

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF HEALTH  
OFFICE OF EMERGENCY MEDICAL SERVICES

IN RE: BOARD MEETING OF THE STATE EMS ADVISORY BOARD

HEARD BEFORE: GARY CRITZER  
CHAIRMAN OF THE STATE EMS ADVISORY BOARD

NOVEMBER 8, 2017

CONFERENCE CENTER

NORFOLK WATERSIDE MARRIOTT

235 EAST MAIN STREET

NORFOLK, VIRGINIA

12:58 P.M.

COMMONWEALTH REPORTERS, LLC  
P. O. Box 13227  
Richmond, Virginia 23225  
Tel. 804-859-2051 Fax 804-291-9460

1 APPEARANCES:

2 Gary Critzer, Presiding  
3 State EMS Advisory Board Chair

4 Hughes Melton, MD, MBA, FAAFP, FARAM  
5 Chief Deputy Health Commissioner

6 Amanda Lavin, Esq., Board counsel  
7 Office of the Attorney General

8 STATE EMS ADVISORY BOARD MEMBERS:

9 Michel B. Aboutanos, MD

10 Byron F. Andrews, III

11 Samuel T. Bartle, MD

12 Dreama Chandler

13 Valeta C. Daniels

14 Richard H. Decker, III

15 Jason D. Ferguson

16 William B. Ferguson

17 R. Jason Ferguson

18 Jonathan D. Henschel

19 Jason R. Jenkins

20 Lori L. Knowles

21 John Korman

22 Cheryl Lawson, MD

23 Julia Marsden

24 Genemarie W. McGee

25 Christopher L. Parker

1 STATE EMS ADVISORY BOARD MEMBERS (con't.)

2 Ronald Passmore

3 Valerie Quick

4 Jose V. Salazar

5 Charlotte Tyson

6 Daniel C. Wildman

7  
8 OFFICE OF EMS STAFF:

9 Gary Brown, Director

10 Scott Winston

11 George Lindbeck, MD

12 Irene Hamilton

13 Wanda Street

14 Adam Harrell

15 Chuck Fairon

16 Paul Fleenor

17 Wayne Berry

18 Tim Erskine

19 Ronald Kendrick

20 Jimmy Burch

21 Bob Swander

22 Lenice Sudds

23 Camela Crittendon

24 Tim Perkins

25 Amanda Davis

1 ALSO PRESENT:

2 Kelly Parker  
3 VHHA

4 Jethro Piland  
5 Virginia Fire Chief's Association

6 Bruce Edwards  
7 Tidewater EMS Council

8 Jim Chandler  
9 Eastern Shore EMS Council

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1 (The State EMS Advisory Board meeting was  
2 called to order at 12:58 p.m. A quorum was present  
3 and the Board's agenda commenced as follows:)

4  
5 MR. CRITZER: Welcome to the EMS  
6 Symposium and welcome to the November EMS  
7 Advisory Board meeting.

8  
9 (At this time, the Board and the gallery  
10 recited the Pledge of Allegiance and observed a  
11 moment of silence.)

12  
13 MR. CRITZER: You should have  
14 before you a copy of the August meeting  
15 minutes. They were also sent out and posted  
16 on the web site and the town hall in a draft  
17 format. Are there any additions or  
18 corrections to those minutes?

19 Hearing none, we'll approve  
20 them by unanimous consent. You should also  
21 have before you the agenda for today's  
22 meeting. Any additions or corrections to  
23 that agenda that anyone would like to make?  
24 Hearing none, we'll approve that by  
25 unanimous consent as well. Also make sure

1 today, when you are speaking, that you push  
2 the little speaker button on your microphone  
3 and that you speak into the microphone.

4 All of our meetings are  
5 recorded and are being transcribed by a  
6 Court Stenographer, so we want to make sure  
7 that we capture everything that anyone has  
8 to say.

9 For the audience, please use  
10 the mic's at the end of the head table, if  
11 you would when you're approaching the -- the  
12 Board. If we could then we'll move on to my  
13 report and before we go any farther, we do  
14 have some new members today.

15 And so I would like to go  
16 around the table and introduce yourselves  
17 and who you're representing. We'll start  
18 over here.

19  
20 MR. R. J. FERGUSON: Jason  
21 Ferguson, Blue Ridge EMS.

22  
23 MR. PARKER: Chris Parker, Virginia  
24 Emergency Nurses Association.

25



1 MR. SALAZAR: Jose Salazar,  
2 Northern Virginia EMS Council.

3  
4 MR. PILAND: Jethro Piland,  
5 Virginia Fire Chief's Association.

6  
7 MS. DANIELS: Valeta Daniels,  
8 VAVRS.

9  
10 MR. J. D. FERGUSON: Jason  
11 Ferguson, Western Virginia EMS.

12  
13 MR. W. FERGUSON: Billy Ferguson,  
14 VAGEMS.

15  
16 MR. DECKER: Chip Decker, Old  
17 Dominion EMS Alliance.

18  
19 DR. LAWSON: Cheryl Lawson,  
20 Peninsulas EMS Council.

21  
22 MS. QUICK: Valerie Quick, Thomas  
23 Jefferson EMS Council.

24  
25 MS. TYSON: Charlotte Tyson, VHHA.

1 MS. LAVIN: Amanda Lavin, Office of  
2 the Attorney General.

3  
4 DR. LINDBECK: George Lindbeck,  
5 Office of EMS.

6  
7 DR. MELTON: Hughes Melton, Chief  
8 Deputy Commissioner, Department of Health.

9  
10 MR. CRITZER: Gary Critzer, Central  
11 Shenandoah EMS.

12  
13 MR. BROWN: Gary Brown, Office of  
14 EMS, Virginia Department of Health.

15  
16 MR. WINSTON: Scott Winston, Office  
17 of EMS, Virginia Department of Health.

18  
19 DR. BARTLE: Sam Bartle, Emergency  
20 Medical Services for Children.

21  
22 MR. PASSMORE: Ron Passmore,  
23 Southwest Virginia EMS Council.

24  
25 MR. HENSCHER: Jon Henschel, Lord

1           Fairfax EMS.

2  
3                   MS. MCGEE: Genemarie McGee,  
4           Tidewater EMS Council.

5  
6                   MS. KNOWLES: Lori Knowles,  
7           Rappahannock EMS Council.

8  
9                   MR. ANDREWS: Byron Andrews,  
10          Virginia State Firefighters Association.

11  
12                   MR. JENKINS: Jason Jenkins, IAFF.

13  
14                   DR. ABOUTANOS: Mike Aboutanos,  
15          American College of Surgeons.

16  
17                   MR. WILDMAN: Dan Wildman, Virginia  
18          Ambulance Association.

19  
20                   MR. KORMAN: John Korman,  
21          Association of Public Safety Communications  
22          Officials.

23  
24                   MS. CHANDLER: Dreama Chandler,  
25          VAVRS.

1 MR. CRITZER: Welcome. Again,  
2 we're glad everyone's here today. Under my  
3 report, just a couple of things then I'll  
4 cover the rest under the Executive Committee  
5 Report.

6 I would like to also ask each  
7 of you to keep Karen Wagner in your thoughts  
8 and prayers. Karen is a former chair of  
9 this Board and served on this Board for a  
10 number of years.

11 She's also a former president  
12 of VAVRS and a life -- life member of VAVRS.  
13 And she is facing some very serious and  
14 life-threatening health conditions.

15 So we'd just ask that you  
16 remember her in your prayers. Also, on  
17 behalf the Board, we'd just like to say,  
18 Mr. Berg -- wherever he is. I saw him in  
19 here somewhere.

20 Thank you very much for the  
21 nine years of service that you gave to EMS  
22 -- the Office of EMS and this Board. We  
23 appreciate all the work you did and wish you  
24 the best in your -- your new endeavors.  
25 Thank you very much. At this time, I'd like

1 to ask Ron Passmore to come up and present  
2 the Nominating Committee report.

3  
4 MR. PASSMORE: In your packet lists  
5 the nominations for committees. If there  
6 are any corrections on that report as far as  
7 how -- the nominations are as follows; for  
8 chairman, Gary Critzer.

9 Vice-chair, Christopher  
10 Parker. Administrative Coordinator, Jon  
11 Henschel. Rules and Regulations Committee  
12 Chair, Jon Henschel. Legislative and  
13 Planning Committee Chair, Chris Parker.  
14 Infrastructure Coordinator,  
15 Dreama Chandler. Transportation Committee,  
16 Chip Decker. Communications Committee, John  
17 Korman.

18 Emergency Management  
19 Committee, Byron Andrews. Patient Care  
20 Coordinator, Dr. Aboutanos. Medical  
21 Direction Committee Chair, Dr. Dodd.

22 Medevac Committee, Jason  
23 Ferguson. Trauma System Oversight and  
24 Management Committee, Dr. Aboutanos. And  
25 EMS for Children Committee, Dr. Bartle.

1 Professional Development Coordinator would  
2 be myself, Ron Passmore. Training and  
3 Certification Chair, again, myself.

4 Workforce Development  
5 Committee Chair, Jose Salazar. And Provider  
6 Health and Safety, Dan Wildman.

7  
8 MR. CRITZER: Thank you,  
9 Mr. Passmore. At this point, we'll now open  
10 up the nominations or any other nominations  
11 from the floor. Any other nominations from  
12 the floor?

13 And any other nominations from  
14 the Board? Hearing none, the Chair will ask  
15 for motions for the nominations to be  
16 closed.

17  
18 BOARD MEMBER: I so move.

19  
20 MR. CRITZER: Is there a second?

21  
22 BOARD MEMBER: Second.

23  
24 MR. CRITZER: All those in favor  
25 signify by saying aye.

1 BOARD MEMBERS: Aye.

2  
3 MR. CRITZER: Opposed? I'd like to  
4 cast the unanimous ballot for the slate. Is  
5 there a motion as such?

6  
7 BOARD MEMBER: I move.

8  
9 MR. CRITZER: Is there a second?

10  
11 BOARD MEMBER: Second.

12  
13 MR. CRITZER: Any further  
14 discussion? All those in favor, signify by  
15 saying aye.

16  
17 BOARD MEMBER: Aye.

18  
19 MR. CRITZER: All those opposed?  
20 Thank you very much. We'll now move on to  
21 vice-chair's report, Genemarie.

22  
23 MS. MCGEE: No report at this time.

24  
25 MR. CRITZER: Okay, thank you very

1 much. And thank you for all of your years  
2 of service in that role. Next will be Chief  
3 Deputy Commissioner, Dr. Melton.

