



Crisis Management for Leaders Coping with COVID-19

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April 2020

In the face of the rapidly evolving coronavirus crisis that demands many urgent decisions but provides few clear-cut cues and requires tradeoffs among many critically important values, how can leaders and their advisers make effective decisions about literally life-and-death matters? This policy brief contrasts the current “crisis” environment with the more familiar realm of “routine emergencies.” It argues that for crises, leaders need to adopt a more agile, highly adaptive, yet deliberate decision-making method that can move expeditiously to action, while retaining the capacity to iteratively re-examine tactics in light of decision impacts. This method can help the team take account of the multiple dimensions of the COVID-19 crisis and cope as well as possible with swiftly changing conditions.

COVID-19 is, to be sure, an epidemiological and medical phenomenon – but it is much more than that. It is also a deeply frightening and potentially traumatizing psychological event, a highly disruptive economic event, and a complex logistical event, among many other dimensions. A conspicuous failure of the engagement with this phenomenon to date is the lack of integration of the understanding of COVID-19 as a medical phenomenon with its further implications for the full array of other components of the situation. The COVID-19 *crisis* includes all of these components simultaneously, and effective leadership and management of the crisis requires addressing the entire picture. The challenge for leaders is to operate in a way that embraces all of the elements together – that is, to lead us through the whole event as a single, overarching, integrated, complex event.

This is a profoundly different scope and scale of challenge than leaders ordinarily face even in most significant emergency situations.

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Every significant emergency event is a fountain of issues, competing priorities, questions, decisions, and tasks. Leading through an emergency event requires that the issues be identified, the priorities clarified, the questions framed, the decisions made, and the associated tasks directed and then carried out. In common emergencies – what might be termed “routine” emergencies – the issues are familiar and have been raised repeatedly in prior events, so they are generally easy to identify; priorities have been debated in advance and are clear and agreed-upon; the key questions are evident and can be shaped for decision-making; the best decisions are framed and informed by prior experience; the tasks that flow from these “best practices” decisions are readily apparent; it is clear what orders need to be issued; and the means to execute them are likely to be at hand.

None of those conditions are present in the COVID-19 event.

Few, if any, have lived through an event similar to the one now unfolding around us. The circumstances are dynamic, which implies (1) that we don’t fully understand them as they exist at any given moment; and (2) they keep evolving and changing. Thus, our comprehension – the basic premises, assumptions and understandings from which we derive our inclinations toward action – is in continuous flux. This feels unsettling, even chaotic. The situation has partial precedents, but no clear or complete analogies in prior experience. We face competing priorities, with no clear antecedent decisions about how to balance them. The issues that will be raised are not immediately obvious, clear, or well-defined. The questions that need to be grappled with are emerging, day by day; they cannot be accurately anticipated, and instead need to be identified, formulated, and reformulated as the conditions evolve. The decisions thus called for arise in real time as the questions are formulated, and they change and evolve with the situation and our grasp of it. The tasks that flow from the decisions that are taken are not immediately obvious, nor is the best way to carry them out necessarily part of our repertoire of skills, processes, and resources developed from prior experience and action.

Nearly **everything** about this event is unfamiliar. In a word, the situation we are confronting contains significant **novelty**. As an immediate consequence, there is no known “playbook” from which we can derive guidance about how best to proceed. Instead, we are forced to engage in **real-time problem solving**.

What does this imply for leaders trying to help their organizations make their way through these challenging circumstances, so profoundly different from leading in a business-as-usual environment?

