



Post-Pandemic Recovery From What, For Whom, and How?

A virtual symposium, October 6, 2022

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Andrea Lapp: Welcome to today's Webinar, Post-pandemic recovery from what? For whom and how? Dr. Sanjana Ravi will now begin.

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Sanjana Ravi: Thank you so much, Andrea, and good afternoon everyone. Welcome to day two of our virtual symposium on pandemic recovery.

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Sanjana Ravi: Uh, my name is Sanjaya Robbie and I'm. A co-investigator of this project uh alongside Dr. Monica Shawna, and uh for those of you who were unable to join us on the first day of the symposium. Um, I now have the unenviable task of attempting to summarize the incredibly rich and insightful conversations between our panelists and moderators. Um! So to that end i'll just spend the next few minutes recapping day one, and then i'll hand it over to today's panelists to kick off

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Sanjana Ravi: the next round Table Discussion. Um! And for anyone who would like to watch the full roundtable sessions from day. One uh those recordings are now available, and we'll share the link in the chat. Um. We'll also make recordings of today's discussions available uh, shortly after the symposium concludes:

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Sanjana Ravi: Um. So with that i'll talk a bit about day. One uh we opened with remarks by Dr. Lawrence T. Brown, who is a Health Equity scholar, and it's also the author of a fantastic book called the Black Butterfly, which I would highly recommend reading especially for um any Baltimoreans on the line,

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Sanjana Ravi: and in his remarks Dr. Brown illustrated for us how racial hyper segregation and cities across the Us. From Baltimore and Chicago to St. Louis and Minneapolis resulted in greater numbers of covid nineteen cases and deaths, one hundred and fifty

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Sanjana Ravi: mit ctl. And among black and low-income populations by creating structural barriers to vaccines, to testing and to health care among those populations so with that context in mind, one hundred and fifty

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Sanjana Ravi: we kicked off our first roundtable discussion, focusing on the urgent and enduring harms of the Covid nineteen pandemic

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Sanjana Ravi: um, our our moderator for that session, Dr. Jennifer Horny cautioned against falling into the trap of simply returning to a pre-pandemic normal which was a theme that was echoed throughout the afternoon by many of our panelists.

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Sanjana Ravi: Uh We then heard from each of our panelists about long-standing systemic challenges in their respective communities, um like food and security, housing and security, poverty and limited health care access which in many cases are cross, cut by deeply entrenched structural racism.

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Kovat Nineteen has really illuminated, and in many cases exacerbated,

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Sanjana Ravi: the the numerous vulnerabilities and our social safety net systems. And so to begin repairing these vulnerabilities and hasten pandemic recovery. We really need systemic solutions that address the root causes of inequity, and not just the symptoms.

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Sanjana Ravi: When we started discussing what pandemic recovery might actually look like in the United States. One of our other panelists, Janet Zeiss, who is a community health

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Sanjana Ravi: program coordinator at Potstown Hospital in Pennsylvania, reminded us that recovery is not a linear or one size fits all process, and that while resilience is an important coping mechanism both for individuals and communities, whether in the pandemic, it's not actually a solution to the structural barriers that need pre pandemic life, so challenging for many minoritized and marginalized populations.

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Sanjana Ravi: And so our panelists then suggested several innovative structural solutions, for example, institutionalizing rent assistance networks, strengthening community development financial institutions, and most importantly working in close partnership with and for the hardest hit communities and building recovery programs around their stated priorities. One hundred and fifty

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Sanjana Ravi: from there, we then said, weighed into our second roundtable discussion of the afternoon, which was moderated by area to Checos, and in this roundtable discussion we heard from faith leaders and experts in trauma, recovery, restorative justice and truth and reconciliation traditions,

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Sanjana Ravi: who discussed how practical strategies embedded within civil society and government could help us begin to rectify some of the communal harms inflicted, both by Covid, nineteen, and pre-pandemic neglect.

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Sanjana Ravi: Um! The pandemic has raised many important questions about how we go. This, again, individuals and as communities want to be treated and cared for as well as how we treat and care for others, and how we can learn from one another as we navigate periods of of intense crisis,

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Sanjana Ravi: and so on that point our panelists really highlighted the importance of interpersonal relationships and coping with the emotional and spiritual distress of Covid. Nineteen, as well as the power of community, support networks and mutual aid to mitigate the effects of loneliness, isolation, and other existential

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Sanjana Ravi: Erez

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Sanjana Ravi: um. These are skills that can be learned, and, like all skills, they have to be practiced

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Sanjana Ravi: mit ctl. And And so, as one of our other panelists Uh. Jennifer Llewelyn of Dalhousie University, pointed out uh centering these skills in everyday life in schools and workplaces and in faith communities can help instill a restorative approach to daily living, and

also help communities grow in health and safety, so that they are more prepared for the next crisis one

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Sanjana Ravi: another of our panelists we could tell of interfaith. America mentioned that you know when something works, we should do more of it and transform it into a permanent capacity Uh. So in that vein. We also heard about the importance of strengthening infrastructures for delivering mass mental health care, such as for crisis, hotlines and other mobile crisis services.

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Sanjana Ravi: We also came away with lessons around designing pandemic recovery efforts to be culturally relevant and meaningful to diverse communities,

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Sanjana Ravi: and we also um stress the importance of being better listeners, of uplifting, marginalized voices, operationalizing faith and spirituality and public health interventions, and reflecting on shared suffering to better P. To better meet people's physical, emotional, and spiritual needs.

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Sanjana Ravi: So that was a a very quick recap of the first day of the Symposium. And again, I would encourage everyone to watch the recording. If you weren't able to tune in um with that, I will now hand it over to Steve Modemeyer to moderate our next roundtable discussion on how we frame the pandemic experience uh Steve is a principal of collins warman with thirty-one years of experience. Leading governments, landowners, and project teams towards increased sustainability and resilience, and if anyone watching would like to review our panelists by

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as well, please refer to the agenda link which we can also share in the chat. So with that Steve over to you. Thank you so much.

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Steve Moddemeyer: Hi! Some Jonah. Thank you so much. I'm a super excited about today's panel.

