

An Interview with Carolyn Levering

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

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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 Carolyn Levering, Emergency Manager for City of Las Vegas, and was conducted on 7/28/22 by Kelliann Beavers. This interview covers topics including reflections on leadership, organizational challenges, and opportunities for collaboration.

Interview with Carolyn Levering

Date: 7-28-2022

SPEAKERS: Kelliann Beavers, Carolyn Levering

Kelliann Beavers [00:02]

Okay. So to confirm, you are comfortable with the consent form and have reviewed it.

Carolyn Levering [00:09]

That is correct. I agree to the interview. I consent to the interview.

Kelliann Beavers [00:14]

Okay. Thank you so much. And the first question is pretty broad. Can you describe your role throughout the pandemic and the role of the city as a whole?

Carolyn Levering [00:26]

Oh, now, that's pretty big. That's pretty broad in scope. For the city's responsibility anyway. I'm one small part of it. So, as the emergency manager for the City of Las Vegas, my role and responsibility is preparedness primarily, right? So on blue-sky days, we work on plans and preparedness, training the community, and training city employees to respond to emergencies. So that if the City of Las Vegas has a large emergency, we have people trained to respond and help us become more resilient, adapt to the emergency, and have an easier recovery.

The pandemic was interesting because we had done exercises for the pandemic. We have done some extensive planning for a pandemic scenario. But a lot of our exercises and planning were focused on a specific type of scenario, mainly a bioterror hazard, right?

Kelliann Beavers [01:31]

Mm-hmm.

Carolyn Levering [01:33]

So living in the post 9/11 world, a lot of things are funded by protecting us from terrorism. And so, a lot of our plans and procedures were in place with the idea that distribution, on a mass scale; antibiotics such as Doxy and Cipro, which are pretty easy to hand out. They were in tablet form, and you'd shake a bottle at somebody and tell them "Take these for the next 10 days."

But COVID-19 was a different scenario for us because it was a novel virus. We didn't know a lot about it and couldn't learn anything about it until, or unless, we experienced it. And from the data, we gathered – the more we realized Cipro and Doxy aren't going to help. We need to find something else to help protect the population. And as you know, it took a while for vaccines to be made available.

And then it became another issue of, we'd never distributed a vaccine, in mass, via needle, with a material that required sub-freezing temperatures in some cases and had a very sketchy shelf-life,

and that we didn't have a lot of it to begin with. So, all of those things should have been planning assumptions in all of our previous planning. And maybe it was within the public health system, and their plans, but those nuances weren't really clear to most of the rest of the public safety realm. We count on our public health partners to be subject matter experts in their area, and they are. So we weren't totally prepared for how to vaccinate a large population given those conditions.

And then in addition, it didn't really occur to us a whole lot about what would happen if and when people fought back and said they don't *want* the vaccine. So, for many of us, it was like "Of course, you want the vaccine. Why wouldn't you?" Well, there are a lot of people who don't, and they had their reasons why. So that definitely became a challenge for us. But long before vaccines were available, we had to figure out how to continue to do business in a COVID world. And luckily, because we had done a lot of preparedness, planning, writing, development, training, and exercising; while it was still odd and new, that we didn't know a whole lot about the virus, we had a lot of infrastructure in place to respond and utilize our continuity of operations plans to keep the city, as a business, floating, at least until the lack of income from tourism being shut down became a problem. But we knew that was going to be a longer-term issue to deal with. So we primarily focused on what was at hand.

Kelliann Beavers [04:52]

In your role, can you help me understand a little bit? Would you be advising the city manager, who is then interfacing with the mayor, or – I understand that each of you played different important forefront roles in responding and that you, obviously, would seem to have the most expertise in how to respond to something dire like this. But in the moment, can you help me understand, sort of, the difference between other roles that are at the edge of yours?

Carolyn Levering [05:29]

So, are you talking in comparison with our neighboring cities and with the county?

Kelliann Beavers [05:34]

At all. Honestly, you know, we are going to talk to Ryan Turner, who has a role similar to yours, I guess, in Henderson. But otherwise, I haven't interviewed anyone who has the emergency role that you have. So I'm just trying to understand. I have spoken to a couple of city or county managers. And so I understand, sort of, what they did, or what they were in charge of at those moments. And I'm just curious, given that you would have the specific expertise, how do you fold into that picture?

