

State EMS Advisory Board
Virginia Office of Emergency Medical Services
Embassy Suites Hotel, 2925 Emerywood Parkway, Richmond, VA 23294
November 17, 2023
10:00 a.m.

Advisory Board Members Present:	Advisory Board Members Absent:	VDH & EMS Staff:	Guests:
Kevin L. Dillard, Chair	Benjamin Nicholson, MD	Dr. Karen Shelton, Commissioner	Gary Critzer, Board of Health Rep
Beth Adams Roemmelt	Victoria Smith (EXCUSED)	Christopher Lindsay, COO	Allyson Tysinger, Assistant AG
John C. Bolling	Bill Streett	Cam Crittenden, Acting Director	Mike Watkins
Kim Craig		Scott Winston, Assistant Director	Tanya Trevilian
Angela P. Ferguson		George Lindbeck, Medical Dir.	Tracey Taylor
Dillard Eddie Ferguson		Melinda Carter	L. Joseph Trigg
Paula Ferrada, MD		Debbie Akers	Al Thompson
Brian J. Frankel		Tristen Franklin	Dave Johnston
Rebecca Branch Griffin, Ph.D.		Karen Owens	Ray Whatley
Matt Lawler		Wanda Street	Dan Freeman
Robert E. Lipscomb, Jr.		Ron Passmore	Stephen Simon
Elizabeth Matish		Michael Berg	Afton Jamerson
Patrick McLaughlin, MD, MS		Marian Hunter	Heidi M. Hooker
Melissa Meador		Tim Perkins	Larry A. Oliver
Daniel Norville		Mohammed Abbamin	Valeta C. Daniels
James Reynolds		Wayne Perry	Wayne Bowen
Marlon Matthew Rickman		Daniel Linkins	Steve Powell
Bryan Rush		Mary Kathryn Allen	Whitney Pierce
Gary Samuels			Anthony Wilson
Sonny Saxton			Michael Player
R. Bruce Stratton			Byron Andrews
Gary W. Tanner			Ed Rhodes
Sadie Jo Thurman			Nicole Laurin
Joseph Williams			Stan Kurek
Allen Yee, MD, FAAEM			John Hilliard
			David Long
			Kat Fivelstad
			Kate Davenport
			Peppy Winchel
			Alistair Capewell
			Tracey McLaurin
			Trey Brooke
			Matthew Marry
			Beth Broering
			Katherine Eubank

Gary Dalton
 Melissa Hipolit
 Joanne Lapetina, MD
 Chip Decker
 Rahil Dharia, MD
 Jeff Meyer
 John Bianco
 Adam Hade
 Robert Barge
 T. Wayne Hoover
 Mike Riddle
 Brandi Van Bourgondien
 Jeremy Bennett
 Matt Cowherd
 Valerie Quick
 Michelle Pomphrey
 Heather Campbell

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Call to order – Kevin Dillard, Chair:	<p>The meeting was called to order at 10:00 a.m., at which time the Pledge of Allegiance was recited.</p> <p>Approval of the August 4, 2023, Meeting Minutes – The minutes were approved as submitted by consensus.</p> <p>Approval of the November 17, 2023, Meeting Agenda – The agenda was approved as submitted by consensus.</p>	<p>The August minutes were approved as submitted.</p> <p>Today’s agenda was approved as submitted.</p>
II. Chairman’s Report – Kevin Dillard:	<p>Mr. Dillard introduced the four new Advisory Board members: R. Bruce Stratton, representing the Virginia Association of Volunteer Rescue Squads Melissa Meador, representing Thomas Jefferson EMS Council Robert Lipscomb, Jr., representing Blue Ridge EMS Council Elizabeth Matish, representing Virginia Hospital and Healthcare Association</p> <p>He asked all the Board Members to introduce themselves and the organizations they represent. Everyone complied by introducing themselves.</p> <p>Mr. Dillard publicly recognized the four Board members who just rotated off the Board with a certificate. Only one is present: Valerie Quick who served for six years representing the Thomas Jefferson EMS Council. He recognized R. Jason Ferguson who represented the Blue Ridge EMS Council, Dr. Jeremiah “Jake” O’Shea who represented the Virginia Hospital and Healthcare Association, and Dreama Chandler who represented the Virginia Association of Volunteer Rescue Squads.</p>	

