



City of Alexandria
Office of Historic Alexandria
Alexandria Legacies
Oral History Program



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Interviewer: *Terilee Edwards-Hewitt*

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Abstract: *Anne Gaddy, MD, is the Deputy Director of the Health Department for the City of Alexandria. Dr. Gaddy discusses the multiple roles that the Health Department regularly takes on and their work during the COVID-19 pandemic. Initial vaccinations by the Health Department began in December 2020. Dr. Gaddy is grateful for the strength and flexibility of the staff and volunteers who have worked during the pandemic since 2020 and the importance of funding public health.*

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Sticker given to people after receiving their second COVID-19 vaccine

<i>Introductions</i>	
Teri Edwards-Hewitt:	Okay, well, so, today is June 3, 2021, and I'm Teri Edwards Hewitt, and I'm talking to Anne Gaddy. Am I saying your last name correct?
Anne Gaddy:	That's correct.
TEH:	Okay, excellent. And we're going to talk about the COVID-19 pandemic and your work with the Virginia Department of Health. So, well, thank you very much for agreeing to do this.
Anne Gaddy:	Absolutely.
TEH:	I really appreciate it. And so, the first question, I just wanted to ask a little bit of background information. So, where are you originally from?
Anne Gaddy:	I grew up in Potomac, Maryland, so just kind of across the river, so to speak, from Alexandria. And I grew up there until I went to college at Haverford College in Pennsylvania.
TEH:	Oh, okay. Where is that in Pennsylvania?
Anne Gaddy:	In Haverford, Pennsylvania.
TEH:	Okay.
Anne Gaddy:	It's about half an hour west of Philadelphia. It's a small liberal arts school.
TEH:	Oh, awesome. Excellent. And so, you are an MD [Medical Doctor].
Anne Gaddy:	Yeah.
<i>Medical School – Johns Hopkins School of Medicine</i>	
TEH:	And so, where did you go to medical school?
Anne Gaddy:	So, after I finished Haverford College, I lived for a year in Washington, DC, and worked at a free clinic there, and kind of confirmed for myself that I wanted to go to medical school. And so, I got in at Johns Hopkins School of Medicine. So, I went up to Baltimore. And then, after medical school—or actually, I guess as a part of medical school—I really liked the pediatrics program that was there, and so I decided to stay for the pediatrics program and became a pediatrician. And then, I basically worked in pediatric ERs [emergency rooms] for about eleven years before that lifestyle and hours and environment just became one that I realized that I didn't want to do for the rest of my working career. And I have always had an interest in public health. So, at that point, I actually went back to school, went through a preventive medicine residency program, where you basically get your master's in public health and training in practicing preventive medicine as a physician. And that's actually what led me to the Alexandria Health Department because as one of

	<p>my rotations in that preventive medicine residency program, I spent a few months at the Alexandria Health Department. And there was an opening after I graduated, so I started here as the deputy director. Then, about a year and a half, year and a half later or so, the director stepped down. And so, I was asked to be the acting director. And so, that's my current role here at the health department.</p>
TEH:	<p>Wow. Wow, that's awesome. And it's great you were able to stay fairly, you know, Mid-Atlantic region.</p>
Anne Gaddy:	<p>Yeah. I don't know that it was really necessarily intentional, but that's how it worked out, and it's nice that I'm close to friends and family. A lot of people in this area from growing up and from school are still around, so, yeah.</p>
<p><i>What does the Health Department Do?</i></p>	
TEH:	<p>Oh, very cool. So, I was wondering, when there isn't something like a global pandemic going on, what does the health department do?</p>
Anne Gaddy:	<p>That's a great question. A lot of people—in fact, when I took this job, a lot of people sort of said, well, what does that mean, or what does the health department do? I think there's a lot of behind-the-scenes things that go on that people don't necessarily realize are services that the health department is providing to the community.</p> <p>So, first of all, there's a set of clinical services. And in general, health departments tend to provide the clinical services that are kind of safety-net services or services that aren't necessarily easily accessible by everyone. So, we have a tuberculosis clinic. We have a newcomer clinic which serves refugees who are in need of exams and health assessments when they enter the country. We do reproductive health, sexually transmitted infections. We have a clinic that is specifically designed for the LGBTQ [Lesbian, Gay, Bisexual, Transgender and Queer] community. And we do immunizations as well. So, those are a few of the clinical services that we offer here.</p> <p>We have an environmental health division. So, they do the restaurant inspections. They do the pool inspections to get the pools opened and ready to go. They also investigate cases of rabies and make sure that those are followed up on and people and animals get treated appropriately. They keep track of the vector-borne diseases, so anything that's transmitted by, for instance, mosquitoes or ticks.</p> <p>And then our epidemiology division. All these terms that have now become popular terms that everybody knows, such as case investigation and contact tracing—those are things that they do all the time for other communicable diseases where they contact the person. There's basically a list of communicable diseases that we always keep an eye on what the levels are in the community, and if somebody has certain illnesses, we contact them and follow up on</p>