Carolyn Levering [06:07]

So, for us in the city, my program is in a relatively unique position. In many communities, emergency management as a function resides in a fire department or a police department.

Kelliann Beavers [06:23]

Oh, wow.

Carolyn Levering [06:26]

And, in some cases, even public works. And so it's unusual that my program would be as closely

aligned with the city manager's office as it is. And when you do talk to Ryan, he will tell you the same. His emergency management program originally was part of their fire department, and recently was moved to more of a city manager focus. And there are a lot of reasons for that.

I think all of these public safety departments fire employees specifically. They don't know what to do with a civilian unit. And so when you've got a lot of civilians working in emergency management functions, they get lost in the department. And oftentimes, other departments don't recognize they also have a relationship and responsibility when it comes to emergency management because "Oh, you're just in the fire department," "You're just in the police department." But when you show up saying, "We need your department to take these trainings and participate in these exercises, and endorse these plans," and this is coming from the city manager's office, you're going to get a different reception.

Kelliann Beavers [07:58]

Absolutely. That seems really important and necessary. That there is someone located, like you are, and interfacing in a way that you're describing. That's really interesting, and I didn't know about that distinction. It makes sense what you're saying that it would have used to, or some cities being different.

Carolyn Levering [08:19]

Yeah. In a smaller community, where people are wearing multiple hats anyway, maybe it doesn't make as much of a difference. But as our city has gotten significantly larger in the last 10 to 15 years, and continues to grow at a rapid pace, that wearing of multiple hats and everybody knowing everybody model doesn't work the same way anymore. So it's really important to position the function of emergency management in a place in your organization where we can make a difference by leveraging resources in all of the departments, just not one or two departments.

So that works out really well for me because we have liaisons with every department in the city when new trainings become available to enhance, say, our public information officers, we're going to share that with the communications department. Trainings that enhance our law enforcement or fire services, of course, we're going to support those. One example is, we've been doing a series of tabletop training and exercises for our Bomb Squad. And the Bomb Squad's part of our fire department, and they have a unique role in our community in that they're trained as fire arson inspectors, but they're also trained as law enforcement officers. So, "firefighters with guns" is a pretty interesting blend of people. And you know, they have arrest authority, and they know how to defuse bombs, that's kind of cool.

But a part of the unique nature of what they deal with is they also have federal responsibilities. The Office of Bombing Prevention offered a series of these exercises, where they would do the heavy lifting of designing the exercise, adding a scenario, and facilitating it, so that all we would have to focus on is getting the right people to the table. And so that's where emergency management could really help because the Bomb Squad's used to being a bomb squad; they're not used to calling people together and kumbaya-ing over an exercise scenario. But emergency managers are very used to doing that, so we help get the right people to the table so that the Bomb Squad can be a better bomb squad.

Kelliann Beavers [10:57]

Yeah, thanks a lot for explaining that. It sounds like, in addition to being responsible for what I thought you were responsible for, which was thinking through and helping people understand the best way to respond in an emergency. You're also responsible all the time for thinking about, how prepared everyone else, in a range of departments, to respond to an emergency. And if they're not, what do we need to ensure they can be equipped with to be ready to respond to a range of emergencies?

Carolyn Levering [11:27]

Right.

Kelliann Beavers [11:29]

Which is a huge ongoing job because [overtalking 11:33] blue-sky days thing. At the beginning, that's something I thought about before we started the interview is, I wonder what their jobs are like when there *isn't* an emergency. But given what you just described, you probably have plenty to do because there are a lot of possibilities and a lot of people that need to be prepared in a lot of ways.

Carolyn Levering [11:51]

There is no shortage of activities. That's for sure. And the hardest part, I think, is when things are calm for long periods of time, people don't think it's important to be ready.

Kelliann Beavers [12:05]

I bet.

Carolyn Levering [12:07]

Because we have the capacity to only keep so many different things on the forefront of our minds, emergency preparedness tends not to be one of those things, unless you're in the middle of an emergency. So trying to keep people active and engaged in those downtimes is one of our biggest challenges.

I got really lucky with COVID. When it started, I had a city manager who had been in his position for a couple of years. And so, we had done some trainings together already. But he ended up retiring in the middle of COVID, so I got lucky again because our next city manager had been part of the city for many years. And when I first came on board with this city, he was our public works director.

Kelliann Beavers [12:59]

Oh, I remember seeing that.