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Steve Moddemeyer: What a wonderful array of individuals with a lot of experience and insight! And I just feel lucky to we can spend time together, and I wish that we had more

time, but we we have very little, so we're going to be very efficient today. Um! One of the things that's in Jenna was pointing out was that

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Steve Moddemeyer: it's not just a medical thing, this pandemic. It's also impacted all of our social cultural systems. It's taken things that were stresses and

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Steve Moddemeyer: fractured them. It's taken fractures and and broken them.

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Steve Moddemeyer: And so, as we're in the recovery phase, it's not just the medical part. It's also the whole, the whole kitten caboodle that we have to deal with, and I know as a as a older man. Um. My parents and my grandparents were uh children of the depression

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Steve Moddemeyer: a hundred years ago in the nineteen twenties, and that shaped that whole generation in ways that were very significant and part of what it did it. It It changed the stories that they told themselves about themselves. It really kind of changed their identity. And we're kind of, I think, in the same space in the two thousand and twenty?

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Steve Moddemeyer: What is How is this experience going to shape us? Was it going to be transformative? Is it going to help us fix some of these fractures and stresses in ways that actually make it make us more capacity so framing and understanding and making sense of what we have been through and what we're still going through

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Steve Moddemeyer: is a key role that artists, writers, uh journalists uh spiritual leaders, other uh political leaders. We all play a role in that. So that's what this panel is focusing on how we framing the pandemic experience.

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Steve Moddemeyer: And now and also when it draws to a close. So on the agenda we have a list of fantastic speakers. We have Suzanne Brendan, Firstenberg, she's an artist. She did in America. Remember, we have Z. Cohen, Baltimore City Council Member.

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Steve Moddemeyer: We have Jane Cage, who I've had the pleasure to work with. She's the

was the chair of the city of Joplin, and a a wonderful national leader in dealing with recovery from disaster. Linda Langston, former president of the National Association of County, is also a very knowledgeable in in how to navigate a community through a significant flood recovery.

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Steve Moddemeyer: Amanda Ripley, a wonderful writer who has done a number of articles for Uh the Atlantic New York Times, Washington Post, as well as several books that are very much about how we, as human beings, navigate extreme events.

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Steve Moddemeyer: We have Kristen or Quizza and Christine Keith, who are co-founders of marked by Covid. And then we're going to wrap it up with uh up a Puna Monda Valley who is a uh public health, that global public health reporter for the New York Times.

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Steve Moddemeyer: Wonderful group of folks! Let me start with you, Suzanne. How can we shape and frame

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Steve Moddemeyer: this experience that we are going through collectively in a way that can help us navigate, and maybe have a sense of a future and hope together.

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Suzanne Firstenberg: Thank you so much, Steve and I want to say a special thanks to John Top and Center for health security, because, having an artist on this panel really shows you the holistic approach we're taking and framing is my business. I'm: i'm talking today, joining you from my studio outside of Washington, Dc. And I'm. A social practice artist. That means that I use my art to actually make sense. I It starts with reading research and a lot of interviews, and then I move into trying to figure out a way to.

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Suzanne Firstenberg: We use art to change people's perspectives. So it is about sense making. I think, that we do have. We may have some visuals of my

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Suzanne Firstenberg: the art installation in America. Remember, it was a an art installation in which we installed one white flag for each person who had died to date from the pandemic.

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Suzanne Firstenberg: So it we took

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Suzanne Firstenberg: twenty acres on the National Mall, and I, with many volunteers, planted those flags in an array to be evocative of Arlington Cemetery, and we began the installation in fall of two thousand and twenty, one with six hundred and sixty six thousand flags. There you see the large signature sign this: This

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Suzanne Firstenberg: went on for seventeen days there on the National Mall. Each morning I would

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Suzanne Firstenberg: hop on my cell phone and check out the Johns Hopkins, Coronavirus dashboard, and then at change the number and add the requisite number of flags each day, I added approximately two thousand. So We ended this art installation with seven hundred and one thousand flags. We had one hundred and forty-six sections of flags. Each of those is sixty by sixty feet. So this was a massive data visualization process uh and project. The reason why I felt compelled to do this was because

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Suzanne Firstenberg: when the death toll in America grew so large as to be difficult to understand. It became easy to dismiss, and so I wanted to ensure that we could better understand what was happening. We also, though, did place making this became a national place of mourning.

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Suzanne Firstenberg: People traveled from all over the country to right flags, to dedicate flag to their loved ones who are lost. And right now, as I said in my studio, we are archiving twenty thousand dedicated flags from that our installation. But one of the important themes in the Symposium is equity, and important to us was equal access. So we created a website on which people who had neither the time nor the money to travel to Dc. To dedicate a flag.

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Suzanne Firstenberg: They could submit messages to us, and we would have volunteers on the Mall transcribe those messages onto flags, plant the flags. And then we had a whole geolocation team using Esri, software, and they would locate those flags into a map. So people who submitted messages could go back onto the website a few days later and actually see a photo of their flag that was dedicated to their loved one flying on the National Mall, and they would see exactly where it was planted

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Suzanne Firstenberg: unwittingly, though in doing this we also created a place where strangers comforted strangers, and friendships were formed, and that is one of the big takeaways from this art that I want to encourage all of you in your communities to do create space in which there are cross, cutting opportunities

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Suzanne Firstenberg: by creating it grounded in art, if you will, but grounded in common emotional experiences, so we can transcend all these divisions and knit community together. Other communities have used the white flags to honor the their loved ones lost from Covid, Rhode Island. Just did an entire state

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Suzanne Firstenberg: uh in in America, Rhode Island, remember exhibition on their State House for grounds. Other communities have done temporary works, but included permanent items, such as granite benches and such. And there are myriad of organizations working the Covid space Um,

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Suzanne Firstenberg: and in the commemorative space. But I think we're really lucky today to have one of the leading advocates, Kristen, on this panel, and she's going to have more ideas for you about

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Suzanne Firstenberg: how to use temporary comm commemoration to really help in the healing process. But I think it's super important right now for us, just to acknowledge the fact that the pandemic is still going on. I know that the death toll from Hurricane Ian has risen to about one hundred and twenty.

