



#WIGWednesdays

May 6, 2020

**“Disparities in COVID-19 Among People of Color” AND
“FirstNet: Supporting COVID-19 Emergency Response”**

Featuring:

Lucy Gettman, Executive Director, Women In Government

Maryland State Delegate Sheree Sample-Hughes, WIG Board of Directors

Georgia State Senator Gloria Butler, WIG Board of Directors

Dr. Leana Wen, Visiting Professor at the School of Public Health, George Washington University

Dr. Sandra Ford, CEO, DeKalb County Health Department, Georgia

Carrie Johnson, Director of Strategy and Policy for the FirstNet Program, AT&T

Lucy Gettman: Welcome to WIG Wednesday, our weekly virtual policy roundtable delivering timely information to women state legislators and other policy leaders. I’m Lucy Gettman, Executive Director of Women In Government, a non-profit, non-partisan organization by and for women state legislators across the country. At the helm of WIG is a Board comprised entirely of women state legislators from all over the country.

We are so glad you’re here because we have a double header for you today, with two vital topics related to COVID-19: The first topic is: “Disparities in COVID-19 Among People of Color” until 3:30 pm today and then “FirstNet: Supporting COVID-19 Emergency Response” until 4:00 pm.

With that in mind, we have a feeling that many of us on the virtual roundtable today are healthcare professionals and/or legislators and policy makers supporting them through their work in state capitols. If you could, please answer the polling question that is currently on your screen asking “Are you a healthcare professional or a legislator responding to the pandemic?”

Women In Government also gratefully recognizes that May is National Nurses Month, National Osteoporosis Month, National Mental Health Month and National Cystic Fibrosis Awareness Month. National EMS Week is coming up in just a bit. We salute the extraordinary efforts of all health and mental health care providers & first responders during this pandemic and all the women legislators and other policy makers that are supporting them and their work. And because yesterday was #GivingTuesdayNow, WIG reminds everyone that it’s not too late to remember the non-profit organizations that are working hard during these challenging times.

And stay in touch with WIG to tell us your victories and challenges vis-à-vis the pandemic. We’re here to help.

At this time I am honored to introduce our moderators for today. Both are members of the Women In Government Board of Directors and both are leaders in their respective Chambers.

Delegate Sheree Sample-Hughes (MD) is Speaker Pro Tem for the Maryland Assembly and former President of Women Legislators of Maryland. Senator Gloria Butler is the highest ranking woman in the Georgia Senate and Chairs the Democratic Caucus.



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Delegate Sample-Hughes will start us off with a conversation with Dr. Leana Wen of the George Washington University School of Public Health. Senator Butler will lead the conversation with Dr. Sandra Ford of the DeKalb and Fulton County Health Districts in Georgia.

Delegate Sample-Hughes, thank you for being here and the virtual podium is all yours.

Delegate Sheree Sample-Hughes: Thank you so much Lucy! For those of you new to Women In Government, I've been involved with WIG for a while now:

Over the years I've enjoyed being a part of a variety of policy activities at WIG that provide important resources and networking opportunities for fellow legislators and I encourage everyone on this call to learn more about how you can get involved with this great organization.

Before I introduce today's speaker, I'd like to point out a quick housekeeping item. All participants are muted through the system. If you have questions or comments during the presentation, please be sure to write them in the Chat Box below in the Zoom Meeting Toolbar and make sure that you have selected "To Everyone" from the drop-down menu. We've reserved time for questions after the presentation and if you are a state legislator, please feel free to let us know in the body of your question who you are and from what state. This virtual roundtable event will be recorded and provided on our website once the event is over.

Now, please join me in welcoming Dr. Leana Wen, Visiting Professor at the George Washington School of Public Health. Prior to this role, Dr. Wen was Health Commissioner for the City of Baltimore, where she led the nation's oldest continuously operating health department in the U.S., founded in 1793. In 2019, Dr. Wen was named one of TIME magazine's 100 Most Influential People and her Ted Talk on Transparency In Medicine has been viewed more than 2 million times. You can also see her on MSNBC, CNN, and the BBC these days talking about the COVID-19 pandemic.

I am thrilled to welcome you, Dr. Wen, to present on today's WIG Wednesday topic.

