

# Alexandria Fire Department

## Organizational Assessment Report



By

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Now: Fire above all  
Future: EMS, Fire together/equal

anonymous

## Prologue

Charles Dickens' *Tale of Two Cities* was about the clash of old and new portrayed in the heat of a revolution that changed French society forever. The side-by-side word clouds on the cover page of this report represent a symbolic clash of seemingly two cultures comprised of positive and negative forces within the Alexandria Fire Department, absent the guillotine. It is a clash of values, beliefs, and hope for the future. Read on ...

## Table of Contents

Acknowledgments	4
Executive Summary	5
Section I: Overview	10
A. Introduction	10
Section II: Summary of Survey Results	12
A. Methodology	12
B. Who Participated	12
C. What did They Say	13
Q1: What are 2 - 3 things the department does well?	14
Q2: What are 2 – 3 areas in which the department can improve?	19
Q3: What are the obstacles and/or challenges to improving these areas?	29
Q4: What are your recommendations for addressing these issues?	30
Q5: How can you help?	32
Q6: Who is someone that inspires you? What qualities do they demonstrate	33
Q7: Identify 2 – 3 words that characterize your department’s culture?	34
Section III: Analysis and Recommendations	36
A. Analysis	36
B. Recommendations	43
Addendum Report	59

## Acknowledgements

Courage is a limited commodity. When things go wrong, it is common to avoid an exploration of the facts and conditions that contributed to the situation. Most of us ignore the matter, hoping it will go away or self-correct. City and Alexandria Fire Department (AFD) leaders have done the opposite. They have commissioned an effort to solicit employee feedback in order to better understand the underlying conditions that contribute to unrest in the Department. With courage, an honest assessment of the work environment has been assured to explore employee attitudes, to detail what is not working, to understand obstacles, and to assess what is needed to move forward. As Teddy Roosevelt said, "In any moment of decision making, the best thing you can do is the right thing. The worst you can do is nothing."

Many thanks to the following people for their indispensable assistance with logistics and related tasks during the assessment process.

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## Executive Summary

Founded in 1774 as a volunteer organization and achieving paid status in 1866, the Alexandria Fire Department (AFD) has stood strong during a very challenging period of national and world events. Undoubtedly, along the way it had significant internal challenges coping with changes in technology, its workforce demographics, multitudinous different leadership styles and priorities. Foremost, it never, ever lost its focus to serve the public.

This report represents a courageous, transparent initiative by city management and the Department. One hundred fifty-one (151) individuals, including one hundred forty-one (141) employees, participated in direct interviews and an online survey. Responding to seven (7) questions, they provided input on department success, areas of improvement, persistent obstacles, recommendations, organizational culture, and how they can help. Here is a paraphrased summary of what they said ...

Q1: What are 2 - 3 things the department does well?

The public has high regard for the services provided by this core of dedicated providers. Medical services benefit from strong, competent direction. A “We fix it” attitude is pervasive. Past leaders made important decisions over the years that advanced safety practices, staffing on apparatus, and significant improvement in suppression skills. Operational crews compare very well to their regional counterparts.

Recruitment has risen to the challenge to fill a massive hole caused by retirements with bright, motivated personnel. Training has prepared them for duty while initiating a new officers academy has drawn rave reviews.

Uniformed and non-uniformed department employees, “do a lot with a little.” This is true for all divisions: operations, prevention, community education, and administration. There are outstanding examples of role modeling across the organization by officers and senior members who create positive work environments and a team spirit invested in helping everyone be successful. Mid-level managers and supervisors are credited with stabilizing the organization during frequent leadership changes.

Many acknowledge the excellent equipment, from personal gear to apparatus, that city funds buy. A few stated being well paid despite compensation competition with neighboring jurisdictions.

Q2: What are 2 – 3 areas in which the department can improve?

Operations is plagued by inconsistencies, acceptance of average performance, a deep division between suppression and EMS, a perceived imbalance of resources and equipment replacement cycle that favors suppression, and significant staffing issues due to lack of personnel. Recruited talent often defects to neighboring jurisdictions for better pay, schedule, and benefits, while some question whether a few are qualified to be retained. New recruits are challenged to learn both firefighter and medic skills and may struggle or thrive depending on their field assignment. Inappropriate and negative behavior across officer ranks rarely results in remedial action, and subjected crew members are fearful of retaliation if a transfer request is made. Divisive behavior and interpersonal inconsistencies undermine the brotherhood/sisterhood bond. Staffing holdovers take a toll on morale creating an increase in mental health concerns about member stress and anxiety.

Perceptions of racism, sexism, and favoritism undercut trust in department processes including assignment, resource distribution, discipline, and promotion. Women fight a conservative mindset that has not yet disappeared. Conflict and related conditions fester until they become serious.

There is a lack of intellectual honesty when considering the appropriate use of department resources and alternative systems. The performance evaluation process lacks substance. Discipline is viewed as inconsistent, arbitrary, and influenced by double standards and favoritism. Personal discipline and accountability are lacking as some employees avoid responsibility for individual mistakes and some abuse sick leave.

Member input appears ignored and decisions predetermined, making employee engagement efforts, i.e., select committees, feel disingenuous. The Department is staffed with a group of managers, not leaders, who are undertrained and inexperienced to address, much less lead, resolution of critical issues.

Q3: What are the obstacles and/or challenges to improving these areas?

Principal obstacles are management, culture, and city government. Some department management and command staff are viewed as not having critical knowledge, skills, and abilities to address current issues. There is a disconnect between the field and decision making. Input is either insincerely sought or ignored. Critical administrative support areas, i.e., information technology (IT) and data management are under resourced. Organizational culture is dominated by suppression interests,

rendering EMS personnel second class. Perceptions of racism, sexism, and favoritism undermines trust in organizational processes. The city government is reluctant to provide adequate financial support to solve retention issues by paying a higher competitive wage for paramedics.

Q4: What are your recommendations for addressing these issues?

Improve executive, mid-manager, supervisory skills and abilities; consolidate libraries, multi-company drill options, and create succession planning. Increase diversity hires and seek more mechanically skilled and/or aptitude-based candidates.

Fix the staffing problem, evaluate the deployment model and options, address inconsistencies across operations, and evaluate the heightened risk of personal driving habits.

Update and consolidate all policies and standards. Eliminate favoritism, make processes consistent, promote on merit and value to the organization, and improve diversity in the upper ranks. Create a more collaborative committee process and adopt better ways to manage and resolve conflict.

Promote a healthy, inclusive environment by elevating positive role models, curbing negative attitudes and behavior, improving accountability at all levels, treating people with respect, caring about each other, and listening without overreacting. Most importantly, do not tolerate inappropriate conduct.

Advocate needs to city management and council, request more financial resources to promote retention, interact with other departments, and evaluate whether sick leave benefits should have more value in order to reduce the abuse problem.

Participants seek courageous leadership, transparency, improved communication and listening, and having their voices count. They want performance issues to be addressed, resolution of longstanding compensation concerns, update of civilian positions, increased IT support, functional redundancy for single skilled positions, and stabilization of department leadership beyond 5-year cycles.

Q5: How can you help?

Though some participants appeared worn down, the vast majority were willing to help on a personal level by maintaining or improving their own work environment by doing their jobs well, setting a good example, promoting respect, and helping others to be successful. Some were willing to engage organizationally by advocating for changes and providing input on critical issues.



Q6: Who is someone that inspires you? What qualities do they demonstrate?

Individuals in the department, national figures, fire rescue icons, and family members all inspire respondents. Collectively, they demonstrate positive role modeling, solid core values, commitment to mission, compassion, exceptional operation skills, consistency, connection with team members, and the ability to create a positive work environment focused on success for all.

Q7: Identify 2 – 3 words that characterize your department's culture?

Participant descriptors of department culture were nearly 3 to 1 negative versus positive/neutral. Dominant positive expressions like *optimistic, hopeful, together* were more aspirational than reflective of the current situation. Dominant negative words include *toxic, inconsistent, divided, broken, chaotic, selfish, and dysfunction*.

Upon analysis, incident command relies heavily on sound *Size Up* and medical assessment processes. By its own measures, the Department has severely violated these principles on an organizational basis. When crafting remedies, the following needs to be considered: strong listening skills, performance feedback practices, managing negative perceptions, encouraging a healthy culture, addressing divisiveness, developing trust in processes and practices, reducing or eliminating bias, promoting intellectual curiosity supported by technology, defining and upholding organizational values, and the ascension of positive leadership and courage must be considered.

The following potential actions are offered in addition to the recommendations suggested by participants ...

- Create an organizational development plan (ODP)
- Develop a communications plan to support ODP goals and Initiatives
- Establish an advisory team
- Review and update mission, vision and values statements
- Expand training for executive, command, and supervisory positions
- Strengthen conflict resolution protocols
- Enhance succession planning, professional development, and promotional options
- Expand analytics capabilities
- Conduct a holistic evaluation of the dual medic initiative

- Conduct an evaluation of recruit field placements
- Institutionalize proposed new practices and skills into AFD processes
- Design and install an organizational assessment process to align desired individual and team behaviors with AFD standards
- Review performance evaluation processes and practices
- Assess behavioral health strategies and services

Lastly, in the past, AFD has demonstrated the ability to successfully define and remedy organizational issues. There is an abundance of dedicated, talented employees, representing all generations, who are ready to be inspired and contribute to build a better, unified department.

A draft of the report was released in early March to the entire department for feedback on accuracy and content. The final report is divided into three sections: I: Overview, II: Summary of Survey Results, III: Analysis and Recommendations, and an Addendum that summarizes feedback from various AFD members.

## Section I: Overview

### A. Introduction

Founded in 1774, the Alexandria Fire Department (AFD) has stood strong during a remarkable period of national and world events: a revolutionary war, the Declaration of Independence, the war of 1812, a civil war, two world wars, a great depression and a great recession, expansion to the West via the railroad and to the sky via rocket ship, the tragedy of 9/11, unimaginable changes in technology, and the struggle and rise of social equity. Similarly, the Department has evolved from the steam engine to a modern-day fleet of ambulances and suppression apparatus. In 1866, it became a paid department: monthly, the chief engineer earned \$70, while the horseler and fireman received \$40, equivalent to \$1,132 and \$647 in today's dollars, respectively. Today, the Department is immersed in an all-out costly recruitment and retention battle with regional partners for paramedic talent. Over recent years, administrations have worked to build up apparatus and equipment, to improve health and safety practices, to implement radical change in the highly acclaimed emergency medical services (EMS) delivery system to advance four-person staffing, and to strengthen core operations training.

One can only imagine the changes to the fire department's human dynamics over time. It would be interesting to have a baseline from which to establish and learn about the challenges and solutions faced by each generation. Obviously, the circumstances would be different, but likely there would be common themes. The focus of this report is to capture a snapshot of current employees' attitudes and insights. It is an important look at sociological and organizational challenges, as witnessed by people with varied perspectives and common experiences.

Moreover, this report elucidates a cultural mosaic that guides the Department. Current culture, of course, is the product of past traditions and practices that evolved from simply fighting fire to becoming overwhelmingly involved with medical incidents. How far back traditions and practices go is debatable. Without a doubt, some of the more veteran members were influenced by senior employees who had 20 – 30 years' experience. So, by way of extension of their relationship, this sample of participants may contain cultural remnants going back 50 years or more. One constant throughout this period of service has been to continuously improve its personnel, equipment, technology, prevention methods, and delivery models in order to best help the public at time of need. What AFD is going through is not unique – how it handles the transition from top to bottom is the challenge.