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Suzanne Firstenberg: Well, that's all those three times the number. Excuse me uh, almost three times that death toll uh will be lost today from Covid and again tomorrow. And so we have to accept that it is still ravaging communities and lives,

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Suzanne Firstenberg: as I speak to organizations and audiences around the country. People ask me about permanent memorialization, and I have to say it. It's essential. We are actually in the midst of the largest mass casualty event in our nation's history.

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Suzanne Firstenberg: So we have to commemorate this. We don't know yet what it's going to have as an effect on our social fabric, or really

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Suzanne Firstenberg: who we are, how we conceive of ourselves as a country, so that's yet to come. But memorialization is critical, not just for storytelling and sense making, but also to ensure that we have a reminder that we just we can't let this ever happen again.

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Suzanne Firstenberg: So i'm going to work tirelessly with the powers of the being here in Washington, with Congress, with memorializing entities and organizations, to make sure that we create a permanent national memorial to this um, and it needs to be a place of calm, of reverence and beauty,

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Suzanne Firstenberg: so they can truly honor all of those lives lost, and it can help us really. Remember, I I want to address one of the things that Steve has asked about, and that is, How can you take people who have such vastly different experiences and beliefs about the pandemic?

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Suzanne Firstenberg: Um. How can we bring it together and and and find common cause one of the ways I would suggest, and this is art based as well, is addressing the trauma induced problems. Excuse me. The pandemic induced problems such as the trauma that's experienced by our youth

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Suzanne Firstenberg: Before the pandemic began. I was doing research on a seven to seven Installation Art series that I've entitled The empty fix. I traveled to twenty-four different states, and interviewed hundreds of people who were suffering and recovering from drug addiction.

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Suzanne Firstenberg: What they taught me was that psychological injury that only makes people incredibly vulnerable to addiction,

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Suzanne Firstenberg: but it also wraps that ties them in that addiction. And so, when I look at the pandemic and think about the two hundred and fifty thousand kids who lost caregivers,

the countless kids who lost grandparents, beloved grandparents, and all the trickle down trauma from the parents that kids have experienced.

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Suzanne Firstenberg: I real. I realized that we primed for a generation of addiction. So in using one of my in empty, fixed installations recently we inspired great conversations with the Prisoner of the Board of Ed, the Superintendent of Schools, and the Chair of the County Council. Here.

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Suzanne Firstenberg: Um, the social emotional development of kids. That's a way in which we can use art to make these messages. And if we can center on the sequela from this pandemic I think that we can find common ground. So um! With that I'm going to stop. I just want to summarize.

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Suzanne Firstenberg: We can use art to make difficult challenging information visible and experiential. We can use our to create spaces where people can transcend all the devices by finding common ground and emotional experiences, and we can guide decision makers to focus on actual aftermath and find common cause in that way.

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Steve Moddemeyer: Thank you so much, Suzanne Zeke. You're from Baltimore and um the trauma happens at every scale. Um. From uh national, global to family, by family, person by person. How? What's your role as an elected official in Baltimore? And how do you address these issues?

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Zeke Cohen: Yeah. So first off, it's really an honor to be with you all this morning. Um! And we're actually proud to have been the first city in America to have legislated trauma informed care into law. Um! That was actually right before the pandemic,

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Zeke Cohen: and it came out of a school shooting that happened in West Baltimore. Um. A gentleman walked into a school with a gun and shot one of our school staff, and

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Zeke Cohen: you know we we We know that trauma impacts folks in all different ways, but the collateral effects of hearing a gunshot go off having a trusted school staff member get shot during school hours was just profound um onto the well-being of our kids and their

teachers and our whole community.

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Zeke Cohen: And so we held a hearing in the City council's, Education and Youth Committee, and a lot of the adult conversation at the time was around. Should we have more metal detectors? Could arms? School police have prevented this. But what the young people said very clearly was, That's the wrong conversation to be having.

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Zeke Cohen: What we want. Our city leadership to focus on is the trauma that so many of us experience every single day growing up in the city, and not just this horrific but really rare school shooting. But day to day experiences with food, insecurity, um housing, and stability, just the grind of growing up black in a city that was one of the birthplaces of racial redlining.

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Zeke Cohen: That's what you all need to focus on. Not whether we should have more metal detectors. And

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Zeke Cohen: for me as a former teacher, that message was really resonant and powerful. And so, after the hearing, I went up to the young people and said to them like, Listen, I know that that's exactly what we need to focus on. But instead of me writing a bill, would you be willing to work with me on it and try to figure this thing out

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Zeke Cohen: um, and the young people said Yes, and so we spent about a year going around the city, doing a massive listening tour in laundry mats, in rec centers and classrooms all over Baltimore, trying to identify how we could legislate trauma, informed care into law because it is the predominant issue in our city and it impacts people in all different ways. But to live in Baltimore is to know death,

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Zeke Cohen: and is to know systemic racism, and is to know um what it means to lose and grieve

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Zeke Cohen: on a very, very, very deep level. And so, about a year later, we actually came back to Frederick Douglas High school, which is where the school shooting had taken place,

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Zeke Cohen: and Mayor Jack Young signed what we called the Elijah Coming Healing City Act, named after our late Greek congressman who had championed this issue nationally. Um and and he had just passed away a couple of weeks before, and had really tasked us in Baltimore with

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Zeke Cohen: um lead leading on this issue. Uh, as it had impacted him growing up. And um! He had been an incredible mentor of mine, and had obviously been sick for a really long time. But

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Zeke Cohen: um! We were really proud to have the Mayor signed the bill right there at the Young People's High school, and they spoke about what it was like to not only have had this horrific incident, but then to have taken back their power and help to legislate this incredibly important issue.

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Zeke Cohen: Um! And then the pandemic happened, and there was a huge pivot, and we had to do everything virtually. Um. But that was Okay, because part of what our legislation does is have us train every city agency in trauma, informed Care, looking at the brain science looking at how folks who've experienced high degrees of aces or adverse childhood experiences. Um! How that can manifest in different behaviors, And then what can we do about it?