4  
5 DR. MELTON: Thanks, Gary. So I  
6 wanted to start with two things, and then  
7 talk about some of the innovative work that  
8 the Office is doing now. And then wrap up  
9 with sort of looking out into the future.

10 So, first, thank you to Gary  
11 and Gary for your leadership of OEMS and EMS  
12 across the state. Second, thank you for  
13 being here today and also encouraging your  
14 friends and folks that you work with to come  
15 to this Symposium and support the Symposium.

16 It really is a great source of  
17 continuing medical education and outreach  
18 for the Department of Health reaching out  
19 across the Commonwealth, so thank you for  
20 that.

21 And also, thank you for the  
22 work that you do in your communities. And  
23 how we -- I can run through that at the end  
24 of my comments. In terms of sort of some of  
25 the innovative work I think you've already



1 experienced, if you registered for the  
2 Symposium or you looked at some of the CME  
3 events that -- there has been a continued  
4 evolution over the years of how the  
5 Symposium is done.

6 Are you registered, have you  
7 tracked which session to go to -- lots and  
8 lots of choices to choose. And in  
9 particular, that they will be streaming some  
10 of the sessions across the state.

11 So when I first arrived at VDH  
12 and I chatted with the area, I said, how can  
13 -- how is it that we can make this excellent  
14 event, you know, more accessible to other  
15 folks back home that have got to man the  
16 stations.

17 And some of those don't have  
18 the resources to come. So this is just the  
19 first step in trying to make a broader  
20 connection to the event that's happening  
21 here. So we'll be streaming that.

22 I look forward to your  
23 feedback on that. Secondly, in terms of  
24 innovation, about the Offices that I viewed  
25 in VDH, I -- EMS is on the cutting edge in

1 terms of how the Office operates. If you've  
2 come in to their office in Richmond any time  
3 recently, you run into the iPad registration  
4 process, which is pretty interesting.

5 Captures the information,  
6 makes it easy for them to track. It's a  
7 security measure, it is an accountability  
8 measure.

9 And that's just one example of  
10 how the Office continues to evolve and  
11 develop how it runs so it runs more  
12 efficiently. And they can support you and  
13 the work of VDH in the Commonwealth.

14 And third, even outside of the  
15 Office, it's not that uncommon that Gary and  
16 members of his team will connect with other  
17 offices within VDH and share some of the  
18 strategies that they're using to -- again,  
19 with their office operations or internal  
20 communication within the Office to help keep  
21 leadership informed as to what they're  
22 doing. In terms of looking out to the  
23 future, EMS is playing a greater role in  
24 supporting the opiate addiction crisis  
25 response. One area is on the support of

1 getting Narcan into the hands of your mobile  
2 rescue squads. And so that's continuing to  
3 grow.

4 The -- I think the -- the  
5 word's getting out to the squads that we can  
6 support their getting that resource onto the  
7 trucks.

8 And then in addition to that,  
9 of course, we collect a lot -- I mean, a lot  
10 of data when it comes to, you know, what are  
11 the teams seeing in the field, right?

12 When are they using Narcan,  
13 what are the -- what are the responses to  
14 Narcan and where are individuals who they  
15 see five times in the last six months. And  
16 -- and so we're looking at how we use that  
17 data to focus our response.

18 We all have limited resources  
19 and how can we make the biggest difference  
20 for those individuals who are at -- who are  
21 at higher risk for a -- a fatal overdose  
22 from opiate addiction. And then part of  
23 that is sort of this idea of a warm hand-  
24 off. It has been shown very clearly that if  
25 somebody comes into the ER with a non-fatal

1 overdose and they're reversed, if we can  
2 somehow -- through a warm hand-off from that  
3 bed in the ER to a treatment facility that  
4 matches what they need in the community.

5 Then their chances of engaging  
6 in treatment six-seven times -- whether  
7 they're just -- they just sort of roll out  
8 of the list of places that they can call in  
9 the morning and pray.

10 And -- and how is it that we  
11 can use the data that is being collected by  
12 our teams in the field to be respectful of  
13 HIPPA, still trying to -- to use the  
14 information that we have at our disposal  
15 that tells us the individual was admittedly  
16 high risk, to hand them off to a treatment  
17 facility.

18 And to communicate with their  
19 loved ones so they know what's going on.  
20 And then one other area is the area of -- of  
21 a help equity approach to supporting the  
22 development out into the Commonwealth. So  
23 you know, you can either spread resources  
24 based off of just sort of a per capita type  
25 of approach, right? So you have 10 people,

1           you get \$10.00. You have 20 people, you get  
2           \$20.00. Or you can step back and you can  
3           see what areas of the Commonwealth are in  
4           greater need than other areas of the  
5           Commonwealth.

6                         And attempt to allocate  
7           resources based on the severity of -- it is  
8           not that one person gets nothing and the  
9           other person gets everything.

10                        But it affects how we  
11           distribute the resources that are at our  
12           disposal. And -- and Gary and his team have  
13           done some, again, pretty innovative work on  
14           how we measure that.

15                        How do we know the areas that  
16           are of greatest need and -- and shape how we  
17           provide resources so that we get the most  
18           effect -- most beneficial effect.

19                        Lastly looking out into the  
20           future, I think if you ask Dr. Levine -- and  
21           she'll be here on Saturday, it is her plan  
22           for the awards ceremony -- that if we're  
23           going to make a difference in the health of  
24           our population, it really happens in the  
25           community. I mean, it -- there are things

1 we can do at the state level and at the  
2 Office level, policy and that sort of thing,  
3 that can have an effect. But -- but really  
4 where the change happens is in the  
5 community.

6 And EMS is crucial to that.  
7 They're really -- they know what's going on  
8 the community. And -- and so I just leave  
9 you with that thought that as we continue  
10 this journey towards population health,  
11 that's talked more and more about.

12 We're still sort of getting  
13 our mind wrapped around, what does it take  
14 to do that. EMS is going to be right in the  
15 middle of that.

16 We've been great partners up  
17 until now and we look forward to continuing  
18 to engage with our local councils and -- and  
19 squads and that's special. So thank you for  
20 giving us your time today, and Gary.

21  
22 MR. CRITZER: Thank you,  
23 Dr. Melton. Office of EMS report,  
24 Mr. Brown.  
25

1 MR. BROWN: Thank you, Mr. Chair.  
2 First of all, I'd like to thank Dr. Melton  
3 for his kind words of the Office of EMS.  
4 And he mentioned my name many times, but  
5 actually the thanks goes to everyone on my  
6 staff.

7 You've heard me say this  
8 before and I'll keep saying it until I'm no  
9 longer here. And that is I've got the best  
10 state EMS office in the country. And the  
11 other states are number two.

12 So they're -- they're very  
13 envious of what -- what we do. We are a  
14 model for the rest of the country. And  
15 we've talked about that in a little bit --  
16 actually this morning when we were having  
17 orientation with you all.

18 It's great when new Board  
19 members have been put up to serve on -- on  
20 this Board. So -- so anyway, thanks  
21 certainly goes to the staff that -- all  
22 these things that Dr. Melton mentioned --  
23 actually happens. So again, we give thanks  
24 to Dr. Melton's recognition and also the  
25 Office of EMS staff. And also we talked a

1 lot this morning, too, in the orientation  
2 that this EMS system, it's -- it is a  
3 systems approach. And it's a -- a ground up  
4 approach in Virginia.

5 And the success of EMS in the  
6 Commonwealth -- which I think is actually,  
7 again, recognized across the country -- is  
8 due to the people sitting around this table,  
9 is due to the people sitting in the  
10 audience.

11 Everybody is vested in  
12 providing this service and everybody's very  
13 loyal to make sure that we have the best EMS  
14 system. We talked about some simple types  
15 of advantage to have. We are working on EMS  
16 issues.

17 First of all, we need to make  
18 sure that whatever decisions we make that  
19 are five months in development, when it's  
20 rules and regulations we promulgate.

21 Is it -- is it going to  
22 improve patient care? That's really the  
23 bottom line. The second thing is -- is  
24 let's just do the right thing. If we keep  
25 those two things in mind, our decision will



1 always be the right decision. With that, I  
2 do want to -- Gary had mentioned Mike Berg.  
3 Mike was our OEMS Regulation and Compliance  
4 Division manager.

5 He's resigned after 13 years  
6 with the Office. And he began with us in  
7 June of 2004. We thank Mike for his  
8 services and his commitment to EMS, which  
9 continues even though he's not with the  
10 Office of EMS.

11 His commitment is to the EMS,  
12 he'll still be in Virginia. He has taken a  
13 position with UVA, the transportation  
14 network in Charlottesville.

15 Also Greg Neiman, after 11  
16 years of service with the Office, Greg also  
17 left us to accept the EMS community liaison  
18 position with VCU Health Systems.

19 So we lost two good  
20 individuals to two great institutions. So  
21 we can't be real -- real sad about that  
22 because they're still in the system. They  
23 are big players with EMS in those  
24 institutions. The Office is also conducting  
25 interviews for the BLS Training Specialist.

1 That did take place late last month. And we  
2 hope to have a new BLS Training Specialist  
3 on board soon.

4 We have also recruited,  
5 interviewed and made an offer to the  
6 individual position of HR coordinator. And  
7 we'll have that person on board soon  
8 [inaudible].

9 We've also recruited,  
10 interviewed and we are now about to go into  
11 the second round of interviews for the new  
12 divisional management position within OEMS's  
13 community health protectable resources.

14 So stay tuned for that. And  
15 then, Adam, I got this from you. I think  
16 it's -- we have about 30 positions that we  
17 need fill.

18  
19 MR. HARRELL: Correct.

20  
21 MR. BROWN: So those are our next  
22 -- we have those to fill. I do want to  
23 congratulate a few Board members. Jason  
24 Ferguson, Jethro Piland, Valerie Quick and  
25 Charlotte Tyson, and Mr. Chair, I think they

1 should meet at the Secretary of the  
2 Commonwealth's office. We've got three  
3 Fergusons, two Jason Fergusons. And I -- I  
4 think we have --

5  
6 MR. CRITZER: By the way, you can  
7 not sit next to each other.

8  
9 MR. BROWN: Yeah. Give them seats  
10 somewhere else.

11  
12 MR. CRITZER: And no -- no swapping  
13 name tags.

14  
15 MR. BROWN: It's getting really  
16 confusing. And it's best to take requests  
17 from him. But anyway, congratulations to  
18 the new Board members.