The Routine Emergency Environment

A routine emergency is characterized by *familiarity*. Consider, for example, an urban house fire being addressed by a well-trained and resourced fire department. Professional firefighters are familiar with the nature of the event and can generally predict with reasonable accuracy how it will evolve. As a result of prior experiences (theirs and others’), they have had a chance to determine the best ways to respond to it, and they have developed an organization well equipped to deal with such situations by combining standard operating procedures, plans, equipment, people with the requisite training, experience, and skills, and a structure for organizing and directing the response that is optimized for effectiveness and efficiency. The response to the fire is expertise-driven: expert knowledge is embedded in the plans, the

training, the skills, the experience, the equipment, the procedures – indeed, expertise is incorporated in every aspect of the organization and its processes and its people. The situation itself is also highly structured because of the firefighters’ understanding of it. “Situational awareness” – the ability to grasp the key elements of the situation – can be achieved and maintained in routine events because people familiar with situations of this kind know what those key elements are – that is, they know what to look for and how to find the key facts that characterize the situation and allow it to be understood and acted upon.

Experienced leaders in routine emergency situations can thus appropriately be anticipated to be able promptly to give clear, decisive instructions, based on their training, experience, knowledge, and expertise, that will effectively deal with the challenges the emergency presents.

A reasonable expectation of a well-resourced and trained organization in the face of a routine emergency for which it has prepared is that we should see a rapid, reliable, repeatable, efficient, effective response.

The Crisis Environment

By contrast, crisis situations like COVID-19 confront leaders with high-stakes, highly uncertain circumstances that go beyond current understanding. These situations also present threats for which required resources may go beyond what is normally available, where there is no known or complete solution, and where there is no assurance of a successful or even adequate response. Frequently, crisis events demand the attention of multiple organizations, not a single agency. These organizations may come from different jurisdictions, levels of government, or professions; they may variously be public, private, or nonprofit organizations; and often they are *not* all part of a single hierarchy with a clear, authoritative decision maker. Such a situation will necessarily feel chaotic and unstructured – and being in such a situation is a fearful experience, even for people with prior emergency experience ... because no one has ever experienced anything quite like *this*.²

Effective leadership in a true crisis situation can thus be characterized by *rapid innovation, under stress, embedded in fear*.³

This is a profoundly different leadership challenge than operating in a familiar routine emergency. In a routine emergency, we can expect experts to be able to provide *answers* about what is happening, what will happen, and what we should do about it. In a true crisis emergency, *no one* is in a position to provide complete or comprehensive answers. A true crisis thus presents us with a humbling and troubling question: What do we do when no one knows what to do?

The fact that no one knows immediately implies that in crisis circumstances, *our hopes and confidence need to be placed in the operation of the appropriate PROCESS*.

² A common parlance in emergency management circles for situations of this kind is “VUCCA” – Volatile, Uncertain, Complex, Chaotic, and Ambiguous.

³ This is a characterization and phraseology we frequently use in our crisis management courses and in our writing about crisis management.

Leaders should resist being put in the position of providing answers when novel circumstances create substantial uncertainty about the future; instead, they should put their confidence in a **process** that will generate the best available answer.⁴

Key Elements of an Effective Crisis Management Process

I. Organize the response through a critical incident management team process

There are many different names given for the teams and structures that oversee the response to a crisis for an organization or group of organizations for large scale, complex events (unified command, emergency operations center, command center, steering group, incident management team, ...). It doesn't matter what you call it, but you do need to bring together the appropriate collection of people and to provide them with the necessary level of authority to commit each organization and its resources to doing its part of the work to resolve the crisis. There may be sub-teams assigned to work on individual parts of the situation – and these will often be charged with important tasks; but a key lesson from prior crisis events is that there needs to be an over-arching team that is responsible for overseeing the event as a whole – that is, for wrapping its reach around all of the important elements of the situation – on behalf of the organization(s). If such a group is not formed, it is far too common for important issues to be missed, with each sub-group imagining that “some other sub-group is working on that.”

II. Bring the right people together in the critical incident oversight process to seek understanding and deliberate about what actions to take

There are three (possibly overlapping) groups of people who need to be brought together to contribute to understanding and deliberating about a crisis situation faced by an organization:

- (1) **People who understand the key priorities, equities, values, and goals of the organization.** An unprecedented situation confronts the organization with previously unencountered tradeoffs among goals and values that it cares about. How these tradeoffs should be made will not have been decided in advance, but instead will have to be determined in real time. It is important to have people who represent the various priorities of the organization involved in the deliberations so these tradeoffs can be effectively identified and framed and resolved;
- (2) **People who have knowledge about the event** and, to the extent possible, have informed, forward-looking perspectives on how it is likely to evolve;
- (3) **People who have intimate knowledge about the organization,** its situation in its markets and/or political environment, and its internal systems and operations – and who are thus in the best position to make informed assessments of what the consequences will be of different actions that may be considered.