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Zeke Cohen: So utilizing mindfulness and restorative practices and art. Um, like Suzanne mentioned, is critically important. And then looking at specific policies, because I think that, as we think about what a meaningful response to Covid or the ensuing mental health crisis

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Zeke Cohen: uh that we're all going to experience and are currently experiencing. We're going to need policies as well, and so just quickly. The first agency we train was actually our library system,

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Zeke Cohen: because libraries are a place where people who've experienced high degrees of trauma often go. Um, We see a lot of folks who've experienced homelessness People who um are addicted to substances, just young people who need a place to be. And so online we trained all four hundred and fifty of our library staff.

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Zeke Cohen: It took about a year. It was a really deep dive,

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Zeke Cohen: and one of the issues that came up. And the reason I wanted to conclude on this note is because Suzanne had mentioned the uh, just the opioid crisis. And uh what addiction is going to do to the next generation? That has always been a huge issue in the city of Baltimore, and, unfortunately for a very long time we attempted to criminalize it, and were ground zero for the war on drugs which

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Zeke Cohen: immediately morphed into a war on black and brown communities. Um, we incarcerate mass incarcerated over one hundred thousand of our own citizens in a year. Um, under a previous administration, and the results were catastrophic.

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Zeke Cohen: Um! And so, as our library system did this policy review, and looked at every single policy they had with a trauma informed lens one that popped out was that they had a zero tolerance policy for anyone who was perceived to have used either drugs or alcohol within the last twenty-four hours. The protocol was to write them up and kick them out,

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Zeke Cohen: and the head librarian, realizing that that is not a trauma, informed response. And as we all on this panel know that in two thousand and twenty-two addiction is a disease that they needed to shift. And so, instead, she got rid of that policy and has brought peer recovery coaches into our library branches who are helping to support people, get into treatment, get Narcan get housing if they need it, and to me that's the kind of policy shift

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Zeke Cohen: that we, as a city and really as a country, need to um need to experience, because a lot of people are hurting, and it is incumbent on us to shape our government, our cities, our society, in a way that serves people and doesn't just further criminalize, ostracize or stigmatize them for behaviors that we know are related to health, especially in a pandemic

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Steve Moddemeyer: Zeke. That's really really powerful story. Um! And and and and forward motion. One of the things you mentioned was working with the kids listening to them, and then also how to helping them take back their power.

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Steve Moddemeyer: Uh, Linda? I'm Sorry, Jane. Um! You're next um Are Are you seeing similarities with Uh, the pandemic? And with Baltimore's experience with how people have handled other natural disasters, and how they recover or or not or other differences, or there's things we can learn from your experience.

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Steve Moddemeyer: Mute Jane,

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Jane Cage: There goes fourteen seconds

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Jane Cage: that's so.

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Jane Cage: Um I'm Jane Cage. I live in Joplin and I let a citizen listening effort to think about what our recovery might be from the tornado, and I see nothing but stark differences between the way our city reacted after the tornado, and how they've reacted during the pandemic.

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Jane Cage: It was easy for everyone to fall behind a common goal, whether it suited a particular organization or not, everyone was willing to bend into compromise for the common good,

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Jane Cage: and I saw that time and time again where we were all willing to cooperate with one another to work together to try new ideas.

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Jane Cage: The pandemic is not felt that way in Joplin at all. It's been really polarizing,

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Jane Cage: and when it comes to a public meeting or a time where people could discuss what things look like. One of the things I've noticed is only the most strident voices come forth on either side.

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Jane Cage: The people who are definitely against definitely for the anti-vaxters. The probe

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Jane Cage: all they want to do is fight with one another. And so I started to think about that in light of what we've been talking about. And I really think, as we come out of the pandemic, and in this long term recovery we really probably need fewer moderators at meetings and more mediators.

106

00:30:34.110 --> 00:30:48.760

Jane Cage: People who are working that can build consensus rather than using Roberts rules of orders to make a motion and a second and a vote, because every time we vote I say this many times every time you take a vote someone loses and someone wins right.

107

00:30:48.900 --> 00:30:55.489

Jane Cage: And so I don't want things to be that way in Joplin, where people lose them when I want us to think together about ideas.

108

00:30:56.610 --> 00:31:09.240

Jane Cage: And so also, as we move forward, you know we're starting to see what I would call the ripple effects of the pandemic, you know. Response. Linda knows this as well, but response is really kind of a straight line.

109

00:31:09.430 --> 00:31:17.399

Jane Cage: Well, something happens, someone in command. The next thing happens. Recovery is more like dropping a rock and a pond. It starts to ripple out,

110

00:31:17.600 --> 00:31:35.009

Jane Cage: and it ripples until it hits a stronger water force moving the other way or ledge or another rock trapped in the water. Then it changes the pattern. So I talked with one of our school officials yesterday, and she said, they're just starting to realize the tremendous gap in education

111

00:31:35.020 --> 00:31:43.650

Jane Cage: from everyone being at home for the last two years, that pre-k students aren't ready to come to kindergarten because they don't have the language skills. They need

112

00:31:43.800 --> 00:31:47.589

Jane Cage: kids who are only learning at home or having a difficult time.

113

00:31:47.920 --> 00:32:00.509

Jane Cage: I think that's the kind of problem that our community should start to focus on now is to look at how we can move out and move forward in a way that's positive, because depending on how we frame the issue.

114

00:32:00.590 --> 00:32:16.270

Jane Cage: It's pretty easy to say everyone wants a good education for their children. Everyone wants smart students, everyone's, you know. They want students who can move ahead. So I think that's in some ways our path out is to look forward and figure out everything the pandemic has touched,

115

00:32:16.280 --> 00:32:32.620

Jane Cage: and figure out how we can move that forward in some kind of positive way, because up until now it's just been abhorrent to live here sometimes because there's only been discord. There's only been yelling at one another. There's really been so little listening in all of this,

116

00:32:32.690 --> 00:32:39.010

Jane Cage: so I see I see a lot of differences in that. So with that i'll stop and let Linda or someone else move on with that idea.

117

00:32:40.070 --> 00:32:49.399

Steve Moddemeyer: Thank you, Jade Jane. That was really really informative, and I think it adds depth to what we're talking about. Linda. You've been name checked. What's your thought on this?