The initiative behind this report came from the City Manager who believed it important to follow up on the results of a survey taken by employees in early 2019. While the survey noted some

good things, it was dominated by negative feedback about city government and AFD leadership. Since the survey used an online response format, it was felt that another method involving in person interviews would better reveal underlying feelings and define challenges and solutions. Subsequently, Dan Bay, a consultant who has worked with the fire rescue service for over 30 years, was retained to sample department personnel and draft this report.

## Section II: Summary of Survey Results

### A. Methodology

Direct interviews and an online survey were used to engage a cross section of employees. Direct interview participants were identified jointly by the Department and the consultant. These participants included representatives from various ranks, labor, and service units. An online survey was offered to employees who did not participate in direct interviews. The online survey questions were similar to those used in the direct interviews. Multiple department-wide emails encouraged employees to participate in the online survey and offered the opportunity to talk with the consultant directly, if needed.

It is important to note that an investigative methodology was NOT used. The intent was to collect perceptions from a broad sample of current and past employees and select external individuals. Seven questions were evaluated ...

- Q1: What are 2 - 3 things the department does well?
- Q2: What are 2 – 3 areas in which the department can improve?
- Q3: What are the obstacles and/or challenges to improving these areas?
- Q4: What are your recommendations for addressing these issues?
- Q5: How can you help?
- Q6: Who is someone that inspires you? What qualities do they demonstrate?
- Q7: Identify 2 – 3 words that characterize your department’s culture?

The only demographic information that was collected was position, rank, and years of service. Gender data was gathered during direct interviews.

Process note: A draft of the report was released in early March just before the Covid-19 outbreak to the entire department for feedback on accuracy and content. An Addendum contained in this final report summarizes participant feedback.

## B. Who participated?

One hundred and fifty-one (151) individuals participated, including representatives of the various labor organizations. There were seventy-four (74) direct interviews and ninety-one (91) online participants. The interviewees included sixty-four (64) current employees and ten (10) individuals who were past personnel, city staff, and regional representatives. Of the direct interviewees, fourteen (14) had participated in the online survey. They participated in both venues either because they completed the online survey before the direct interview or they sought to augment their previous interview session with additional information.

Tables A and B on the next page break out the one hundred and forty-one (141) employee participants by position and years of service (Note: the fourteen (14) duplicates are counted because they could not be subtracted from the total). Non-current employees are not broken out in the same detail. While gender was not a question asked on the online survey, at least fifteen (15) or more women employees participated.

Over sixty (60) individuals participated in informal and formal feedback sessions post release of the draft report in early March. Sessions were held with city officials, department leaders, labor groups, and select individuals and workgroups. The cover memo releasing the report also invited members to comment on content via email or direct conversation. One (1) person responded.

## C. What did they say?

In the 1993 movie *Groundhog Day*, Bill Murray plays a cynical weatherman who relives a day over and over and over again. Upon arriving for their interview, one participant proclaimed that “This is like Groundhog Day.” He explained that he had participated in many similar type experiences, all of which resulted in little or no action. His comments expressed the sentiment of many who felt that they had the same experience. Pushing their doubts aside, they and scores of others who participated easily filled the allotted time with much to say. Rarely did an interview end early. In fact, interviews that were scheduled with extra time or at the end of the day, often ran much longer. Participants were engaged,

passionate, and thoughtful. For some, the experience seemed cathartic as they appeared to express long held observations and feelings.

The responses to the questions are generalized in this report because citing specific examples might lead to identification of a source or unfairly criticize someone. No names or positions are referred to in order to maintain confidentiality. What is important is to describe the themes and behavioral patterns that are currently influencing the AFD.

**The following pages in this section summarize responses made by participants to the questions listed previously.** Much was said, so great care has been taken to characterize the multitude of voices and topics discussed in a concise, accurate manner. It is important to note that topics that appear in one section may be found in another and offer opposing points of view. This is true when summarizing what the AFD does well and what it needs to improve. The topics begin under the heading of the seven key questions, concluding with the consultant’s analysis and recommendations.

Table A  
Employee Participation by Position

Group	Interviews	Online Survey	Combined	Percentage
Line Staff				
Administrative	5	11	16	10.3%
Uniformed	25	42	67	43.2%
Line Supervisors				
Administrative	2	4	6	3.9%
Uniformed	17	27	44	28.4%
Command/Executive	16	5	20	12.9%
Unknown		2	2	1.3%
Totals	64	91	155	100.0%

Table B  
Employee Years of Service

Service Range	Interview	Online Survey	Combined	Percentage
5 years or less	13	19	32	20.9%
6 – 10 years	14	26	40	25.8%
11 – 15 years	5	12	17	11.0%
16 – 20 years	8	13	21	13.6%
21 – 25 years	5	3	8	5.1%
26 – 30 years	10	13	23	14.8%
31 years or more	8	4	13	8.4%
Unknown		1	1	0.6%
Totals	64	91	155	100.0%

## **Q1: What are 2 - 3 things the department does well?**

### *Operations*

In response to this question, service to the public was by far the most mentioned topic. The public has a deep, broad recognition and appreciation of the excellent service provided by the Department. As one person reported, a user commented that they could not believe the high level of professionalism and competence demonstrated when responding to a very early morning medical incident. Another respondent observed that the level of service is driven by a “core of dedicated people working to do the job.” A refrain heard repeatedly was that “People have a problem and we fix it.” Moreover, “When faced with adversity, our people rise to the occasion to [achieve] the mission, even with our differences,” stated another participant.

Medical incidents account for 75% or more of AFD activity, according to a few participants. Medical service delivery has been very strong for decades. Highly regarded, the system is weathering a major change with the transition from single to dual role paramedics. Despite this, the AFD maintains an excellent reputation and delivers “awesome care.” Others cited consistent EMS medical direction featuring excellent oversight and aggressive protocols over the past many years, an outstanding relationship with Alexandria Hospital, and with the police department.

The AFD has become a strong regional partner. Given the large population centers of the area, political boundaries abut one another requiring the need for mutual aid response agreements with neighboring jurisdictions. Numerous participants reported that department personnel demonstrate sound technical competence and compare very well to their regional partners. As one participant commented, “Our teams work seamlessly with Fairfax and Arlington.” An outside observer added, “Crews have a reputation for being attentive to patient needs.”

### *Training and Professional Development*

AFD training services and practices received numerous accolades. Much of the improvement in fire suppression skills over recent years can be attributed to the decision to focus on core competencies and the role of training in carrying out that policy, as reported by many participants. The officer development school has drawn rave reviews. One participant reported, “They were the best classes I’ve taken.” Others commented that the Department is turning out better officers by providing practical



knowledge and skills useful to their job. As an overall expression of sentiment, one senior member observed, “There is a deep emotional satisfaction of seeing people grow by acquiring new knowledge and skills.”

Some participants indicated other training benefits that were offered to employees, such as that personnel are given time to pursue outside training activities essential to completing specialty certifications. Further, the City has a \$1,200 a year tuition reimbursement policy.

EMS is known for on the job quality assurance and quality improvement protocols. One participant reported that, “Reviewing of EMS incidents on a regular basis is a best practice. This can be improved, but at least there is a strong framework.”

On an informal basis, senior members were cited for their contributions in developing a very young workforce. As one person noted, “We have a youth bubble and have lost a lot of experience over the past few years.” Officers, young and old, reported that veteran members are vital in augmenting on the job training by sharing their past experiences. Another participant, while commenting about the value of veterans regarding safety, said, “We have people with experience who can teach good behaviors.”

### *Health and Safety*

AFD personnel continually work in risky conditions. It is imperative to be vigilant about safety practices, even when responding to the most innocuous incidents. Like many fire rescue departments across the country and the world, Alexandria has experienced line of duty deaths. Many participants acknowledged the importance and vigilance necessary to establish and sustain strong safety practices.

Efforts to build a safety culture were begun years ago by implementing practices such as an annual physical and minimizing or eliminating hazards. One participant reported that, “In the past and present, no area of the Department has operated better than Health, Safety and Risk Management.”

### *Equipment*

Contributing to safety practices is strong support for good equipment. Numerous participants reported that the City and Department provided excellent equipment and supplies. One field veteran commented that this communicates the intention to support service employees. Another added that “The Department also does a good job of keeping operational divisions supplied with up-to-date

equipment and tools.” “We have the best equipment from apparatus to personal protective gear,” reported another participant.

### *Staffing*

Begun many years ago with financial support from the City, the effort to increase staffing of engines and trucks to four personnel is now being realized. Many acknowledge that the increase in four-person staffing was the result of continued advocacy and the switch from single to dual role medics. Other issues related to staffing will be discussed under Question 2.

### *Recruitment*

“We hire good, passionate people,” proclaimed one participant. Since January 2015, one hundred fifty-six (156) new recruits have been hired. The recruiting task has been a challenge given the retirement of nearly half the AFD field personnel over the past five years. Another online participant said that “One of the things this department does extremely well, for the most part, is hire folks who get the job done and who have a dedication to the Department’s mission despite a lack of manpower. This pertains to folks in all divisions of the Department.”

### *Youth*

Bright. Energetic. Accepting. Eager. Motivated. These are just some of the positive descriptors that some participants used to characterize the younger generation, as alluded to above. Due to many retirements, the AFD has seen a significant influx of new, younger employees over the past five years.

### *Resource Management*

The AFD has a broad mission to mitigate risk and protect the public. Its programs span medical services, fire suppression, prevention, public education, and outreach. “We do a lot with a little,” commented one senior member. “For the amount of people, resources and budget overall, the Department delivers a lot of services and maintains significant programs.” A field observer noted that

AFD civilian and administrative employees have consistently held up despite a heavy workload and being significantly understaffed.

### *Role Modeling*

Watching what others do is a powerful learning tool. Basic learning is often guided by observing the behavior of others, particularly persons with more experience or higher positional status. Several participants acknowledged individuals who exemplify positive behaviors including supervisors and senior members. They report that these individuals create a healthy work environment that is governed by respect, hard work, and open communication. Moreover, these individuals take time to know and understand their team members; they are committed to the success of everyone.

Many participants also saluted key individuals who have demonstrated and supported best operational practices. The individuals cited came from executive, command, and line levels.

### *People*

“It’s all about people,” stated one participant, referring to AFD employees. Taking care of employees translates to achieving the mission. Practice of such a philosophy creates a virtuous cycle.

“I love my crew. I love the people I work with,” reported one veteran. Fire rescue work environments are unique. People live and work together for 24 hours or longer. While there is an opportunity for interpersonal strain, a few participants spoke of the distinctive bond that develops between members and the observation that people do honestly care about each other. Some cited instances in which employees rallied to provide support for coworkers in need.

There was also appreciation for city management for caring about what employees think. The survey conducted in early 2019 was a trigger for conducting this organizational assessment viewed by a few respondents as an important way to reach out to employees.

### *Compensation*

A few people reported that despite the fact that Alexandria pay scales lag regional partners, they are well compensated. They further expressed that the work schedule and pay afford them a reasonable life outside the Department.

## *Leadership*

One participant stated that mid-management and line supervisors have been essential in navigating through constantly changing directions every five years. They deserve a lot of credit for operational success and maintaining some sense of organizational stability.

A few participants cited the role of senior members in aiding the development of new personnel by sharing experiences, fostering healthy team behaviors, and establishing sound habits.

Another participant recounted the intervention a ranking officer conducted upon noticing troubling symptoms during a visit. The officer took immediate action by delivering clear expectations to correct the situation.

Some participants reported that, over the past few administrations, important and difficult choices were made to improve safety culture, equipment, facilities, staffing, and operational proficiency. These achievements required advocacy, time, and financial support and were often beyond the tenure of any one administration. As repeated in the Role Modeling section, individuals in the executive and command staffs exercised strong leadership that was instrumental in the improvement achieved in core operational skills.