Carolyn Levering [13:01]

Yeah. And so, he and I talked a lot about the role of public works and emergencies. And he was a true believer, from the beginning, and so, having him in this new position of authority really gave me a lot of access to the resources needed to continue to go through all the providing the testing services, providing vaccination services, supporting the health district as the lead agency in COVID. And he's always been super supportive of this program, so I feel like I struck gold more

than once in this job, having really talented and dedicated people to report to that believe in the mission.

Kelliann Beavers [13:51]

Right, that's great. And I'm sure they're really grateful that you're there as well.

You have somewhat already talked about the timeline of how things unfolded. Is there anything in particular that – and I realize, at this point, your timeline is also very full? But is there anything in particular, as far as the timeline of how things unfolded, that comes to mind that you would like to add, in terms of what happened and what did you do/what did everyone do?

Carolyn Levering [14:21]

So, for the City of Las Vegas, some of our challenges in not only the timeline but just in the response in general is, there are a lot of regionalized resources that the city does not own or control. We may have council members on boards, for example, we had two council members on the health board for the health department or for regional transportation. There are a lot of regional districts and commissions that we participate in but don't control. And with COVID and Governor Sisolak's background, having come from County Commission, in order to for him to streamline the state's response, he didn't spend a lot of time including the municipalities in his process. Instead, he focused on talking to county representation.

Kelliann Beavers [15:27]

Oh.

Carolyn Levering [15:29]

So, everything the city got, information-wise or directive-wise, came through the filter of the state, through the county, to the city. And then back again, too, any feedback the city might have had to go from the city to the county, back to the state. And I understand there has to be that kind of a chain, but, at the same time, it can be frustrating if you aren't 100% confident that the filter isn't causing communication problems. And you know, we wanted to make people very clear of what role we thought we had, and what actions we were taking to fulfill that role.

Kelliann Beavers [16:12]

Mm-hmm.

Carolyn Levering [16:15]

And that causes friction, especially in the political realm. Clark County began coordinating these regional public policy meetings, and the invites went to mayors and city managers, right? And at the time, our mayor wasn't seeing eye-to-eye with the county and the state on how any of this was rolling out, and she delegated it to the city manager. The city manager ended up delegating it to me.

Kelliann Beavers [16:52]

Mm-hmm.

Carolyn Levering [16:55]

So I wasn't accustomed to being in the room with school board trustees and elected officials from other cities, the sheriff, and the gaming control board chair.

Kelliann Beavers [17:09]

This was for the MAC or-?

Carolyn Levering [17:12]

No, this was a regional policy group-

Kelliann Beavers [17:14]

Oh, wow.

Carolyn Levering [17:15]

-and it was led by Commissioner Kirkpatrick at the time. She was the Commission Chair.

Kelliann Beavers [17:19]

Mm-hmm.

Carolyn Levering [17:23]

And the first couple of meetings were really unusual – because we were in the commissioner's conference room, and you've got, pretty much, the Brain Trust of Southern Nevada – all the most important people in Southern Nevada are in this room together. And I just had to remind them, "Folks, we're in a pandemic with a contagious element. We probably need to not be meeting in the same room together breathing each other's air." Because we weren't social distancing; we weren't wearing masks; all of this was still very new. But the reason she insisted on a physical meeting was her concern about if we did a teleconference – telephone numbers getting into the wrong hands, and conversations being recorded or misunderstood, and then reported in the media in a way that could be potentially problematic. Because we all know media sometimes doesn't put their stories in context.

Kelliann Beavers [18:27]

Yes. That part I understand, not wanting that to happen. Maybe I don't understand the gravity of the reality of what she was afraid of, it seems like it.

Carolyn Levering [18:37]

Well, a lot of what we had to talk about was, are schools staying open or are they closing?

Kelliann Beavers [18:40]

Mm-hmm.

Carolyn Levering [18:42]

And there were a lot of emotions that go into that kind of decision. It's not just a political issue. It's a very emotional issue. And you tell people to keep their kids at home; well, now they can't go to work. And if they can't go to work, they can't pay their bills, and now, you've got a much bigger problem.

On the flip side, what if you send your kids to these schools, but no teachers show up because they decided they're not going to risk it, they're not going to work? So there had to be a lot of conversation about the value of keeping the schools open, and the importance of finding a way to keep them open safely.