118

00:32:49.920 --> 00:33:00.910

Linda Langston: Uh, I would uh very much agree with what Jane has said. And uh, from my perspective, I think we have uh

119

00:33:01.040 --> 00:33:20.140

Linda Langston: community-wide and nationwide a lot of learning about um, just some really basic civics, um, and and continually asking ourselves who's at the table? Who's not at the table? Um. So in some ways,

120

00:33:20.150 --> 00:33:32.419

Linda Langston: uh usually disasters as Jane noted bring people together. They have a common cause. You can see that already in Florida, even with the widespread scope of things,

121

00:33:32.820 --> 00:33:39.740

Linda Langston: I think what happened in the pandemic really uh emphasized what I think of as othering.

122

00:33:39.750 --> 00:34:03.290

Linda Langston: You know It's like the other people. We're gonna stay home. So we're not around sick people. And um, you know people taking a certain amount of pride, because oh, I haven't had Covid yet. Um! As if that's some badge of of honor. Um! So we're looking at some really basic social frameworks

123

00:34:03.300 --> 00:34:15.739

Linda Langston: that I think are very difficult to address. Um In our pre discussion we had some conversations, and I suspect Yes, uh, on Tuesday as well about the concept of sense making

124

00:34:15.750 --> 00:34:33.839

Linda Langston: um, And I know in the next panel Leslie Wright also knows Rebecca Ryan, who is a Futurist, and literally helps people train in sense making because these are, you know, there are skills that um that we we need to develop more of

125

00:34:33.850 --> 00:34:41.590

Linda Langston: um, and helping us understand. How do we process this information? Um.

126

00:34:41.750 --> 00:34:45.389

Linda Langston: And so um, we

127

00:34:45.540 --> 00:34:58.550

Linda Langston: we also just as as communities, uh, you know, Really, we do a terrible job with grief and grieving. The Us. Is is a just a not a good place.

128

00:34:58.560 --> 00:35:17.290

Linda Langston: Um to take this kind of project on, which is what makes what Suzanne did so wonderful. Having ways and places, we allow this grief to process, and recent research is showing also exactly what Jane talked about at the end that um, you know,

129

00:35:17.300 --> 00:35:30.390

Linda Langston: in in looking at uh surveys of really large numbers of of both children and adults in the pandemic, we've we have literally lost our social skills.

130

00:35:30.400 --> 00:36:00.349

Linda Langston: I mean it. Isn't. Just kids. It is adults. We have lost our ability to reach out and be conversational with people. So I think we have to think about opportunities about how do we? These are all skills, you know. We have to learn to exercise again, and we're going to have to exercise some of these uh very basic skills that allow us to move forward. And I think that's really a challenge in our public speech,

131

00:36:00.360 --> 00:36:06.279

Linda Langston: especially when I think about elected leaders like Zeke,

132

00:36:06.530 --> 00:36:22.230

Linda Langston: because I and could I just give a nod to um to school boards? I mean these poor people don't even get paid. Um! But instead they have been just completely thrown under the bus, and and I think

133

00:36:22.240 --> 00:36:36.789

Linda Langston: these are folks who have generally uh made an effort to better their community. So um! And and lastly, I will say, I think we have to work hard within our communities to give people agency

134

00:36:36.800 --> 00:36:55.609

Linda Langston: to give people an opportunity to find. What is it that they can do, even if there are small steps? Um, finding people you don't know, and talking to them uh going to neighborhoods. You've never been before checking on friends. You haven't talked to in a while.

135

00:36:55.620 --> 00:37:04.730

Linda Langston: I think we have to relearn some of these skills. Uh, and so uh, i'll look forward to the conversation with others.

136

00:37:07.770 --> 00:37:10.040

Steve Moddemeyer: Thank you, Linda. Um,

137

00:37:11.000 --> 00:37:25.379

Steve Moddemeyer: Amanda. We've had lots of pandemics as human beings um over the thousands of years, and somehow we navigate that. Um! But this is our first in this generation

at least global pandemic.

138

00:37:25.420 --> 00:37:32.340

Steve Moddemeyer: What What are your thoughts about how we can frame recovery and the thoughts of Linda and Jane and others.

139

00:37:33.580 --> 00:37:47.819

Amanda Ripley: Yeah, thank you. I'm: i'm glad to be here, and very grateful to Monica for inviting me. I mean one of the things one of the problems is that to make stories about disasters better. You have to be willing to talk to reporters which let's face it as a risk.

140

00:37:47.830 --> 00:37:59.659

Amanda Ripley: But Monica has always called me back for twenty years, and she has made my story smarter more accurate, more useful again and again. Um and and other people on this call as well. So um,

141

00:37:59.730 --> 00:38:03.110

Amanda Ripley: you know, I think. And to Susan I would just want to say

142

00:38:03.340 --> 00:38:19.619

Amanda Ripley: I am so grateful for the beautiful installation you created. I live in Dc. My family, and I went to them all and planted flags, and it was just such a important shared ritual, and a moment that I hope more and more Americans get to have more and more people around the world. Um.

143

00:38:19.630 --> 00:38:41.349

Amanda Ripley: So I mean, I think you know we're talking here. I a about how to frame the pandemic and and the stories we tell really matter right? Because the human, as my friend Jonathan Height said, You know the human mind is a story processor, not a logic processor in case it, in case we need any more evidence that that's true. Um. And so the stories really matter, and put another way. I think we're talking about.

144

00:38:41.360 --> 00:38:51.970

Amanda Ripley: How do you talk about threats, fear, distrust, betrayal, grief, loss over reaction under reaction.

145

00:38:51.980 --> 00:39:04.579

Amanda Ripley: You know, these are problems that we face before the pandemic in different ways, and we will face after in different ways. And how do you do that when distrust is so

high? You know this is something that I've been kind of obsessed with for the past

146

00:39:04.590 --> 00:39:33.080

Amanda Ripley: six or seven years, because, as a journalist, it just got really hard to know how to be useful anymore. You know the places I write for half the country doesn't believe it's telling the truth. Um. And and just as big of a problem, four and ten Americans are now actively avoiding contact with the news sometimes are often because it's so depressing, and makes them literally feel sick and paralyzed with despair. And and I find myself in that category sometimes having to go on a news diet, you know. Uh.

