



THE REVIEW

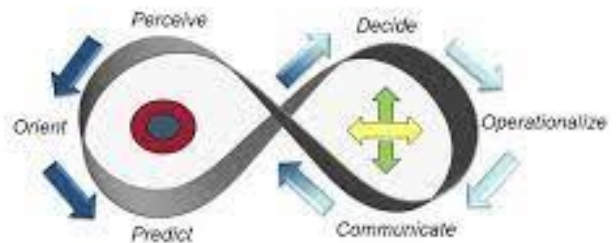
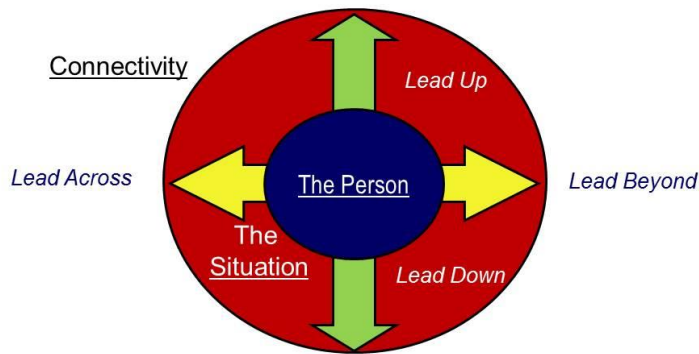
Central Arizona Fire and Medical - 8603 E. Eastridge Dr., Prescott Valley, AZ 86314 – **August 13, 2021**

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“When written in Chinese, the word “crisis” is composed of two characters. One represents danger and the other represents opportunity.”
 – John F. Kennedy

THE DIMENSIONS OF META-LEADERSHIP



THINKING STEPS

ACTION STEPS

The Chief's Desk

I am currently reading a book entitled *You're It* by a group of authors from Harvard. It's a book that was provided to me at the end of the Executive Leaders Program by the Naval Post Graduate School. The basis for the book is meta-leadership. According to Harvard University's National Preparedness Leadership Initiative program, meta-leaders develop high self-awareness, self-knowledge, and self-regulation. They build the capacity to confront fear and lead themselves and others out of the "emotional basement" to higher levels of thinking and functioning.

Meta-leadership is not about the day-to-day leadership we expect from people, rather it is leadership during the low frequency, high stress events we encounter. Examples cited in the book include the Boston Marathon Bombing, hurricanes, pandemics, etc. I would be remiss if I did not include 9/11, especially since we are closing in on the 20th anniversary.

Thinking on a more micro scale, we could experience a multi-casualty incident with multiple trauma patients, a major hazardous materials incident, or a large fire/explosion with multiple casualties. A meta-leader in these types of events is able to step back, take a 30,000' view, get creative, form a viable plan, implement the plan, and adjust as necessary along the way. They are not uptight, excitable, or indecisive. To the contrary, they are decisive whether they have all the information available to them or not. As any situation unfolds, more information will become available which may necessitate an adjustment to the plan. However, in the beginning stages, the person will have to rely on their training and expertise to make the best decisions they can with limited data or information. This includes taking input from others and including them in the process.

A hurricane would be considered a protracted event, i.e. long and drawn out. While we don't live in an area prone to hurricanes, I think they serve as a good example for us to consider. Typically, information regarding hurricanes is disseminated from the National Hurricane Center. They know when hurricane season normally starts, and based on predictive models they likely have a decent idea from where some of the early storms may originate. They take that information, along with a tremendous amount of data, e.g. ocean temperatures, atmospheric pressures, tides, ocean levels, etc., into consideration as they make their predictions.

Once the storms develop, their predictions are updated based on the new data. While all this is happening, FEMA managers are watching closely trying to determine where the storm might impact, when, and at what level. No one will ever predict what mother nature has in store with 100% accuracy, so those responsible for predictions and response make the best decisions they can based on current and historical patterns. Sometimes there is a direct hit just as predicted, sometimes the impact is far worse than anyone could have imagined, and sometimes not much happens at all. **Cont. Page 4**

Upcoming Events:

August 9: Meeting with DEMA, Meeting with Stifel. Try to visit a station in between.