In the meantime, we start hearing stories of New York closing its schools. California is closing its schools. And our district is large, so we were looking to see what's Chicago doing. What's Los Angeles doing? What's New York City doing? Because they're all big urban centers with big districts like our own. And we really didn't want to close schools, but it really became no choice. There was no choice. And we talked about the consequences of the impacts of this on our kids.

And you probably remember everybody at the very beginning was talking about two weeks to flatten the curve, right? That message was missing some critical information. The two weeks to flatten the curve wasn't intended to tell people "Oh, stay home for two weeks, and COVID goes away." The whole point of that campaign was to prevent our hospitals from getting crushed by a massive influx of COVID-positive patients. That's all that campaign was meant to do. But some people would like to say, "Oh, yeah, two weeks to flatten the curve. You guys are a bunch of liars." COVID was supposed to go away after two weeks and it didn't. Well, that wasn't really what the campaign was about.

Kelliann Beavers [20:56]

Yeah. I think – I don't have children. Of course, I was concerned for children, concerned for families, and concerned for everyone at the height of those kinds of decisions being made. And it was easy to oversimplify it in your mind, going, "Well, I wouldn't want any teachers to get sick, or any children to get sick." And then immediately find yourself in the place that you're describing, going, "Well, Mom is a nurse and your dad is a firefighter?" Where does that child go?

And I've learned since starting and doing this research that some of the cities, I guess, shore up childcare programs for the city employees.

Carolyn Levering [21:38]

Yes.

Kelliann Beavers [21:40]

And then that expanded, to some extent, the fire and EMS, and sometimes to the community. Is that something that happened in Las Vegas, or did the county do anything like that, or not exactly?

Carolyn Levering [21:52]

Yeah, I can't- [overtalking 21:53]

Kelliann Beavers [21:53]

Because sometimes I wonder – I wish that would have happened hand-in-hand with the schools closing, but I guess that's really farfetched.

Carolyn Levering [21:59]

Well, part of the problem with opening up alternative care sites is that you're just removing the problem from the school and putting it on the employers.

Kelliann Beavers [22:12]

Exactly.

Carolyn Levering [22:15]

So that was the big challenge with that. I don't know what the county did for that. But the City of Las Vegas did open up a facility for employees who had to work – that was "field" work, right? If you were somebody who sits at a desk all day, every day, anyway, then you got to work from home, right?

Kelliann Beavers [22:44]

Uh-huh.

Carolyn Levering [22:45]

But if you had, like you said, firefighter, police officer, whatever – they have to be in the field. They don't get a work-from-home option. So we did create an option for those employees that had no other option. And we worked really hard with the social distancing; having a big enough space for students to be spread out. Having the technology in place for them to continue their studies while they were under our care.

Kelliann Beavers [23:11]

Right.

Carolyn Levering [23:13]

And so, we did do that, because we needed to make sure the city didn't shut down key critical services.

Kelliann Beavers [23:21]

Mm-hmm.

Carolyn Levering [23:25]

But that was not open to just any city employee, and it was really specific for people who didn't have the option.

Kelliann Beavers [23:32]

It sounds like – at least as compared to the cities I've spoken with, which is not all of them yet. But it sounds like the City of Las Vegas also may have allowed more working from home than some of the other cities I spoke to, who, it sounded like, were requiring less of that. And so, maybe, it ended up with an imbalance.

Carolyn Levering [23:51]

So, here's kind of a little-known story, it's sort of interesting – I think you will find it interesting. Just prior to COVID making its presence known in this country, the City of Las Vegas was hit

with a pretty significant cyberattack, and that wasn't advertised. But the attackers exploited an employee's login information that they somehow captured, and were able to get into our systems through our VPN – our virtual private network. And we found that intrusion fairly quickly, and were able to expel that hacker pretty quickly, to where they didn't cause any damage; weren't able to retrieve any personal information or anything like that.

That happened in January 2020. And in response, our IT department took away all virtual private network connectivity. So that anybody who had previously had remote access to the city systems was taken away. Taken offline.

In the month of February, our IT director asked that we and emergency management provide incident command system training to 80 IT employees. He had come from another jurisdiction in California supporting their police department IT at the time. So he understood what an incident command system was, and he knew it to be a helpful training program for helping employees understand the chain of command; the span of control structure that ICS brings.

My team got together, and we conducted that training so that all IT understood the incident command system, so that if there was some other attack that would require a response, they would understand what their role in responsibility is in supporting the emergency operations center, and really all of the city because the whole city runs on IT, right? We're all dead in the water without those systems.