With this rotation of members, the Chair can appoint three people to serve on the Nominating Committee and the Board selects two people. Mr. Dillard appointed Chief Eddie Ferguson as Chairman of the Nominating Committee and also appointed Gary Samuels and Kim Craig as members. He opened up the floor for the nominations of the other two members. Mr. Gary Tanner nominated J. C. Bolling and Angela Pier Ferguson. **Beth Adams Roemmelt made a motion to accept the nominations. The motion was seconded by R. Bruce Stratton. There was no further discussion. All Board members were in favor of the motion. None opposed. The motion carried.**

Most of you are aware that Gary Brown announced his retirement after 43 years of State service. He thanked Gary for his service. He then introduced Cam Crittenden, the Acting Director of the Office of EMS, and gave a brief account of her work experience.

Mr. Dillard noted that Dr. Karen Shelton, VDH State Health Commissioner, and Mr. Christopher Lindsay, VDH Chief Operating Officer have joined us. Today we will discuss the budget challenge that the system is facing and our path moving forward. There will continue to be change as the system addresses this shortfall. We must maintain fiscal responsibility. We must ensure that our expenses do not exceed the revenue that's coming in and he encourages each of you to please keep an open mind and be flexible as we work through the complexities of the situation. Mr. Dillard knows that our system is committed to success, and he knows that each of you wants to be a part of that success and a part of the solution. After today's meeting, we will put together a workgroup to assist with making recommendations for needed changes as we rebuild our EMS system and continue to move forward.

Mr. Dillard introduced Dr. Shelton, who was named State Health Commissioner by Governor Glen Youngkin effective May 1, 2023. Chairman Dillard spoke of her experience, credentials, and education. He also introduced Mr. Lindsay who began his appointment with VDH on November 14, 2022. He also spoke of his experience and education as well.

Dr. Shelton explained that there were several areas that she would like to cover today. First, we will go over the model in which the Office of EMS is funded and explain the intricacies of the prescribed spending that is to occur as mandated per state code. Then, we want to discuss the beginning stages of the plan to move forward in the Office of EMS.

Mr. Lindsay explained that the Office of EMS is funded solely from special revenue received from the Department of Motor Vehicles. When Virginians register their vehicles, a portion of the fee goes to OEMS via the Four-for-Life program. Four-for-Life refers to the original \$4 that is transferred to OEMS. This program is now \$6.25 of every annual vehicle registration in the Commonwealth. It is mandated in *Code* that 30% of this goes to fund OEMS operations, 10% goes to fund OEMS administration, 26% be set aside for Return to Locality payments, 2% goes to the Virginia Volunteer Rescue Squads and 32% goes towards the Rescue Squad Assistance Fund grant program. An additional \$2 from every vehicle registration goes to OEMS to be a pass-through back to the general fund as well as to the Virginia State Police to fund the Med-Flight program, and another \$.25 goes to fund the National Registry EMT program. Finally, the State Trauma Fund is funded from additional fees from driver's license reinstatements and is to be used strictly towards Virginia's Trauma Fund.