August 10: Meeting – fire service wellness, Chino Council Meeting

August 11: Meet with National District Association Rep

August 12: Meet with Yavapai College, PV Council Meeting

Board Meetings:

August 23 Administration
CAFMA – 1700-1830

The Masking of America: *Faceless people make compliant subjects, not good citizens.*

By: Jeffrey H. Anderson

(Just an interesting perspective)

“We should never fully return to our maskless society where only health care providers donned a mask, because judicious use of masks will continue to save lives” (emphasis added). This is not the fringe statement of some obscure crank. It is the view of two doctors at New York’s Mount Sinai School of Medicine, one of the nation’s most prestigious medical schools, writing in a New York Daily News op-ed this spring.

Now that the COVID-19 pandemic is retreating, it may seem absurd to propose further mask mandates in response to lesser—or even seasonal—viral threats. But Julia Carrie Wong, writing in the Guardian, reports that many Americans like their masks just fine. Francesca, a 46-year-old, fully vaccinated professor in New York, will not abandon her “invisibility cloak” just yet. “It has been such a relief to feel anonymous,” she explains. “It’s like having a force field around me that says, ‘don’t see me.’” Becca, a 25-year-old bookstore employee near Chicago, reports that she and her co-workers “prefer not having customers see our faces,” because “[w]ith a mask, I don’t have to smile at them or worry about keeping a neutral face.” Bob, a 75-year-old retiree in New Jersey, says wearing a mask “frees” him from having to “appear happy.” Aimee, a 44-year-old screenwriter in Los Angeles, likes the “emotional freedom” that comes from wearing a mask: “It’s almost like taking away the male gaze.”

Ostensibly, the point of wearing masks is not to furnish oneself with an emotional crutch but to prevent viral transmission. Many Americans have been taught to believe that masks work—at least a little—and that wearing them comes at a minimal cost. Nearly the opposite is true. The best scientific evidence invites a far less rosy assessment of masks’ effectiveness than is broadcast by public health officials. And the dubious health benefits of widespread mask-wearing come at an enormous social cost, which is almost never acknowledged by those writing and enforcing the mandates.

Seeing and showing the face is a fundamental aspect of human existence. A society that forgets this straightforward truth will likely also fail to realize that faceless people may make for compliant subjects but not generally for good citizens. (We may distinguish those cases when masks are worn for special occasions—Halloween, Carnevale, classical Greek plays.) Nor will COVID-19 be the last time public health officials and governors demand we embrace mask-wearing. The question is whether Americans—and the legislators who most closely represent them—will realize the high costs of wearing masks before this new and noxious practice becomes ingrained in our culture.

In its worldwide impact, the COVID-19 pandemic has been the worst in a century. As a threat to Americans’ health, however, it is closer to the 1968 Hong Kong flu or the 1957 Asian flu—neither of which noticeably altered Americans’ everyday lives—than to the 1918 Spanish flu. In a head-to-head comparison, COVID-19 makes the Spanish flu look like the Black Death of medieval Europe. According to the best available figures from the Centers for Disease Control and Prevention (CDC) and elsewhere, the typical American under the age of 40 in 1918 was more than 100 times as likely to die of the Spanish flu than the typical American under the age of 40 in 2020 was to die of COVID-19. Whereas COVID-19 sadly

shortened the lives of many older people already in poor health, the Spanish flu took people in the prime of life and left orphans in its wake.

claremontreviewofbooks.com

4 Pitfalls of a Vision-Deficit Leader

By: Michael Hyatt

Passion is a key component of a leader. Leaders generally don't get to where they are without it. The same is true of drive, good ideas, and execution. Even confidence. But none of that is enough to replace vision. Passion and all the rest can fuel the mission, but vision is the North Star to get you there.

Unfortunately, too many leaders don't see vision as a crucial ingredient. This is a dangerous mindset to maintain, because the stakes are so high. It can be the difference between success and failure, being a pioneer or being passed by. As I've worked with entrepreneurs and executives, and led organizations myself, I've found that leaders who undervalue vision tend to stumble into one or more of these four pitfalls:

Unpreparedness for the future. No one can see the future, but having a vision can help you clarify where you're trying to go and prepare for what's ahead. Computer scientist Alan Kay famously said, "The best way to predict the future is to invent it." Vision is the first step in doing that. Locking one's self into the present might feel safe for now, but it ultimately stifles innovation and sets the stage for failure.

michaelhyatt.com

Chief's Desk Continued

Those in charge of response and recovery do every thing they can to prepare. At times they may expand their pre-deployed resources, and other times they may contract their resources. Probably one of the largest failures in this regard was Hurricane Katrina. The failure of leadership in that event spanned local, regional, state, and federal levels. In short, no one exercised meta-leadership – no one led, at least in the beginning. It all starts with a solid foundation, so if leadership fails at the outset it is hard to recover.