So we had been training in earnest, all through February, after this attack in January. And then, here comes March, and here comes COVID. Everybody who had remote access no longer had it. And now, we're telling everybody "You've got to work from home."

So the IT department was in a real crunch to find a way to allow people to continue to work from home while not opening up our system to being exploited by a hacker again.

Kelliann Beavers [27:03]

Wow.

Carolyn Levering [27:05]

So that was a serious bar to jump over. They did a really remarkable job doing it, but as a result, we have made significant progress in our ability to do work from home or, at least, from remote locations, and so it's greatly improved since then. But it was a significant challenge that we had to deal with, on top of already having experienced a cyberattack. So, a lot of people don't realize that's the context in which we were starting to send people home to work.

Kelliann Beavers [27:47]

Yeah, and that was so shortly before everything happened. That's really intense. There's some kind of public cartoon show that's about educating the public about the possibility of cyberattacks, and also about protecting yourself online, and I came across it the other night. And I don't know if it's local, but the episode I was watching was about Vegas. And they pretend all these things have occurred, and then explain why the person shouldn't have put this link in their email, and what they should have had in place. And it's really informative, but it also makes you

realize what potential nightmares are out there in terms of that kind of thing. And I'm sure that was really huge for your IT department to have to pivot on something they were already trying to be really, really conservative about how they handled.

Carolyn Levering [28:46]

(nods) It was a sticky situation for a bit there. And then in the meantime – so we're not only just trying to take care of in-house, but we're also looking at the community, and what are we doing to support the community trying to keep businesses open. Trying to keep the transmission rates down.

The City of Las Vegas has a department that manages a lot of resources in support of homeless services. And at the time, the data that we did know was how transmissible COVID was. And our concern was, a lot of homeless people that go to shelters at night – they are jam-packed in these shelters, right? They're sleeping on top of each other, and coughing on top of each other, and (laughs) it's like there's no way to social distance in a homeless shelter.

Kelliann Beavers [29:40]

Yeah. And they're overpopulated, the buildings. I mean it's- [overtalking 29:43]

Carolyn Levering [29:45]

And that was the last thing you need, is now, your hospital's full of infected homeless people.

Kelliann Beavers [29:49]

Absolutely.

Carolyn Levering [29:51]

So the city really led the effort to establish an isolation and quarantine center. We call it the "IsoQ" for short. And it took us a couple of weeks to pull it all together, and it required some significant financial resources from the county. The county pretty much fronted the money, and then we did all the legwork.

Kelliann Beavers [30:13]

Mm-hmm.

Carolyn Levering [30:15]

And so we established a facility that included enough bed space for 500 patients, and in three different categories. So we had people who were suspected COVID-positive, had taken a test, and we were awaiting the results. And then we had a spot where they were definitely COVID-positive – because the test results had come in – so we put them in a special spot for that. And then we had people that may or may not have COVID but had other health concerns. Not so serious that they needed immediate hospital care, but that they needed acute observation.

So we hired medical professionals to provide those acute medical observation capabilities. But the homeless population's a really unique group and has its own unique needs. So we hired from temp staff agencies. We had to make sure we had enough personal protection equipment for the staff, as well as for the homeless people. Places for the homeless people to store their belongings,

the few of them, though, may have. You can't just have their shopping carts sitting around everywhere.

Kelliann Beavers [31:48]

Sure, of course not. And when you have that many people, my G-d. [overtalking 31:53] Plus, at certain points, we weren't as sure whether things were contagious, right? Whether things contained contagion. Early on, I know that was something I was freaked out about.

Carolyn Levering [32:04]

Right. Disinfecting.

Kelliann Beavers [32:05]

Yeah.

Carolyn Levering [32:06]

Exactly. So we had to have ADA compliance. We had showers that were capable of holding people in wheelchairs. Now, because homeless people are not the healthiest people, and very often, they're sick with many other things. They require medications, prescription medications, So we basically had an onsite pharmacy.

Kelliann Beavers [32:32]

Does that place still operate, or it was during the height of-

Carolyn Levering [32:33]

It was just at the beginning of COVID – let's see, we all declared our emergencies in mid-March. At the beginning of April, we opened up that facility, and it operated through July 2020.

Kelliann Beavers [32:50]

Mm-hmm.