19 As we talked this morning, it  
20 is truly an honor to be appointed to -- by  
21 the governor to serve on any Board in this  
22 Commonwealth. And with that comes great  
23 responsibility, too. And I know everyone  
24 here on the Board, they -- they take that  
25 responsibility very seriously. And again --

1           thus the -- the system that we have in  
2           place. But I found out that our quarterly  
3           report that we did, the electronic email to  
4           everyone, in -- in the preparation and  
5           planning in coming up to Symposium,  
6           basically it's all hands on deck.

7                         Sometimes we let things fall  
8           through the cracks. And unfortunately, we  
9           did in terms of getting the report posted on  
10          our web site.

11                        I thought we had posted it,  
12          but we will get it posted -- the quarterly  
13          report posted. That will be FOIA'd. It's  
14          not there, I apologize. We'll get that up  
15          on our web site very soon.

16                        And just a couple more things  
17          real quick. There were several reports that  
18          we had to submit up through the chain of  
19          command that were General Assembly  
20          directives.

21                        One is the House Bill 1728  
22          Medevac Work Group report that has been  
23          submitted to Dr. Melton and Dr. Levine.  
24          It's under their review and then once it is  
25          approved, then it will go to the General

1 Assembly. Senate Bill 1244, our draft  
2 report was also submitted to the  
3 Commissioner's suite. And I've got word  
4 yesterday that that has been approved.

5 And so that should be public  
6 soon. Also the trauma center funding report  
7 that we have to submit on an annual basis  
8 was also submitted and approved.

9 And then last but not least,  
10 we do -- there is a requirement to look at  
11 mandates on local government. And we were  
12 assigned one this year with -- with regards  
13 to the assessment on criminal background  
14 investigations.

15 So we have submitted that  
16 report, again, to the Commissioner's suite.  
17 Very quickly, we had a meeting in Oklahoma  
18 City last month. It was the annual NASEMSO  
19 meeting.

20 But in concert with that was  
21 the Stand up of the Commission of REPLICIA,  
22 and you've heard us talk about that for  
23 several years. That's the EMS interstate  
24 compact. So with the 10th state that  
25 approved it, that's -- that became law

1 across the United States. And right now, we  
2 actually -- I think it's either 11 or 12  
3 states that have passed it.

4 And there are probably about  
5 eight or nine more that it looks like it  
6 will be -- be passing early next year at the  
7 -- at the latest. And we did have a meeting  
8 of the -- first meeting of the Commission.

9 And we had to stand up bylaws  
10 and also the rules on Rule Committee. So  
11 you have to have a rules committee in order  
12 to make rules.

13 So we did that and so, we'll  
14 keep you informed of the progress of the  
15 Commission and how that's going across the  
16 country, especially on states that border  
17 Virginia.

18 Because we're very anxious to  
19 get -- to make sure that all of our border  
20 states come on as a REPLICA state very soon.  
21 And last but not least, what I will say very  
22 quickly, because I know everybody's busy  
23 here. And we've got a lot of education  
24 going on with regards to the 38th Annual EMS  
25 Symposium. And we have close to 1700 unique

1 registrants that are signed up to take  
2 classes. We have over 360 courses that are  
3 being offered here at the Symposium.

4 And if you -- if you take all  
5 the registrants and the number of CE hours  
6 that they can earn while they're here, we --  
7 we could award cumulative over 42,000 hours  
8 of continuing education here at this  
9 Symposium.

10 And when you factor in all the  
11 faculty, the staff, the vendors and  
12 significant others, we're looking at a  
13 population due to the Symposium of about  
14 2500 to 2600 people here in -- in the  
15 Norfolk area.

16 So that's why Norfolk loves us  
17 to come back. The Visit Norfolk folks, they  
18 -- they like our business. And I think with  
19 that, Mr. Chair, I'll turn it over to Scott.  
20 And then we'll go from there.

21  
22 MR. WINSTON: Thank you, Gary. I  
23 only have one item. Gary mentioned that  
24 we've had some turnover in staff. We are  
25 currently recruiting for the vacant

1 Regulation and Compliance Manager position.  
2 That position will be open until the 17th of  
3 November. So if anyone's interested in  
4 learning more about that position, you can  
5 speak with Michael or myself and we --  
6 please do submit an application if you have  
7 a genuine interest in working at the Office.  
8 Thank you.

9  
10 MR. CRITZER: Dr. Lindbeck.

11  
12 DR. LINDBECK: Just a couple things  
13 to keep you eyes and ears open for. The  
14 NITSA Fatigue project has wrapped up and  
15 will be published in a supplement to  
16 pre-hospital emergency care, PEC, shortly.

17 I'm not sure of the exact date  
18 yet. So watch for that because I think it's  
19 going to be interesting for everybody.  
20 Also, if you have time to look, the new  
21 scope of practice for EMS has been  
22 circulating. And that's out there on the  
23 internet if you want to take a look, as well  
24 as the latest addition of Standardized  
25 Patient Care Guidelines from NITSA and the



1 NASEMSO.

2  
3 MR. CRITZER: Thank you, Mr. Brown.  
4 Next, Amanda Lavin, Assistant Attorney  
5 General.

6  
7 MS. LAVIN: I don't have anything.

8  
9 MR. CRITZER: Thank you very much.  
10 Next is the Board of Health report. I had  
11 the honor of representing EMS at my first  
12 Board of Health meeting back in September on  
13 the 7th.

14 We have our next meeting in  
15 November on the 30th. Just a couple real  
16 quick items. We did -- had an action item  
17 or a couple action items related to  
18 radiology fees as the effected radiology  
19 programs.

20 We also took the first look at  
21 the Board of Health report to the General  
22 Assembly. That report ended up being tabled  
23 until, I believe, our next meeting. I'm not  
24 sure whether it's going to be on that agenda  
25 or not, to clarify some information and to

1 hopefully add some information about EMS.  
2 Also, we discussed a data work group that's  
3 ongoing that was out of, I believe, the last  
4 General Assembly session related to data  
5 sharing between emergency departments for  
6 patient information.

7 And encouraging that EMS be  
8 part of that to insure that the pre-hospital  
9 patient report could also be seamlessly  
10 shared between emergency departments from  
11 one hospital to another.

12 So that -- that data work  
13 group is ongoing. And I know talking  
14 with -- with Mr. Brown, they've been engaged  
15 now in -- in adding contributions to that.  
16 So our next meeting is on the 30th of  
17 November at the Perimeter Center.

18 Those meetings are public and  
19 they're -- the date and time and everything  
20 is located on the Board of Health link on  
21 the VDH web page.

22 I would certainly encourage  
23 you to come and see what's going on with VDH  
24 and with all the activities of the State  
25 Board of Health. With that -- any

1 questions? Okay. We'll move next to a  
2 special report by Dr. Lindbeck -- our State  
3 Medical Director -- regarding the August  
4 12th medical and EMS response to the Unite  
5 the Right rally in Charlottesville.

6  
7 DR. LINDBECK: I think I'll present  
8 from here if that's okay because I'm miked  
9 and everybody can hear me. Well, this got  
10 so much national attention that I thought  
11 people might be interested in hearing some  
12 of our observations from on the ground and  
13 some of our pre-planning work that we did  
14 about this.

15 There we go. Well, for those  
16 of you who don't know where Charlottesville  
17 is, if you live there you kind of figure  
18 it's the center of the world. It might be  
19 approximately the center of Virginia  
20 geographically, but you get the idea.

21 There's about 50,000 people  
22 there not including the UVa students. Of  
23 course, home of the University of Virginia.  
24 And Charlottesville likes to think of itself  
25 as -- as a relatively quiet university

1 community, right? I think that emotionally  
2 and psychologically, a lot of people were  
3 not prepared for what happened in July and  
4 August of this year.

5 It was a real shock to a lot  
6 of people. You know, we tend to think of  
7 our downtown mall like this and nice autumn  
8 evenings and college football and that sort  
9 of thing.

10 So for background, the -- the  
11 focal point of this became a statue that was  
12 commissioned in 1917, donated to the city by  
13 Paul McIntire, along with the ground for the  
14 park.

15 So the park constitutes one  
16 city block. I'll show you a map of this,  
17 almost exactly one acre. One of the points  
18 to be made is that this was a very tight  
19 physical location.

20 A Charlottesville city block  
21 is not like a Richmond city block or Norfolk  
22 or anything like that. It was very tight  
23 geographically. In May, there was a torch  
24 rally organized at the Lee statue. And this  
25 caught people off guard. This was organized

1 by word of mouth, internet, etcetera.  
2 Caught people by surprise, but they made  
3 quite the impression.

4 Lee statue started to be  
5 publicized as a rallying point, both  
6 philosophically and -- and physically,  
7 meaning it became physically important for  
8 right-wing causes.

9 So to back up a little bit, a  
10 movement was begun in '16 to consider  
11 renaming the park and possibly removing the  
12 statues as symbols of the Confederacy and  
13 white supremacy and slavery.

14 And it was in that background  
15 that some of these issues began to develop.  
16 KKK applied for and received a permit on  
17 July the 8th. There was a lot of discussion  
18 about this.

19 The city did not feel that  
20 they had a legal basis to deny that permit a  
21 priori. About 50 protestors showed up for  
22 that. They were delayed in getting into the  
23 park because of counter-protestors. They  
24 were allowed to be there for about an hour,  
25 which was the term of the original permit.

1 Things started getting a little chippy when  
2 they were going to leave. Police were going  
3 to escort them from the park to a parking  
4 garage where their vehicles were.

5 And counter-protestors, which  
6 greatly outnumbered the KKK protestors,  
7 physically interfered with police in the  
8 egress of the protestors.

9 These are some pictures that  
10 -- that came from the protest there. Very  
11 vocal, very loud, not a lot of people there  
12 in terms of protestors from the KKK. Very  
13 demotic photos. I did make a note here.

14 If you notice on this fellow's  
15 right hip is a handgun. We'll talk about  
16 that a little bit more in terms of  
17 Virginia's open carry laws and how that  
18 factors in to assemblies like this.

19 But there were also some  
20 pretty poignant pictures from the assembly  
21 there. Several arrests and minor injuries.  
22 Tear gas was deployed by VSP after some  
23 objects were thrown at officers. And that  
24 ended -- ended up being a very dramatic  
25 point in the day. So you've got officers,

1 full riot gear deploying tear gas. Made an  
2 impression on a lot of people. There was an  
3 incident plan in place, primarily for fire-  
4 rescue branch at that point.

5 But really, the effect on  
6 fire-rescue resources at that point was  
7 pretty minimal. Well, that introduced some  
8 concepts in our area that we had not really  
9 fully appreciated.

10 First of all, that the  
11 protestors seemed less likely initially --  
12 initiate violent interaction than the  
13 counter-protestors, which was not something  
14 we were particularly prepared for.