	<p>These buckets of funds are strictly mandated as to what purposes they can be used.</p> <p>Beginning this past spring, we instituted regular budget reviews of each office across VDH so that our leadership team could gain a better understanding of our financial and operational status. It was in one of those reviews in May that we learned of financial irregularities in the Office of EMS. You will recall the pass-through portion of the Four-for-Life program is to go back to the general fund. A significant portion of that fund was not available in the account. We were able to cover that shortfall from other areas of VDH. This prompted a closer look into the finances of OEMS. We began weekly meetings with the leadership team of OEMS, our financial team at VDH, and other senior leaders. An internal audit was initiated and remains ongoing. During this audit, financial irregularities were discovered that necessitated alerting the Office of the State Inspector General, the Virginia State Police, and the Office of the U.S. Attorney. Mr. Lindsay could not comment further on the specifics of this investigation. But what he could say is that for years, budgets were created that were not in line with available spending and funding. Spending was significantly higher than available funds. Contracts were overspent. There were years of moving funds from one source to another to cover shortfalls with little agency oversight or controls, which has left a multi-million-dollar deficit within the Office of EMS that will take time and effort to correct.</p> <p>Dr. Shelton reported that the Virginia Department of Health is committed to fiscal responsibility and financial accountability. During COVID, we lost a lot of our workforce, and along with it, much of the agency’s institutional knowledge. VDH is rebuilding our financial management team. We are dedicated to process improvement. We are dedicated to workforce building and training. We are dedicated to accountability.</p> <p>We have implemented monthly operating reviews for every office to ensure that our department leaders are focusing their budgets appropriately, are moving the needle on recruitment and retention of our workforce. We’re setting appropriate objectives and tracking of progress through key results, and we’re concentrating on engaging the teams in a meaningful way to promote better function and collaboration across the agency.</p> <p>Coming into the fiscal year of 2024, the current OEMS budget does not align with the projected revenues. To bring our budget back into alignment with available funds, there will need to be changes. To bring the operational 30% and administrative 10% buckets into compliance, there will need to be restructuring. We are working to free up funds for the Regional Council payments. The Return to Locality 26% payment from 2023 is pending, and we are working to free up funds for those payments.</p> <p>The Rescue Squad Assistance Fund of 32% that provides grants to agencies has already been obligated up to \$8.8 million. Previous grants that have been awarded will be honored; however, we will not be able to make awards for new grants this year. The 25 cents for National Registry for EMTs will be funded as per <i>Code</i> and scholarships have been reduced this year to \$1.4 million to stay within this budget. The 2% Volunteer Rescue Squads will be funded as per <i>Code</i>. The \$2 pass-through to Virginia State Police in general funds will be processed out as per <i>Code</i>. The Trauma Fund that is funded by license reinstatements will be paid to hospitals for trauma programs as per <i>Code</i>.</p>	
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	<p>Dr. Shelton has asked Chairman Dillard to assemble a workgroup of representatives of this body and others to work with us as we discuss the restructuring that is needed. Input from this Board, the councils, providers, EMS leaders and partners will be crucial as we rebuild the system that is vital to Virginians.</p> <p>Cam Crittenden will continue in the Acting Director capacity, and we will enlist a firm with nationally-recognized expertise to help with operations and inform on best practices from other states. This will be funded from a federal grant outside of OEMS.</p> <p>We are committed to supporting the critical work of Emergency Medical Services for Virginians and look forward to working alongside you, the Board and other community stakeholders to achieve a relevant and sustainable EMS system.</p> <p>We have an opportunity to really look hard into what the EMS system of the future needs and to work together to design a system that is more relevant, more appropriate, and more impactful for Virginians. Thank you.</p> <p>Chairman Dillard thanked Dr. Shelton and Christopher. He asked if any members had any questions or comments.</p> <p>Mr. James “J.R.” Reynolds asked about when the Councils and localities will be receiving funds. Dr. Shelton stated that they are working to move those payments and prioritize them to get those payments out.</p> <p>Mr. Reynolds asked if they are looking at the end of the year. Can we be more specific? Dr. Shelton stated that we are freeing up the funds to start making those payments now and will be prioritizing those to see how that needs to roll out.</p> <p>Chief Eddie Ferguson wants to support the comments that Chief Reynolds just made. We are certainly very concerned about the Regional Councils.</p> <p>At this time, Mr. Dillard asked for approval of the August minutes as well as the agenda. Both were approved as submitted by consensus.</p> <p>We will move on to the Office of EMS Report.</p>	
<p>III. Office of EMS Report:</p>	<p>Ms. Cam Crittenden thanked everyone for the support shown her for the last couple of days. These are challenging times, but we have great support at the Office of EMS and support from our constituents in our goals and objectives, every decision we make is going to impact the people that are providing care in the back of the ambulance. We welcome the workgroup members. We want your input. There are huge decisions to make, and they should be made with the stakeholders as part of that. Thank you for everything and she looks forward to working with you guys.</p> <p>Mr. Scott Winston nor Dr. George Lindbeck had any further comments.</p>	