	<p>whatever that illness is, and if it's appropriate, do contact tracing and follow up. We also, with the epidemiology, follow just sort of trends in population health, so not necessarily infectious disease, but just other health conditions in the community.</p> <p>And that kind of crosses over into our population health division, which really does a lot of outreach into the community, community health planning. Just right now, we're actually trying to finish up, despite the pandemic, our community health improvement plan, which focuses, actually, on housing, poverty, and mental health as areas of health because we realize that health is not just physical health in and of itself, but it's really a product of your environment and a lot of other social factors.</p> <p>And we also do—there's a public health emergency management portion of our services. And normally, that is a lot of planning and a lot of running exercises. And for instance, every fall, we do a flu clinic so that we exercise our plans for how we would vaccinate, on a large scale and very quickly, a lot of people. And to the public, it just seems like a flu clinic, but we were actually exercising our plans to do that. And then, of course, this year here comes the pandemic, and we very much put those plans and our experience with those flu activities to use in being able to run the COVID vaccination pods which—.</p>
<p>TEH:</p>	<p>Oh, wow. Well, that's amazing that the health department has so many moving parts.</p>
<p>Anne Gaddy:</p>	<p>Yeah. There's really a lot of—health intersects with so many aspects of life that it really is—to be in a health department is really a very multidisciplinary type of experience.</p>
<p><i>First Hearing about COVID-19</i></p>	
<p>TEH:</p>	<p>Wow. Oh, that's awesome. So, switching to the topic of this oral history, when and how did you first hear about COVID-19?</p>
<p>Anne Gaddy:</p>	<p>So, the health department often—we basically kind of monitor any—various channels of novel health information. And there is basically kind of like an international notification service that puts together various reports from around the world when sort of things that are out of the ordinary happen or things that the health community might be kind of interested in. And so, in December [2019], we saw this report of this outbreak that was happening in China. And at that point, nobody knew what it was. And so, it wasn't called COVID or coronavirus. There was just sort of these reports of respiratory illness. And so, from there, we just kind of kept our eyes on what was going on. And then, eventually, there was the first reported case that was outside of China, and then in the US. And I remember our epidemiologist saying—as all of the airports closed down and</p>