Under new leadership, FEMA worked to pivot as they faced Hurricane Sandy when it raced towards the east coast. Understanding their failures in New Orleans, those in charge of FEMA knew they had to do something different. Disclaimer - let's be clear, there are a lot of Monday morning quarterbacks out there who don't play the game, but are quick to offer an opinion about how things could or should have been handled better. That said, the new FEMA administration knew that forming public/private partnerships to deal with the hurricane's impact, both during the storm and after, would be vital.

What FEMA realized after Hurricane Katrina was that response to disasters of that magnitude require creativity and ingenuity, not bureaucracy. As a result, they began to engage social media strategists, programmers, non-profit entities versed in humanitarian aid, as well as private industry. While it is clear

that no one will ever get everything perfect regarding response to such large and continuously unfolding disasters, the Federal Government's response to Sandy was far superior to their handling of Katrina.

The book is new enough that there are references to COVID, however they use H1N1 to better illustrate their points regarding meta-leadership. In response to H1N1, the lead at the CDC took a measured approach. While they determined that the virus had the potential to be deadly, they took time to determine which part of the populous was most at risk. They spent countless hours comparing notes and seeking differing opinions prior to offering policy advice to elected officials. They reviewed well-researched data, made comparisons, and invited alternative viewpoints.

The virus was recognized as highly contagious and potentially deadly for some in our country, including pregnant women. Many may not be aware that at one point in the early days of H1N1 there was a recommendation to close schools for two weeks. Ultimately, that did not happen. The advice broadcast nationally from the CDC was to cough into your elbow and wash your hands more frequently. As a result of bringing people to the table who had a variety of backgrounds, expertise, and opinions, they were able to develop a well-reasoned approach, while still allowing life to continue as close to normal as possible.

The author's statement regarding COVID was simply, "That has not happened with COVID." Editorializing, I believe what the authors are saying is that meta-leadership was practiced with great success during the H1N1 outbreak; however, meta-leadership has not been used during COVID. In my opinion, had the decision-makers taken a similar approach, we would likely see better control of the virus. During H1N1, the government and CDC were heralded for their approach and leadership. The news media was provided with, and reported, well-tracked data that was easily verifiable, and they did not provide H1N1 trackers on our TVs or other information boards.

Unfortunately, the same is not true regarding COVID. Public trust in officials responsible for the nation's response, data tracking, and recommendations for how best to address the situation has not just eroded, it's been, figuratively speaking, nuked. The media, social media, and government have been censoring any studies and dialogue that is diametrically opposed to the narrative they've created. At best, they have been inconsistent at in their advice, and their data is so flawed that it is absolutely useless. In some cases, it does not appear they actually have any data to support their recommendations – per a former CDC Director.

COVID appears to be the Hurricane Katrina of virus response, i.e. an absolute catastrophic failure of systems, people, elected officials, scientists, and the medical community. This is an example of an absence of meta-leadership.

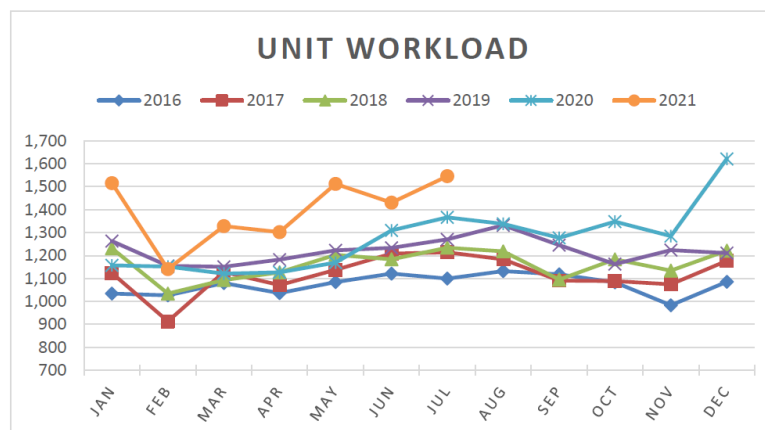
Meta-leadership requires a tremendous level of emotional intelligence. Emotions play a significant role in whether someone responds or reacts to a crisis. It takes planning, education, and training to be able to respond, pull people and resources together, and make the best decisions possible in hopes of realizing an outcome that is palatable. It takes courage and humility along the way to invite and listen to differing opinions, consider the data sets, and take decisive action, all the while adjusting as new information becomes available. Quoting the title of one of the foremost books on Abraham Lincoln, it takes a *Team of Rivals* – metaphorically speaking – to guide a crisis situation to a successful conclusion.