### **Q2: What are 2 – 3 areas in which the department can improve?**

#### **Operations**

In contrast to the glowing comments about operations in the first section, many participants offered significant concerns. “There are things we do right, but not well,” said one participant. He added, “We are good at basic evolutions, but weak beyond it if thinking is involved.” Another added, “To be honest, it is very hard to narrow down what this department does well since this department is very inconsistent.” Referring to current performance standards for some, one person said “It’s okay to be just okay.”

As mentioned above, some believe that the AFD is plagued by inconsistent practices. Reflecting on the organization having three shifts and two battalions per, one participant reported, “We have six different departments.” Another participant took aim at hiring, evaluative, and promotional processes. He reported that the AFD, “Holds onto bad employees. Hires bad employees. Promotes bad employees.”

EMS is another concern. Late on a Friday afternoon in 2015, a department wide memo suggested a radical shift in the EMS system. No longer would single medic providers be the principal resource for medical staffing throughout the city. The AFD would be moving to an all hazards model whereby apparatus would be staffed with paramedic firefighters to enable four-person staffing, a longstanding safety concern. The news was devastating. As one participant stated, “It was a punch in the gut to all the single role medics.” The reasons they came to the AFD, their aspirations for the future, and the medical- only mission were dramatically altered. While such a change had been contemplated for years, the move appeared to contradict a discussion earlier in the week in which AFD officials suggested nothing would happen. This resulted in raw feelings of distrust and a deepening of the belief that EMS is “the bastard child” of a fire-based system.

Numerous participants reported on various aspects of EMS’s second-class status. A few examples include the use of the derogatory term “probleMS”, exclusion of key personnel from policy meetings, overt disrespect in the field, the practice of assigning fire personnel to a medic unit (referred to as the “gut bucket” at some stations) which is perceived as punishment, and the practice of recruit classes not standing out of respect for EMS supervisors when it is done for suppression counterparts.

There is also a perceived bias that suppression gets newer equipment. Suppression apparatus is on a shorter replacement cycle than medical units resulting in a breakdown in ambulances. According to one person, this required the Department to borrow an ambulance from another jurisdiction and cope with a defective unit(s) that leaked carbon monoxide.

Many participants speaking on this topic appeared somewhat bewildered because medical incidents account for 75% or more of the AFD’s run volume. A few speculated that the siloed thinking of an older fire-only generation fosters negative attitudes and defensive feelings toward EMS. Some report that select suppression personnel joined exclusively to fight fire and are resentful of performing EMS tasks. One medic reflected on a mutual aid experience with another jurisdiction. “We didn’t know the crew, but they provided better support to us than any of our own suppression personnel.” A few reported that the situation is improving as the younger generation, which has a deep appreciation and understanding of the medic role, become cross trained in the all hazards model. The following statement by an online survey contributor summarizes some of the sentiment ...

“Morale is the lowest I have experienced ... The culture of ‘fire is better [than] EMS’ is constantly growing and mutating into a constantly negative work environment. ‘Those medics’ or ‘B’s’ are often categorized as less important even though more [than] 75% of calls in the City [of]

Alexandria are EMS. The culture of the AFD encourages preference to ‘the fire side’ and dismisses anything related to EMS. Those who we are supposed to be considered a ‘team’ prefer to seclude medics when Important critical decisions are made for department wide changes ...”.

There are service issues, too. While the quest for 4-person staffing has helped AFD meet national fire department staffing standards, in part achieved through dual purpose medic assignments, some respondents felt that this change has led to a degradation of medic skill levels and system capabilities. For instance, staffing for the medic unit has changed. In the past, there were two medics, one usually well experienced. Today, there might be an inexperienced medic paired with an unproven basic life support (BLS) member, who may be resentfully assigned to the ambulance. The need to meet staffing requirements has required paramedic personnel to be transferred to fill vacant spots which restrains some members’ ability to learn other suppression skills, hampering their development and advancement. Some respondents questioned the need for so many paramedics and suggested more efficient alternative models such as chase cars. To fill medic positions, some personnel are rushed beyond their ability to absorb and practice skills. A few commented that increased pay is an incentive for firefighters to cross train as a paramedic but does not guarantee their sincere participation in the system. Several participants advocated for a career ladder for single role medics who have no professional future. Lastly, it was suggested EMS should be more prominently featured in recruiting ads and community outreach events.

### *Recruitment and Retention*

A few people shared concerns about the AFD workforce. As noted earlier, the Department has experienced a large retirement bubble since 2015 requiring aggressive recruitment of new talent. Generally, in the past, employees came from the military, blue collar occupations, and the trades. Today’s workforce is very different. One person who expressed concern about the fit between candidates and job requirements stated, “It begins with hiring. [Candidates] need mechanical aptitude and to care about the job.” Others acknowledge that the job is very different because of the “all hazard” skill set that requires both medical and suppression skills. Under the old single medic system, it was easier to align talent to task.

A few participants stated concern about whether the AFD is retaining people who are not a fit for the job. One person reported that this is not just about the current workforce, but that in the past

“there were people who were not a fit and kept.” The overriding concern is about the strain lower performing employees put on other team members and, ultimately, the risk to the community.

Numerous participants reported there is an unprecedented recruitment battle for talent from neighboring, larger departments that is severely impacting the retention of new employees. This is part of a larger issue that, in part, AFD uniformed personnel are the lowest paid in the region. They report that the City leaves newly trained personnel thousands of dollars short in a highly competitive labor market by setting pay at the midpoint or average scale. Fairfax, Arlington, Prince Georges, and Washington, D.C., all offer a variety of better benefits in pay, retirement, and/or schedule. For some, they see this as the result of a “cheap” fiscal policy affecting department and other city employees while the City caters to costly special interests. According to one estimate, losing paramedics is expensive, as each one requires a training investment of around \$200,000 over two years.

Not everyone sees retainment as only about compensation. While acknowledging competitive forces, a few participants expressed that another important factor is how employees feel about the organization. If a new employee likes their crew, where they work and how they are treated, there is a higher probability that they are more likely to stay.

### *Training and Professional Development*

Training fulfills a critical function. However, many participants reported a breakdown in how recruits are managed post academy. The AFD relies on the training division to develop new employees and to ensure that veteran staff are current and proficient in essential knowledge and skills. When a recruit is hired, they undergo a rigorous curriculum to prepare them to fulfill their responsibilities. Some have experience with volunteer departments, etc., but a few struggle as their dream to serve meets reality. As some depart, those who remain may be labeled as below standard, possibly subject to harsh attitudes and inconsistent practices by field officers. Many participants reported that a few new employees continue to struggle until they find an officer and crew that believed in their potential and worked together to improve performance.

A few participants discussed the need to develop higher level training for command and executive staffs. They state that incumbents have not been adequately prepared for the job, as their responsibilities for managing the AFD exceed traditional career paths. Rather than a personal fault, it is seen as the failure of the organization to develop and implement succession planning for critical leadership roles.

## *Role Modeling*

Inappropriate and negative behaviors by officers were mentioned by numerous participants. There was broad consensus about the need for significant improvement. Some of the numerous examples cited include ...

A group of ranking officers does not meet because of negative interpersonal dynamics

Poor appearance

Not practicing what they preach

“Bitching down”: the practice of openly complaining about people or events

Breaking confidentiality with junior members regarding other employees

Inconsistent handling of personnel

Talking disparagingly about other members

Retaliation (fear and actual)

Favoritism

Dismissiveness

Disrespectful

These are not incidental complaints. Many participants reported that negative behavior by supervisors substantially influences the quality of work life and organizational norms. Some crew members were hesitant to request a transfer for fear of retaliation. One participant angrily stated, “The bad officers are well known, and nothing is done about it!”

## *People*

For some, the concept of being part of a brotherhood/sisterhood is a myth. Divisiveness and interpersonal inconsistencies have caused significant fissures throughout the organization. One participant talked about his hopeful expectations during his early years. “I thought there was a real brotherhood. Today, I think it is just a word people throw around.”

One participant offered a simple solution using a classic mantra. “Treat people the way you want to be treated.” He went on to describe working for “a lot of crappy officers” during the early years.



Indicative of a lack of their own self-awareness, he reported that, “They would demand respect but talk down to you.”

Another participant acknowledged a generational divide, younger versus old school. A notorious department wide email from a past employee elevated the younger generation at the reputational expense of veteran members. However, while some veteran members may be more resistant to change, many participants cited the value senior staff provide to building a good team and operational stability. One participant suggested there must be a higher appreciation for people: “We must come together to help each other.”

A few participants reported on lingering compensation issues that need resolution. These were pay compression and adjustments issues based on old scales blending with current pay grades. For them, it represents small modifications, but the unresolved issues have become a matter of principle.

### *Health and Safety*

Several participants raised concerns about the well-being and mental health of the AFD workforce. Some believe insufficient attention is paid to the stress of coping with staffing shortages and mandatory holds, excessive overtime, poor supervisory/team relationships, and external personal issues. Others question whether employee assistance services designed to aid personnel were responsive to their needs in an appropriate and timely manner. Noting the importance of having therapeutic resources that understand the unique psychological needs of public safety workers, a few shared personal stories of being referred to unskilled therapists, some of whom did not show for the appointment or held sessions in unappealing environments. Further, it often took days or weeks to schedule an appointment, long after the presenting incident. They reported that this is unacceptable because of the immediate psychological distress that first responders might experience due to a horrific incident, other stressors, or something that might trigger a post-traumatic stress disorder (PTSD) response.

Many of those who spoke about mental health issues mentioned the valuable role an outside agency played in the past. The agency staff had significant expertise in working with first responders and helped the department develop the Traumatic Exposure Recovery Program (TERP), an internal volunteer effort to support employees. Sadly, the head of the agency passed away unexpectedly a couple of years ago. This person and another individual from the agency had established a high degree of trust and were available formally and informally to department members. This gap has been exacerbated by the loss of

the agency head's credentials such that there is now limited department services. Coupled with shift staffing issues, TERP appears to be withering from a diminished focus and training time.

A few participants raised a concern about whether fire marshals are covered by presumptive cancer legislation. Given that the fire marshal staff is exposed to the same conditions as suppression personnel during the investigative stage, it is important to clarify and/ or expand legislative coverage for such occurrences. Legislative efforts at the state level are underway to correct this oversight but need local advocacy.

### *Staffing*

Operations staffing is a nightmare for many participants. Though the dual-role medic model was sold to achieve four-person staffing, there are not enough people to fill slots and specialty roles like paramedic. The lack of personnel has caused severe strain on shift members. In order to ensure adequate staffing, individuals are often placed on mandatory hold until they can be replaced. Some report to their designated crew only to be sent to a different station. These practices are draining, disruptive to personal life, and inhibiting to professional development by restricting essential training and experiences. In the words of one online participant, "HOLDOVERS are a significant problem and [because] the leaders at the top continue to ignore it for two plus years, it has become the new norm." Some people commented that a bias in staffing certain suppression apparatus is at the expense of other units.

Further, a couple of participants expressed concern that some may become dependent on overtime pay and experience financial strain if the practice is reduced.

### *Racism, Sexism, Favoritism*

Racism, sexism, and favoritism are reported in the AFD. They intersect to create considerable suspicion, distrust, and loss of confidence in organizational processes and leaders. Race is a very difficult subject to discuss with many avoiding the topic. Though it did not come up often during the interviews or in online responses, a few participants mentioned it in reference to promotion, work assignment, and disciplinary processes. A few participants suggested race may have been a factor in promotions of some members. Some perceive that there are members who believe that personnel trained by a minority instructor may not be as capable as those taught by a white trainer. A few others point to a

disproportional impact in disciplinary procedures and promotions between races. Conversely, a couple of participants feel some individuals are untouchable because of their ethnicity.