Dr. Leana Wen: Thank you very much, Delegate Sample-Hughes. Thank you for your excellent leadership on this issue and so many others. I also want to thank Lucy for the invitation and for the work that you do and all of you on this webinar for being part of this conversation.

I wanted to talk about specifically COVID-19 and the impact on people of color, and I wanted to frame the conversation first of all to say that we are living through the biggest public health crisis of our time, certainly the biggest catastrophe that we've seen in over a century and therefore really in all of our lifetimes.

What I am particularly concerned about is how we are nowhere near the point that we can be reopening up in the U.S. We don't have nearly the capabilities to do so, and the metrics are not pointing to the time that we can safely reopen, but we're doing it, and in a way it basically appears that



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we have given up on trying to contain the virus. I’m extremely concerned about what this will do to America. We will see a surge in infections at home, but I’m really concerned about what this is going to do to people of color and those who are the most vulnerable.

So let me back up one moment and talk about where I sit. I live in Baltimore, I served as the Health Commissioner of this city, and here is Baltimore just like across the country there are huge divides when it comes to disparities. There are areas just a couple of miles apart where a child born today could expect to live 65 years or 85 years simply depending on the ZIP code that he or she is born into. We know that there are deep racial disparities as well that correlate basically with everything – the same areas that have high mortality rates also have high rates of cardiovascular disease, also have high overdose rates, also have high HIV rates and incarceration and low socio-economic status and low access to healthy foods. It’s not surprising that these are the same areas that are hit the hardest by COVID-19 because of underlying health conditions and systemic racism and inequities. We call these for those who are in healthcare and in medicine on the line – you all know that we call them “acute on chronic” – that there are chronic conditions that we have long experienced and you impose on top of that acute illness, this acute tragedy in the system that we’re seeing.

I know that we are all action-oriented and we know the problem – we need to call it out, and we need to look at solutions. Here is what we need to do now and what we need to do moving forward.

What we need to do now – we need to make sure that there is equity in access to testing and access to care. We need to make sure that it’s not just free care but that it’s also free testing. That’s not enough – you also need to treat patients when they have the illness, and that’s not just for the uninsured but those who are underinsured who would otherwise have difficulty paying for their care.

What else we can do now is to provide paid sick leave. This is to ensure that people don’t end up losing their jobs if they end up having COVID-19 or having to quarantine because of exposure because that’s the only way we’re going to limit transmission of this disease if people can be sure that they’re protected if they come forward.

What else we can do now is recognizing that the essential workers basically are those who were not considered essential before. That’s not only the doctors and nurses - although it is Nurses Day, so Happy National Nurses Day to all nurses – it’s also our janitors, our bus drivers, our food services workers, our grocery workers who are on the front lines as well. Those individuals may be paid minimum wage. Those workers may not be recognized as essential employees except during times like this, and we need to recognize that social distancing is a privilege that not everyone has and that those who have that privilege need to do our part so that we’re able to protect all those workers as well. That’s what we should be doing now.

What we should be doing moving forward is that we need to be examining our healthcare system and how we can ensure that it’s not just a sick care system but actually a healthcare system. We need to examine our public health infrastructure, recognizing that just looking at healthcare is not enough, and



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we also have to look at the social determinants of health because that’s what ultimately determines how healthy people are. Also, access to healthy foods and safe drinking water and cleaning water will also play a big role in determining how healthy we are at baseline.

And of course moving forward we should be having our metrics such that we not just looking at healthcare access but also issues of equity – that improving health alone is not enough. We must reduce other disparities as well.

At this point I am looking at what’s happening across the country, and I am really dismayed because I think we have had an opportunity as a country – we still have an opportunity as a country – to say that we want to contain this disease rather than we’re just going to let it run its course. Unfortunately, I think we have made a decision to let it run its course, and those who this is going to impact the most are those who already face the brunt of disparities, who are already the most vulnerable. And I am deeply concerned about what that says for us as a country, but I don’t think that it’s too late. I think there are opportunities for us to try to level the playing field in the short-term as well as over the long-term to really examine who we are and what our priorities should be moving forward.

With that, let me turn it back over to Delegate Sample-Hughes.

