. I mean it kind of highlighted on some – just how you can pull in so many different people in a community and provide some really valuable information.

Kelliann Beavers [47:44]

And that's not an easy thing to make happen, either, and it doesn't happen everywhere.

Hillary Schieve [47:46]

Right. That's exactly right. Yeah, I think you're exactly right. But that's where I was so proud – but some of these students up at the university, and then I was able to pull in people on the

national level. But they were being written about in *The New York Times* and things like that, right? And getting their knowledge and their willingness to help was incredibly gracious. So, anyway. But thank you so much for your time. I appreciate that you're doing this. I think it will be very valuable from the lessons we've learned. I think this is great because this is what I'm talking about being proactive. With this kind of information that you're doing, we can use this to be proactive.

Kelliann Beavers [48:33]

Yes, I hope so. And I hope it's humanizing for a lot of people. I think the whole crisis has been, and hopefully, hearing so much of the things that I've heard, that I would have never known otherwise, can also help speak to the hearts and minds of the people.

Hillary Schieve [48:49]

Oh, good. Well, thank you. And I appreciate the work that you do, and if you ever want to move to Reno, let me know.

Kelliann Beavers [48:55]

I sure will. It's so wonderful to connect with you and learn from you.

Hillary Schieve [49:01]

Well, likewise. I appreciate the work you guys are doing. So, keep it up, and call me if you ever need anything, or if I can ever help you in any way.

Kelliann Beavers [49:11]

I sure will. Thank you so much.

Hillary Schieve [49:12]

Okay. Take care.

Kelliann Beavers [49:13]

You, too.

Hillary Schieve [49:14]

Bye.

Kelliann Beavers [49:15]

Bye.

End of audio: 49:15