15 There were a lot of people,  
16 many of whom came from outside the  
17 community, who felt a moral and ethical  
18 obligation to physically be on site to  
19 confront right-wing protestors.

20 There were some left-wing  
21 groups as well who not only felt an  
22 obligation to be physically present, but  
23 also to provoke confrontation. That was  
24 part of their goal in being there. Which  
25 again, we didn't really fully appreciate at

1 this point. There was a lot of discussion  
2 about the city's reaction, particularly the  
3 law enforcement reaction to the protest. A  
4 lot of people thought the city should've  
5 denied the permits in the first place.

6 But there was a lot of  
7 discussion about that locally and  
8 regionally. And they really did not feel  
9 that there was a legal basis to deny those  
10 permits at that point in time.

11 And there's some case law and  
12 precedent for that as well. Some felt that  
13 law enforcement was too aggressive, riot  
14 gear, tear gas, etcetera.

15 Particularly when people saw  
16 in the media that the enforcement actions  
17 were mostly directed at counter-protestors  
18 who many people felt more aligned with.  
19 They felt more morally and ethically aligned  
20 with.

21 So a local figure, Jason  
22 Kessler, began to organize a Unite the Right  
23 rally for August the 12th. And this began  
24 -- became another rallying point for like-  
25 minded individuals, let me put it that way.



1 He applied for a permit, he was granted the  
2 permit for Lee Park, now Justice Park, in  
3 downtown Charlottesville. It was  
4 interesting to look at some of these  
5 materials that started to come out in  
6 advance.

7 Posters, lot of internet  
8 communication, a lot of word of mouth. I  
9 think you can appreciate that there is some  
10 symbology here that I was pretty ignorant of  
11 when this whole thing started.

12 But you see the eagles along  
13 the sides that are reminiscent of the Rights  
14 Eagle. Confederate flags, you've got the  
15 statues.

16 I don't know if anybody else  
17 had ever heard of Pepe the Frog, which has  
18 become an internet meme for Alt-Right and  
19 right-wing organizations.

20 So these figures here -- it's  
21 hard to see on this slide -- are actually  
22 little green-faced frogs in uniform  
23 marching. There's Lee, Unite the Right, a  
24 lot of this came up -- and this came from  
25 David Duke who was involved in politics

1 years ago. And an ex-grand wizard of the Ku  
2 Klux Klan. Ben Franklin's cartoon from  
3 Revolutionary War time was adapted for this  
4 as well.

5 Let me see if I can get  
6 through the different organizations. This  
7 is the State of Kekistan, which has -- goes  
8 back to Pepe the Frog and that symbology,  
9 pretty loose associations.

10 The Anti-Communists,  
11 Libertarians, Nationalists, Identify Europa,  
12 which is in a multi-national group.  
13 Southern Nationalists, the National  
14 Associates -- Socialists, excuse me, and the  
15 Alt-Right represented on that particular  
16 poster.

17 And again, there is symbology  
18 here that was a little bit difficult to not  
19 notice. And obviously, the poster on the  
20 right is not from August the 12th, but the  
21 -- some of the similarities did not escape  
22 people's attention for obvious reasons. So  
23 at the same time that the right-wing was  
24 getting interested, the left-wing or Anti-  
25 Fascists were getting interested as well.

1 This group is -- is even harder to pin down.  
2 Began in Europe, has extended to the United  
3 States. Very loosely organized,  
4 particularly through the internet, through  
5 social media.

6 Not a lot of traditional  
7 organization, let me put it that way.  
8 Antifa comes from anti-fascist. Again, it's  
9 difficult -- these descriptions of these  
10 groups break down pretty quickly because  
11 they are not homogenous, particularly on the  
12 left here.

13 They're very different groups  
14 loosely organized or grouped as on the left  
15 with different goals and different  
16 objectives. Some of these groups are very  
17 strongly anti-government and that includes  
18 EMS and Fire.

19 We had some very strange  
20 interactions with people who did not want to  
21 have anything to do with Fire or EMS  
22 providers because they are the government.  
23 Some of these groups advocate violent social  
24 change. This is part of their organization,  
25 part of their objective is change through

1 violent action. Their intelligence from  
2 groups that were working on the pre-panel  
3 plan got quite a bit of information that  
4 these groups were interested in provoking  
5 violence, that that was part of their agenda  
6 to be there.

7 They talked about the Battle  
8 of Berkeley, I don't know if people heard  
9 about this. These were demonstrations in  
10 Berkeley because of a right-wing speaker  
11 that had been invited to speak on campus  
12 that got violent.

13 Resulted in quite a bit of  
14 property damage as well as personal injury,  
15 some stabbings. There was some information  
16 that organizers of those riots -- protests I  
17 guess you should say -- felt that they had  
18 been insufficient and they needed to step  
19 their game up, meaning more violent, more  
20 noticeable to advance their agenda.

21 So that was obviously of  
22 concern. Right-wing Richard Spencer was one  
23 of the figures who was going to attend this.  
24 One of the more recognized spokesmen for the  
25 movement. But there were several other

1 groups that got involved as well, many of  
2 whom I have never heard of. National  
3 Socialists, the Redneck Revolution, various  
4 militia movements.

5 Some of which were primarily  
6 interested in Second Amendment rights.  
7 League of the South, the Proud Boys, the  
8 KKK, Rise Above, Vanguard America,  
9 Traditionalists Workers Party and Fraternal  
10 Order of Alt Knights.

11 All of these people were  
12 engaged to -- to a greater or lesser extent.  
13 There were also several celebrities there,  
14 if you will. Quotes in Italics, that were  
15 -- had radio shows, blogs, things like that  
16 advocating right-wing causes.

17 You get the idea. I mean, you  
18 could spend all day talking about just these  
19 issues on their own. So one of the biggest  
20 questions in planning for this is how much  
21 violent confrontation was going to be sought  
22 or planned. And I -- we really didn't have  
23 an answer for that. It's not something we'd  
24 experienced before. As I'll point out, a  
25 lot of us have mass gathering medicine

1 experience, but then we're typically dealing  
2 with the unexpected. You can argue that  
3 some of that's expected. People are going  
4 to fall down.

5 People are going to have too  
6 much alcohol to drink. But we're typically  
7 not dealing with people who are looking for  
8 violent confrontation.

9 Both sides tried to describe  
10 themselves as not looking for a fight, but  
11 willing to defend themselves physically if  
12 necessary. What does that mean? Don't  
13 know.

14 Another group that we came in  
15 contact with that was new were the street  
16 medics. So historically, this apparently  
17 goes back to anti-war protests in the '60's  
18 and a desire for some people to develop a[n]  
19 on-the-ground first aid response, if you  
20 will, for protestors.

21 There's a lot of media sites  
22 but, again, this seems to be very loosely  
23 organized. The Occupy movement was sort of  
24 the rebirth of the street medics as far as I  
25 can tell. They frequently talk about

1 effects of police violence as being their  
2 focus. They talk about delayed EMS response  
3 in the hot zones. Health effects of riot  
4 control, tear gas, pepper spray, rubber  
5 bullets that the government agencies -- if  
6 you will -- quote, don't understand,  
7 unquote.

8 And they need to be there to  
9 help out. They also talk about activists-  
10 specific injuries. Again, whatever that  
11 means. If you want to research this, there  
12 are some information available on the  
13 internet.

14 Many of these people actually  
15 resist traditional Fire and EMS care. Some  
16 of them were pretty easy to engage with and  
17 talk to, other people would not have a thing  
18 to do with you if you had a uniform on.

19 Because you were part of the  
20 -- the government. They talk about a  
21 20-hour training course, but I can't really  
22 tell what the curriculum is, if you will.  
23 There's suggestions out there about what to  
24 bring, what to carry. And these are some  
25 individuals that were street medics, so you

1 can tell that they were there prepared to be  
2 in the fray. They've got helmets on,  
3 they've got bandanas, they've got eye  
4 protection, goggles ready.

5 Some of them had some pretty  
6 elaborate kits involved, including masks and  
7 things like that. The red duct tape was  
8 kind of universal. That's how they would  
9 identify themselves with a red duct tape  
10 cross.

11 This -- this picture isn't  
12 from Charlottesville, but you get the idea.  
13 Again, some of these folks were pretty  
14 reasonable and -- and easy to interact with  
15 because we tried to do a little bit of, at  
16 the time, you know, just in time -- if you  
17 will -- interface.

18 Some of them would just not  
19 even speak to us. All right. So open carry  
20 challenges, Virginia's an open carry state.  
21 So generally speaking, if you can legally  
22 possess a firearm, you can legally carry it  
23 openly with some local restrictions in some  
24 areas. There are some definitions of what's  
25 an assault weapon, but that, again, is



1 locally determined. That did not apply to  
2 Charlottesville. Concealed carry, so  
3 Virginia is considered a shall issue state  
4 in terms of concealed carry permits.

5           There's some training  
6 required, so we -- open carry, you can see.  
7 We had no idea how to quantitate the number  
8 of concealed weapons legally or illegally  
9 that might be present at this rally.

10           Obviously, a big concern.  
11 Again, it might seem obvious to prohibit  
12 weapons at the rally, but the city did not  
13 feel that they had a legal basis to do that  
14 if people were legally entitled to carry.

15           This is a photograph of one of  
16 the militia groups that came in. And I'll  
17 have some more photographs of that.  
18 Kessler's group also said that they were  
19 going to have their own security, so this  
20 was a conference -- press conference outside  
21 the Charlottesville Police station.

22           And if you see in the back,  
23 there's a motorcycle club behind him. This  
24 happened to be the Warlocks. The Minutemen  
25 and the Wrecking Crew were also supposed to

1 be involved. Interestingly, their national  
2 chapter -- what I understand is -- got in  
3 touch with the local chapter and said, this  
4 ain't our fight.

5 We don't want to see you guys  
6 there. If we see any Warlock patches, we're  
7 pulling them. So that pretty much quieted  
8 down the MC's, so they were not present on  
9 the day of the rally.

10 Three Percenters, group  
11 organized to resist the government. They're  
12 -- they're quite militia-like. The three  
13 percent term comes from the concept that  
14 only three percent of the colonists stood up  
15 against the English in the Revolution.

16 And they fashioned themselves  
17 in -- in that way. Very strong Second  
18 Amendment supporters, so again, lot of open  
19 carry. And these were some of the militia  
20 groups that -- that came by.