147

00:39:33.090 --> 00:40:03.070

Amanda Ripley: So this is a real challenge, and I guess the first thing I've learned in spending years now just trying to understand the conflict that we're in as a country is that you know this is not normal, you know, before the pandemic the political conflict we were in was not healthy. It had already become what's known in the research as high conflict, which is different than normal, healthy conflict, and it's conflict for conflict's sake, where there's an Us. And then right and uh you start to feel like the other side is insane.

148

00:40:03.080 --> 00:40:14.199

Amanda Ripley: You start to feel like there is no way out. Um! You start to feel trapped by it. And this is a very well-studied phenomenon that is very different than normal

149

00:40:14.210 --> 00:40:28.289

Amanda Ripley: conflict. So the the bottom line, if you remember nothing else, from what I'm saying, at least uh any intuitive thing you do to try to respond to high conflict, try to get out of it will almost certainly make it worse.

150

00:40:28.410 --> 00:40:35.130

Amanda Ripley: So this is the diabolical thing. So where does that lead us? And you have to do counterintuitive things,

151

00:40:35.280 --> 00:40:40.559

Amanda Ripley: and that requires a lot of care, discipline, and practice. Um,

152

00:40:40.680 --> 00:41:05.960

Amanda Ripley: I will just say you know it's easy. I keep reminding myself of this it's easy to forget we were talking about how, with this, with this crisis, it didn't feel like there was that moment of solidarity. But you know in in late March twenty, twenty, ninety percent of Americans have. They believe that we're all in it together, which was up from sixty-three percent in two thousand and eighteen um, and around that time the Senate passed that

massive Federal stimulus bill by a vote of ninety-six to zero.

153

00:41:05.970 --> 00:41:22.590

Amanda Ripley: Right? Um. So there was a period, but it was too brief right by a long shot. Um, So I've been really focused on. How can journalists in particular? But you know everyone communicate about hard things more creatively more useful. Given that we're in high conflict.

154

00:41:22.600 --> 00:41:36.359

Amanda Ripley: Um. And when I distilled everything I've learned, you know, from physicians who communicate and specialize in communicating bad news to patients, from behavioral scientists to psychologists who treat patients for headline stress disorder, which is a thing

155

00:41:36.370 --> 00:41:47.230

Amanda Ripley: when I distilled everything, They told me that there there was like three important things missing, at least from most coverage of the pandemic and other threats. And those three things are hope,

156

00:41:47.270 --> 00:41:49.450

Amanda Ripley: agency, and dignity.

157

00:41:49.960 --> 00:42:01.610

Amanda Ripley: We know that humans need hope to get up in the morning. Um. It is associated with lower levels of depression, chronic pain, sleeplessness, and cancer, among many other things. Um.

158

00:42:01.620 --> 00:42:25.880

Amanda Ripley: So people need to have a sense of possibility. And there was a study showing that you know us mainstream media coverage of the pandemic was more negative than scientific journal coverage, which is interesting and more than negative than international media coverage. Why is that there are lots of reasons, including financial reasons. But actually one reason that I think we should talk more about is this high conflict? Journalists are part of the political

159

00:42:25.890 --> 00:42:37.040

Amanda Ripley: conflict. They are human. Um! So they catastrophe. They have anxiety. They have depression, they make mistakes. Um! But the bottom line is, you know, when there are glimmers of hope.

160

00:42:37.050 --> 00:43:06.989

Amanda Ripley: When, for example, in recent weeks, the inequities and Covid death rates by race dissipated even after adjusting for age, that is a very important story to tell right uh, and it's important to shine a spotlight on those stories, because it shows that we are capable of doing hard things. And it's what my friend David born. He likes to call hope with teeth. Um! So hope, agency, and dignity are the things that i'm working very hard to train journalists on to cover more rigorously and not to not cut out

161

00:43:07.000 --> 00:43:08.629

Amanda Ripley: out of their stories.

162

00:43:10.090 --> 00:43:12.270

Steve Moddemeyer: Well, that's fantastic, Amanda

163

00:43:12.360 --> 00:43:13.540

Steve Moddemeyer: Kristen.

164

00:43:13.810 --> 00:43:18.090

Steve Moddemeyer: Are you channeling hope, agency, and dignity in your work

165

00:43:18.490 --> 00:43:38.360

Kristin Urquiza (she/her) Marked By COVID: to the best that I can. Um, i'm excited to be here and um to build off of this really important conversation about what does recovery look like for folks who don't know who I am. My name is Kristen, or Kisa, and I co-founded a group called marked by Covid, which is um the Nation's largest

166

00:43:38.370 --> 00:43:54.490

Kristin Urquiza (she/her) Marked By COVID: organization, founded by and led by people who have been incredibly and severely harmed by this pandemic. I've co-founded this eight days after my own Father Mark died from Covid, nineteen in June of two thousand and twenty.

167

00:43:55.080 --> 00:44:08.679

Kristin Urquiza (she/her) Marked By COVID: One of the things that I've thought a lot about um over the course of this morning. Um, but over the course of the last two and a half years is that we cannot heal from what we do not acknowledge,

168

00:44:08.690 --> 00:44:38.380

Kristin Urquiza (she/her) Marked By COVID: and that is why um projects like Suzanne in ours, and others are so incredibly powerful because they help bring people together to create a public memory as well as create space to collectively more feel, share stories, but most

importantly be validated, be heard, and be in community to really see one another

169

00:44:38.390 --> 00:44:56.559

Kristin Urquiza (she/her) Marked By COVID: as human beings, first, in which we can start to build bridges. And in my work this is something that I refer to as a grief bridge. Um! What you're seeing on the screen right now is a project that we've been working on with um individuals who've lost loved ones to Covid

170

00:44:56.570 --> 00:45:24.069

Kristin Urquiza (she/her) Marked By COVID: as well as people in the Long Covid community to build a national Covid memorial that would create a space not just in Dc. But across the country for folks to come and bring um their grief bring their hope, bring their rage. Um and process. What happened? Um! And what is currently happening over the course of the last couple of years

171

00:45:24.080 --> 00:45:54.060

Kristin Urquiza (she/her) Marked By COVID: working with artists. We've developed an a and technologist. We've developed a both in real life, augmented plan which the next slide will show along with an augmented reality um layer that would enable individuals to come and put their loved ones up into the database and interact with them. Um! The plinth itself would enable individuals to hold ceremony, to have um um offerings, to be able to have this

172

00:45:54.070 --> 00:46:22.189

Kristin Urquiza (she/her) Marked By COVID: individuals um, and to be able to be together and create what is a Covid ritual of mourning. Um, this is just one idea. Um. We have been working with folks all across the country to really catalog as well as create um a huge database of all the different memorial projects that have been happening to show the breath and depth

173

00:46:22.200 --> 00:46:36.029

Kristin Urquiza (she/her) Marked By COVID: of the need for creation of a public memory. Um! The other thing I just want to share, too, with folks is at the end of the day. This pandemic was an issue of equity and justice.