⁴ In a culture in which expectations were formed in the routine environment, and where leaders are thus expected to be prompt and decisive answer-givers, this pressure is difficult to resist. Leaders should answer such expectations by saying something along these lines: “We are in unprecedented circumstances here, so we won't immediately know the best answer to this – instead, we have confidence that we have the right people working on this, and they will develop the best possible current answer in the circumstances ... and we will revisit and update that as we go forward and learn more and as the situation changes.”

III. Engage in iterative, agile, creative problem solving with continuous updating

Again, there are many names given to the kind of process you should be using. (Some common names: design thinking, agile process, generalized problem solving, incident action planning, ...). No one should care what you call it, but the basic steps of the process are:

Problem-solving step	Associated form of intellectual action
(0) Establish goals, priorities, and values	Moral reasoning
(1) Understand the key elements of the situation	Description
(2) Develop options	Creative thinking
(3) Predict outcomes from each option	Analytical reasoning
(4) Choose the best option (based on (3) and (0))	Executive decision-making
(5) Execute	Administrative tasking

... Then ... REPEAT, REPEAT, REPEAT, ... [that is, loop either to (0) or to (1)]

Note that the process begins with step (0), which can be thought of as the process of determining the “key values at risk” in the situation (not all of which, in an unprecedented situation, may be immediately obvious). This process is logically prior to all other decisions because it shapes all of the others – and that is why it is numbered (0). For example, different options are relevant depending on which priorities are chosen. This step may have to be revisited as the process unfolds, however, because the situation may change significantly, new issues may surface, and new facts may shed light in a different way on what key values are threatened. As the situation evolves, the organization needs to update its understanding (1) because it will develop a better grasp of what the realities are; and (2) because the realities themselves may change as the situation progresses.

Note also that each of the steps involved in this process requires a different form of intellectual activity (noted in the right-hand column). It is important to separate these different activities, or they will become muddled. For example, it is not helpful to have the description of the current situation colored by the describer’s preferred choice of option, or for the selection of options to be examined colored by the option-generator’s guess as to which option the decision-maker(s) will eventually choose.

IV. Gather a diverse problem-solving group to maximize the prospect of finding a better answer

When the solution is unknown, a diverse group (people from different backgrounds, generations, genders, or with different perspectives, skills, expertise, experiences, and knowledge) will generally have a better chance of being able to find a more creative and better approach because it will have access to a broader set of perspectives and possibilities, and may be able to be more creative in developing a broader range of options.

V. Arrange for a facilitated discussion and decision process to determine what actions flow from the agile problem-solving process

In operating the creative, iterative problem solving process (by whichever of its thousand names you choose to call it), it is often helpful to have a facilitator help to operate the process. When the ultimate decision-maker (who will have to decide among options, or whether to approve a

recommendation from the process) is also the facilitator, deliberations often converge prematurely to what the “boss” seems to want. People don’t want to seem uncooperative, and they often feel comfortable delegating the process upward instead of presenting their dissenting view; often, in a stressful setting, dissent can be misinterpreted and/or implicitly discouraged at precisely the time when it may be most valuable. When more than one organization or jurisdiction is involved, moreover, a facilitated process helps to dispel the impression that one group or another is dominating the process by taking charge. In addition, the facilitated “design” process should be relatively flat – that is, it should be open to input from people all around the table, whatever their rank or hierarchical position. In this setting, people don’t have rank – *ideas* have rank. When we don’t yet know the best answer, we also don’t know where the best answer will come from.