Women have served in AFD administrative and operational roles for decades. They filled valuable roles as single medics, and some have migrated into all hazard positions. On the operational side, they have sometimes faced “a conservative mindset,” as one participant reported. In other words, women were viewed as less capable than men. A few participants cited examples of female members who were shunned by their teams until they found an unbiased officer and crew. Another reported that headquarters would receive anonymous complaints about the performance of certain female employees, but never about the numerous underperforming men.

Maternity is another source of contention. Law and policy allow for pregnant workers to be reasonably accommodated during their pregnancy period. However, some male employees have harshly interjected their own points of view over those of pregnant employees and their doctors.

Perceptions of favoritism go beyond race and gender. Numerous participants reported concerns about the negative effects of perceived cliques and relationships between top officials and line staff. A few were very critical of a past promotional process, which one person characterized as corrupt, that appeared to favor one candidate. These perceptions, right or wrong, feed a negative narrative that only adds to feelings of exclusion and shape how women, minorities, and work groups like EMS and other employees view events.

### *Conflict*

Many participants reported concerns about a wide range of conflict behavior and provided examples of both individual and occupational class disputes, including the rift between suppression and EMS. It is well-known that certain members, including those with ranked positions, do not talk to each other because of long-standing disputes. Another person reported that conflict dynamics are borne out of unresolved grudges, lack of respect, and retaliatory behavior that only add to incendiary conditions. “We do not handle conflict well,” reported one participant. The overriding concern, as one participant observed, is that the AFD has “normalized our divisiveness, we have had many bad moments. It’s a ticking time bomb.”

For some, direct interpersonal communication has broken down and, rather than address the underlying issue, individuals resort to the grievance process. Others question whether dysfunctional conflict dynamics are a product of a disgruntled culture, as one participant characterized it, or are a

means of providing cover for some who do not want to follow the rules or address issues in a civil way. “We are normalizing bad behavior. We need to understand why people are behaving and feeling the way they do,” added another.

### *Policies, Processes, and Practices*

Cohesive department policies are critical to shaping individual and organizational behavior and decisions. Organization of these policies directly impacts interpretation of general orders, results of disciplinary cases, and scores on promotional exams. Despite this, many people reported that there is no single reference point for AFD policies. Old, new, and draft policies are randomly distributed among different drives and require a thorough search to find the current version. Related emails often mysteriously disappear.

Performance evaluation should be a valuable experience for all employees. The current process, however, is reported by a few participants as a “let’s just get it done exercise.” Another characterized it “as a joke.” The ‘rubber stamp’ like exercise does not allow for substantive discussion about concerns on performance issues, nor does it offer honest, constructive feedback.

Soliciting input from employees is vital to aligning management decisions with real challenges and needs. The AFD attempts to use committees to bridge this gap, but numerous participants slammed the process as irrelevant and insincere. One participant discussed a committee in which individuals were not invited to return unless they supported the management’s position. Others reported decisions as preordained and committee advice as ignored. As one stated, “Line personnel can provide input and be involved in processes but [it] must feel heard. We have been told that we are valued but not shown [it].”

Disciplinary action is a necessity of a functional organization and must be applied under the principles of due process, fairness, and justice. Some participants reported that the AFD process can be inconsistent and arbitrary, influenced by favoritism and double standards. Examples were cited that illustrated disproportionate application of AFD rules to certain groups, often in favor of persons of rank. Perceived unfairness led one person to assert that “You are treating me different, because the rules are inconsistently applied.”

An element of the organizational fabric is self-discipline and accountability. Many participants talked about the importance of accountability and norms to enforce individual and team standards. However, there are times when individuals avoid accepting responsibility for their actions or seek to conceal them. A few participants reported an incident in which the wrong fuel type was pumped into an

emergency vehicle. Rather than those responsible stepping up to admit the error, the matter has gone unsolved compounding into a coverup.

Some participants talked about the importance of personal accountability. Sick leave is one of the most valuable benefits that employees have if confronted by long-term illness. The City/Department grants sick leave for legitimate purposes, but several participants reported that some employees abuse this practice by using it for personal days. Unlike a business office, this can cause major disruption when managing a 24-hour shift schedule. At times, a team member must be placed on mandatory hold and at time and a half pay. This not only disrupts the held over person's day causing stress and fatigue, but it also adds to the cost of overtime and removes resources that could be used elsewhere. A couple of participants explained that this behavior was not as prevalent in the past, when social norms were different. It involves a small number of people, affects all ranks, all generations, and aggravates feelings between personnel. As one person stated, options for dealing with the behavior are limited. "The person can't be confronted without being told you're picking on me because you don't like me."

### *Resource Management*

A few participants questioned whether resources are being used wisely. In operations, one participant expressed concern regarding the deployment of too much apparatus and personnel to minor incidents. Not only does this inflict unnecessary wear and tear on apparatus and crew, it raises risk levels to personnel and citizens from movement of heavy emergency equipment on city streets. Similarly, other participants questioned whether the medical response model should be altered to reduce the number of paramedics, strengthen Basic Life Support (BLS) resources, and augment equipped chase cars staffed with paramedics in order to more rapidly and more accurately attend to patient needs.

There appears to be an unwillingness to address critical questions. One participant remarked that AFD and city leaders "Fail to recognize that the fire service is changing," and that this thinking only "Stifle[s] growth of employees who want more in their careers besides sitting around waiting for someone's home to burn down."

There is a strong belief that administrative support is significantly under resourced. For instance, a training administrative position does double duty by handling ambulance billing. In addition, there is a lack of administrative support for top executives. Data management severely lags despite quality assurance and resource management becoming ever more critical. As one person reported, "We juggle a lot of balls. Some are rubber and we let them bounce. Some are glass and we try not to drop them."

There is also concern that emergency management capabilities are being stretched. It appears non-emergency tasks dilute the mission and hamper the completion of office projects. Reductions in staff has also significantly delayed business inspections.

Typically, redundancy should be eliminated or minimized to free up resources for other purposes. On the contrary, a few participants cited examples where redundancy should occur because it is strategic to back up essential functions known only to individual employees.

### *Equipment and Maintenance*

There were a few comments on equipment issues. Some highlighted the need for more retired rigs to be available for recruit training and for core classes to augment necessary skill exercises. One person stated the need for additional mechanic support for repairing apparatus to shorten out-of-service time. A few participants brought up a concern that ambulance units are only replaced every ten years, in contrast to engines and trucks, which are replaced more frequently. One commented that whether or not this is an example of further Fire over EMS bias, it does cause reliability issues with medical units. The participant referenced an occasion when the AFD had to borrow a unit from another jurisdiction due to repair issues.

### *Leadership*

Many participants bemoaned the absence of leadership. As one person said, “We have many managers, but no leaders.” In other words, there has been a profound failure to grapple with the many major issues outlined in this document. There is a lack of long-term vision. We have an “alarm bell mentality. We live a life of reacting.”

There is also perception that divisions and poor relationships amongst ranking members disrupt leadership. It is well known that a past retreat devolved into apathetic and divisive behavior. Participants cited additional examples of acrimony between ranking members.

Failures of leadership are not limited to the top echelons of the AFD. There are instances of lower-ranking individuals who observe inappropriate behavior but do not act. This is a systemic issue that requires concentrated changes. As one participant suggests, “Hold me accountable. Hold everyone accountable. Follow the rules.” In other words, “lead.”

### **Q3: What are the obstacles and/or challenges to improving these areas?**

A review of online and interview responses indicates that the principal obstacles to making improvements are management, culture, and city government. Consistent with many of the previous comments, some AFD management staff lack the knowledge, skills, and abilities to address current issues. Input from employees is scarce or ignored, evidence of a disconnect between line staff and department direction. As one participant reports, “Decisions are often made by a very few administrative personnel with input (if any) from a very select few. When input is obtained, it is often dismissed or change[d] significantly.”

Some alluded to the challenges of managing a diverse workforce and services. “[The] Fire department needs passionate leaders that are trained [to] specifically address developing personnel (human relations aspects) and have [a] clear developmental strategy for employees,” stated one participant.

Underfunded administrative capabilities hamper investment in evaluation and improvement of service delivery. Though traditionally regarded as “soft areas,” administrative support, information technology, and fiscal analysis are essential to assure quality.

These issues diminish trust in administrative leaders. One participant shared frustration related to the field staffing issue. “Admin[istration] seems intent on putting feathers in their caps at our expense. I never see them working 48 or 72 hours straight. They continue to send out edicts then head home for the day.” Another added there is a “lack of trust and knowledge in the leadership. This job is not a white-collar job. It’s a blue-collar job that we are trying to fit into the business model world. It doesn’t work.”

Culture, which will be discussed in more detail in a later section, manifests as multifaceted divisiveness and classism. For many, this “Culture [is] built on fire is dominant and paramedics are second class.” Others see serious issues related to sexism, race, a degradation of professionalism, loss of experience, and loss of interest in job improvement.

The City of Alexandria government is the ultimate authority for oversight and resources. Many expressed the need for the city council to step up with funds to stop the retention bleed and address other compensation issues. As one respondent said, “It does not appear that the city has come to terms with how expensive it is to be competitive in hiring and retaining” personnel. Relating to a major issue that many share, one participant stated, “The City Manager’s Office and City Council need to understand

we are an EMS department that occasionally puts out a fire. The lack of their understanding leads to people being placed in positions that slow our growth as an EMS organization.”

**Q4: What are your recommendations for addressing these issues?**

Participants offered no shortage of solutions, ranging from pithy to extensively detailed (see Appendix A for paraphrased responses). The bulk can be classified into the following categories:

- Professional development and training
- Operations
- Policy, processes, and practices
- Behavioral
- Resources
- Management
- Recruitment

*Professional development and training*

Improve executive, mid manager, and supervisory skills and abilities, i.e., executive training, an academy for all supervisors, enhanced library references, and multi-company drill options. Create a succession plan to improve career planning.

*Operations*

Fix the staffing problem. Many suggested an evaluation of the deployment model, overstaffing at underutilized stations, select brown out options, reducing sick leave abuse, and paramedic-only ambulances. Other major recommendations included addressing the lack of consistency across battalions and evaluating driving habits.

*Policy, procedures, and practices*



It was suggested that all policies and standards be updated and consolidated into one location. Match best practices to policy and procedures. Eliminate favoritism, achieve consistency, promote on merit and value to the organization, and improve diversity in the upper ranks. Promote diversity of thought by including all voices and improve the committee process to better consider internal ideas. Adopt better ways to manage and resolve conflict.

### *Behavioral*

The concept of promoting a healthy, inclusive environment was dominant. This could be achieved by elevating positive role models, curbing the negative, and improving accountability at all levels. Employees must treat people with respect, care for one another, and listen without overreacting. Foremost, reinforce positive behaviors and do not tolerate inappropriate conduct.

### *Resources*

Participants want the City to more aggressively compete with neighboring jurisdictions offers of better pay, benefits, and work schedules. Also, sick leave abuse might be addressed by making the benefit more valuable at time of retirement.

### *Management*

Several themes were featured. Participants want courageous leadership, transparency, improved two-way communication, advocacy of the AFD mission and needs to City council, and interaction with other departments. They want performance issues to be addressed, longstanding pay concerns, i.e., compensation compression, to be resolved, civilian job positions to be updated, information technology to be better supported, redundancy for single-skilled roles, and AFD leadership to be stabilized beyond 5 year cycles.

### *Recruitment*

Increasing diversity hires and seeking more mechanically skilled and/or aptitude-based candidates were mentioned.