174

00:46:36.040 --> 00:46:54.690

Kristin Urquiza (she/her) Marked By COVID: Um! My dad was a Mexican American man who was working class. I grew up working class whenever my parents got sick In June of twenty twenty they were living in the Zip code in which we had the worst pandemic. What worse transmission rates in the entire country.

175

00:46:54.700 --> 00:47:04.679

Kristin Urquiza (she/her) Marked By COVID: Um, my mom now has Long Covid, my dad passed, and we lost five other family members before vaccines were available.

176

00:47:04.760 --> 00:47:18.470

Kristin Urquiza (she/her) Marked By COVID: This type of tragedy is what I have been hearing over and over again from individuals that are part of our community. If we can continue to downplay, dismiss, and deny

177

00:47:18.480 --> 00:47:48.469

Kristin Urquiza (she/her) Marked By COVID: the tragedy and injustice of Covid nineteen, I'm. Afraid that we are going to see our ability to recover and really build resilience go the way that climate change went in the nineteen nineties. I was too young in the nineteen nineties to do anything about climate change in those early days, even though I did my best to bring recycling to my elementary school. And um, you know, yelled at every single

178

00:47:48.480 --> 00:48:07.589

Kristin Urquiza (she/her) Marked By COVID: single person who wasn't actually taking action to recycle their aluminum vens. But now people who have left lost loved ones to Covid are saying no more. The one million sixty-one thousand six hundred and fifty-seven lives that we know of that have been lost to Covid

179

00:48:07.600 --> 00:48:23.860

Kristin Urquiza (she/her) Marked By COVID: must be remembered. Um, we've done incredible work to get this not only out into um our community, but we've worked with local elected officials, mayors, State um governments as well as the Federal Government to start building support,

180

00:48:23.870 --> 00:48:53.770

Kristin Urquiza (she/her) Marked By COVID: not only for permanent memorialization, but also a Covid Memorial day, calling for the first Monday of March, uh which this upcoming year will be March six, to be recognized in perpetuity as Covid Memorial Day, which will give us a time and space to come together and continue to build these rituals of grief, which I one day imagine a young person in their classroom in five or ten years, just as we prepare for really important days, like

181

00:48:53.780 --> 00:49:23.239

Kristin Urquiza (she/her) Marked By COVID: Mlk's Birthday or Black History Month, or indigenous People's Day to learn more about this. The The story past of the United States can learn about this public health crisis. And not only how downstream communities fair, far worse during disasters, but can also start to have those important elementary conversations

like Why, we wash our hands in the first place. So I appreciate being here as a bereaved individual.

182

00:49:23.250 --> 00:49:27.629

Kristin Urquiza (she/her) Marked By COVID: And um, I look forward to continuing the conversation with you all,

183

00:49:28.840 --> 00:49:36.459

Steve Moddemeyer: Christian. I know we're. We're very sorry for your loss and for everyone's loss. It's touching

184

00:49:37.080 --> 00:49:44.530

Steve Moddemeyer: a Porva. You're a journalist. You get to cover tragedy a lot. Is it your role to help with recovery?

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00:49:45.460 --> 00:50:04.220

Apoorva Mandavilli: It is when it is that's actually what's happening? Um, thanks for having me, And I agree with. You know everything that a lot of other panelists have said, and especially with the other journalist, i'm under roughly said um. I started reporting on the pandemic right from the start. But i'm a global health and infectious disease reporter. So i'm familiar with how pandemic is going in general.

186

00:50:04.680 --> 00:50:18.800

Apoorva Mandavilli: At the New York Times. We aim to tell the truth without fear, a favor, and that can mean telling truth that those in the in power, or even the public, don't want to hear. It can be telling a partial truth, because we don't know what the full story is yet,

187

00:50:18.960 --> 00:50:23.209

Apoorva Mandavilli: or telling the truth, even when it's a mob after you on Twitter, or in real life

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00:50:23.390 --> 00:50:35.299

Apoorva Mandavilli: reporting on the pandemic, challenged journalists on all these fronts. Um! For most of the pandemic. It was mainly government agencies that glossed over reality or simply ignored ugly shoes. They didn't want to acknowledge.

189

00:50:35.370 --> 00:50:39.570

Apoorva Mandavilli: But now the public has sort of joined in this mass delusion

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00:50:39.780 --> 00:50:48.020

Apoorva Mandavilli: collectively, you know, in some ways, with the government's blessing, people have um convinced themselves that the pandemic is completely over,

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00:50:48.290 --> 00:51:06.390

Apoorva Mandavilli: but, as others have noted, we have nearly five hundred deaths every day. On average, we have twenty-four million Americans with Long Covid and we're staring down a fall season when Covid may be a new and immune, evasive variant of Covid and flu could both hit us at the same time. And yet we had to make it apparently over.

192

00:51:06.400 --> 00:51:22.629

Apoorva Mandavilli: There are many understandable reasons for this, including the need for hope and optimism as Amanda talked about. But it does mean that many people are living in a semi fiction and fiction is a tough terrain for journalists. We're in the business of reflecting the real world that we live in.