Delegate Sheree Sample-Hughes: Thank you, Dr. Wen, very much for this important and timely presentation! I’ve heard from many, many of my colleagues – specifically the Legislative Black Caucus in Maryland – sharing their concerns about the disparities.

Before I ask questions from the audience in the chat box, what I’d like to ask you is do you think there is an opportunity for us as policymakers to delve into a framework to ensure that disparities and equity issues are a part of each piece of legislation, that we can look at it differently as we are going through this time?

Dr. Leana Wen: Yes, and I also think that there’s an opportunity for us to put public health into every conversation. There’s a saying that “Public health saved your life today. You just don’t know it.” We also don’t think about public health because it happens when we’re not looking. We are preventing something from happening. We literally are invisible, but I think that people are now seeing what happens when we do not invest in public health, and that is that the safety net falls out from under us. And again, the most vulnerable are affected most. I hope moving forward that there will be the inclusion of public health in all conversations as well.

Delegate Sheree Sample-Hughes: Absolutely. Are there any questions for Dr. Wen at this time? I know that Dr. Wen has to go in a few minutes, but I wanted to ask what are some of the social determinants that predispose communities of color to disparities?

Dr. Leana Wen: I’m an emergency physician, and in the ER I see patients for example coming in with heart disease, and I tell them that they need to eat healthier foods and get exercise. If they tell me



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that they live in a neighborhood where it’s not safe to walk around, if they tell me that the closest grocery store requires two bus trips and walking 10 blocks – and by the way the Whole Foods is really expensive, then what am I doing at the end of the day to really give them the best healthcare? I can give them medication for their cholesterol and their heart, but it’s not really helping their health at the end of the day.

I know that for all of the legislators and healthcare folks out there that this just seems like common sense, but I think know that some studies illustrate that over 80% of what determines how healthy we are and how long we live doesn’t just depend on the healthcare that we receive. It also very much depends on the health conditions in our lives, and those health conditions are unfortunately what is being exacerbated en masse due to COVID-19.

Delegate Sheree Sample-Hughes: Absolutely. One last question – we have a question from the American Federation of Teachers about the framework for reopening schools. What are the main concerns that must be considered?

Dr. Leana Wen: I haven’t seen the frameworks, but I will say that there was study that was just released this week that looked at how likely children are to be carriers. These studies are not definitive, but they do point to children being significant carriers of COVID-19, which is of course a major problem when we’re thinking about reopening schools. Even if the children themselves do not become acutely ill, they could be carriers and could really infect the rest of the community and also vulnerable people in their own households.

I also have two children of my own, and there are huge effects for children not being in schools including parents not being able to work and children falling further behind. I really understand that, but we also have to understand better about the likelihood of transmission around children before we take that step.

Delegate Sheree Sample-Hughes: Absolutely. I know that you have given us lots of time and that you have to jump off the call, so I will send the remaining questions to you after the call to see if we can get those answers for those individuals. I know that answer about children really came from your heart as you have children of your own.

Thank you again for your time, Dr. Wen, and at this time I will now move this over to my colleague Senator Gloria Butler from Georgia.

Senator Gloria Butler: Thank you, Delegate Sample-Hughes and Dr. Wen, for this stimulating conversation. Although I know we’ll have this on video, from habit I took notes.

I’m Senator Gloria Butler from Georgia, and I was recently exposed in our State Senate to COVID-19, and as a result all of us had to go home and quarantine. This is probably my fiftieth day if not more sheltering at home.



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I have been involved with WIG for many years – probably 20 years – and I’ve enjoyed the time that I’ve spent with WIG. I especially enjoyed our podcast last year on vaccines, and our theme was “Don’t Hesitate, Vaccinate!” and it was on vaccine confidence.

I’m delighted to introduce our next speaker, my good friend Dr. Sandra Ford of Georgia. Dr. Ford CEO of the DeKalb County Public Health Department. In addition, Dr. Ford is a national public health leader as Vice President of the National Association of County and City Health Officials.

Welcome, Dr. Ford.

Dr. Sandra Ford: Thank you very much for having me. I had been leading Fulton County as well, but to try to manage the two largest counties during this public health crisis as a single individual was more than any one person could do. At my Board’s request I returned to work exclusively for DeKalb County, and there is great new leadership in Fulton County now.