21 The Virginia Minutemen  
22 Militia, the Pennsylvania Lightfoot, they  
23 ostensibly said they were there to provide  
24 security and keep the peace. But again,  
25 complete unknown in terms of what they were

1 going to do in the middle of this mess.  
2 There were other groups involved. Black  
3 Lives Matter was very visible, lot of  
4 students, clergy.

5 There were observers from the  
6 ACLU and the Southern Poverty Law Center. A  
7 lot of these people were there for what I  
8 think most of us would think was good  
9 reason.

10 But we just were concerned  
11 about how we were going to provide for  
12 safety for everybody when you got that many  
13 different people very passionate in a very  
14 tight physical area.

15 And again, you know, we're  
16 used to dealing with this. This was LOCKN'  
17 Festival in Nelson County that I've done for  
18 a few years. Bristol Motor Raceway. We do  
19 a lot of mass gathering work, right?

20 But this quickly became clear  
21 that this was a completely different animal.  
22 What we were going to see, hand-to-hand  
23 conflict clearly. Apparently some of these  
24 anarchist groups come in an cache weapons  
25 ahead of time. Things like sticks, bats.

1 For example, a -- a strategy is that you  
2 bring a cooler in. It looks like it's  
3 filled with Coke. It's actually soda cans  
4 that have had the liquid emptied out and  
5 Sakrete put in.

6 And you throw it. They --  
7 they've come in to cities and -- and hidden  
8 objects like that that -- it formally might  
9 not look like anything but trash, but is  
10 actually a weapon that they can use during  
11 the -- the conflict.

12 Chemical agents, pepper spray,  
13 tear gas. Pepper spray is very easy to get.  
14 You can go to Cabella's or any place like  
15 that and buy -- buy your bear repellent  
16 cannister, right?

17 Fire arms, IED's were a worry.  
18 VSP swept the area before people were  
19 supposed to come in. And then vehicles as  
20 we've all learned.

21 Something to think about in  
22 your planning. Could somebody enter that  
23 space packed with people and a vehicle and  
24 drive into a large group. Lot of  
25 pre-planning. Lot of groups involved. If

1 you've been through something like this, you  
2 understand that law enforcement owns this  
3 territory and owns this process to a large  
4 extent.

5 I'm not saying that they were  
6 not receptive to Fire and EMS, that they  
7 weren't good to work with. But they do own  
8 this event to a large extent. So the  
9 initial permit was for the park itself.

10 City management, as we got  
11 closer, tried to change the venue. Move it  
12 from the -- Justice Park to McIntire Park.  
13 Much more open, much farther away from  
14 business and residential areas.

15 The -- Kessler actually got  
16 the ACLU and the Rutherford Institute to  
17 file for an injunction and that was granted.  
18 So a Judge ruled that the permit needed to  
19 -- to be granted as it had been -- or  
20 honored as it had been granted, I should  
21 say.

22 Initially, we thought this was  
23 going to be about 400 people. Estimates  
24 grew pretty quickly to 2000 to 4000.  
25 Another realization was that this was a

1 weekend event for a lot of these people.  
2 They were going to come in on Friday and  
3 stay through the weekend. So it -- it had  
4 the potential to not just be a one-day  
5 event, but maybe a three- or four-day event.

6 Motels, hotels, maybe not so  
7 much. Campgrounds and then private  
8 property. If you had somebody that was  
9 sympathetic, they would simply open up their  
10 farm and allow people to come and camp and  
11 park there.

12 Not -- not controllable. So  
13 our two hospitals, UVA's our Level I trauma  
14 center. ED volume about 70,000, about 600  
15 beds.

16 They increased their bed  
17 capacity by canceling some elective  
18 procedures towards the end of the week, not  
19 accepting so many transfers in.

20 So we had about 20 to 30  
21 moderate to intensive care unit beds  
22 available. They had the capacity to run up  
23 to seven operating room simultaneously the  
24 day of the event. That's a lot of  
25 resources. And then the trauma service and

1 the ED all had extra teams in place for the  
2 full day. They exercised a mass casualty  
3 plan, obviously. Part of that was to move  
4 receiving from the ED entrance to the  
5 hospital lobby if the MCP was invoked.

6 And then we stood up multi-  
7 disciplinary command center that was located  
8 on the Health Sciences Center. Grounds  
9 including a virtual EOC.

10 Interestingly, a lot of the  
11 real time data that's available from a[n]  
12 event like this comes from the participants.  
13 They've got their cameras, they've got all  
14 these devices.

15 If the bandwidth is there,  
16 they are going to constantly stream pictures  
17 of what's going on. And they are truly  
18 embedded in the event.

19 So that was an interesting  
20 realization that there was a lot of real  
21 time information available out there that  
22 you don't necessarily need to provide.  
23 There is also a lot of data available from  
24 law enforcement, Fire and EMS. Martha  
25 Jeff[erson] is our other hospital in town.

1 ED volume's about 50,000, 158 beds. And  
2 they basically doubled their in-house  
3 coverage. Also had an extra general surgeon  
4 and orthopedist and a chest-vascular boarded  
5 surgeon available in the hospital the day  
6 of.

7 We didn't get a lot of buy-in  
8 from the urgent care centers and express  
9 care type places. Most of those actually  
10 shut down for the day that were in the  
11 immediate Charlottesville area.

12 So this is a map to give you a  
13 -- it doesn't reproduce real well on the  
14 screen, but give you an idea. So the park  
15 is in the circle here. UVA's about 1.2  
16 miles west. Martha Jeff's 2.7 miles east.

17 This is the county office  
18 building where we had a -- our staging and  
19 medical treatment area. We'll get back to  
20 that. McIntire Park is another half mile up  
21 this way.

22 The star is the Fourth Street  
23 vehicular crossover for the mall where the  
24 car incident later occurred, just to give  
25 you an idea of scale there. This area was



1 just packed with people and vehicles. So as  
2 you might imagine, getting from one end of  
3 this to the other was a lot more difficult  
4 practically than it looks on a map.

5 They were essentially  
6 disconnected scenes. So this is what we had  
7 at McIntire, we had Fire, EMS, we had a  
8 treatment area.

9 We had a hazmat strike team,  
10 transport strike team and a suppression  
11 strike team from out of the area to augment  
12 the local response. I just wanted to point  
13 out this tent.

14 So we had two mass casualty  
15 tents, one from Martha's, one from UVa.  
16 Same tents, they zip together. We got them  
17 all set up ahead of time. And they were  
18 joined together in the middle.

19 As I'll note a little bit  
20 later, this is the first time I've ever been  
21 involved in a[n] incident where you couldn't  
22 have patients in the same room at the same  
23 time together, which was quite a  
24 realization. So what we ended up doing was  
25 disconnecting these two tents, removing the

1 passageway between and bringing people in  
2 from either end who were not -- I guess  
3 should we say -- politically aligned, let me  
4 put it that way.

5 We didn't have any conflict  
6 here in the tent. As I recall, there was  
7 one fellow we needed to talk to. But it  
8 just took the one talking to.

9 And we did have some grim-  
10 looking State troopers available that were  
11 not going to tolerate any mischief. We did  
12 have a little hazmat station set up here.

13 That ended up being only used  
14 to de-con from pepper spray, wash people  
15 down who'd been pepper -- pepper-sprayed.  
16 All right, you get the idea there. So this  
17 is actually a map of the downtown.

18 Here is the park. One city  
19 block, one acre, divided up into zones. So  
20 Zone 4 was going to be law enforcement,  
21 public service.

22 We had a treatment area set up  
23 about here. These two streets were blocked  
24 off. We had fire extrication teams that  
25 were going to be able to move up and down

1 those streets to bring patients over to our  
2 collection area. VSP's medic unit was stood  
3 up for the day. They were armoured up, had  
4 their medic equipment with them.

5 But they were going to be  
6 willing to go in to the hot zone, if you  
7 will, drag patients out, hand them over to  
8 our extrication teams who would then take  
9 them to our treatment area.

10 The lower right-hand corner or  
11 the southeast corner of the park was the  
12 actual permitted area. The original design  
13 was to keep the -- have the permitted  
14 protestors coming in from southeast to their  
15 area.

16 Try to keep the counter-  
17 protestors in the southwest. And if things  
18 went south, to move them back in that  
19 direction away from one another if needed.

20 Command post was right here in  
21 a bank building that overlooked the park, so  
22 they had good visibility. The blue are  
23 vehicles that were parked there to block  
24 other vehicles from entering that space.  
25 Yeah, you get the idea. All right. So we

1 started out early that morning with our  
2 briefing. One of the points that we tried  
3 to -- to make to people was not look very  
4 law enforcement.

5 So if your uniform included a  
6 badge, take it off. We tended not to wear  
7 blue. We tried to use tee shirts and duty  
8 pants.

9 Again, we wanted to try to  
10 separate the EMS response from the law  
11 enforcement response. No turnout gear, did  
12 that look like armour to somebody to riot  
13 control gear? But you get the idea.

14 People were color-coded, given  
15 their tasks and their tee shirts. We had  
16 three response levels or operating levels.  
17 One, normal operating conditions and that's  
18 how we started the day.

19 We had our Zone 4 treatment  
20 area that I described. For fire fighters,  
21 we were looking at an offensive sort of  
22 approach to this. We were going to go in  
23 and get people, bring them out, take care of  
24 them, etcetera. Level two, we evacuated the  
25 Zone 4 treatment area and moved it to the

1 Cobb, which was a larger better established  
2 treatment area. Walking and extrication  
3 teams would remain at the park. The  
4 transport units to shuttle patients.

5 Move more from -- from normal  
6 ops to a mass cass [sp] plan there. Red  
7 patients directly to the hospital, yellow  
8 and green to the -- that treatment tent I  
9 showed you. Routing remained the same.

10 Level three, all of the Fire  
11 and EMS assets moved down to the office  
12 building. MCI plan remained intact. The  
13 actual park then became law enforcement  
14 domain to settle the situation down.

15 Cobb then would be secured by  
16 Charlottesville Police and VSP units. So  
17 the evening before, we had the torch rally  
18 on the grounds. And that caught both the  
19 University and the city by surprise.

20 Again, it was organized by  
21 word of mouth and on the internet, social  
22 media. Really shook people up. So this was  
23 the scene down by the rotunda at UVa the  
24 evening before. That's a lot of people.  
25 And the torch symbology, again, is -- is not

1 lost on people. So that made people, again,  
2 wonder about what we were going to confront  
3 the next day. Scheduled to begin about 1100  
4 hours permitted time, but people started  
5 arriving a good deal earlier.

6 And this is what it started to  
7 look like. So this is that southeast  
8 approach to the park. You can see how this  
9 looked.