	borders started closing and everything, I remember her saying, “There’s no way that they’re going to contain this.” And sure enough, after that, it just really started the exponential growth in the transmission of the virus.
<i>What Health Departments Did in the Past</i>	
TEH:	Wow. I was wondering—and I don’t know if you know this, but I think of previous pandemics or epidemics, I guess, really, so, like there used to be polio epidemics. Was there a health department then, do you know? Like, were you able to use things, or was it so far back that it wasn’t really relevant, just with changes in medicine?
Anne Gaddy:	No. So, actually, the health departments have their origin in communicable disease. And actually, some of the first health officers were—basically, when ships would come over from, say, Europe or Africa or whatever to the US, there would be these health officers that would basically determine whether a ship needed to be quarantined. They would sort of do an inspection or a history to figure out where it was coming from and so on. And so, that’s actually kind of where the root of public health authority for isolation and quarantine comes from, is they were trying to stop ships that might be transporting plague or yellow fever or any other communicable disease from coming and bringing that into port and into the population. So, of course, until more recently, a lot of illnesses didn’t have antibiotics, or you didn’t know how to necessarily treat some of the illnesses. So, sometimes, the isolation and quarantine was one of the best methods they had to prevent spread. But, yes, certainly the health department’s size and function have grown over time. And for things like polio and vaccination campaigns and those sorts of things, the public health community would be very involved in those sorts of activities.
TEH:	Very cool. So, in a way, you didn’t personally have experience with it, but kind of the larger field had background in that. Very interesting.
Anne Gaddy:	Yeah.
<i>Impact of the Stay-at-Home Orders on Work</i>	
TEH:	So, in mid-March 2020—hard to believe, over a year ago—for those of us not working in public health, we got the order to stay at home or stay at home as much as possible. I’m assuming your department, you did not have that option. Were you able to work from home, or what was your situation?
Anne Gaddy:	Yeah. So, at first, we actually all did come into work. It was very much still in person. And we actually—although I think typically, in the wider community, we’re not necessarily thought of as first responders, as I mentioned, we have the public health emergency

	<p>management portion of our services. And that prepares us for what to do if there's a bioterrorism attack, what to do if there are health effects from major weather disasters, and what to do if there is a pandemic. And so, part of the understanding of every employee is that they are first responders, and that, if called to respond to certain situations, that that's a part of their job responsibility. And so, particularly at first, when we were kind of trying to figure out what exactly is going on, what's the scope, how much do we need to scale up, what are we putting in place, we were all here every day. And I have to say, it was a great support. I think if we had all started out immediately saying, okay, we're all teleworking and going to be at home, I think the type of camaraderie and just morale and communication that happens when you have a group of people together, physically—although, together, yet six feet apart. We very much spaced—our team configured conference rooms and other spaces to make it safe to come to work in terms of infection prevention precautions. And there are bottles of hand sanitizer everywhere.</p>
<p>TEH:</p>	<p>Right. [laughs]</p>
<p>Anne Gaddy:</p>	<p>But, yes, we have constantly been coming into work throughout the whole pandemic, although particularly as some of our processes and things got settled and as the city and other places really got up and running with telework, we did also. And there is a good portion of the staff that, if their duties don't necessarily mean they need to be here in person, they would be—for instance, if you're vaccinating someone, you obviously can't do that from your living room. [laughs] But a lot of the other—you know, there's certain other pieces of work that can be done from home. We certainly do have a number of people who—most, I would say, do a combination of being at home and coming into work. But the vaccination events and planning are all in-person, our call center, as well as our case investigation and contact tracing. Although some people might think that those things could be done from home, in order to get really good quality assurance and have an additional person there, right there, to be able to answer a question that they kind of need back from the supervisor and that sort of thing, we found that all of that happened much better in person, so those are also in-person activities.</p>
<p><i>Changes in Her Community</i></p>	
<p>TEH:</p>	<p>Okay. Wow. So, meanwhile, the rest of us are trying to stay at home as much as possible. And I was wondering—I see that you're in a townhouse—how did that impact your neighborhood and your community? What changes did you see during that initial stay-at-home order?</p>