So Dr. Wen did a magnificent job of providing an overview of COVID-19 and some of the things we worry about as public health officials. I wanted to bring it down to what we’re doing locally in Georgia and also some other populations that I want folks to be thinking about and some other issues. Having run the #1 and #2 counties (Fulton and DeKalb Counties) for prevalence last year, I can say this pandemic caught everyone by surprise. I think that when it first came out in Europe and in China, we were thinking of it getting here but not with the intensity that it hit.

Part of the reason that we saw an upsurge initially in African Americans specifically was there seemed to be a belief that this was not a “black disease” and that it started in China and that somehow black folks were immune. So I think that some of the precautions that other groups were taking were not being taken by some communities, so then we started to see this upsurge.

I’ve been in DeKalb for 15 years, and we always prepare for emergency events as part of our training. We always say that the last thing you want to be doing in a crisis is introducing yourself. What I think has been very helpful certainly in DeKalb is the relationships that have been developed between my team and DeKalb County government. It has been extraordinary, even as I was trying to manage this from a distance for most of the early parts of this pandemic, the ability to make a phone call and say, “I need the ability to make a test site and this is what I need: a circular driveway, a restroom, and enough traffic for several dozen cars,” and you get it in two hours. That’s the kind of cooperation that needs to take place nationally to really address this disease in a timely fashion. I have been really delighted and impressed by the partnership between public health and DeKalb County government.

In addition to people of color – and that would be a whole other segment as we’re talking about the overabundance - and right now the race data that we have collected in DeKalb specifically, right now it’s almost four to one black to white prevalence of positive cases. In terms of COVID-19 deaths it’s a little more even where it’s 48 to 50-something. It’s a little bit closer, but the positive cases are definitely overrepresented in African American communities.



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Now, there are a couple of other key communities that we really need to be thoughtful about, and that is our homeless population and our long-term care facilities. A lot of the ZIP code-level data that we’re finding in terms of predominance of COVID-19 – there are seven ZIP codes in DeKalb County that have a dramatic overabundance of COVID positive cases. Some of that has to do with racial breakdown because these tend to be our African American communities and our Latino communities, but the other issue is that these are also ZIP codes where a lot of our long-term care facilities are located. That population is the population that keeps me up at night because they are already so vulnerable, they are congregated, and the staff are coming in and out every day.

They are going to be our biggest challenges trying to manage these outbreaks, and when we look at the ZIP codes just for sheer numbers, you’re going to see an overabundance in 5-8, 3-4, 3-2, but a lot of that may be because of long-term care facilities. We’re very much trying to aggressively address those facilities making sure that they have adequate education on sanitizing, on how to wear and remove personal protective equipment appropriately, and your obligation to stay safe does not end once you leave the building. You cannot leave and then go hang out in the park if you’re going to come back the next day and care for this very vulnerable population.

It’s been a real paradigm shift for them because the types of individuals that work in nursing homes are people that love senior citizens, and so to say “Oh, you can’t brush their hair anymore,” and “You can’t sit and watch TV anymore,” and now you have to treat this room as if it were a surgical suite is a very big behavior change. That takes time, and so we’ve been working with the different facilities to help them understand how critical this is. That’s one of the things we’re working on.

In terms of local challenges, my greatest issue is workforce because when the schools closed, that was a third of my staff that were no longer available because of childcare issues. So now I have a third of my staff but three times the responsibilities because I still have to have some basic services. You cannot pull WIC in DeKalb County. That can’t happen, and so we have to provide at least a baseline level of critical services and new testing and now we have contact tracing. This is with a dramatically reduced staff because not only do I have staff that can’t come because of childcare issues but I also have a significant population of my staff that are either seniors or have underlying conditions which put them at higher risk for COVID-19, and I can’t bring them in to work. I’ve got about a third of my staff with three times the responsibility, and so we have to rely – and this is where our relationships come in – our community volunteers, we have a very robust medical reserve corps, and DeKalb County government has been extraordinary in providing us with EMTs and cadets to help us in our testing events.