Carolyn Levering [32:54]

And we realized – I mean, of course, we were keeping records of how many people came in and out of that facility on any given day. We never came close to hitting our 500 beds. The capacity – I don't remember – maybe on our biggest night, maybe 150 people. Maybe a little more. So we never came close to maxing out, and it started to become a balance between how many people we were truly serving versus what the capacity in our hospitals was.

Kelliann Beavers [33:37]

Yeah.

Carolyn Levering [33:39]

And we started to realize too that these folks who volunteered to stay at the facility, they didn't necessarily like the kind of – the rules of lockdown basically because they would have to be six feet apart, and we had people monitoring to make sure that they're not passing- [overtalking 34:04]

Kelliann Beavers [34:05]

The people who were well, you mean – not the people who were there – oh, no, you do mean the volunteers. The people who were there, yeah. It's just complicated.

Carolyn Levering [34:13]

Yeah. So it was a really unique and amazing facility that we put together. But when July 2020 rolled around the numbers were starting to dip down, and we were getting less customers at our facility, so it didn't make sense to keep it open. Because I mean, we put up these big tent structures, with air conditioning and heating early on. And before you know it, you don't need heat anymore, and now you need air conditioning and-

Kelliann Beavers [34:46]

Oh, it was not necessarily a building. It was a temporary structure. My goodness.

Carolyn Levering [34:50]

It was a temporary structure.

Kelliann Beavers [34:52]

That's huge.

Carolyn Levering [34:53]

It was massive. We had three massive tents, plus the showering facilities and the intake and staff area. Yeah, it was significant, and running it every day was costly.

Kelliann Beavers [35:07]

Yeah.

Carolyn Levering [35:09]

And so, when you have 12 people, you know, it doesn't pay to keep it open after a while, when you start getting low numbers. So in July, we shut it down.

Kelliann Beavers [35:22]

Sure. And you never know whether – like you said, you didn't meet the capacity that you had planned for, but who knows whether what you were able to serve prevented an outbreak of a level that could have created all kinds of chaos, that you don't know of, because it didn't unfold.

Carolyn Levering [35:40]

Right. And we had already read, I think it was in Boston. There had been an article already about a homeless shelter in Boston where COVID had just raged through there. And we didn't want to be that city; so we worked really hard to make alternative options available so that people had a place.

The thing is, when they tell you, if you think you've been exposed, you should quarantine or isolate, where does a homeless person isolate? Where are they supposed to quarantine? And if they are really sick, but not sick enough to be hospitalized, who takes care of them?

Kelliann Beavers [36:18]

Exactly.

Carolyn Levering [36:21]

So I think it was the right thing to do at the right time. I'm glad that it wasn't needed to be to the extent that we built the capacity for.

Kelliann Beavers [36:31]

Yeah.

Carolyn Levering [36:32]

But after a few months, it became clear that it wasn't sustainable.

Kelliann Beavers [36:38]

Right. Well, thanks for describing that. It's pretty amazing.

The next question – it doesn't necessarily have to be the city itself – but is there anything you wish the government, at any level, did differently, or could do differently now, in response to the pandemic and/or economic downturn?

Carolyn Levering [37:01]

Well, "armchair quarterbacking" is a tough gig, right?

Kelliann Beavers [37:06]

Especially for this kind of thing.

Carolyn Levering [37:08]

Yeah. Clearly, the ship sailed on us when the fact of the matter is, there was already a distrust, mistrust, and feeling of – for a lot of Americans, I think the feeling of a lack of confidence coming out of government. And when I say, "government," I mean anywhere from local, to state, to the federal government.

Kelliann Beavers [37:50]

Yeah.

Carolyn Levering [37:53]

And the problem with COVID is that environment existed before COVID. And if we had spent, as a nation, more resources in educating people in the first place about what kind of threat a pandemic can be and educating people to understand the importance of supporting campaigns produced by subject matter experts in their field. Then I think we would have had less of challenges than we. But it was too late: when COVID came, it was already too late because those were the kinds of things that had to be done before the emergency. This is like what I said at the beginning of our talk of those blue-sky days. You can't just park emergency management on a shelf and bring us out and dust us off when the bad thing happens. The blue-sky days, when you're building rapport, having people begin to trust you and have credibility. Because if you don't have that credibility before the bad thing happens, you're definitely not going to have it in

the middle of the emergency. That credibility wasn't there, and it needed to be there in order for our national response to COVID to have been better than it was.