Remember, in a crisis situation we default to our level of training. To that end, never stop seeking opportunities to learn, and develop. No one is really an expert, there are simply people that know a bit more about one topic or another than someone else. Information and understanding change daily – you will simply never know all there is to know. But you can be excellent at what you do, if you put forth the effort. Surround yourself with people who think differently, and collaborate for the best results. Finally, stay calm – respond, don't react.

July Response Reports

By : GIS/Statistician Michael Freeman

Unit Workload History						
(RESPONSES BY TYPE-1 ENGINES)						
	2016	2017	2018	2019	2020	2021
Jan	1,034	1,123	1,231	1,263	1,157	1,516
Feb	1,026	913	1,034	1,155	1,152	1,141
Mar	1,080	1,128	1,093	1,151	1,121	1,328
Apr	1,036	1,071	1,127	1,182	1,127	1,302
May	1,084	1,138	1,203	1,223	1,169	1,512
Jun	1,121	1,208	1,183	1,233	1,310	1,431
Jul	1,099	1,214	1,234	1,271	1,366	1,546
Aug	1,132	1,183	1,218	1,332	1,338	
Sep	1,118	1,091	1,095	1,245	1,277	
Oct	1,083	1,088	1,183	1,163	1,348	
Nov	983	1,074	1,134	1,224	1,285	
Dec	1,085	1,177	1,222	1,211	1,622	
AVG	1,073	1,117	1,163	1,221	1,273	1,397
TOTAL	12,881	13,408	13,957	14,653	15,272	9,776





July Response Report - 2021

Land Area: 369 sq. miles Population: ≈100,000 Fire Stations: 10 Full-Staffed

Responses in District

TOTAL FIRE INCIDENTS	7
STRUCTURE FIRE	1
STRUCTURE FIRE; CONFINED	3
MOBILE HOME/PORTABLE BLDG	0
VEHICLE FIRE	2
BRUSH/GRASS/WILDLAND FIRE	1
TRASH FIRE/OTHER	0

Fire is 0.53% of call volume

TOTAL RESCUE & EMS	828
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EMS is 63.21% of call volume

OVERPRESSURE / OVERHEAT	0
HAZARDOUS CONDITION	19
SERVICE CALL	273
GOOD INTENT	137
FALSE ALARM/OTHER	46

Other is 36.26% of call volume

TOTAL INCIDENTS IN DISTRICT	1,310
INCIDENT RESPONSES BY CAFMA	1,408

Residential Fire Loss	\$21,000
Commercial Fire Loss	\$0
Vehicle Fire Loss	\$10,200

Calls in Town of Chino Valley	214
Calls in Town of Prescott Valley	634
Calls in Town of Dewey-Humboldt	55
Calls in District, Unincorporated Areas	406
Calls Out of District	7

Average total # of calls per day	42.23
Average fire calls per day	0.23
Average EMS calls per day	26.68
Average all other calls per day	15.32

Aid Given to Prescott	127
Aid Received from Prescott	80
Mutual Aid Given	1
Mutual Aid Received	0

Unit Responses

	In District	Total
E50	165	174
E51	42	182
E53	216	217
E540	30	30
E54	160	162
E57	51	53
E58	170	175
E59	167	174
E61	141	141
E62	160	163
E63	66	69
TR50	5	5
B3	44	50
B6	39	39

Call Volume at PRCC

	MONTH	YTD
PFD	919	5,636
CAFMA	1,310	8,290
GCFD	14	71
OD	8	64
WKFD	5	27

Top 5 Call Types

766	EMS
120	Assist Invalid
89	Cancelled en Route
75	Public Service
23	Vehicle Accident w/Injuries

Move Ups

E50: 23	E57: 2
E51: 50	E61: 13
E53: 5	E62: 15
E54: 0	E63: 29
E58: 1	E540: 8
E59: 1	TOTAL: 147