The lessons learned are that relationships are everything – which we already knew but especially in times of crisis. Now our focus is on what we call “equitable intervention.” COVID-19 is an event, but there are a lot of things that contributed to this event, that contributed to the outcomes we’re seeing. If we don’t take this opportunity and all of this government support to really address those issues, COVID-19 is going to happen 5-10 years from now, 3-5 years from now – they’re just going to be calling



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it something else, so we really need to dig deeper and figure out why. Why is it that we didn't have access to healthcare in the first place to get a doctor's referral to get that first batch of tests? You know, those kinds of things. Why is it that if I have six kids in my house, where do I go to isolate if I'm the only positive one? We've got to think of some more long-term interventions as it relates to this, and we're really looking at equity from a broader lens.

Senator Gloria Butler: Well, thank you so much for this information! I have a couple of questions that I'd like to ask before we open the chat. You hit on schools, and the American Federation of Teachers proposes a framework for reopening schools. What are your main concerns that must be considered?

Dr. Sandra Ford: I'm a pediatrician by training. We've spoken with school experts and talked about having one directional lines. Children don't really operate like that, and so our main issue as Dr. Wen mentioned is just the whole asymptomatic transmission. How do we know when children are truly sick? We're going to have to be much more aggressive about screening at the door, and parents may need to be prepared to take your child back home if they test positive, if they have a fever, or if they're symptomatic. You know a lot of times parents are guilty of "Oh well, you've got a little snuffle, but just go to school and try to work it through." That's not an option right now.

And also keeping our classrooms safe and clean, having adequate masks and gloves because this is going to be our reality for a while is that children are going to have to - at least older children - are going to have to get used to at least some level of facial covering.

Senator Gloria Butler: A State Senator from Nevada wants to know how do we come out of this better than we went in with respect to health disparities in minority communities?

Dr. Sandra Ford: The main thing we have said is that metro areas don't have healthcare privileges yet, so I think having the opportunity to have telehealth, telemedicine more widely available will be a game changer. You'll have to make an appointment - you can do this from the comfort of your own home, which will eliminate some of the transportation issues we have in metro and some of the availability issues. If you are a stay at home mom and you have four children, you may not be able to get to a doctor's office, so having that ability to do clinical evaluations from home is going to be a big deal - and on your phone even.

So I think that's one of the things we've learned and just the importance of communication and consistent messaging.

Senator Gloria Butler: Ok, thank you so much. I'm sorry we didn't get a chance to ask all the questions we'd like to ask, including some of mine. Thank you so much for participating.

Everyone, if you can, please stay with us for our special presentation right now on "FirstNet: Supporting COVID-19 Emergency Response."



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FirstNet is the only nationwide wireless broadband platform dedicated to and purpose-built for America’s first responders. As public safety’s partner, the federal FirstNet Authority and the FirstNet team at AT&T are actively supporting the network needs of public safety and health care personnel responding to the COVID-19 public health emergency.

I’m honored to introduce our speaker to tell us about FirstNet, Carrie Johnson, Director of Strategy and Policy for the FirstNet Program at AT&T. In this role, Carrie supports the FirstNet Response Operations Group and serves as the Rural and Tribal Affairs Specialist for the FirstNet Program. Before joining AT&T, she worked for a regional rural broadband provider based in Sioux Falls, South Dakota and as a telecom & cybersecurity policy adviser in the U.S. Senate in Washington, DC.

Thank you so much, Carrie Johnson. We spoke this morning, and it’s a delight to have you here with us this afternoon.

Carrie Johnson: Thank you very much to Women In Government and also to Senator Butler for that nice introduction.

I’ll dive straight in. I’m sure there are some WIG members on the call who have some familiarity with FirstNet, but just to do a quick level set I’ll provide some quick background on how we got to today. The concept behind FirstNet really came as a result of the communications failures that occurred during the September 11th terrorist attacks. The recommendation to create a nationwide network dedicated to America’s safety was included in the 9/11 Commission report, and then public safety working together across disciplines pushed for Congress to take action, and that happened in 2012, when Congress passed legislation that created the federal FirstNet Authority within the U.S. Department of Commerce and also set aside a band of 20 megahertz of spectrum – band 14 – specifically for use by first responders for their network.

The FirstNet Authority then, after a competitive request for proposal (RFP) process, did select AT&T as the private partner to work in partnership with the federal government to build, operate, and maintain this dedicated network for America’s first responders and healthcare workers. We then worked with the FirstNet Authority to create custom plans for all 50 states; Washington, DC; and the five territories; and ultimately they all chose to opt into FirstNet. So we truly are looking at a nationwide dedicated platform for first responders.