### **Q5: How can you help?**

This question drew mixed reactions (see Appendix B for paraphrased responses). Many participants appear worn down, jaded, and resigned that nothing constructive will happen. One participant expressed it this way, “It always comes back to the employees. What way can we help? The answer is let’s see what the department does to improve. Then we can step up. We have [ridden] the train many times. We try. But management says they want our help. But in reality, they know what they want and only pretend to include us.” Another added, “[I] have tried for years, but [am] tired of being beaten down. Once a change and a safe environment can be established then [I] would become more engaged.” One person commented that “there is nothing I can do for fear of retaliation, that I have been told I have not been in the department long enough to express an opinion, that I have tried things and you cannot fix stupid, and that I am tired of doing the right thing while others sit on the sidelines.” There is additional fatigue from the five-year shuffle of leadership, “I’m retiring. I would have stayed longer but I don’t have the energy or patience to go through another administration,” stated one participant.

A large majority, however, expressed their willingness to help. Many would focus on being a positive influence in their team and work area. One participant commented, “Ways that I plan to continue to help is by supporting my employees. Making sure that they are appreciated, valued and that their worries and concerns are answered within my range to do so. Keep giving ideas on how to improve our current programs. Keep training our employees. Empowering them to teach and set expectations for themselves and the employees they can help. Make sure our people have what they need to do the job.”

Other respondents suggested treating fellow employees with respect, becoming more engaged, lobbying for savings and efficiency, restricting sick leave abuse, and doing one’s job well, among other actions. One participant stated, “I can do my part by being a responsible employee, I can continue to be actively involved in making this department better through committees and training, and will do my job to supervise those that I am responsible for.”

### **Q6: Who is someone that inspires you? What qualities do they demonstrate?**

Some participants chose not to respond to this question. Perhaps it was because they saw it irrelevant or, as one participant commented, viewed it as “too vague.” However, a vast majority

provided scores of examples including individuals in the AFD, national figures, fire rescue icons, and family members.

Participants cited current and past members of the AFD who demonstrate commitment to mission, compassion, exceptional operation skills, consistency, connection to team members, and the ability to create a positive work environment focused on success for all.

National figures tended to be recognized for their ability to inspire, providing a hopeful message. Cited were Fire Rescue icons who made lasting technical and policy contributions that have been adopted across the industry, creating a better generation of leaders. For many, family members were their first role models and infused them with values and an ethos that remains with them today.

#### **Q7: Identify 2 – 3 words that characterize your department's culture?**

Responses to this question were visceral and descriptive (see Appendix C for a list of responses). Answered near the end of the interview and online survey, it briefly sampled participant's reflection on their previous responses by asking them to characterize AFD culture. During the interview format, most participants responded spontaneously, some paused and needed a few moments, and a handful seemed challenged to come up with expository descriptions.

Because of their descriptive nature, the words fall cleanly into two groups: positive/neutral and negative. Tallied up, these were approximately 25% positive/neutral and 75% negative. Both sets convey powerful emotions.

The cover of this document illustrates the positive/neutral words in the form of a word cloud. The words are enlarged based on their frequency. The expressed sentiment is clear ... *optimistic, hopeful, together, professional*. It is consistent with those who believe that the AFD can effectively address current challenges, as expressed by the aspirational quote made by a respondent on the second page of this document ... "Now: Fire above all; Future: EMS, Fire together/equal." While it focuses on the suppression EMS divide it appears to reflect optimism for resolving this major concern.

In contrast, the last page of this document illustrates a powerful, disturbing, negative sentiment. Dominant words include *toxic, inconsistent, divided, broken, chaotic, selfish, dysfunction, and negative*. As descriptors, the words are consistent with the tone conveyed in various sections of this document.

## Section III: Analysis and Recommendations

### A. Analysis

“Do you hear me now; do you hear me now?,” This popular marketing slogan captures the sentiment of the 140 plus individuals who participated in the interviews and online survey. Until now, participants felt unable or unwilling to speak up, much less be heard. And, they did so with enthusiasm and hope.

Their paraphrased responses to the seven-question survey are summarized below:

*Does well.* AFD earned high marks for service from the public and employees; training is strong; advances have been made on safety practices, four-person staffing, suppression skills, and recruitment has filled massive gaps due to retirement with bright, energetic recruits. All divisions “do a lot with a little” and there is a “we fix it” attitude. Equipment is excellent and mid-level managers and supervisors have provided stability during constant leadership changes. They are outstanding examples of positive role modeling.

*Need to improve.* Operations is challenged by a variety of serious issues: inconsistency, divisiveness, a culture that favors suppression over EMS, staffing shortages, loss of newly trained personnel to other jurisdictions. There are examples of very poor leadership and role modeling of inappropriate behavior within the officer ranks, and fear of retaliation. Trust in department processes is undercut by perceptions of racism, sexism, and favoritism. Performance evaluations lack substance. Personal discipline and accountability need to be improved. Women struggle with a lingering conservative mindset. A lack of intellectual honesty seems to obstruct distribution of suppression and EMS assets. Member input appears ignored and decisions predetermined. AFD leaders seem ill prepared to address and resolve challenges.

*Major obstacles.* Management, organizational culture, and city government were cited. Management does not have the resources, skills and abilities to effectively resolve organizational problems. There are a variety of negative behaviors and organizational practices that undermine unity and a positive service culture. While many feel city government provides excellent equipment and gear, it has not provided adequate oversight and financial support for competitive compensation.

*Recommendations.* Actions largely call for improving executive, command, and supervisory abilities, fixing staffing problems, addressing inconsistent practices, updating and consolidating policies, eliminating favoritism, promoting a healthy and inclusive environment, elevating positive role models, creating a more collaborative committee process, adopting better ways to resolve conflict, and not tolerating inappropriate conduct. Other suggestions include introduction of courageous leadership, increasing city funding for compensation, institution of transparency, and introducing the practice of listening across divisions and ranks.

*Willingness to help.* Given bad experiences in the past, some participants were reluctant to assist. However, most are ready to do their part within their respective spheres of influence. Some want to participate at an organizational level by advocating for change.

*Inspiration.* Sources include individuals within the AFD, iconic fire rescue leaders, national figures, and family members. Collectively, they represent positive traits and a focus on success for all.

*Culture.* Negative versus positive/neutral organizational culture descriptors dominated nearly 3 to 1. At best, positive descriptors were aspirational.

## Discussion

There is a lot of information to digest in this report. Some who read this document will agree with all or significant parts of it. Others may challenge the content and tone. Some might feel validated; others might feel attacked. Regardless, the executive and command staffs must set aside personal feelings, listen, and objectively pursue truth and resolution. This is their duty.

*Size Up* and medical assessment are key processes of fire rescue incident management. Both are evaluations of human and physical conditions that rely on integrity and intellectual curiosity to ensure all risk is mitigated and every mission is achieved. Proactive two-way communication between command and line personnel is vital. On an organizational level, the AFD has clearly violated one of its major tenets by ignoring or becoming blind to underlying conditions that contributed to the disintegration of relationships and the perpetuation of malignant issues.

Further, everyone has the responsibility to consider their contribution to the current situation. Take the time to self-assess your own behaviors. Do I role model desired conduct? Do I contribute to a successful outcome for the benefit of my team and AFD? Supervisors: do I set a good example, create a healthy work environment, and help all team members to be successful? Do I solicit and accept constructive feedback?

The following are some key observations to consider ...

### *Active Listening*

Effective communication is an essential personal and organizational process. Listening is the most important component of that process. Referring to the *Size Up* and medical assessment analogy, listening opens the mind and senses to take in information that is vital to achieving the mission and mitigating risk. Listening paired with inquiry shows respect and consideration to engage in a deeper, more informative discussion.

### *Performance Feedback*

Around 2006, the Corporate Leadership Council, based in Washington, D.C. and London, England, unveiled significant research on how to build a high-performance workforce. While the Council offered substantial findings, it established that the best methods to influence performance is to provide frequent, informal feedback. This simple practice is augmented with an “emphasize the positive” approach. While poor performance is not ignored, positive reinforcement for good performance, or ‘catching the employee doing the right thing’, is more powerful in shaping behavior.

When an after-incident debriefing is done well, a lot can be learned. This requires that the team leader creates a healthy, non-threatening, learning environment. The leader solicits direct feedback about his or her performance, facilitates contributions from other members, and summarizes lessons learned that can be applied at future incidents. Team members have confidence that the feedback is in their and the team’s best interest and that their opinions will be thoughtfully considered. This is a formula that can work in all performance feedback venues, formal and informal.

## *Perception*

Healthy organizations address both reality and perception. Positive and negative perceptions gathered by this report are not necessarily facts but are based on the way people see and interpret events. At a high level, it is easy to dismiss a rumor or a complaint that is thought of as untrue. If ignored or left unchecked, however, perceptions can harden into systemic, unhealthy attitudes.

## *Bias*

It is imperative that everyone have a conscious understanding of how personal bias might affect their attitudes and actions. When summoned for jury duty, the judge talks to prospective jurors about bias: we all have them; they are a product of life experiences. The judge explains that, to be an effective member of the jury and render a fair decision, one must set aside their biases.

The jury selection process is instructive. Bias, unconscious or conscious, might account for why entire classes of employees are treated disrespectfully or excluded from decision-making that affects them. It twists how some employees view other members' abilities, based on their ethnicity, gender, age, rank, or class of work. It skews distribution of resources and undercuts collaboration or trust in AFD processes.

Decision-makers can mitigate the influence of bias by welcoming diversity of thought reflective of all parties or interests affected by the outcome. It is a practice that can reduce considerable angst, ensuring the integrity of the decision-making process.

## *Analytics*

The term 'analytics' has become mainstream over the past few years. It is often referenced when talking about tech companies and sports teams that have embraced this approach to increase win probabilities. Within those entities, advanced analytics is the result of objective intelligence-gathering to ensure a continuous link between products or services and current customers, or potential prospects. It is a mindset that favors innovation supported by talent and tools, overseen by an executive structure that seeks to sustain efficiency and profitability.

Analytics can be equally potent in the public sector. Law enforcement learned long ago the importance of using advanced analytics to match resources to crime trends. Information technology coupled with human assets are vital to effective deterrence and intervention.

AFD operates a sophisticated array of programs in the public's interest, and its value is based on the perception that resources are used wisely and effectively. As such, AFD should use analytics to best align resources with community needs. As one fire rescue authority commented, "It is about being a smarter department. Dispatching the right resource at the right time. It is the smart way of doing business."

### *Intellectual Curiosity*

Curiosity is an important personal trait for everyone, especially supervisors, command, and executive staff. It is an essential element of systematic intellectual honesty, openness to facts, critical thought, and truth in all circumstances. It, along with analytics, would restore innovation as a driving force in the Department. Most importantly, it would help mitigate the conditions that create a stagnant culture and practices.

### *Culture*

Culture is not an esoteric topic. Organizational theorists Peters and Waterman define it as a "system of shared values and beliefs that produce norms of behavior." They note that every organization has a culture that "can be a positive or negative force in achieving effective performance." When negative behaviors dominate an organization's culture, bad things can happen. For example, a recent New York Times article revealed the Boeing Company's blatant dismissal of warnings about the 737 Max aircraft and referred to it as a practice reflective of a sick culture.

Responses to the culture question present a concerning portrait of the AFD. Positive descriptors including *dedication*, *bonding*, and *service* were acknowledged, but dominant words *hopeful*, *together*, and *equal* were more aspirational than reflective of current conditions. The negative responses nearly outnumbered the positive/neutral 3-to-1. *Toxic*, *broken*, *unstable*, *inconsistent*, *divided*, and others were sadly telling of corrosion within the Department. Notably, *excellence* was never used as a positive descriptor; the closest was *professional/professionalism*.



Living within an organization's culture can sometimes be equated to walking in a blizzard. Myopic vision obscures obvious issues. Harmful patterns of behavior can easily creep into the mainstream, unnoticed or ignored as they become normalized. Outsiders or new members can sometimes see the patterns but are inevitably socialized as well. This makes vigilance and preventive action imperative.