<p>IV. State Board of Health EMS Representative Report – Gary Critzer:</p>	<p>Mr. Gary Critzer reported that the State Board of Health last met on the 14th of September. Unfortunately, he was unable to attend in person due to having COVID that week. He did participate virtually. There were plans for OEMS to present at that meeting, but that was postponed until a later date based on ongoing activities. The next meeting is scheduled for Friday, December 15, 2023, at the Perimeter Center and those meetings are open to the public. The agenda will be posted in advance on the Virginia Regulatory Town Hall, and we encourage your participation.</p> <p>In light of the ongoing situation, Mr. Critzer knows there are a lot of questions and concerns regarding the regional council’s payments, return to locality payments, grant funds, the future of the symposium, and the list goes on and on. He thinks it is fair to say that we are in unprecedented times, and we are all in a state of shock. We don’t have all the details or answers and we don’t know what has happened. It will take time for all of that to come out. But we do have an opportunity to change the future of EMS. We are moving forward with an inclusive process to ensure that the system is well-represented. Everyone is encouraged to participate and provide input, comments, and suggestions. He hopes we can continue to work with Cam, the Commissioner, and other leadership at VDH to find solutions and get those funds moving as quickly as possible so that we can continue to sustain our system. We are going to have to be patient as we work through this process. We must come out stronger than when we went into this. That’s my two cents. He felt it was appropriate to share that.</p>	
<p>V. Regional EMS Council Executive Directors – Tracey McLaurin:</p>	<p>Good morning, Commissioner Shelton, and members of the State EMS Advisory Board. Tracy appreciates the opportunity to speak before you today regarding pressing issues that currently grip our EMS system and the Regional EMS Councils. Tracey is the Director of the Lord Fairfax EMS Council in Winchester. David Long accompanied Tracey to the microphone in regard to a handout that was distributed today. David is the Director of the Tidewater EMS Council. The EMS Councils and our system as a whole is in crisis right now and it not only jeopardizes the seamless functioning of EMS, essential EMS systems but also poses a serious threat to the very existence of our regional EMS councils. The council’s operations primarily come from service contracts with the Virginia Department of Health through the Office of EMS. Unfortunately, with recent investigations and subsequent freezing of accounts, the councils are in dire straits. For nearly a year, we have been tirelessly providing crucial services without payment for services already rendered and weren’t made aware until August that there was anything going on. The councils are on the verge of financial collapse with some facing the imminent threat of ceasing to exist by the end of the third quarter. Those that manage to survive will do so with great difficulty until the end of the fiscal year. The gravity of this situation cannot be overstated, as it directly impacts many critical services including medication exchange, drug box programs, medical supply and equipment programs, and whole blood initiatives. This is why David is up here. There is a document in front of you that Tidewater put together over the past year to show what their whole blood program has produced. They have collaborated with not only their hospitals but with police departments because they’ve been able to focus on areas that they need to be more responsive to.</p> <p>As council directors, we implore you to be the voice of reason, compassion, and justice in this matter. Our teams have not only met our contractual obligations but have gone above and beyond to serve our EMS communities especially since the EMS symposium was cancelled. We understand the challenges faced by the Virginia Department of Health and the Office of EMS, and we respectfully request that the Commissioner help to address the payment disparities to the regional EMS councils. We’re only asking</p>	