Now, fast forward about two years since FirstNet has been available to public safety and healthcare workers. We now have more than 1.3 million connections on FirstNet on the network, and that represents more than 12,000 public safety agencies and organizations that are subscribed.

When looking at who are the users of FirstNet, it’s really two groups. Our Primary category represents police, fire, emergency management, EMS, your 9-1-1 call centers, and healthcare emergency department personnel. These are the users who have the highest level of priority on the network as well as pre-emption.



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I also want to note that given that healthcare workers are on the front line of the COVID-19 pandemic, we actually have made FirstNet available free of charge for three months to licensed doctors and nurses.

Then, in looking at the broader community of who are those supporting public safety, it's also the broader healthcare workers within hospitals and clinics, and it's also utility workers. After a large hurricane or tornado, they play a critical role supporting public safety during downed power lines. Also public transit workers, and now again in the case of the COVID-19 pandemic response, we have states and local governments who are staging and scaling their track and trace efforts. Those public health personnel who are going to be doing that COVID-19 tracing and investigations are eligible as Extended Primary users who can be part of FirstNet.

One of the exciting parts of FirstNet is the expansion of Band 14 spectrum dedicated for public safety. As part of that, as the private partner of the FirstNet Authority, we have a five year buildout plan. As part of that, we're adding Band 14 to tens of thousands of existing cell sites across the country but then also deploying more than a thousand cell sites in locations where state leaders as well as public safety authorities identified as coverage priorities. This is a real opportunity also to extend the reach of FirstNet and also improve coverage in areas that have been traditionally underserved.

On the right side of slide, we have some pictures of ribbon cutting and ground breaking ceremonies that we have had to celebrate some of this new infrastructure that's coming as a result of states making that choice to opt into FirstNet. I would also note that at many of these events we have included state legislators who have spoken at them and participated in them. That's certainly something where, if there are WIG members interested, I would welcome the chance to chat with you. We have lots of sites coming on air and would love to work with you.

One of the other big game changers with FirstNet – in addition to building out the permanent infrastructure, we also have as a result of this public-private partnership a dedicated fleet of deployable assets. These are portable cell sites that can be called upon by public safety and first responders during emergency events as well as large planned events. This is one of the ways that we're ensuring that FirstNet really is available when and where public safety needs it. That could be in a very remote area where public safety is staging a search and rescue operation and need more robust connectivity or in the scenario of a tornado or a hurricane where infrastructure has been damaged or wildfires that we've seen out West and in the Pacific Northwest. These are assets that can be called upon. As shown in this slide, we have 72 dedicated FirstNet SatCOLTS – those are cell sites on light trucks, then we have 3 Flying COWs – those are cell sites on wings - and one of those Flying COWs was in Florida on the beach after Hurricane Michael. And then most recently we've rolled out at aerostat, which is an asset that can actually fly at 1,000 feet to further expand the reach of coverage in an area that's been affected by a natural disaster. This is on top of the hundreds of assets and commercial generators that we could also bring to bear in support of public safety.



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Specifically with COVID-19, one of the ways that FirstNet has been a critical partner and resource for public safety is with the priority and pre-emption. We currently have unprecedented numbers of people working from home, going to school from home, socializing from home through FaceTime and applications like Zoom, and all of that can create congestion on commercial networks. But fortunately with FirstNet, public safety does not have to worry about competing with commercial users because they have that priority and pre-emption.

This is also really important for telehealth applications and types of situational awareness tools that have very little tolerance for wait and see and jitter. I'd also like to note that first responders as a whole generally consume about two times the data that a regular consumer does, so that further reinforces the need for them to have that dedicated, reliable network specifically purpose-built for public safety.

I'm now going to dive in – and we could talk a lot about the different areas of FirstNet – but I want to focus specifically on our FirstNet response operations group and the lead-up and our related assets. From the beginning of this pandemic we have been working side-by-side with public safety, including supporting first responders who were working at the very first quarantine site that was set up that was receiving Americans who were coming in from abroad. We did have one of those deployable portable assets – a portable cell site – to make sure that public safety had the connectivity that they needed.