### *Processes and Practices*

Processes are a vital component of organizational structure and crucial decision making. Currently, there is significant distrust in promotional, disciplinary, and employee engagement processes. Enhancing collaborative practices may restore trust, improve results, increase transparency, and reduce divisiveness.

### *Divisiveness*

The EMS/suppression divide is serious. Unfortunately, this divide is common in many fire rescue organizations. It is a form of occupational bias arising from the perceived intrusion of medical operations into the traditions of the fire department. As a result, some suppression personnel and leaders denigrate EMS members and medical operations. EMS and medical operations struggle with unyielding resistance by some members who have difficulty in accepting its role. Whereas, fire suppression is perceived by many to require courage and labor to overcome, overwhelm and defeat escalating danger – EMS holds no such adventure for them. EMS is minimized in the Department as an 'assess, treat and transport modality' without regard to the advanced education, skills, medical knowledge, and evidence-based actions and treatment required of medics.

A few years ago, AFD celebrated a major anniversary. A handout acknowledged a variety of historical department events and milestones, including initiation of the first EMS squad and ambulance in 1931. However, of the twenty-five highlights in the handout, only two involved EMS. A closer look at that time period reveals the absence of any mention of numerous EMS awards and service accomplishments. Was this an oversight or something else?

Inappropriate behavior and inconsistent practices across AFD contribute to divisiveness. Employee success greatly depends on where one is assigned. Conflicting perceptions of racism, sexism, and favoritism further divide individuals and groups. Negative interpersonal conduct disrupts a key

leadership group. There is concern that bad behavior is normalized. In total, these factors cause a significant number of employees to feel marginalized and devalued.

### *Values*

Organizational values provide guiderails for individual and organizational behavior and direction, but only if employees engage, support, and hold each other responsible for those principles. Mission, vision, and value statements serve as an organizational constitution. AFD values are *unity, community, dedication, professionalism, and preparedness*.

Some questions to self-reflect on ...

- What do the core values mean?
- Who is responsible to uphold core values?
- Are they relevant?
- What are the definitions of the core values?
- Does any of the information provided in this document uphold or violate these values?

### *Leadership*

A primary duty of leadership is to establish a climate in which everyone thrives. There are numerous positive examples to build upon ... individuals who stood tall when seeing something wrong, those who honed positive environments through respect, open communications, and promoting a team philosophy built upon success for all. These examples must be elevated and institutionalized as the norm.

### *Courage*

It is understood that fire rescue personnel would courageously protect the public and each other in a dire situation. The code for doing so is very ingrained. On the other hand, having a difficult conversation, for many, can be an almost insurmountable challenge. It is time to muster up the courage to have these conversations between workgroups, members, unions, generational and ethnic factions, and ranks guided by respect, openness, listening, and a commitment to constructive action.

## Summary

The key elements of the *Size Up* and medical assessment processes provide a competent methodology for evaluating organizational life in an after-action context. Department leaders, middle managers, and supervisors rely on objective intelligence observed and gathered by those around them to build a collaborative, healthy culture and open to dissent in order to make the best decisions possible. There is no room for divisiveness as it corrupts team effort and raises risk to all. Everyone must be open and aware of their inherent biases that can influence personal actions, balanced by a mindset that seeks truth. Intellectual curiosity is essential to thinking beyond the status quo and anticipating the unexpected. Leadership and values provide essential direction and guiderails for individual and organizational behavior, augmented by the courage to have thoughtful conversations.

### B. Recommendations

Participants provided an array of logical, practical recommendations. This section combines their suggestions with other potentially helpful actions. Foremost, this document is designed to improve future practices and behaviors in order to create a better AFD for everyone.

Change is a daunting task. The late Alan Brunacini, former Fire Chief for the City of Phoenix and fire rescue icon often spoke about the difficulty of changing culture and organizational practices. He said that change begins with investing in people, the “human capital” of any organization. The following actions require investment in “human capital,” only some of which requires financial support. Much can be accomplished by taking the initiative to invest in one another through direct communication, and listening, while striving to understand a different point of view. And, as a few suggested, improving one’s own sphere of influence.

The following subsections lay out a proposed strategy, objectives and actions.

### Strategy

Engage in a collaborative process with all levels of the AFD to review the issues presented in this report, to undertake potential actions, and to develop a plan which will implement and sustain corrective measures.

The following recommendations are framed by a set of objectives that reflect the sentiment and solutions as expressed by participants.

#### Objectives

- Elucidate a path forward, establish a baseline, and define success
- Routinely define and address issues that negatively affect the Department
- Engage and empower employees in collaborative, inclusive processes
- Elevate and reinforce positive individual and organizational practices
- Improve the abilities of managers and supervisors to direct and monitor individual and team practices, critically analyze performance, and build and maintain a positive culture
- Strengthen the competency and confidence of managers and supervisors to recognize and take prompt, preventive action to address problem behaviors
- Bolster professional development by enhancing training programs, mentoring, performance evaluations, and succession planning
- Advocate for efficient and effective use of assets and necessary resources
- Increase transparency by frequently communicating key information and messages to all employees

#### Potential Actions

Before discussing potential actions, it is important to note that the AFD has been taking steps over recent months to begin addressing some of the problem areas. It has been developing a new disciplinary process, initiating a review of EMS issues, consolidating policies, and reviewing engagement practices with employee committees.

#### **Create an Organizational Development Plan**

The creation of the Organizational Development Plan (ODP) follows a series of steps. Step one calls for AFD leaders to be receptive to the many voices and issues conveyed in this report. In step two, the executive and command staffs methodically review and distill report information to advise on the initial content and priorities of a 3- to 5-year plan. The initial review should be conducted by a diverse executive group that meticulously combs through every page and topic of the report to create a three column issues list, related matters, and potential actions. While some initiatives can be undertaken

immediately, others necessitate a longer period. Preparing the plan may take a considerable amount of time, given the vast number of topics to be covered and the need to have thoughtful discussions with stakeholders. Step three involves implementation. Step four requires periodic evaluation and reporting on progress.

### **Develop a Communications Plan to Support ODP Goals and Initiatives**

Not everyone can participate in the ODP experience. Hopefully, most will experience the outcomes such an organizational effort will provide. In the meantime, a communications plan is important to conveying and supporting various efforts. Moreover, it should address transparency concerns and understanding of plan initiatives.

### **Establish an Advisory Team**

The primary function of the Advisory Team is to advise the fire chief by assisting with the development and implementation of the ODP, balancing leadership and line perspectives. The composition of the team should represent the diverse professional and demographic nature of the Department. Foremost, members must represent differing points of view but be able to serve objectively.

### **Review and Update Mission, Vision and Values Statements**

Mission, vision, and values statements are foundational to organizational and personal discipline. They can substantially influence individual behavior. This recommendation requires a review of current statements and, if appropriate, the selection of modifications to improve those statements. Refer to the sample questions mentioned earlier in the Analysis section under the topic of Values. This might be a task assigned to the Advisory Team.

## **Expand Training for Executive, Command, and Supervisory Positions**

### *Officer training*

The new officer training program drew rave reviews. Several new officer trainees, representing multiple age ranges, commented that the training provided a better understanding of duties through a consistent approach. This training should be expanded to include veteran officers.

### *Executive Development*

Executive development is a critical component of building strong, effective leaders. It combines both management/leadership programs with practical experiences to create continuous learning that begins early in one's career. Unfortunately, most command- and executive-level incumbents grow advanced technical skills with only basic supervisory and management training and on the job experience. The sophistication of department functions requires a higher level of proficiency. Consider the following advanced training topics...

Strategic and operational planning

Organizational development

Leadership

Human resource management

Conflict resolution

Critical thinking and analysis

City budgeting and finance

Ethics

### *Conflict resolution*

Many participants described strained interpersonal dynamics that devolved into serious relationship breakdowns. Some reported an inability to deal with each other on a professional basis. Conflict is a natural byproduct of the human condition but is destructive when unchecked. It can cause great discomfort, sap morale, and raise personal and organizational risk. Conflict resolution training should be offered to all officers, line supervisors and above. Command and executive positions should have a minimum of 40 hours, including basic and advanced curricula.

### *Facilitation*

Facilitation is an important skill, whether one-on-one or with larger groups. A large part of interaction between supervisors and direct reports is in team settings. The success of these interactions relies on successful communication and collaboration amongst team members. Some supervisors are very capable facilitators; others are not. It is suggested that supervisors learn the basics of good facilitation, i.e., listening skills, managing group dynamics, and commanding while showing respect.

### *Implicit Bias*

Everyone has their own set of biases based on attitudes, stereotypes, and life experiences. Whether conscious or unconscious, they become potential risks if they affect one's actions. Many participants shared stories that suggest that bias is a major concern; not only race and gender bias, but some that may affect organizational decisions. For example, do organizational decisions around deployment and staffing reflect an institutional bias in favor of suppression, rather than objective reasoning? It is imperative that everyone have insight into how bias can affect their view of others and their ability to be objective.

### *Expand Self-Study Resources*

Formal classroom experiences are not the only way to learn outside of the field. There is an abundance of material available for continuous education for do-it-yourself learners. Suggestions were made to expand operations training material at the Department library. An online library could be developed to support a wide variety of topics mentioned in this document and other department training programs. Online material may include articles, suggested reading lists, case studies, self-assessment tests, and exercises that aid employee's continuous learning needs and interests. Low cost, high return.

### **Strengthen Conflict Resolution Protocols**

The best way to solve conflict is through direct, effective, respectful communication between disputing parties. When that cannot happen, strong protocols must be in place as a safety net to direct

employees to appropriate resources. Once a dispute lands in the grievance track, it takes on a different tone and parties harden their positions. The AFD can tap excellent outside resources, but often only after the dispute has metastasized into something larger. There needs to be a more organic internal option. First, by policy and practice, potential conflict situations need to be diagnosed sooner. Second, an intervention must occur to encourage direct resolution, if possible. Third, if the parties cannot agree to a resolution, other options should be pursued such as facilitation with a trained internal party. Some organizations have developed peer mediation programs staffed by their own employees to assist in the resolution of conflicts, as well as coach other supervisors and employees on how to address issues more effectively. No one loses their right to file a formal grievance, but every effort is made to address and resolve the conflict at an early stage.

### **Enhance Succession Planning, Professional Development, and Promotional Options**

Career development begins on the first day of employment. Strategically, it is imperative that the AFD develop the critical thinking and analytical capabilities of its workforce, particularly officers and managers, to meet continuously evolving future challenges. The Department appears to provide sound technical development in operational areas. EMS providers, because of documentation requirements, gain valuable administrative experience. For the most part, however, administrative and supervisor skill development does not begin until there's interest in promotion to the lieutenant rank, from which some personnel advance to captain, battalion chief, and above. Administrative positions are not pursued because very few employees want to take a 40-hour assignment when there are significant disincentives given commute times and the loss of overtime pay. Interest in higher level positions, i.e., deputy chief, suffer because the pay differential is incidental when compared to the base rate for a field battalion chief, who makes far more with overtime.

Further, numerous participants commented about the 5-year turnover of upper-rank positions, for which department talent is poorly prepared to fill. As a remedy, a few have suggested creating a rank system for administrative positions, as well as single medics, that would be exclusive of operational hierarchy. In other words, one could serve as an administrative-rank battalion chief but not in an operations-rank without appropriate experience and qualifications. This approach might enable the AFD to select from a deeper, more-competitive pool of candidates enhancing administrative competency and continuity. Another option is to substantially incentivize upper level administrative positions by adding a sizable annual pay package.



Another consideration is to create a Career Guide (CG) that embodies the real-world knowledge, skills, abilities, and values for each promotable position. The CG would engage potential candidates in a self-assessment process designed and validated by incumbents who hold the positions they aspire to fill. AFD would enhance the talent pool, and candidates would be in a better position to plan their professional path and to compete fairly in the promotional process.