	<p>to receive payment for the services that have already been rendered per our contracts to ensure continuity of operations and councils' survival. This intervention is crucial to prevent a catastrophic decline in pre-hospital services throughout the Commonwealth. Thank you for your time.</p> <p>Mr. Matt Rickman stated that the Regional Councils have diligently fulfilled their contractual obligations with OEMS. They've delivered indispensable services that have directly benefited the EMS community, and by extension, the citizens of the Commonwealth as demonstrated by the blood products graphic that we have in front of us. It is concerning that compensation for services rendered over the past two to three quarters have not been paid. Regional EMS Councils play a vital role in implementing and sustaining the regional EMS system and delivery of that system. Mr. Rickman made a motion to encourage the Advisory Board to request that the Virginia Department of Health prioritize and facilitate the prompt release of past-due payments to the regional EMS councils for contractual obligations that have already been rendered and fulfilled. Further, let it be known that the EMS Advisory Board expresses their support for the 11 Regional EMS Councils and acknowledges the critical role they play in the healthcare infrastructure arena. The motion was seconded by Chief Eddie Ferguson.</p> <p>There was further discussion by Chief J. R. Reynolds. He mentioned the impact that all of this will have on the patients, the citizens, and visitors of the Commonwealth of Virginia. Just looking at the infographic in front of you, he can testify that we have patients in the Tidewater area that have greatly benefited from the whole blood program. There are families that don't have to plan funerals because of this. Lack of funding for the regional councils is going to impact this program and our patients and the survivability in our communities across the state. The Board voted on the motion. All Board members were in favor of the motion. None opposed. The motion carried.</p>	
<p>VI. Standing Committee Reports and Action Items:</p>	<p>a) Executive Committee – Kevin Dillard No report. The Executive Committee has not met since the August meetings.</p> <p>b) Financial Assistance Review Committee (FARC) – Kevin Dillard FARC met on yesterday. The committee discussed the State EMS Plan, the recent site visit to the Eastern Shore EMS agencies and a first draft of the Rescue Squad Assistance Fund policies and procedures.</p> <p>c) Administrative Coordinator – Gary Samuels</p> <ul style="list-style-type: none"> • Rules and Regulations Committee – Dan Norville The Rules and Regulations Committee met yesterday. There are no action items to bring before the Board. We continue to monitor Chapter 32 as it moves through the process. • Legislative and Planning Committee – Gary Samuels The Legislative and Planning Committee met this morning and had discussion on potential upcoming legislation, new programs, and ideas from constituents in the state. There were no action items to bring forward to the Board. <p>d) Infrastructure Coordinator – Eddie Ferguson</p> <ul style="list-style-type: none"> • Transportation – Eddie Ferguson The Transportation Committee met in October. There were 32 vehicle grant requests. The 	

requests were reviewed, graded, and recommended to the Financial Assistance Review Committee.

- **Communications Committee – Sonny Saxton**

The Communications Committee met yesterday. We received a report from the Office of EMS about the continued work related to emergency medical dispatch in the Commonwealth. There are currently 107 PSAPs, or public service answering points, that have and provide emergency medical dispatch to those who call in requesting help. That leaves about 17 PSAPs that don't have medical dispatch. But of those, the Office of EMS told us that 16 have a plan to provide it. Funding is very important. Some of those are grants which are outstanding. Mr. Saxton mentioned that it's still very important that we think about when you place a 9-1-1 call in Virginia, we want to have the same level of care no matter where you are as you travel through Virginia. We also talked briefly about EMD training standards. We are working on a document that will be presented at the February meeting for those involved in emergency medical dispatch.

- **Emergency Management Committee – Joseph Williams**

The Emergency Management Committee met yesterday and had a quorum. The committee discussed the motion that was presented to you in August about the triage tags. We are working on redefining the motion and will bring it back at the February meeting. There were no action items. We are still working on the data set for the regional triage tags and electronic triage system with the workgroup that gave their report.

e) Professional Development Coordinator –

- **Training & Certification Committee – Chad Blosser**

Chad Blosser reported that the Training and Certification Committee met on October 4 and conducted normal business and had no action items for the Board.