Since that time, we have responded to more than 50 COVID-19 emergency requests for network support from first responders and healthcare workers, and those are plotted on that map you see on the slide. Then it's important to recognize that emergencies – regular emergencies – don't stop when there's a public health crisis, so we've simultaneously responded to tornadoes and other types of emergency events that require that pivot and response from the public safety community.

As a result of FirstNet, during this time the platform has been supporting thousands of public safety agencies. As I said in the beginning, 12,000 agencies are using FirstNet on a daily basis for their communications, sharing data, accessing situational awareness, but then during this pandemic we've seen an expansion of more than 450 agencies who have chosen either to sign up because of the unique features that FirstNet offers them or some existing who have chosen to expand.

In addition, we are embedded working closely with FEMA as well as state, local, and tribal emergency operations centers, so as soon as they are planning to stage a quarantine location, a field hospital, or a new testing site, we are able to give them visualization into how the FirstNet connectivity is going to look in that area. We make sure they have the connectivity before they even start to stage it. That figure of close to 5,000 is the number of assessments that we've done at these COVID-19 related locations.

Also, part of our contract with the FirstNet Authority, when we receive those emergency network support requests, we're held to a 14 hour response time per that federal contract. That's again an important part of how we're making sure the public safety is supported during all of this.



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Now, just in closing, I want to walk through some of what this has looked like in the field. This slide shows the deployable asset that we had supporting the U.S. Naval Ship Mercy in Los Angeles as well as the connectivity solution that we deployed in Guam to ensure that the USS Theodore Roosevelt had the connectivity so that their first responders and the healthcare responders had the connectivity that they needed. You can also see an in-building or perhaps “in-ship” solution that we supported for the U.S. Naval Ship Comfort in New York City.

We have also responded to support patient transports, specifically in New York City. Hundreds of ambulances were being dispatched from Bayside, NY and Fort Totten as well as Randall’s Island. One benefit of FirstNet is that it’s a common platform for communication across different jurisdictions and agencies, and so leveraging that FirstNet connectivity they were able to dispatch all of these hundreds of ambulances.

They also utilized some of the rugged smartphones provided by the device manufacturer Sonim that can be truly disinfected because they can be fully submerged in liquid such as bleach, and they also were using FirstNet “Push To Talk,” a radio-like application to provide seamless communications. So even if those various ambulance operators were using different radio systems, at least on FirstNet they had that one common tool to be able to communicate. We also supported some major medical centers such as in California and Arkansas.

This next slide shows just a sampling of some of the testing sites that we’ve supported across the country. The test site shown in Georgia is one that they’re standing up on a weekly basis, so our team in coordination with public safety, is staging that asset and then demobilizing it on a weekly basis to make sure they have the connectivity at the testing location.

This next slide shows a couple of the quarantine locations that we have supported. One of them is in a state park in Georgia. When they arrived at the park they realized that they were having some connectivity constraints, and so they were able to make that request for an asset so that they would be able to communicate, coordinate, access any situational awareness applications that they needed. The other picture is one that we deployed to a quarantine site that’s serving first responders who actually were working around the state and other parts of the country who may have been exposed to COVID-19. This is a site to make that they had the connectivity that they needed.

Also, Emergency Operations Centers (EOCs) have really been critical in making sure that they are properly able to coordinate and stage the various components of the response for COVID-19. As part of that, it’s critical that they have the connectivity at those EOCs. One of our responses was for the Confederated Tribes of the Colville Reservation. They were turning up a testing site and an EOC, and they had coverage in the exterior but then were having some in-building challenges. The same day that we received that request we were able to respond with this FirstNet SATCOLT, and that served as an interim solution until we could get a longer-term in-building coverage solution installed.



#WIGWednesdays

May 6, 2020

**“Disparities in COVID-19 Among People of Color” AND
“FirstNet: Supporting COVID-19 Emergency Response”**

While we have been actively working closely with public safety, regular emergencies just don't cease. Some of the pictures on the right are the responses that we did to tornadoes that affected Georgia, Mississippi, and Texas. Then the picture on the left is from last month's graduation ceremony at the U.S. Airforce Academy, so public safety working at the event had requested a deployable to further augment their connectivity. As public safety's partner, it's incumbent upon us to make sure that they have the connectivity when and where they need it.

