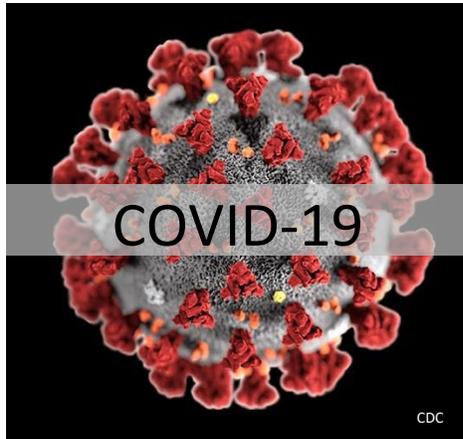




CRISIS LEADERSHIP FOR A PANDEMIC

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Extreme events like 9/11 and the coronavirus throw us into a global state of trauma. Worldwide, we collectively experience anxiety about the future and turn to crisis leaders to lessen this fear and uncertainty. To respond to the COVID-19 pandemic, we can apply the principles of crisis leadership learned from 9/11 and other major crises.

CONNECT – During a crisis it is important that we rapidly form communication networks to connect different parts of the government and the public to accurate and timely information. This can be done through voice, video, and data connections, but frequently information does not circulate well between organizations. Crisis leaders must remove information silos so officials, first responders, health care providers, and scientists share rather than hold onto critical information. For example, data from tracking virus test results and contacts is crucial to incident managers to target efforts and plan effectively for health care and hospital needs. In communicating with the public, messages about COVID-19 should start with *crisis empathy* that recognizes and articulates what people are feeling. Then officials or organization leaders should describe the current situation and what is being done to manage and mitigate these circumstances. Besides public statements, people need easily understandable and accessible information on websites. To form a bond of trust between crisis leaders and the public, the message must be truthful, correct, and empathetic – and should be rapidly updated when things change. Videos are also powerful tools to get messages across – for example, showing empty restaurants and streets to reinforce the message of social distancing. By leveraging the internet, crisis leaders connect people to critical information and each other.

COLLABORATE – Crisis leaders need to collaborate across levels of government and with key stakeholders outside of government. Mayors, governors, and federal officials must talk to each other to understand each other’s concerns and strategies. Crisis leaders should conduct daily phone or video conference calls with operational managers and political executives. These officials must also talk regularly to their frontline hospital workers and first responders to get a sense of what government support is needed to maintain services. Collaboration is about more than exchanging ideas. It is about gaining perspective on rapidly evolving events, refining critical

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decisions, and communicating planned actions designed to contain and mitigate the effects of the coronavirus. The public and private sectors need to collaborate on innovative solutions to complex problems—for example, expanding online health consultations between people and health care providers to reduce the number of patients in hospitals. Without collaboration, decision-making is limited to narrowly focused viewpoints.

COORDINATE –When crisis leaders get others to connect and collaborate, they set the stage for coordination to take place. In any crisis, there is a dynamic progression of coordination that starts with groups self-organizing to deal directly with conditions on the frontlines and then aligning their efforts with others. Crisis leadership is about getting these groups to quickly leverage their core capabilities with the complementary capabilities of others to produce desired outcomes that no group could achieve alone. The coronavirus requires coordination in several critical areas: 1) increasing testing for better situational awareness and planning, 2) promoting social distancing to reduce the spread of the virus, 3) surging the capacity of medical facilities and staff to care for patients, 4) increasing the supply of personal protective equipment (PPE) and medical supplies, and 5) developing antivirals and vaccines. Crisis leaders should coordinate the formation of collaborative teams to tackle these matters. Then leaders need to step back to see how these critical areas relate to each other. Coordination is the integration of various solutions into a coherent and comprehensive response strategy.

COMMAND AND CONTROL – In a crisis that spans large geographic areas – COVID-19 in all 50 states and over 190 countries/territories – crisis leaders must expand the scale of cooperation to manage the crisis collectively. This is done by creating a network framework across sectors for command and control that focuses on management processes and outcomes. Too often we think of incident management as a hierarchical process with one person in charge. However, managing a pandemic requires a spider’s web structure of multiple leaders working with each other to coordinate efforts – for example, each hospital with its own management structure connecting, collaborating, and coordinating directly or indirectly through that web with local, state and national management systems. In a networked incident management model, single or clusters of organizations also connect to suppliers of equipment, collaborate with the scientific community on testing results, and coordinate surge capacity across health care providers. As we build a networked management process for the COVID-19 crisis, we can begin to collectively manage the incident and can locally measure the results by the lives saved.

Crisis leaders are vital to maintaining confidence in government and getting others to adapt to extreme events. This will become more apparent as we move from the containment phase of stopping the viral spread, to the mitigation phase of treating many patients – a stage that could tragically overload the health care system if we do not effectively use crisis leadership principles to manage this pandemic. From 9/11 to COVID-19, the heart of crisis leadership is the ability to sustain hope by unifying efforts to solve complex problems in the face of great tragedy.