- **Workforce Development Committee – Tim Perkins**

Tim Perkins reported that the Workforce Development Committee met yesterday with no action items. We would like to thank Valerie Quick for her time as the Chair of the committee. The EMS Officer program is working on potential solutions for classes to continue in 2024. A site revisit was conducted at the City of Hampton Fire and EMS for the Standards of Excellence program, and they continue to achieve excellence in the state. We will be conducting a revisit with Virginia Beach EMS and regional visits with Botetourt County and the City of Winchester in 2024. Tim encouraged agency directors to go through the process. Information is on the OEMS website.

- **Provider Health & Safety Committee – Brian Frankel**

The Provider Health and Safety Committee met this morning. The committee had no action items. They discussed the decedent blood exposure process. Valerie Quick has been fantastic in helping us to move through that process. She will meet with the Medical Direction Committee and the Regional Councils to work on the final stages of the process so that we can finish this project. We've also formed two workgroups to look at the goals and objectives of the committee and to revitalize infection control from the committee's perspective. Those two workgroups will be meeting in the next few months. The committee also approved four new peer support programs across the State.

f) Patient Care Coordinator – Allen Yee, MD

- **Medical Direction Committee – Allen Yee, MD**

The Medical Direction Committee met on October 5 and had no action items. First, we mourn the loss of Dr. Susan Osborne who passed away this past quarter. She was a staple at our EMS Medical Director hot topics. She will definitely be missed. Secondly, we had the opportunity to look at our EMS system data. While the report was not perfect, we are light years ahead of where we were due to the epidemiologists (Jessica Rosner and Daisy Banta). They are refining the process and reports. Each quarter, they present a report on everything that we requested and then naturally as doctors we ask for more. Kudos to them! They are amazing. Another topic of discussion was changing the pediatric age. For trauma is it age 15, for HandTevy it is age 13, in the Scope of Practice it is 12. We want to be more consistent; so, to be consistent with HandTevy, we will change the Scope of Practice to 13.

- **Medevac Committee – Tim Perkins**

The Medevac Committee met yesterday and there are no action items to bring forward. Aside from general program updates including landing zone safety and drone safety, the committee discussed interoperability issues including air-to-air, air-to-first responder, air-to-ground, and air-to-hospital. Information was recently released by FirstNet on a case study that they conducted on air and maritime use including frequencies that are available for use below 5,000 feet, and they can transmit with five times more power than a cellular device can. It has also been tested for field operations and addresses the interoperability that the committee has been discussing. A workgroup has been created to explore the possibilities of this in the Commonwealth. Gabe Elias is the Communications representative on the committee and will be heading the workgroup.

- **EMS for Children Committee – Patrick McLaughlin, MD**

The EMSC met yesterday and there were no action items. Typically, our November meeting is a rehash of all the wonderful pediatric offerings at the annual symposium, so we were saddened not to have that opportunity. Hopefully, that will get back in line for next year.

g) Trauma System Coordinator – Paula Ferrada, MD

- **Trauma Administrative and Governance Committee – Paula Ferrada, MD**

The TAG met this morning. Dr. Ferrada reported that they have increased representation and diversity in all of the trauma committees. Now there is representation from all Levels of the trauma centers. They are creating possibilities for data sharing and research projects in all areas of Virginia to improve patient care and education. We are working very hard to improve the collaboration and inclusion of trauma program managers because we understand the care of the traumatized patient. We have created workgroups when necessary to accomplish tasks outside of the regular quarterly meetings.

- **System Improvement Committee – Stan Kurek, MD**

The System Improvement Committee met yesterday and had a quorum. The committee is now totally populated with members. They discussed two hot topics. One is the data dictionary, which is still in progress. A workgroup was created to address the data dictionary. The other hot topic was the trauma designation manual. Mindy and Ashley are working on getting a draft copy out soon. They also reviewed the state data on the OEMS website.