And I think there were some true efforts to build that credibility. I think whatever people think about Anthony Fauci, that man exhausted himself to make himself available in every format, in every form possible, to get the message across. The problem is most people didn't know who he was. He had – "Why are you credible?" Okay. You're this old guy who's got a lot of training, degrees, and backgrounds, but we don't know you. I'm going to listen to my family. I'm going to listen to my pastor. I'm going to listen to my local health professionals who also don't know you, and don't necessarily vouch for your credibility.

I think that contributed to a lot of the challenges that we experienced; when people would refuse wearing masks, tried to call it all a 'hoax,' and tried to be the naysayer – every time the federal government came out with something, they'd turn around and say, "Well, yeah. But yesterday they said this, and today, they say that. Now, you can't believe anything they say, today, tomorrow, or the next day." And it's unfortunate that our nation wasn't in a place where people could be trusting, just because of past histories and lack of knowledge and credibility of the people who were carrying the message.

Kelliann Beavers [41:16]

What you're describing is something that no one has talked about in the interviews I've done so far, in the way that you're talking about it. At least it's making me think of, essentially, when you explained to me what you do for your job, and I gained a greater understanding of how many people you're equipping with readiness; what I wasn't thinking about, that you're saying now, is there's a related parallel of essentially readying everybody – not just for what to do in an emergency, but, to your point, who to trust, and how to trust, and who to look toward, and many things that I think that would have never crossed my mind before this, and of course, probably, crossed your mind a bunch of times. Because this is what you do, in terms of your career.

And so I wonder now – and you don't have to have an answer to this because I don't know what it is, certainly. But what do we do now? How do we do that now, for all the many things that could still happen, without it seeming too much like we're constantly pushing commercials at people? It's that you're right. It should have been just a part of being a person and knowing where the post office is, and all the things that people are just familiar with who should be in that kind of knowledge. Not to scare people, but to have a foundation of trust.

Carolyn Levering [42:40]

Yeah. Well, we have to develop a culture of preparedness. And our nation had a culture of preparedness once upon a time, and somewhere along the line, that got lost. So, emergency management hasn't always been around as a discipline, as a field, and as a profession. We stand on the shoulders of what was once called civil defense. And civil defense – now, granted, let's look back at those "duck and cover" videos in the 1950s, right? Getting under your desk in your schoolhouse is not going to protect you from that nuclear bomb, but they still trained kids to do it. And so, while some of it might have been a little bit ridiculous when you look back on the reality of the situation they were trying to prepare people for, my parent's generation remembers "duck and cover."

Kelliann Beavers [43:41]

My parents brought it up, in fact, during everything unfolding. That exact thing.

Carolyn Levering [43:45]

Exactly. So that was ingrained in everybody's minds. They've learned all of that early on in their childhood. And in some cases, these are folks whose own parents lived through the Depression; where logistical resources – because we were having supply chain issues during COVID, right? They knew what supply chain issues means. That's why they would scrimp, and save, and recycle, and reuse, and do those things. So there was a culture of preparedness in previous generations.

Somewhere down the line, we went from a culture of preparedness to a culture of influence. And suddenly, the people who have the preparedness message, no one's listening to them because they're listening to Rihanna; the Kardashians; the celebrities that have millions of followers. So we went from preparedness to influence. And so, the influencers, who didn't necessarily recognize their own responsibility to provide validated information and advice to their millions of followers, just flippantly say whatever it is they want to say. Rihanna says, "My cousin in the Bahamas says COVID's not real," and whatever. Says, "The vaccine's going to make you sterile," and people believed that. She didn't validate any of the stuff she said in her social media posts, but people would listen to her because they feel like they know her.

Kelliann Beavers [45:29]

Yeah.

Carolyn Levering [45:30]

But they don't know Fauci. They don't know all these people that we put up on the monitors all of a sudden out of nowhere. And so people started believing the influencers rather than the preparedness experts.

Kelliann Beavers [45:45]

That's a really powerful observation, and it makes me wonder – I don't know exactly how you would bridge this – but there needs to be more, as you said, that the public – generally, myself, you know – everyone would be more aware of who the people are that we should be listening to at the height of a crisis ahead of time, right? And it doesn't necessarily have to just be duck and cover lectures. You could just be introduced to these people. They could be a part of what people are already familiar with. And I think that would at least lay some kind of groundwork. Thanks so much. That's really important. And I think, also, it answered a great deal of a question I was going to ask you that I think you've already responded to. But if there's anything you'd like to add, which was, what can we learn from the COVID crisis that could be lessons for future crises?