That concludes my prepared remarks, but really what we have seen through this pandemic is that FirstNet has been designed to be able to adapt and scale with changing situations, and it really is performing extremely well during this event just like Congress, governors, as well as America's first responders demanded.

With that, I look forward to questions, and I'm sure that there are many state leaders on this call that have specific questions about the buildout and response in your state. I'd also be happy to answer those offline with you, so I look forward to questions. Thank you.

Senator Gloria Butler: Ok, we do have a few questions. Your first question, Carrie, is FirstNet free access or free for a short time period?

Carrie Johnson: So, in direct response to the COVID-19 pandemic, we are making 3 months free for licensed doctors and nurses as a special offer. FirstNet as a whole – as a partner working with the FirstNet Authority, we're held to adoption targets as well as buildout requirements, and baked into that is really the incentive to make sure that we're delivering that quality product and also at a cost-competitive rate. This is something that agencies do pay for, but as we've had agencies migrating to FirstNet what they've seen is either at or in many cases it's below what they were receiving with commercial wireless offerings.

Senator Gloria Butler: Ok, I have a statement from Washington State Representative Cindy Ryu. She said they had enacted an equity commission in Washington State but that the governor had to pull back due to funding constraints with COVID-19. Love those mobile units, and thanks to AT&T!

Carrie Johnson: We've really seen in Washington State as well as in California and in Oregon – these Western states that have been so heavily impacted by forest fires – we've really seen I guess the good fortune that Congress and state leaders and public safety leaders had the foresight for FirstNet, because in addition to the permanent infrastructure, those dedicated assets that can be called upon free of charge by public safety agencies are really a game changer so that they can during those emergency events be able to communicate, also access applications like fire behavior apps, being able to track the locations of their different fire teams, where the fire event is actually happening.

But then certainly during COVID-19, none of us expected a global pandemic, but FirstNet has been able to effectively scale and meet the needs of public safety as they've been working to respond to this crisis. So thank you for that comment!



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Senator Gloria Butler: I have a question too. What’s the uniqueness about FirstNet as a federally created public safety network in comparison to commercial wireless networks?

Carrie Johnson: That’s a great question. There’s many different areas, but some of the top three I would say would be the dedicated band of spectrum. With the Band 14 spectrum, which can commonly be referred to as this beach-front spectrum - it can propagate well and can penetrate through buildings, so it’s a very effective spectrum – we can completely clear that so that only public safety users can access to that. So that’s one of the big game changers.

On the other, there is a physically separate, dedicated core. For FirstNet traffic, if they’re using the black FirstNet sim to be able to access that dedicated core, none of the public safety or healthcare worker traffic comingles with commercial traffic. That offers greater security, there’s end-to-end encryption, and with the COVID-19 pandemic that also has been attractive to healthcare workers and also states doing the track and trace efforts as their teams are handling sensitive public health information.

The priority and pre-emption certainly is a big, critical component, but then one of the big ones that’s very different from a commercial offering is that we’re held accountable by the federal FirstNet Authority to ensure that we’re living up to the commitments that were made in our FirstNet contract with the federal government but that we’re also evolving FirstNet and continuously meeting the needs that public safety and healthcare workers have from their dedicated network.

Senator Gloria Butler: Thank you so much, Carrie, for being with us for today’s WIG Wednesday! [Resources from all WIG Wednesdays](#) and registration links for upcoming events are on WIG’s website at www-dot-Women In Government-dot-org.

Please stay tuned for upcoming WIG Wednesday sessions:

May 13, 2020:

“The Value of Good Chemistry During Challenging Times” featuring Komal Jain, Executive Director of the Center for Biocide Chemistries, American Chemistry Council

May 20, 2020:

“Update on the COVID-19 Outbreak: Understanding the Impact of Diagnostic Testing Modalities” featuring Jamie Phillips, Senior Scientific Affairs Manager, Roche Diagnostics

More sessions will be announced in the coming weeks, so keep an eye on your inboxes and on WIG social media hashtag WIG Wednesdays for more!

We greatly appreciate your support of Women In Government and look forward to seeing everyone again next Wednesday!