- **Injury and Violence Prevention Committee – Corrie Miller-Hobbs**

	<p>Report was not given.</p> <ul style="list-style-type: none"> • Prehospital Care Committee – Mike Watkins The committee met yesterday and had a quorum. They are pretty much fully populated. The committee reviewed the quarterly trauma triage report. He agrees with Dr. Yee about the data and the dashboard is a great tool. The committee discussed concerns with underreporting from agencies so they will address that and work on additional research in the future. • Acute Care Committee – Tracy Taylor The committee met yesterday and had a quorum. All committee seats have been filled. They have completed two of their objectives and only have one more to complete. They will ask for data from the trauma registry to start aligning new objectives for their committee. • Post-Acute Care Committee –Beth Broering The Post-Acute Committee also met yesterday and had a quorum. They discussed their objectives, primarily looking at how to evaluate the long-term outcomes of trauma or injured patients across the Commonwealth. We would also like to partner with other departments within VDH to look at what data sources there are for a review of the outcomes of long-term patients such as in skilled nursing facilities, LTACS, or acute rehabilitation. They would like to look at outcomes across the span of a continuum of care. That’s our request to VDH and also potentially with VHHA. Once we have the data, we will establish a workgroup to work on ideas to have a standard of outcomes and evaluation of long-term plans. We also discussed civilian as well as military patient outcomes. • Emergency Preparedness and Response Committee –Kelley Rumsey, Ph.D. This committee did not meet yesterday. 	
<p>VII. Public Comment:</p>	<p>Valeta Daniels Ms. Daniels stated that she doesn’t like corporate answers, she wants the truth. You don’t run an agency for 27 years and then all of a sudden find out that it’s financially broke. That makes no sense whatsoever. She is curious as to how the investigation will unfold because a lot of things don’t add up. We added a lot of state positions within the Office of EMS, and she kept thinking, they’re talking about not having money, but yet we’ve added more positions. That is one concern. Second, is the regional councils. Dr. Shelton, you have the power to pick up the phone, make a call, and get these regional councils their money. So, if you don’t then no one needs a paycheck? You need to stop all the state funds for the Health Department, and they can go without a paycheck for almost a year and see how that affects them. How they have kept it together as much as they have is very interesting. The only thing left to say in closing is that the only way evil prevails is if good men do nothing. Let’s not be evil, let’s get what’s going on done.</p> <p>Chip Decker I’m with the Richmond Ambulance Authority and have come before you today as a member of the board of the Virginia Public Safety Foundation. This group is charged with the care of the Memorial Wall that is located near the Patrick Henry Building. An event is happening tomorrow at 2 p.m. at the Memorial Wall where we will be honoring 30 additional names on the wall. This is the first time in about 40 years that names will be added to the wall. With the addition of the 30 names, the wall will now have 938. This goes back to 1758 when a law enforcement officer sustained fatal injuries falling off his horse. We will be honoring people throughout public safety if you are able to join us. There are also opportunities to join the Foundation. Please go to the VPSF Facebook page to make donations or</p>	

	for more information.	
VIII. Unfinished Business:	Gary Samuels, chair of the Bylaws Workgroup, mentioned the bylaw change request from Tim Perkins concerning the Medevac Committee name. The name of the committee will be Air Medical Committee instead of Medevac. There are about five places in the bylaws where Medevac is listed and will be replaced with Air Medical. Since this is coming from a workgroup, it requires a motion and a second. Dr. Ferrada made a motion to change Medevac Committee to Air Medical Committee with the five changes in the bylaws. The motion was seconded by Ms. Beth Adams. There were no further questions or comments. All of the Board members were in favor of the motion. None opposed. The motion carried.	
IX. New Business:	None.	
X. Adjournment:	The Advisory Board meeting adjourned at 11:00 a.m.	

<p>Transcribed by Wanda L. Street Executive Secretary, Sr.</p>
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