Anne Gaddy:	<p>Yeah. So, actually, I'm currently living with my mom because I actually hadn't been back in this area for very long before the pandemic happened. And so, I hadn't—I thought I would stay with my mom while I found a place to live down here, and then the pandemic happened. And she's in her seventies and so was basically going to stay at home all the time. And so, I continued to stay with her, partly for her mental health, partly for my mental health, because she was a great support in being able to cook meals and just sort of do household stuff while I was working fourteen- and sixteen-hour days.</p> <p>And I would say that what I noticed in the neighborhood—there were probably a lot more parked cars that were just there, right, rather than coming and going. Particularly after the evidence came out that the masks were a good protection, you would see people walking around outside with the masks. There's a walking trail that sort of goes around the housing complex. And so, people would come in their masks, and then there's sort of this mask etiquette that would happen when you would see somebody down the trail if you had had it off because you just weren't around anybody. You know, you put the mask on. And a lot of delivery services. So, the number of Amazon trucks and food service delivery trucks and those sort of things, that just went way up, all of those delivery services, in and out of the neighborhood.</p>
TEH:	So, you're working these really long hours, especially in the first couple of months, and it may have been more than a couple of months.
Anne Gaddy:	Yeah. [laughs] The past year or so.
<i>Self-Care When Not Working</i>	
TEH:	Year. Okay. So, it's still at that crazy high level. What do you do to decompress, to relax after you're dealing with this very stressful stuff, and has that changed, and if so, how? How you might have relaxed after work or when not working?
Anne Gaddy:	Yeah. There was a period of time, particularly when I—so, I took on really spearheading implementing the vaccination efforts. And so, I think particularly as that ramped up and was in its initial phases is when I was working seven days a week and somewhere between twelve and sixteen hours a day. And I think at that point, you just sort of eat when you can, and you sleep when you can, and you try and take as much joy and satisfaction as you can out of knowing that you're doing something that is really worthwhile. And I would say I think that that is a lot of what has kept a lot of the staff here going, despite the fact that they were exhausted and that they were working long hours or consistently working weekends and so on, is just this

	<p>feeling of knowing that you're really providing needed services and making a difference in the lives of people. And then, I think once you're not working quite that much, then you—it helps me kind of, I guess, become grounded.</p> <p>Or doing self-care, to me, means being outside as much as possible. So, if I'm teleworking, I try and telework outside when the weather is nice, or even go for a short walk, even if it's just like five minutes. I really like the outdoors, and so I think that's really helpful to me.</p> <p>Also, just trying to call and touch base with friends as much as possible and just kind of have that support there to remind yourself that there is a life outside of work. Although, it's actually interesting that—you know, that is one of my normal coping mechanisms. You kind of asked, did anything change? Well, so, one of the things I found was that normally, I would call to talk to friends and decompress and just talk about whatever, or even do some of that through social media and Facebook. But all Facebook said was COVID this, COVID that. Everybody, when you talk to your friends, is talking about COVID this, COVID that, things that are going on in their family or their community because of COVID. So, it was sort of hard to get away from work because it was just everywhere, [laughs] the topic of conversation. So, to really kind of clear your mind and get away from that, I kind of found a group of friends that I would gravitate to, one of my groups of friends that was more just the chit chat, small talk, rather than necessarily talking about COVID all the time, right?</p> <p>And reading and Netflix, also, just to turn my brain off sometimes, when I had time. Just lose yourself in a book and binge-watch some shows.</p>
TEH:	Right, right. Yeah. So, were you talking—I'm just curious—were you doing Zoom or were you doing telephone? Have you had Zoom fatigue?
Anne Gaddy:	I think because so much of my workday is looking at a screen, whether I'm in meetings—sometimes it's hard to get work done because of the number of meetings in a day, and most all of those are virtual at this point. And if I'm not in a meeting, then I'm looking at a screen because I'm emailing or writing or whatever I'm doing, it's on a screen. So, I actually like just calling and talking to friends just because it's not screen time. But I do have—for instance, Sunday evenings, there's a standing call between a bunch of my college friends and I that are over Zoom, which I'm not as good about attending as the rest of them [laughs] because sometimes I just need to go to bed early. But it is also nice to be able to use the technology to see people's faces as well.