Lastly, AFD should expand administrative content experiences for all field officer ranks. Pre-promotion, new officer candidates should be required to complete core courses in business writing, and other tasks that are consistent with the duties of a line supervisor. Advanced promotions should increase course requirements to expose candidates to strategic and budget planning, and analytical thinking. Work projects can be created that reinforce course work allowing employees to gain valuable experience in developing and presenting reports. Over time, these actions will build a stronger, more confident, and educated candidate pool.

### **Expand Analytics Capabilities**

AFD has an obligation to ensure efficient and effective use of its resources. It provides a variety of sophisticated services to the public that require enhanced information technology, fiscal, and risk management systems and talent. These systems must have a coherent strategy and adequate resources. Information technology, quality assurance, and service elements need to be fully integrated with the goal to optimize alignment between assets and community needs based on outcomes and performance measures. Moreover, enhanced analytics should reflect the drive for innovation and continuous improvement, rather than the status quo.

AFD executives must be able to develop and/or acquire the administrative talent necessary to collect, and smartly refine data that will enable daily and long-term management of department assets and programs. Given the difficulty of competing for high level talent in the Northern Virginia market, alternatives may include reconfiguration of existing and new resources and developing cooperative agreements with other city departments or neighboring jurisdictions to acquire and share necessary expertise.

## **Conduct a Holistic Evaluation of Dual Medic Initiative**

Organizations will often implement major changes but seldom look at whether the desired outcomes were accomplished. The shift from single role medic to dual role medic was a major change in AFD's fire-based EMS delivery model, and it garnered a great deal of negative feedback from participants. They point to the deepening of staffing problems, loss of key medic personnel, and diminishing medic capabilities. On the other hand, four-person-staffing of trucks and engines was significantly advanced, enhancing safety standards and matching staffing configurations of regional partners. A few respondents advocate for a return to the old system, and some suggest that a reconfiguration of EMS and suppression assets might allow for a more efficient hybrid model. At the very least, some believe that there should be an examination of the issues in order to improve the system.

Most departments began with a fire suppression mission that has since dramatically evolved into a medical-dominant one over the decades. Original standards and infrastructure were built on a suppression model that largely presides today. The all-hazards adaptation provides an evolutionary bridge, but it has not substantially altered suppression or EMS resources to match the significant rise in medical incidents. As a result, EMS is thought of as a subset of the fire-based EMS model. Given the insightful observations offered by numerous participants, consider the following questions. What would an EMS-based fire model look like? Would it be configured and staffed differently? Would such a model be more in line with serving public needs?

Finally, an initiative of this scale does not happen in a bubble. AFD is part of a regional mutual aid system that includes neighboring jurisdictions. Its principal partners, Arlington County and Fairfax County, share common interests and should be made aware of this effort and findings, as the review proceeds.

## **Conduct an Evaluation of Recruit Field Placements**

Many participants stated that inconsistent practices can dramatically affect the post-academy development of some recruits. A key question: Why do some new employees struggle in certain assignments and thrive in others? The sheer volume of comments in this area suggests a serious review of these discrepancies.

## **Institutionalize Proposed New Organizational Development Practices and Skills into AFD Processes**

The impact of many of these recommendations would be augmented by institutionalizing elements of them in department processes. For instance, officer candidates are required to complete certain course certifications before their pre-promotional exam. These often involve technical skills, incident management, and general officer knowledge areas. The requirements should be expanded to include team building, conflict resolution and other essential soft skill sets, with effective performance feedback increasing with each advancing rank. These recommendations could be tied into the online self-study resource suggestion mentioned above. Strengthening and institutionalizing key performance skills sends a powerful message that these areas are important.

## **Design and Install an Organizational Assessment Process to Align Desired Individual and Team Behaviors with AFD Standards**

AFD must proactively define and address issues throughout the organization. Numerous participants reported that supervisors engage in negative behaviors that demean team members and entire classes of workers. There are also new officers who require careful monitoring and encouragement to follow a desired behavioral path. Many respondents also cited examples of positive role modeling by officers who have created inclusive, high-performance environments. Such a process would replicate those practices, built on routine assessment of desired leadership, individual and team behaviors, that align with department standards and values.

## **Review Performance Evaluation Processes and Practices**

Conducting meaningful performance evaluations is a challenge for most organizations. Managers, supervisors, and line employees alike seldom feel overwhelmingly comfortable with the process. Performance evaluation processes can be complicated as they intertwine paper requirements and human behavior, with the latter being the most important factor. A few participants directly reported that the current approach lacks substance, with one respondent characterizing the process as “a joke.” The performance evaluation process is an essential component of organizational life and a

critical element in building a healthy culture. Therefore, AFD should conduct a deep review of formal and informal processes and practices to determine what is and what is not working. Some key questions

...

- What are the existing formal and informal processes and practices?
- What are the process and behavioral obstacles?
- What are current best practices? Who are role models for these best practices?
- What changes must be made for employees to have confidence in formal and informal process and practices?

### **Assess Behavioral Health Strategies and Services**

The blur and speed of everyday life can easily mask underlying anxieties, even when they are visible in plain sight. This report has documented a considerable amount of raw emotion. In fact, several participants raised red flags about mental health issues, noting that there is a high level of environmental anxiety and stress. There was also concern about whether available services were responsive in a timely manner. Stress, inside and outside the organization, can have a profound impact on the well-being of employees and their families. Helping them mitigate that stress, and sometimes providing an intervention, is both humane and beneficial to the AFD. One participant observed that mental health issues were given considerable attention as a result of 9/11 but that it has faded away over recent years for a variety of reasons. The Department should review how mental health services are promoted, how outreach is accomplished, attitudinal barriers, what interventions need to be made, the responsiveness of vendors, and how fellow employees can best aid others in need. As one participant stated in the solution section, "Everyone needs to care about the well-being of others." This is one way to aid that remedy.

In closing, whatever choices are made from the list of potential actions and participant recommendations, there is an abundance of good people in the AFD, representing all generations, who are dedicated to the core mission of serving the public; who want to be inspired to build a better organization; who are ready to commit to the kind of values and abilities that lead the way; and who are ready to do their part. The AFD recently demonstrated that it could define a critical skill deficiency, change policy, and execute a successful training intervention. It is time to work with these good people,

tap intellectual resources, and use known, effective best practices to address the issues raised by participants. Moreover, the *Groundhog Day* movie time loop referenced on page 7 will be broken through constructive, sustained action.

Most significantly, the AFD will be working toward achieving the primary sentiment expressed in the quote on page 2, “Now: Fire above all ... Future: EMS, Fire together/equal” ... that being WE ARE ONE!

Appendix A  
Paraphrased Summary of Participant's Solutions

Professional development and training

- Expose all officers to department functions
- Reinstate multi company training using positive learning and feedback techniques
- Enhance professional development for upper ranks
- Create a Central Library at PDC West or East; providing necessary text references and hold users accountable for check out privileges
- Review required education classes; add business writing
- Create an Officers Academy for all positions based on current new officer approach
- Conflict resolution training
- Develop coaching, mentoring, and positive feedback skills
- Create succession plan

Operations

- Fix staffing problem
- Evaluate staffing deployment and service model including EMS and suppression assets
- Stop promising service levels based on current staffing model
- Consistency across all battalions based on best practices
- Place headquarter white shirts on hold over list
- Review staffing at underutilized stations
- Return to paramedic only ambulances supplementing with paramedics from engines and trucks
- Evaluate driving habits; rate of speed on streets

Policy, Procedures, and Practices

- Collaborate, include all voices
- Sincerely consider internal ideas
- Match best practices to policies and procedures
- Consistency, consistency, consistency with all functions
- Eliminate favoritism
- Promote on merit, value to organization
- Avoid groupthink; promote diversity of thought in decision making
- Develop more effective conflict management procedures and practices
- Consolidate records, policies into one location
- Review standards and update
- Promote women into the upper ranks

Behavioral

- Promote a healthy, inclusive environment
- Elevate positive role models
- Acknowledge everyone's efforts; curb the negative
- Accountability at all levels (on and off duty)

- Don't be a jerk when asking to have something done
- Everyone needs to care about the wellbeing of others
- Listen; don't react
- Reinforce good behaviors
- Do not tolerate inappropriate behavior toward individuals and workgroups
- Strengthen mental health services

#### Resources

- Provide more resources to retain new employees
- Address retention issue
- Develop more constructive ways to resolve conflict
- Make sick leave more valuable

#### Management

- Transparency
- Create organization expectations supported by training and accountability
- Communicate the need to change ... Be courageous
- Support IT
- Resolve pay compression, classification and other compensation issues
- Address performance issues and hold employees accountable
- Eliminate the five-year shuffle
- Educate City Council and citizens on department mission and how we can better serve their needs
- Update civilian positions
- Create functional redundancy for single skill positions
- Listen, listen, listen
- Advocate for all
- More interaction with Fire Chief
- Eliminate silos in the Department
- Collaborate with other departments
- Fix the gap between City Hall and the AFD

#### Recruitment

- Increase hiring diversity

Appendix B  
Paraphrased Summary of How Participants Can Help

Take care of patients  
Try not to be negative  
Train people to be the best  
Want people to be here  
Do my job well  
Don't be a problem  
Create positive sphere of influence  
Communicate there's a better way  
Be respectful  
Do my job  
Take initiative  
Advocate change  
Be personally better  
Resolve issues  
Be active  
Communicate  
Support others  
Shut down negativity; create a better culture  
Offer suggestions, solutions  
Speak out to create change  
Situational confrontation  
Care about others  
Won't sit by and watch chaos happen  
Be proactive, not reactive  
Build people up  
Empower people  
Encourage growth  
Invite participation  
Positive social media  
Call out things that are wrong  
Coach, mentor, train  
Grow people, delegate  
Don't be disgruntled  
Be better, be decisive  
Eliminate silos, proprietary behavior  
If given opportunity, influence change  
Teach  
Explain, engage  
Encourage involvement  
Do my job well  
Promote accountability



Appendix C  
Participant's Responses to Cultural Description Question  
(Note: There may be some redundancy due to respondent responses)

Negative Descriptors

Terrible	Bully	Intolerant
Wasteful	Attitude	Cold
Selfish	Negative	Impersonal
Cliquish	Inconsistent	Petty
Ancient	Adrift	Grumbling
Closed-minded	Divisive	Broken
Bad	Toxic	Quirkiest
Gang-like	Patriarchal	Racist
Unsafe	Understaffed	Tribal
EMS-unfriendly	Leaderless	Stuck
Nontransparent	Unfocused	Secretive
Exhausted	Toxic	Overworked
Worried	Hostile	Demented
Negative	Divisive	Passive-aggressive
Complicated	Debilitating	Ignorance
Misguided	Archaic	Confused
Fire-dominant	Silo	Oblivious
Fatigued	Toxic	Apathetic
Blind	Rigid	Underperforming
Unaware	Lopsided	Minimalists
Oblivious	Deficient	Racists
Marginal	Complacent	Cliquish
Polarized	Toxic	Tired
Disequilibrium	Fire preferred	Bitter
Selfish	Stuck	Divided
Inconsistent	One sided	Rigid
Hardheaded	Hostile	Unstable
Unrealistic	Toxic	Bitter
Broken	Fire-all	Dysfunction
Divided	Stubborn	Clunky
Broken	Irresponsible	Negative
Fractured	Bias	Chaotic
Distance	Unaccountable	Arrogant
Unpredictable	Substandard	Stressed
Selfish	Eggshells	Selfish
Dysfunction	Unsupported	Paranoid
Hopeless	Favoritism	Untrusting
Lost	Nontransparent	Racial
Disconnected	Inconsistency	Divided
Nonexistent	Underperforming	Desperate
Chaotic	Rote	Myopic

### Negative Descriptors, continued

Complicated	Traditional, old school	Awkward
Undervalued	Frat/sorority	Inconsistent
Conforming	Adrift	Disgruntled
Sensitive	Myopic	Nontransparent
Defensive	Unstable	Suspicious
Stuck	Wounded	Unaccountable
Selfish	Sexist	Inconsistent
Afraid	Dysfunctional	Sensitive
Hesitant		
Insular		
Disconnected		

### Positive/Neutral Descriptors

Quasi-military	Ready	Young
Bonding brothers/sisters	Professional	Desire
Admired	Young	Trying
Team	EMS/fire	New
Heroic	Together/equal	Dedication
Hierarchical	Desire	Honesty
Performs	Young	Willingness
Optimistic	Growing	Diverse
Diverse	Progressive	Changing
Fun	Diverse	EMS
Compassionate	Good	Transitioning
Competent	Hopeful	Flexible
Diverse	Potential	Youthful
Work hard	Historic	Hopeful
Proud	Young	Diverse
Potential	Dedicated	Transitional
Young	Loyal	Young
Improving	Diverse	Impressionable
Opportunity	Professionalism	Optimistic
Sincere	Safety	Service
Cooperative	Frugal	
eager		



## Overview

This addendum chronicles the events, feedback, and actions taken post-release of the draft *Organizational Assessment Report* (OAR) distributed to all department members on Monday, March 9. During the week that followed, informal and formal feedback was solicited to measure the content and accuracy of the report through a series of meetings with city officials, department leaders, labor groups, and select individuals and workgroups. In addition, six (6) people were directly interviewed. Altogether, over sixty (60) people participated.