10 A lot of different groups,  
11 protestors marching in the middle, a lot of  
12 counter-protestors along the side of the  
13 road. You get the idea. I can't even begin  
14 to describe what all these different signs  
15 and banners mean.

16 Never seen them before. This  
17 is what it actually looked like in the park.  
18 Again, very dense. I just want to point out  
19 that, I mean, people showed up here quite  
20 ready for confrontation.

21 Helmets, gear, things that --  
22 that really broadcasts that they were  
23 looking for a fight. And this is where most  
24 of the skirmishing occurred. So you've got  
25 counter-protestors lining the road.

1 Protestors coming in. Lot of fights broke  
2 out. So we saw a lot of injuries from this  
3 sort of interaction. You take your flag,  
4 you take the flag off of it, now it's a -- a  
5 baton or a stick that you can hit people  
6 with.

7 People had clubs, that sort of  
8 thing. Get the idea. So that was where  
9 most of our injuries came from. Here's some  
10 of our militia fellows. They're fully  
11 armed, sort of in combat gear.

12 That was confusing for people.  
13 So you see people show up with -- in  
14 fatigues with insignia, a little bit  
15 difficult to tell what it is. And a  
16 M4-style AR over their shoulder.

17 Who are they? Are they law  
18 enforcement? Are they National Guard? What  
19 are they? So I like the -- the picture of  
20 this guy. So this is one of the protestors.

21 He's got a helmet on, he's  
22 covered with armour -- mainly motorcycle  
23 motocross gear I think is where you get most  
24 of this stuff online. But he's even got his  
25 GoPro camera on his helmet. Yeah. I mean,

1 he is ready to go. And this is what he  
2 looked like later in the day. Yeah. And  
3 one of the points I'll make is that there  
4 was a really strong feeling on both sides  
5 that people wanted to be there and get the  
6 merit badge.

7 They wanted to say, you know,  
8 I was there. I was in the fray. I was  
9 there representing my point of view, you  
10 know.

11 The first few people that I  
12 saw -- about six or eight people at that  
13 Zone 4 treatment area had facial lacerations  
14 from getting hit with things. None of those  
15 people wanted to be transported.

16 They all wanted to get cleaned  
17 up, bandaged and go back out into the fray.  
18 A little surprising. Also interestingly,  
19 out of that first six or eight, none of them  
20 were from Charlottesville.

21 They were all from outside the  
22 area. Yeah. So at 11:28, the governor  
23 declares a state of emergency in  
24 Charlottesville. What that enabled him to  
25 do was call out the National Guard. The



1 National Guard was not there for security at  
2 the park. They were there to prevent  
3 property damage, looting on the pedestrian  
4 mall and south. All right? So what you do  
5 is you see them lined up across the mall  
6 here, if you've been to Charlottesville.

7 My recollection is that this  
8 was a company of MP's who had been brought  
9 in for this, so they were trained in law  
10 enforcement, crowd control tactics and were  
11 equipped for the same.

12 I don't think that there were  
13 any significant interactions between the  
14 crowd and the -- and the National Guard. At  
15 11:32, the assembly was declared unlawful.

16 We went from Response One to  
17 Response Three, Fire and EMS evacuated the  
18 park. And that became law enforcement  
19 territory. They tried to get the permitted  
20 protestors to move to McIntire Park by foot,  
21 which by and large they did.

22 And this is another view of  
23 these militia groups walking down the  
24 street. Ended up not being much of an  
25 issue, but you can see why everybody had

1 questions about this. This sort of a sight  
2 gets people's attention if you don't know  
3 who they are, where they're going and why  
4 they're going to be there.

5 So another picture -- so there  
6 was a lot of things thrown. There was a lot  
7 of pepper spray being used, lot of signs and  
8 things used as clubs. I heard about  
9 incendiaries being used.

10 And it looks like this is what  
11 they were. So this is an aerosol can. We  
12 all did this as -- well, my brothers and I  
13 did this as kids.

14 You know, you spray it, you  
15 light it off, pre-made blow torch, right?  
16 So this counter-protestor is pointed at him.  
17 This picture is important because there was  
18 only one shot fired at the rally.

19 You know, so lucky, so glad  
20 about that. If you look in the back,  
21 there's that plume of fire that we see in  
22 the foreground. This was a fellow from, I  
23 believe, Maryland who was carrying a  
24 handgun. Drew it to, in his words, protect  
25 these folks. And if you look at the video

1           which is available on -- on You Tube, aimed  
2           and raised the gun several times. Finally  
3           lowered it and discharged a round into the  
4           sidewalk.

5                         They were able to identify  
6           these people from the videos and both have  
7           been arrested later. But this is as close  
8           as we came to somebody getting hit with  
9           rounds from a gun.

10                        If he had actually shot that  
11           fellow, I don't know what would've happened  
12           next. Yeah, it was that sort of out of  
13           control. Things started to sort of quiet  
14           down and then we got this call at 1340 that  
15           there was a -- a car into a crowd of people.

16                        This was that pedestrian  
17           crossover that I showed. Again, this is  
18           open source material that I've gotten from  
19           the internet and from the news  
20           organizations.

21                        This car is speeding down the  
22           crossover. Here's a view when it actually  
23           impacts the crowd. I think luckily, these  
24           two cars were on the street, not able to  
25           move because of the crowd and they stopped

1 him. If he had been able to continue to  
2 drive, I think we would've seen something  
3 more like New York City, Barcelona,  
4 etcetera. He then backed up.

5 This was the -- the picture  
6 that you saw on the major news feeds, I  
7 think, taken by a photographer from  
8 Charlottesville. Pretty dramatic stuff.

9 And this is what we were  
10 dealing with afterwards. So we had people  
11 on scene within a minute or two. That --  
12 that wasn't an issue. But it's interesting  
13 to look at the mix here.

14 Here you've got a street medic  
15 who's helping out. Street medic, you've got  
16 VSP tactical medics. You've got  
17 Charlottesville Fire as well. And -- and  
18 these people worked pretty well together in  
19 the end.

20 We did realize, however,  
21 part way through this, that there were  
22 street medics who were actually concealing  
23 patients from organized Fire and EMS. They  
24 were hiding behind banners and things like  
25 that. It ended up being settled amicably, I

1 guess. But there were some people who were  
2 really dedicated, if you will, to not  
3 interacting with government even if you were  
4 Fire and EMS providers.

5 Here you see CPR going on.  
6 This is the lady who died as a result of her  
7 injuries there, Heather Heyer. By this  
8 time, we've got security from VSP.

9 So it -- it was interesting  
10 that the firefighters on scene. So you've  
11 gone into MCI mode. You're using your start  
12 triage. What do you do to somebody who's a  
13 victim of traumatic cardiac arrest in that  
14 situation?

15 Well, they get black-tagged,  
16 right? So the fire captain who was running  
17 that group there, I think, made a very good  
18 decision to continue to work that code.

19 Transport her and get her off  
20 the scene first, as quickly as possible. So  
21 the crowd there was growing exponentially  
22 and he felt that if they had stopped  
23 resuscitative efforts, black-tagged her or  
24 put a sheet over her that things would've  
25 just gotten totally out of hand. I think

1 that was a really good call. They were able  
2 to clear the scene completely of casualties  
3 in about 20 minutes, which I think was  
4 really strong work.

5 Because of physical  
6 constraints in getting those people from  
7 that scene to our treatment facility at Cobb  
8 McIntire, cars, people -- we actually moved  
9 them both directions away.

10 We moved into UVa and Martha  
11 Jefferson for treatment. I think that  
12 worked out all right. So UVa got two  
13 transports the night before.

14 26 total event related, 20 of  
15 those were from the vehicular accident  
16 including one fatality. 14 came by  
17 ambulance, the balance were self-  
18 transported.

19 There were a lot of self-  
20 transported patients that just never got  
21 seen in our area. Where they went, I don't  
22 know. They -- they leave your triage system  
23 once -- once they leave the area. So I -- I  
24 think they got taken care of. Where and how  
25 and when, I can't tell you. There were 10

1 admissions to the trauma and orthopedic  
2 service. Martha's got 15 total. Again, 11  
3 were from the vehicular accident, 10 by  
4 ambulance, the balance were self-  
5 transported. No admissions.

6 There was one transfer to UVa  
7 for a small subdural hematoma. Treated  
8 conservatively. So again, right when we  
9 thought things were quieting down, we got a  
10 call that there was a helicopter crash.

11 That seemed a bit surreal. So  
12 VSP had two aircraft in the air that were  
13 rotating, providing some visual intelligence  
14 and recording from the air.

15 Which in a very tight suburban  
16 and urban neighborhood like that is really,  
17 really helpful. Governor had come to  
18 Charlottesville by ground and the  
19 helicopters helped to cover the motorcade as  
20 it came in.

21 And these were some pictures  
22 from the scene. And -- and people know the  
23 -- the outcome of that. So what was our  
24 greatest worry? Well, weapons.  
25 Unfortunately, this became the fact in Las

1 Vegas. That was our worst worry was a Las  
2 Vegas-style shooting event. And it didn't  
3 materialize in Charlottesville. But that  
4 was what we sort of geared up for in our  
5 planning.

6 There were a lot of weapons in  
7 the downtown area. Lot of weapons. What  
8 would it take for one of those people to  
9 lose control and just start a cascade that  
10 could quickly -- I mean, it turn into a  
11 pitch battle in downtown Charlottesville.

12 Yeah. We don't have an answer  
13 for that. But I don't think we were far  
14 from that, you know. Yeah. This is what we  
15 were afraid of. So law enforcement owns the  
16 situation.

17 Again, that -- that's not to  
18 say that they were difficult to work with or  
19 -- or anything but professional and -- and  
20 collaborative. But they do own that space.

21 And public perceptions are  
22 going to be largely formed by the law  
23 enforcement experience. And we're still  
24 dealing with that in Charlottesville. As I  
25 said, it's good to be the Fire chief. Yeah.



1 Andrew agrees, Andrew Baxter. Yeah. And I  
2 think that separating the Fire and Rescue  
3 identity from the law enforcement identity  
4 was very important in your boots on the  
5 ground response and your interaction with  
6 protestors and counter-protestors.

7 We need to be seen as the  
8 rescuers, not part of the law enforcement  
9 response. There was a lot of self-  
10 transport. There were a lot of people that  
11 escaped our triage net.

12 It's not that I don't think  
13 they got cared for. I think they did. But  
14 where and when and how, I don't know. It  
15 would've been nice if we could've better  
16 incorporated our urgent care -- not free-  
17 standing ED's, but our urgent care resources  
18 in town -- to deal with minor lacerations,  
19 cuts, scrapes, etcetera.