TEH:	Right. So, a big thing now, as you know, is we're in the vaccine phase, very actively, for several months now. So, when did Alexandria start to do vaccines?
<i>Starting Vaccinations in Alexandria</i>	
Anne Gaddy:	We gave our first vaccinations on December 23, 2020, and then we even had a Christmas Eve clinic that was well attended. And that whole first phase, we started out with the healthcare professionals, as that was guidance from CDC [Centers for Disease Control and Prevention] and the state. So, that's when that started. And that was very emotional for a lot of people, just to be able—particularly a lot of the nurses who were the ones that talked to families who had lost people, talked to people who were in a really tough situation because of COVID on a daily basis, to now be able, as part of the case investigation and contact tracing—right, they were having those conversations—to now be able to offer a vaccine that offered hope for people, offered protection for the healthcare workers. So, there was a lot of emotion on the part of the staff, being able to enter into this hopeful phase of this whole dynamic, as well as people still get emotional coming to get their vaccine because it's kind of transforming the way they are thinking about needing to live their life and being able to let go of some fears. And so, that's very rewarding.
TEH:	Yeah. My sense when I got mine in the spring, just two months ago, was it felt, like, joyous. I mean, I can't quite describe it, but it just like—everybody was like, Hi! Hi!
Anne Gaddy:	Yes. [laughs] I love our staff and volunteers. I mean, it just never gets old to them to just be able to exude that enthusiasm. We have a couple of volunteers who literally stand at the end of the row of vaccination tables, and as people are going out, "Congratulations! You did it! Hooray!" And so, it's a great thing to be able to celebrate.
<i>Continuing the Vaccination Program</i>	
TEH:	That's awesome. So, we're now at the start of June 2021. So, how long will the vaccinations continue through the summer? Do you think it'll be summer and fall? Knowing that you don't know. [laughs] I was just curious.
Anne Gaddy:	Yeah. So, I think there's different uptake at different times. So, at the very first, some people were hesitant. We didn't have quite as high of a rate of people getting the vaccine. But then, as interest built, it was hard to get the vaccine. And then, we had this large number of people that really enthusiastically wanted to get the vaccine at the very first chance that they could and had our long waitlist, and now we've made it through the waitlist and that group of enthusiastic people that were kind of going over—you know, if there was some barrier, they would figure out a way to overcome that, to be able to get there. And

	<p>now, I think we are getting out into the community and trying to figure out how to access parts of the population that, either because they are working multiple jobs; or because they might want the vaccine, but they're not totally convinced, but if it was right there in front of them and they had somebody to answer their questions about it, they might decide to go ahead with it; or people who are having difficulty accessing the vaccine just because of language barriers or concerns about being able to get it without insurance—things like that.</p> <p>So, that's some of the groups of people that we're trying to really reach now, and so, literally going out into the community and knocking on doors to let people know, in a few days, there's going to be an event down the road if you're interested in getting a vaccine, and really trying to get information out and increase people's knowledge about the vaccine. And so, I think this phase of the response is going to go on for a little while. I mean, it could go on through the summer. And we'll probably see that—you know, at one point, we were doing distribution events that had 2,000 people per day in an event. Now, more or less, we're between one hundred and three hundred people at an event. I think we'll get down to the point where we're kind of stationing ourselves in places where maybe we'll get twenty people, and that's great. We'll just continue to try and meet people where they're at. And also, it is much more widely available now at pharmacies, private doctors' offices, and so on. So, people have a lot of other options on where to get vaccines besides just from the health department. And I imagine this may go on through the summer that we're continuing to try and get vaccine out. And then, the possible next phase of the response is if a booster shot is recommended, probably scaling back up a little bit. Also, if there's approval for individuals under the age of twelve to get the shot, again, that's going to create a whole new group of people who will have demand for the vaccine. So, like with the whole rest of the responses, I think it's going to kind of wax and wane, and we will just figure out how to respond to whatever the situation is at the moment.</p>
<p><i>Has the Pandemic Changed How You Think About the Community?</i></p>	
<p>TEH:</p>	<p>Okay. Well, that's awesome. Has the situation dealing with COVID and dealing with this major public health crisis—has it changed the way you think about the community?</p>
<p>Anne Gaddy:</p>	<p>I think—I don't know if it's changed the way I think about the community. I think it's really fantastic to see how the community has come together. And we are working with organizations that we already had partnerships with, but even more closely with them. People are working across organizations, across agencies. Within a vaccination pod, we would have our Medical Reserve Corps</p>