It is important to note that Covid-19 issues began to emerge during that week and substantially eclipsed the department's focus shortly thereafter. As Covid-19 emerged, the OAR discussions subsided to await another day, hopefully soon. The following record is essential to the reintroduction of these matters and to continue constructive actions to address them.

## Summary of Feedback Sessions

Responses ranged from "the report was spot on accurate" to "that has not been my experience." A handful of individuals commented that the report appeared to provide a forum for a few disgruntled voices resulting in an unbalanced negative picture. They expressed concern that this created a dominant tone within the report. In contrast, others sharply asserted that the report cracked a wall of denial that had inhibited the department from taking an honest look at itself. By week's end, the overwhelming consensus was that the report was a reasonable, balanced narrative of department issues.

In the cover memo of the draft report, department members were encouraged to ask questions and offer comments. It was reported that other employees also encouraged members to respond. One person's thoughtful inquiry is worth highlighting since it may be representative of others. It was noted that the report contains confusing or contradictory statements from participants. As a result, the inquirer asked, "How does one figure out what is a true issue?" In response to this question, pages 14 and 15 of the report explain, "Much was said, so great care has been taken to characterize the multitude of voices and topics discussed in a concise, accurate manner. It is important to note that topics that appear in one section may be found in another and offer opposing points of view. This is true when summarizing what the AFD does well and what it needs to improve." Opposing points of view occurred throughout the report, possibly even by the same person.

There are other reasons for apparent conflicting statements. Foremost, people can have differing perspectives about the same event or set of facts. Also, the process engaged 141 employees, representing a significant cross-section of the organization, who expressed disparate opinions of the department's various concerns. For example, a vast majority of participants reported that operations, which serves the public was a strength. In contrast, many reported on the EMS/suppression conflict, a significant aspect of operations. In addition, during the feedback sessions, some participants felt that the EMS/suppression conflict was concerning only to a few disgruntled medics. However, out of forty-two (42) direct interviews with uniformed line staff, only 6 – 7 were medics. There were another sixty-nine (69) uniformed line staff who participated in the online survey, but the breakdown of their position identity is unknown. Bottom line: the input on this issue was widespread, inclusive of medic and veteran suppression employees. And, as a result, a contradicting opinion of operations was revealed.

The inquirer provided another example of a conflicting point of view. They stated that “We have great leaders, but we have bad leaders.” In responding, it was noted that participants shared differing examples of leadership as well as a lack of it. For instance, it was reported that some recruits would struggle and then flourish depending on their supervisor, field assignment, or work group. A deeper dive revealed specific leadership and supervisory behaviors and conditions that characterized those healthy or toxic situations. Again, members may have contrary opinions based on their personal experiences.

One issue that emerged during the feedback sessions was an acute concern about mental health and employee assistance services. A few employees came forward to share compelling observations and personal stories about an unresponsive, poorly managed system. They also expressed deep concerns that internal mental health initiatives have been pushed to the side over the past two years as the department struggled with staffing issues. They reported that the tragic loss of a key provider caused significant disruption; that an internal traumatic stress team has lost focus; that timely referrals, which is essential in the post-traumatic stress environment, can lag for days or weeks; and that qualified therapeutic professionals able to understand and treat first responders were nonexistent.

A few participants commented about the amount of information in the report. The comments were not concerning; rather they were more about understanding the totality and complexity of the information. One participant stated that there was so much to comprehend that he was on his third read.

What does success look like?

At the end of each feedback session, participants were asked “What does success look like?” Their responses are paraphrased in Addendum 1.1. Clearly, there is a significant expression of optimism along with defined achievement points. Distilling participant responses down to action words results in a more precise description, as visualized in the word cloud on the cover of the Addendum report. Some editorial license has been taken to clarify the sentiment of select phrases. These are highlighted in parentheses in Addendum 1.1 and listed in Addendum 1.2.

A careful reading of participant’s paraphrased comments indicates success measures that may be taken to encourage a healthy culture, opportunities for all, improved resources, commitment by key leaders (if not everyone), and advocacy to undertake big change. Core ingredients appear to be good people operating within the teams they comprise, using critical human skills and emotions such as positive communication, self-reflection, trust, respect, acceptance, inclusion, and understanding. Collectively, participants want to create an organization of which everyone will be proud and one that will be a destination for future employees. This will require eliminating silos, and improving self-reflection, leadership, and direction.

#### Changes to Draft Report

The vast body of the OAR is unchanged. There is added discussion and a recommendation related to mental health on page 51. There is an addition to the Step Two planning process on page 43 suggesting that a review by a diverse executive group be conducted to meticulously comb through every page and topic of the report to create a three column issues list, related matters, and potential actions. For example, the issue regarding why some recruits struggle and then thrive under the supervision of a particular officer is not singular. It is comprised of a series of connected checkpoints, such as ...

Recruitment

Training (recruit, officer)

Processes (placement, oversight, evaluation)

Policy, standards, and practices

Behavioral goals, attitudes

Communication

To further illustrate the operational and emotional complexity of this example, during one of the feedback sessions there was a robust debate about this topic. A couple of participants commented that “Perhaps the recruit was now thriving because they had found an easy officer.” Others countered that was not so and part of the problem was the lack of quality placement options.

Last Words

On a personal note: This is your report. Whether you agree or disagree with it, everyone has a profound stake in the outcome. You have articulated the best and what can be done better by AFD. You have provided a framework for action, and a vast majority of you are willing to assist individually or organizationally. Fire rescue icon Chief Alan Brunacini warned that “Ego eats brains.” What he meant by this is that we can become our own impediment to progress, becoming trapped in the shadow of our individual way of doing things, and discounting others who do not think the way we do. Change is hard work. Do not be a bystander. As one participant advocated, “Be part of the fix.” Moving forward will require introspection, courageous conversations, respect, collaboration, the reinvigoration of core values - *unity, community, dedication, professionalism, and preparedness* - and mutual accountability. Moreover, it requires the kind of strong informal and formal leadership practices that have been cited in the report by all members of the AFD. As theologian Albert Schweitzer noted, the three most important ways to lead people are ... by example ... by example ... by example. What example are you willing to provide?

Addendum 1.1  
What does success look like?

The following are paraphrased responses to the question asked at the end of the many feedback sessions – What does success look like? Some responses are repetitive.

Look better

Be a destination

Do what I want to do, yet cross trained

Be able to do whatever I want to do (Empowerment)

Having conversations

Listening, heard

Give a good product, good return on our effort

People want to be part of something bigger

Next time report the opposite (Reverse)

Finding incremental improvement

We can make it better for the future

Have a conversation

Change toward the positive

Success is individual perception ... need immediate to short term direction

Be proud of the work we do

Need a big dream; Go big ... Tradition can obstruct ... There are a lot of smart people here ... People want to help patient, community, region ... Look at what we tried to do

Buy-in from people in this room

Look in the mirror ... Influence people below

No longer having conversation about EMS and fire (Unity)

People want to stay here

Put plan out ... Where are we going (Direction)

Having a culture that anyone who comes here can feel comfortable

Be able to take a good hard look at this so that people from the outside want to come in (Self-Reflection, Destination)



Being open; take honest assessment

People proficient, competent

Respect

People want to work here (Destination)

Empathy, understanding

Today is no longer good enough

In five years, people flock to apply here (Destination)

Acceptance of people's lifestyles

Resolution of arguments between medics and suppression

Provide direction

Acceptance of medic role

Getting everyone to one common goal ... everyone on every call

Hire top jobs from within the department (Succession)

Address cultural issues ... people feeling comfortable, working together, operational excellence, respect

Being included

Adequate staffing and technology to do the job

Streamline systems

Understanding job

Pay equity

Finding a way to be included like anyone else

Better lines of communication with other partners

Eliminate silos (De-silo)

Better EAP

Recruit

Trust, integrity, retain

Team integrity

Stop sending negative messages by using certain positions as punishment, i.e., riding the medic unit  
(Positive)

Operating more as a team

Open, constructive conversations

Be about the fix, not just bitching

Mission defined

Team and development of the team

Look out for each other (Support)

Lead yourself ... what's in it for everyone, not just me (Self-initiative)

Embed report in culture (Institutionalize)

No double meanings ... What's the truth

Career opportunities for medics

Seeing something happen (Action)

Respect amongst all ... suppression, medics, peers, all employees

Respect and recognition from the city ... stop treating us like second class workers

Improve mental health support, programs

Don't want to be disposable resource as a goal for something else (Non-disposable)

Respect for what we do ... we're professionals

Equal treatment

Attitude: When telling someone this is where I work and they say 'you lucky bastard.' (Destination)

People who are here want to be here (Pride)

Be a destination

Change

Acceptance by everyone

Addendum 1.2  
What does success look like?  
Key Words

The following key words are derived from the paraphrased responses in Addendum 1.1. They include action, subject and feeling words that make up the Word Cloud used as the Addendum cover page.

Better	Destination	Recruit
Destination	Open	Trust
Cross-trained	Honest	Integrity
Empowerment	Assessment	Retain
Conversations	People	Team
Listening	Proficient	Integrity
Heard	Competent	Positive
Product	Respect	Team
Effort	Destination	Open
People	Empathy	Constructive
Bigger	Understanding	Conversations
Reverse	Destination	Fix
Improvement	Acceptance	Mission
Better	Resolution	Team
Future	Medics	Development
Conversation	Suppression	Support
Change	Direction	Lead
Positive	Acceptance	Self-initiative
Success	Goal	Institutionalize
Direction	Succession	Truth
Proud	Comfortable	Opportunities
Dream	Together	Action
Big	Excellence	Respect
Smart	Respect	All
People	Included	Respect
Buy-in	Staffing	Recognition
People	Technology	Improve
Mirror	Streamline	Mental Health
People	Understand	Non-disposable
Influence	Pay	Support
Unity	Equity	Respect
People	Included	Professionals
Stay	Better	Equal
Plan	De-silo	Destination
Direction	Communication	Pride
Culture	Open	Destination
Comfortable	Better	Change
Self-reflection	EAP	Acceptance