20 Again, rally organizers,  
21 attendees may be prepared for conflict but  
22 there may be some people who are there to  
23 actively seek it. The street medics were a  
24 bit of an eye opener. We've not ever dealt  
25 with that before. And be prepared for that.

1 Try to engage them if you can. We were  
2 moderately successful I would say with that.  
3 Just walking around, you know, in -- in the  
4 area and talking to people who would talk to  
5 us.

6 And the folks that interacted  
7 with us were very cooperative. They were  
8 going to be happy to work with us. Say  
9 look, we got an extrication team.

10 If you see somebody who's  
11 hurt, get them to those guys in the red tee  
12 shirts with the red helmets on. And we'll  
13 -- we'll take care of them.

14 The only kind of concern we  
15 heard from the hospital was that once you go  
16 into mass cass mode -- red, yellow, green,  
17 black -- doesn't mesh with our in-hospital  
18 alpha, beta, gamma trauma response.

19 Particularly if you've got  
20 other responders, you've got a  
21 transportation task force. You've got a  
22 suppression task force. They're going to  
23 have to find some common ground and at the  
24 current time, that's going to be start or  
25 jumpstart or assault, which is red, yellow,

1 green, black. Not alpha, beta, gamma trauma  
2 alerts. Not sure that we have a complete  
3 answer for that.

4 I -- I think that the -- the  
5 easiest way to solve that issue is modify  
6 your in-house response, not try to modify  
7 the out of house response for all the  
8 different providers that you're dealing  
9 with.

10 Be prepared to have patients  
11 who you can't put in the same room together  
12 at the same time. Keep that in mind. So  
13 this is what we dealt with afterwards. That  
14 was our newspaper the next day.

15 Lot of concerns about the  
16 image of the city and the -- and the  
17 community that are still going on. I went  
18 to a graduate medical education, GME,  
19 meeting a couple weeks later.

20 And people were very concerned  
21 about how this was going to make  
22 Charlottesville look to potential students,  
23 residents, faculty, you know. We weren't --  
24 in the first couple of slides, it's --  
25 people aren't going to see us as the quiet

1 little college town with autumn leaves and  
2 -- and that sort of stuff any more. I  
3 noticed on the news now people no longer say  
4 Charlottesville, Virginia.

5 They just refer to  
6 Charlottesville on the talk shows and -- and  
7 the news reports, right? So this is what  
8 happened. We made everybody take a little  
9 time out in the afternoon for recovery.

10 So this is what -- if you have  
11 GenWires [sp] and smart phones, this is  
12 recovery. Right? I mean, they couldn't  
13 have posed that any better, right?

14 So this was a couple days  
15 later, this fellow showed up to try to do  
16 his own little protest. I almost feel sorry  
17 for the guy. So there were police officers  
18 there monitoring this situation.

19 And he finally turned to one  
20 of the officers and said, can I go now?  
21 They said, yeah. Come on with us. And  
22 that's what Lee Park looks like now. So  
23 they've got this tarp over the statue and  
24 still dealing with all of these issues  
25 related to the rally. And legal challenges

1 about the statues in the park and -- and  
2 what to do with it. All right. I hope that  
3 was interesting. If you're confronted with  
4 something like this in the future, I hope  
5 that, yeah, it gave you a few ideas.

6  
7 BOARD MEMBER: What was your  
8 rationale for moving your entry point in the  
9 hospital from the front -- you know, from  
10 the ER entrance to the front of the  
11 hospital?

12  
13 DR. LINDBECK: So -- so that was  
14 only for MCI. The -- all right, we're  
15 currently building our new emergency  
16 department. So as Val will tell you, that  
17 area is really tight right now.

18 The access is difficult. So  
19 the idea was -- we have a nice big loop at  
20 the main entrance of the hospital. So the  
21 idea was for traffic flow, to use that  
22 rather than try to get people into this  
23 relatively confined area because of  
24 construction. Yeah. And I think that  
25 worked pretty well. Yeah. Yeah, we had a

1 lot of time to plan for this and that was a  
2 blessing, that we had three weeks. There --  
3 there were -- there were more after action  
4 reports than I can name.

5 I also learned some new terms  
6 like hotwash. New -- new term for me. But  
7 that's somebody variate [phonetic] on the  
8 after action. Yeah.

9 And lost my train of thought  
10 there. Anyway, lots of -- lots of review of  
11 this thing. Yeah. All right, thank you.

12  
13 MR. CRITZER: Dr. Aboutanos.

14  
15 DR. ABOUTANOS: Yeah. That was  
16 really great when we prepared for our rally,  
17 we actually learned a lot from what happened  
18 in Charlottesville, to figure out how we  
19 should respond better.

20 And you mentioned couple of  
21 things that were important with regard to  
22 this could've escalated to something totally  
23 different, for which EMS would've been  
24 overwhelmed. How does this fit, especially  
25 for us here in Virginia, with regard to the

1 Stop the Bleed campaign and the involvement  
2 of the local people to be able to stop kind  
3 of minor bleeding as far as what is the  
4 agenda?

5 What is the responsibility of  
6 every council with regard to be involved  
7 with national campaign?  
8

9 DR. LINDBECK: So what Michael's  
10 referring to is the B-CON, bleeding control.  
11 American College of Surgeons, National  
12 Association of EMT's, right, I think are the  
13 primary groups with that.

14 It's a program that's targeted  
15 at primarily at non-trained providers, law  
16 enforcement, the lay public in how to deal  
17 with exsanguinating hemorrhage. And we have  
18 started working on that locally.

19 Particularly with our law  
20 enforcement colleagues and also just try to  
21 get that out into the community. But you're  
22 right. If we -- if you run into a Las  
23 Vegas-style situation, that's going to be  
24 important. Yeah. Oh, the thought I had  
25 that I lost very quickly was that we had

1           some people at the University say after this  
2           big presentation, well, we need to -- to  
3           make it part of our daily work flow that we  
4           can deal with this situation with zero  
5           planning.

6                           And we just say, no, that's  
7           not -- that's not going to happen. If -- if  
8           it happens without any warning at all, I  
9           think we could do a pretty good job of it.  
10          But it's not going to look nearly this  
11          pretty. It's going to be kind of messy.

12  
13                           DR. ABOUTANOS: What -- what I was  
14          referring to was that what is really our  
15          goal right now with regard -- with regard to  
16          this, you know. We think of ourselves as  
17          responders.

18                           And the situation escalates,  
19          would the limiting -- you know, adding  
20          potential helpers. And therefore, can be --  
21          should be part of our agenda to also be the  
22          educators, the trainers.

23                           And really, it's not just the  
24          American College of Surgeons, the White  
25          House campaign --



1 DR. LINDBECK: Mm-hmm.

2  
3 DR. ABOUTANOS: -- as you know.

4 And so to -- I would really love to see what  
5 -- what is going to be our response here.  
6 And maybe even take that to the Commissioner  
7 with regard to what is the responsibility  
8 that's going to come out of EMS to be  
9 involved as an entire state in this  
10 campaign.

11 Because we were not -- we're  
12 not -- we were lucky. We're not capable to  
13 respond to this if -- if it really  
14 escalates. Like you said, what would've  
15 happened if that -- if that patient -- that  
16 person got shot.

17 And then everybody else had a  
18 gun, that would've been a totally different  
19 situation.

20  
21 DR. LINDBECK: Yeah, I mean, I -- I  
22 would just say I know the governor has  
23 pulled together a group organized really  
24 around VDEM and the VSP and some of the  
25 other law enforcement. And then EMS and

1 emergency -- Office of Emergency  
2 Preparedness and VDH is involved in that.  
3 DBHDS for the behavioral component. They're  
4 sort of in the midst of working on it now.

5 But I would expect, coming out  
6 of that group, a change in policy around  
7 handling civil disturbances and that sort of  
8 thing. If that's kind of what you were  
9 wondering.

10 I don't know the time line on  
11 that response, but certainly guidance that  
12 would impact the role of -- of the medical  
13 side of the house, I think, would be part of  
14 that -- that new policy.

15  
16 MR. CRITZER: Thank you very much,  
17 Dr. Lindbeck. Appreciate that great  
18 presentation. We've been at it about an  
19 hour and 20 minutes. Let's take about a  
20 10-minute break.

21  
22 (The EMS Advisory Board meeting went off the  
23 record at 2:14 p.m., and resumed at 2:37 p.m., and  
24 the Board's agenda resumed as follows:)

25

1 MR. CRITZER: Okay. We'll go ahead  
2 and move on to committee reports. The first  
3 committee report is from the Executive  
4 Committee. We will be having our work  
5 session at some point in December to bring  
6 the new members of the Executive Committee  
7 in and start working on several items.

8 That meeting will be  
9 announced. It will be open for anyone who  
10 wants to attend. I did mention that some of  
11 the work that I had done, attended the Board  
12 of Health meeting.

13 We also had a regulation and  
14 policy work session on October 25th in  
15 Waynesboro. Almost all day work session  
16 reviewing the draft regulations. And you'll  
17 hear more about that later in the meeting.

18 With that, we'll move on to  
19 Financial Assistance Review Committee.  
20 Amanda, or is there anybody else that would  
21 like to present that?

22  
23 MS. DAVIS: FARC doesn't meet until  
24 tomorrow at 1:00 o'clock and we have no  
25 action items. However, I just wanted to

1 bring a few things to your attention. The  
2 grant cycle for fall closed on September  
3 15th and the Office received 111 grants  
4 requesting \$10.7M.

5 We also closed on the initial  
6 EMS certification special initiative cycle.  
7 That was closed on August 11th and we funded  
8 31 agencies for approximately \$909,000.00.

9 We also had a nasal naloxone  
10 that Dr. Melton talked about earlier. And  
11 that closed on September 29th. And the  
12 Office ended up funding 47 agencies for 1600  
13 kits.

14 We have also reopened that  
15 cycle and it will be extended until February  
16 29th of 2018. So if you have not had a  
17 chance to apply, please go into E-Gift and  
18 apply for that. And that is all. Does  
19 anyone have any questions? Thank you.

20  
21 MR. CRITZER: Thank you very much.  
22 Rules and Regulations Committee,  
23 Mr. Henschel.

24  
25 MR. HENSCHEL: The Rules and

1 Regulations Committee held a workshop on  
2 October 25th, as you just mentioned. We did  
3 make a lot of progress on the current  
4 document, making a few minor changes  
5 throughout.

6 We do have a few outstanding  
7 items that we continue to review. And we  
8 will be meeting again end of February to try  
9 to finalize some of those items.