	<p>volunteers, a bunch of workers from the City of Alexandria, our health department staff, volunteers from some other organizations. And so, just the collaboration that happens is great. And even within our health department—for instance, the environmental health division knows the people in the nursing division, but they may not work really closely together every day, but now they are because their jobs have shifted. And just seeing that throughout the community—people supporting each other, people figuring out how to get their frail neighbor to a vaccination pod, people writing us amazing letters of thanks and encouragement—so, it’s—.</p>
<p>TEH:</p>	<p>That’s awesome.</p>
<p>Anne Gaddy:</p>	<p>I really have appreciated the amount of community support that people give each other and us.</p>
<p>TEH:</p>	<p>That’s great. Well, I know, in addition to thanking the people working the pod where I got my vaccine, I was also thanking the people who were directing traffic, whether it was the parking or where to walk, you know, so you’re not walking around the long way around a school or something like that. So, I just thought it was, for me, a very amazing experience.</p>
<p>Anne Gaddy:</p>	<p>Great. I’m very happy to hear that.</p>
<p>TEH:</p>	<p>So, I was wondering. So, now you’ve really weathered this major crisis—continuing to weather, I guess. It’s not done. This is an ongoing thing. What other things do you think would be important to discuss when talking about the Alexandria Health Department or just the response to COVID-19?</p>
<p><i>The Importance of Funding Public Health</i></p>	
<p>Anne Gaddy:</p>	<p>I think it became very apparent that funding for public health, which has been sort of continually cut over the course of years—there was sort of an increase in funding for public health after 9/11 in terms of some of the preparedness and response money there, after a while, and after H1N1 [2009 influenza pandemic www.cdc.gov/flu/pandemic-resources/2009-pandemic-timeline.html] as well. But then, it’s sort of, there’s nothing major going on, and I think—you know, and funding cuts happen. And I think when we needed to scale up to this degree to serve the entire population, it became very apparent that we—not only not having a lot of funding in hand, but just in terms of personnel and systems—that we don’t have a lot of strong infrastructure there.</p> <p>So, for instance, like our IT [Information Technology] systems, everything from the medical record type of systems to project management systems to, you know, that sort of whole IT infrastructure. HR [Human Resources] infrastructure. So, having to onboard this huge number of staff to help with case investigation and</p>

	<p>contact tracing and vaccination efforts and logistics—so, for HR to be able to hire and onboard all these people, those—and for instance, having project managers who can help just sort of manage all these different processes and programs that we’ve put in place. Those parts of the infrastructure—administrative staff to help support all of this—that was not readily there.</p> <p>And so, I think one of the things we’ve learned from this is having systems that are at least up to standard, if not kind of even more generous than we might need on a daily basis, so that we have the ability to scale up when we need to, to address a situation like this. I think that’s been, definitely, one of the lessons from this. And a lot of the funding that’s now becoming available does focus on trying to increase public health infrastructure. So, hopefully, some of those things will be able to be put in place moving forward.</p>
TEH:	<p>Wow. Yeah. No, I mean, I know for the museum world, it was a learning experience, and we’re not doing something that’s life and death. So, I cannot begin to imagine what it would be like in public health. Well, anything else you wanted to add? And again, I just wanted to say how much I appreciate all the work.</p>
<i>The Strength and Flexibility of the Staff and Volunteers</i>	
Anne Gaddy:	<p>Yeah, I think—I guess the only other thing to mention would be just my constant amazement at the staff and the volunteers and how flexible they are. I mean, the tasks that we’re needing them to do have just—may not be anywhere near what their normal job is. They may change month to month, week to week, even day to day. And people will just adjust and figure out how to get done what needs to be done. And so, I think the part of the infrastructure that has been there for us and is really what carried us through is the personnel that we have and their strength and resilience and adaptability. I think that’s really been very key in our ability to get through this.</p>
TEH:	<p>Wow. Well, that’s great. Well, thank you so much for taking the time to talk with me. All right. I’m going to hit stop recording.</p>
Anne Gaddy:	<p>Okay.</p>