Carolyn Levering [46:37]

Yeah. I think ultimately – and I share this in any presentation I do with the public about preparedness is, we don't think about emergencies because they're not fun to think about, right? We don't want them at the forefront of our minds. We've got our own day-to-day issues to deal with. But we have to break the cycle of people who say, "The bad thing's not going to happen to

me," right? Because now, we have to get people to a place where they acknowledge, "Well, the bad thing *could* happen to me, but it probably won't be that bad."

And then take them to the next step, where they have to acknowledge that "Well, if it's that bad if the bad thing that happens to me is that bad, then the Calvary will arrive and save me." And this is the mentality we're caught up in right now. We don't want to think about it happening, then once we see that it could, we figure someone's going to be there to help, and they don't think about who that someone might *be*.

And so, I'm always trying to remind people that the Calvary is *you*. The Calvary is your neighbor; the people who took the time to be prepared, to store water, to have extra medications on hand, to have extra food on hand. To not be so dependent on Amazon Prime two-day shipping; that once that's not available, you don't know what to do. And those are the kinds of things that we need to bring back to the forefront of people that self-reliance, and not be so convinced of "somebody else is going to come to save me when the bad thing happens." Because you have a responsibility to protect yourself and your family and your neighbors just as much as responders do, if not more so.

Kelliann Beavers [48:32]

That is so eloquent. I want you to run for office. (laughter) You have a very clear way of saying things, and it's not scary; it's very grounding.

The last question is, are you hopeful? And if yes, what are you hopeful for?

Carolyn Levering [48:48]

Oh, hope springs eternal, of course. I think if our culture can swing to where it is today, I think it could swing back. I think, for sure, with these examples, and for people having lived through this as sort of a – I mean, let's face it. Nobody escaped this, right? And we all suffered in one way or another through these last two years of the COVID ordeal. Whether we lost someone, know somebody who lost someone, or lost our businesses. Or both my kids lost, basically, their senior year of high school with this.

Kelliann Beavers [49:32]

Oh, yeah.

Carolyn Levering [49:35]

Everyone has been touched by some sort of loss, and it's a shared experience that we should all acknowledge as a global community. And we all shared this experience, and we all experienced loss as a result of it.

So, I'm hopeful that we can build on that shared experience and find ways to continue carrying that message of preparedness at the forefront. So that, you know, as we see monkeypox coming out – everybody's like "Don't tell me about another disease," right, because they don't want to hear it. Nobody wants to hear that they might have to wear masks again with more COVID waves. Nobody wants to hear it; they're *done*.

Kelliann Beavers [50:22]

Yeah.

Carolyn Levering [50:23]

But instead of being done, why don't we talk about being ready?

Kelliann Beavers [50:26]

Yeah.

Carolyn Levering [50:28]

Let's get back to preparedness mode; readiness mode; so that we're ready for the next thing that comes, *whatever* it is.

Kelliann Beavers [50:35]

Yeah.

Carolyn Levering [50:37]

But I think we can get there.

Kelliann Beavers [50:40]

Yeah, I do too. I'm so grateful that you were able to share all of this with me. It is really powerful, and I do think you have a gift for the way you phrase things and speak.

So, I will – we will have a transcript of this interview prepared, and I will send it to you, so you can look over it. And then of course, I look forward to sharing any of the future work that we do with you, and hopefully, keeping you involved in our conversation. I do think what you shared about the shared experiences, and everyone sort of acknowledging what we went through together is something I think a lot about as I do this. Because with every person I speak to, I realize, we are in a collective PTSD, where we're going through this. And I've almost forgotten some of it until someone brings it up, and I go "Yeah, that was intense." And I think everyone needs to do that together, to get to where you were saying. So thanks for being a part of it.

Carolyn Levering [51:34]

Oh, my pleasure. I'm happy to help. If you think of any other follow-up questions that you need; if I sparked some curiosity in you, feel free to reach out and I will be happy to chat.

Kelliann Beavers [51:45]

I will. And I hope you have a great afternoon. And again, thank you so much for your time.

Carolyn Levering [51:48]

Thank you. Have a good one.

Kelliann Beavers [51:49]

You too.

Carolyn Levering [51:50]
Bye-bye.

Kelliann Beavers [51:51]
Bye.

End of audio: 51:54