10 We did establish a committee  
11 within our committee to take a look at some  
12 of the language that needs to coincide with  
13 REPLICA.

14 So we're going to continue  
15 working with that process. And that's all I  
16 have at this point.

17  
18 MR. CRITZER: Thank you, sir.  
19 Legislative and Planning, Mr. Parker.

20  
21 MR. PARKER: The Legislative and  
22 Planning subcommittee met this morning.  
23 There are no action items to be brought  
24 before the Advisory Board today. And many  
25 of the same reports we received you've

1 already heard or can be found in the green  
2 book. And our next meeting is on February  
3 2nd.

4  
5 MR. CRITZER: Thank you, sir.  
6 Transportation Committee, Mr. Decker.

7  
8 MR. DECKER: Thank you,  
9 Mr. Chairman. The Transportation Committee  
10 met on October 23rd with the primary duty to  
11 review the ambulance requests for rescue  
12 squad assistance fund grants.

13 And we had 43 grants, which is  
14 the most we've had since I've been on that  
15 committee this time. We are -- we are also  
16 monitoring the national efforts to create  
17 ambulance specifications for new and  
18 remounted ambulances.

19 And I would be remiss if I did  
20 not thank Michael Berg for all of his  
21 assistance to the Transportation Committee.  
22 He -- he brought a huge wealth of knowledge  
23 for EMS systems, vehicles, vehicle  
24 specifications, rules, regulations, policies  
25 and generally telling me what I can and can

1 not do. And so, yeah. So -- so having him  
2 on that committee staff, I was very annoyed  
3 -- I mean, invaluable to the success of --  
4 of that committee.

5 And I fully expect to appoint  
6 him to the next open spot on that committee  
7 as payback, whether he likes it or not.  
8 Thank you.

9  
10 MR. CRITZER: Thank you, sir.  
11 Communications Committee. We'll be meeting  
12 tomorrow. The time and location is  
13 available in the -- in the Symposium packet.

14 I'll -- after today's  
15 elections, Mr. Korman will be chairing that  
16 committee. So all the best. Thank you.  
17 Emergency Management Committee. Is anyone  
18 -- Karen, somebody?

19  
20 MS. PARKER: I'm not Karen, sorry.  
21 So the EMS Emergency Management Committee  
22 met this morning here at the Marriott. We  
23 have no action items, but we do have two  
24 informational items that we want to discuss.  
25 The Committee discussed the possibility of

1 collecting data on the status of the  
2 Commonwealth's EMS agencies' preparations  
3 for responding to mass casualty incidents,  
4 mass gatherings and disasters.

5 We also received a report from  
6 our continued efforts to obtain information  
7 on curriculum guidance from the federal  
8 implementation of SALT triage. Thanks.

9  
10 MR. CRITZER: Thank you very much.  
11 Training and Certification, Mr. Passmore.

12  
13 MR. PASSMORE: There are no action  
14 items for the Training and Certification  
15 Committee, Workforce Development or Provider  
16 Health and Safety. And I'll yield to those  
17 committee chairs to report on their  
18 respective activities.

19 The TCC meeting for October  
20 was cancelled due to a lack of agenda items.  
21 All the minutes from prior meetings were  
22 posted on the web site and our next Training  
23 and Certification Committee meeting is  
24 January 3rd at -- 2018 at 10:30.

25



1 MR. CRITZER: Thank you very much.  
2 Workforce Development, Mr. Salazar.

3  
4 MR. SALAZAR: Yeah. Workforce  
5 Development Committee has no action items.  
6 Our next meeting is Friday morning.  
7 Currently, the EMS Officer One Pilot Program  
8 is going on as we speak with 17  
9 participants.

10 And we hope to get feedback  
11 from that and continue to tweak the program  
12 and hopefully be ready for release soon.  
13 The Standard of Excellence continue to move  
14 forward.

15 I have a couple agencies that  
16 are coming forward for the Standard of  
17 Excellence program. We continue to  
18 encourage those to apply. There's  
19 information on the web site for that.

20 And the recruitment retention  
21 network, they'll be meeting again on Friday  
22 evening to try to get some more momentum and  
23 people involved in that. So if you're  
24 available to attend, please do so. That's  
25 all I have.

1 MR. CRITZER: Thank you, sir.  
2 Provider Health and Safety, Mr. Wildman.

3  
4 MR. WILDMAN: Provider Health and  
5 Safety does not have a report as we have not  
6 met since our last meeting. But we'll have  
7 a report updated at our next meeting.

8  
9 MR. CRITZER: Thank you, sir.  
10 Medical Direction Committee.

11  
12 DR. LINDBECK: Medical Direction  
13 Committee cancelled the last meeting due to  
14 -- meeting due to lack of agenda items. We  
15 have no action item, no report.

16  
17 MR. CRITZER: Thank you, sir.  
18 Medevac Committee.

19  
20 MR. PERKINS: Sorry. I have to  
21 give the report because we're in -- the  
22 chair -- the committee chair limbo. The  
23 committee met this morning. They don't have  
24 any action items. Gary briefed the Advisory  
25 Board on House Bill 1728. And we meet again

1 on the 1st of February with one of these two  
2 Jason Fergusons, I can't remember which.

3  
4 MR. CRITZER: Thank you, sir.  
5 Trauma System Oversight and Management,  
6 Dr. Aboutanos.

7  
8 DR. ABOUTANOS: TSMC met on  
9 September 7. We don't have any action  
10 items. We're just -- quick report. We're  
11 -- the seven groups are continuing to meet  
12 on each part of the trauma system.

13 We should have at least a  
14 first draft -- the aim for it to be looked  
15 at in December. This is a huge  
16 accomplishment to get to that level. Our  
17 hope is to have a final draft by March to be  
18 -- to be presented.

19 On a specific -- we thank Tim  
20 Erskine and Cam for their incredible help in  
21 putting that document together already. So  
22 that's been a huge help from the Office of  
23 EMS. And I want to thank them for that  
24 specifically. The -- the other thing that  
25 was discussed heavily that TSMC is the

1 stability of the trauma fund and where are  
2 we with that. That's the biggest worry now  
3 with regard to the trauma center and -- and  
4 we're -- that's still a work in progress  
5 with regard to the -- the future of the  
6 trauma fund and its ability to support all  
7 the trauma centers and their work.

8 And last was the incredible  
9 work that's done by the Trauma Performance  
10 Improvement Committee. That report is in  
11 the quarterly report here.

12 And the decision was made to  
13 start providing from now quarterly report on  
14 EMS data, especially with regard to triage  
15 data. And I want to thank Dwight Crews for  
16 his incredible help along with Dr. Calland  
17 for -- for those efforts.

18 And you can read the report --  
19 the main aspect, I think, just by providing  
20 the report, you can have significant  
21 improvement in -- in quality now that --  
22 when you look at the data, the data help you  
23 have a self-reflection of how you can  
24 improve. One aspect is when we presented  
25 the -- the report last year, we had about

1 44% of trauma patients that have met Level I  
2 criteria and were taken to a non-trauma  
3 centers. And simply by giving the report  
4 and having everyone locally act on it, we're  
5 up to 55%.

6 That's a significant  
7 improvement. So we hope that this continual  
8 feedback will make -- will make a difference  
9 for this.

10 Once we work on, as you  
11 mentioned, integrating the pre-hospital data  
12 with the hospital data, I think that would  
13 -- that would be a game changer for the  
14 State.

15 So that -- not only are you  
16 looking at the quality implement from the  
17 pre-hospital, but also the hospital. And  
18 how does that -- how does that mesh when you  
19 look at outcome. So that -- hopefully, that  
20 will be coming. And that's all we have.

21  
22 MR. CRITZER: Thank you very much.  
23 EMS for Children, Dr. Bartle.

24  
25 DR. BARTLE: We last met on October

1 5th. We have no action items. Areas that  
2 we're working actually in are with various  
3 groups on trying to get us pediatric-  
4 specific measures for various disaster  
5 plans.

6 This including the Office of  
7 Emergency Preparedness, Virginia Sheltering  
8 Plans and various regional hospitals to get  
9 them prepared for, you know, any pediatric  
10 issues.

11 Other areas that we're working  
12 on is we're actively seeking speakers for  
13 next year's Symposium on pediatric-specific  
14 topics to be included.

15 And the last area has been  
16 partnerships with various organizations for  
17 how to get our grants. And basically  
18 distribute some of the grant money that is  
19 offered through EMSC.

20 And the last thing would be  
21 the, you know, the layer that was approved  
22 last meeting to submit for, you know,  
23 fighting against the budget cutting of EMSC  
24 has been done.

25

1 MR. CRITZER: Very good. Thank  
2 you, sir. Regional Council Executive  
3 Directors. Mr. Chandler.  
4

5 MR. CHANDLER: Thank you. We will  
6 meet next again on December 7th, the same  
7 day as FARC meets. So we have no -- nothing  
8 to report today. I would like to introduce  
9 a new regional executive director, Ed  
10 Moreland.

11 Ed was over here. Stand up,  
12 say hello. Ed is the new Executive Director  
13 for the Central Shenandoah EMS Council.  
14

15 MR. CRITZER: Now is the  
16 opportunity for public comment. If anyone  
17 wants to make any comment, you'll be limited  
18 to three minutes, following the VDH public  
19 speaking guidelines.

20 We would ask that you come to  
21 either of the two microphones and identify  
22 yourself and the topic that you're  
23 addressing with the Board. Understanding  
24 that we receive the comment, we're not here  
25 to make any response or answer any

1 questions. It'll be simply to receive your  
2 comments. Anyone have any comments for the  
3 Board? Going once, twice. Okay, thank you  
4 very much.

5 The next is unfinished  
6 business. We have no unfinished business on  
7 the agenda. So we'll move to new business.  
8 Is there any new business from the Board?  
9 Quiet bunch.

10 Okay. With that, that brings  
11 us to the adjournment. Thank you very much  
12 and enjoy Symposium.

13  
14 (The EMS Advisory Board meeting concluded at  
15 2:47 p.m.)  
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CERTIFICATE OF THE COURT REPORTER

I, Debroah Carter, hereby certify that I was the Court Reporter at the Board meeting of the STATE EMS ADVISORY BOARD, heard in Norfolk, Virginia, on November 8th, 2017, at the time of the Board meeting herein.

I further certify that the foregoing transcript is a true and accurate record of the testimony and other incidents of the Board meeting herein.

Given under my hand this 14th of November, 2017.



Debroah Carter, CMRS, CCR  
Virginia Certified  
Court Reporter

My certification expires June 30, 2018.

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