VI. Work hard on ensuring the “psychological safety” of people in the group so that all participants can contribute effectively. Make sure the group focuses on and maintains a spirit of joint inquiry rather than engaging in an internal battle of advocacy

Diverse groups have greater *potential* to generate creative solutions, but they frequently fall short of that potential, especially in stressful situations. “Psychological safety” is a felt sense in the group that contributions – even dissenting views – are welcome from everyone. A particular challenge in stressful circumstances is that people sometimes begin to act as advocates for their point of view (or suggestion) rather than to act as if they were part of a joint inquiry seeking the best overall solution. **Advocacy** behavior includes: arguing for your point of view and against the views of others; hiding the weaknesses of your suggestions (which you probably know better than others); pointing out the weaknesses of the suggestions made by others. By contrast, **inquiry** behavior involves: building on the suggestions of others; seeking synthesis and integration that combines ideas into a better suggestion; revealing weaknesses of your suggestion in the hope that others might see a way to ameliorate them; generally, behaving as if “we all win if we get the best possible answer” rather than “I win if the answer we choose is the one I presented.” Once advocacy gets started in a group, it is hard for others not to fall into it as well. If more than one organization is involved, the problem of averting advocacy behaviors is even more difficult. Avoiding a descent into advocacy takes skillful leadership and facilitation.

VII. Consider activating a secondary, “Special Advisory Group” that is *not* actively involved in overseeing or managing the response, to serve as a sounding board and creative resource

In the 1990s, the Centers for Disease Control in the United States developed a process it called “Team B” (the “B” stood for “brainstorming”) to provide additional thinking and guidance during unusual events. A major point (and design feature) of such a group of advisors is that the people who are involved directly in responding to the event may not have time or the ability to get a bigger-picture view of the event, so the advisory group may be able to maintain perspective and provide help to the operational group by spotting additional issues, seeing ideas elsewhere that could be applied locally, and generally adding to the creative bandwidth. CDC activated the process several times, and organized it in different ways, as there is no one recipe that suits all circumstances. During the SARS outbreak in 2003, it was activated in the form of a committee of experts about viral diseases, some from inside the CDC, some former CDC employees, and some from outside CDC who had done research on related issues. The committee met regularly (and virtually), and at each meeting the CDC posed a set of questions that it particularly wanted guidance on and also asked the committee members to provide guidance about anything the committee was noticing that the CDC didn’t seem to be paying

enough attention to. A similar construct in other organizations may help identify issues that had been missed or not adequately addressed.

VIII. Execute the decided-upon actions, but treat decisions and associated actions as tentative and experimental. Learn your way forward

Remind everyone (the design team, the organization, your outside stakeholders) that you are in unprecedented circumstances, so your current best answer may need to be revised based on what happens next.

IX. Set and maintain reasonable expectations

Remind people in the problem-solving group, in the organizations involved, and among outside constituencies that the current situation is unprecedented, and profoundly different from routine emergencies confronted in the past. It is not a reasonable expectation that we will quickly know the best answers about how to deal with the extraordinary collection of issues, the competing priorities the circumstances have created, and the myriad new threats and challenges we suddenly face. In fact, it is highly likely that because of this, participants in the decision-making process and those responsible for executing actions that flow from it will make mistakes; perfection, especially in the earliest stages, is highly unlikely. Instead, a reasonable expectation in such circumstances is that we will make our best efforts to maintain our focus on the things we care about most and to figure out how to protect them – and that we will learn as quickly as we can how to do better. And the best way to meet that expectation is to build and operate, again and again and again, the best available process for learning our way forward across these dark and uncharted waters.

About the Program on Crisis Leadership

Through research, teaching, and work with governments and practicing professionals, the [Program on Crisis Leadership](#) (PCL), Harvard Kennedy School, seeks to improve society's capacity to deal with natural disasters; infrastructure, technology, and systems failures; emergent infectious disease; and terrorism.

Jointly affiliated with the [Ash Center for Democratic Governance and Innovation](#) and the [Taubman Center for State and Local Government](#), PCL takes a comprehensive perspective, looking at risk reduction strategies, emergency preparedness and response, and disaster recovery.

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