193

00:51:22.850 --> 00:51:42.740

Apoorva Mandavilli: But for anyone who's reported on infectious diseases. This is all really painful, familiar territory. We've been here before with Hiv. Tb. Malaria, which are all pandemics, and continue to kill hundreds of thousands of people every year. But as soon as some swath of the population the global population had access to treatments,

194

00:51:42.750 --> 00:51:48.259

Apoorva Mandavilli: these diseases were pushed aside from much of the global North from the consciousness of people who live in the global North.

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00:51:48.390 --> 00:51:58.280

Apoorva Mandavilli: In fact, even in the Us. Hiv continues to be a huge problem just in marginalized communities and communities of color. So the dominant narrative often emits these groups,

196

00:51:58.620 --> 00:52:05.419

Apoorva Mandavilli: and that means it becomes really important for journalists to tell these stories to not allow people to forget

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00:52:05.510 --> 00:52:26.809

Apoorva Mandavilli: um With Covid as as other panelists have talked about. We saw really stark health inequities. That was an opportunity for us as a society to change things, and but at every step in this pandemic, you know, from access to hospitals, to vaccines, and and now

to care for Long Covid there have been really start differences between privilege groups and not,

198

00:52:26.820 --> 00:52:34.429

Apoorva Mandavilli: and we need to tell all those stories, but also as a Madison, to tell the stories of hope and recovery. How do you make sure these stories are heard?

199

00:52:34.690 --> 00:52:47.679

Apoorva Mandavilli: One lesson we've learned over and over in journalism, and especially science journalism is that numbers hold little meaning for people. These stories are really best tackled with people, real life stories that make it impossible to ignore the problems.

200

00:52:47.690 --> 00:53:07.319

Apoorva Mandavilli: The other is to be really clear about where the scientific truth actually lies, and avoid false equivalence. You know not to give climate deniers and antibacters the same amount of Inc. As those who are on the side of science, and it's crucially important for us as journalists to continue to cover these topics, to hold up a merit of these truths, even when no one wants to look.

201

00:53:07.710 --> 00:53:08.640

Thank you.

202

00:53:12.160 --> 00:53:16.360

Steve Moddemeyer: That's a really well articulated. Um,

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00:53:16.380 --> 00:53:19.469

Steve Moddemeyer: let me ask our other panelists. Um?

204

00:53:21.570 --> 00:53:23.309

Steve Moddemeyer: Do we have the tools

205

00:53:23.530 --> 00:53:24.720

Steve Moddemeyer: to?

206

00:53:24.860 --> 00:53:34.319

Steve Moddemeyer: And are we deploying them to enable hope, agency, and dignity? Or are we doing that now? Are there things that you see

207

00:53:34.350 --> 00:53:54.540

Suzanne Firstenberg: in your community that that help us move that way, Suzanne, do you look ready? You know. First of all I have to say, a poor vet needs ten more minutes to talk about her work, because she wrote a brilliant article a few days ago, really outlining all the things the many fixes that our healthcare systems and um

208

00:53:54.580 --> 00:54:04.440

Suzanne Firstenberg: uh government systems need to improve on for the next pandemic. So if you haven't, read it, I strongly um suggest that you look at that article.

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00:54:04.570 --> 00:54:05.569

Suzanne Firstenberg: But

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00:54:06.080 --> 00:54:10.940

Suzanne Firstenberg: what i'm struck by Kristen mentioned. You know this is a public health crisis.

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00:54:11.440 --> 00:54:16.290

Suzanne Firstenberg: I think that ultimately this would be framed as a societal crisis,

212

00:54:16.640 --> 00:54:26.309

Suzanne Firstenberg: as a time when things imploded, because, as many things as a poor of in her article, outlines that need to be corrected,

213

00:54:31.880 --> 00:54:51.510

Suzanne Firstenberg: better understanding and respect for the public health system. And so I think that anything that we need that we can do to bridge these gaps, to to build bridges between um, others groups of others are variants. These actions are very important. One of the things I want to make mention of

214

00:54:51.520 --> 00:54:59.280

Suzanne Firstenberg: is that we tend to see people on the other side of the political divide is like crazy or stupid, or whatever.

215

00:54:59.470 --> 00:55:06.339

Suzanne Firstenberg: Two nights ago, for two hours I had in my studio. Um, One of the people's convoy numbers,

216

00:55:06.500 --> 00:55:15.979

Suzanne Firstenberg: and he sat here with my twenty thousand personalized flags. We read through some of them. We talked about it. But he said to me, Suzanne Covid didn't really happen.

217

00:55:16.270 --> 00:55:22.490

Suzanne Firstenberg: So I went deep with him and come to find out he had a horrible childhood.

218

00:55:22.520 --> 00:55:29.020

Suzanne Firstenberg: He has had this from being adopted and being neglected, and all sorts of things.

219

00:55:29.190 --> 00:55:39.660

Suzanne Firstenberg: Um! And this reflects something that a fellow New York Times reporter had mentioned a few weeks ago that one of the similarities with the insurrectionists was that they had trauma in their background.

220

00:55:39.670 --> 00:55:58.240

Suzanne Firstenberg: I think that if we focus on the true effects of trauma, and how some have trauma alone can lead to extreme behaviors and extreme views, and treat it as a medical issue. I think that's one of the things that we need to put in place to to

221

00:55:58.250 --> 00:56:01.190

Suzanne Firstenberg: what you know frankly whether the next pandemic,

222

00:56:02.740 --> 00:56:04.479

Steve Moddemeyer: Zeke, what do you think?

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00:56:05.430 --> 00:56:10.789

Zeke Cohen: Yeah, absolutely agree that um you know the

224

00:56:10.840 --> 00:56:26.870

Zeke Cohen: as as we see people suffer in so many different ways, not just physically, but in terms of their mental health. Um, I think, elevating the conversation around the evidence-based impacts of trauma is

225

00:56:26.880 --> 00:56:31.570

Zeke Cohen: critically important. But I do see Hope I see that in my city.

226

00:56:31.580 --> 00:57:00.479

Zeke Cohen: Um. And and you know, I think there are ways in which we can break through, and i'll give you one example. Um, I represent a district here in Baltimore that is very, very culturally mixed and racially mixed, and has the largest amount of immigrants of any part of our city. Historically, um Greek town, obviously Greek folks. Little Italy. Um! But in the last fifteen or so years we've had increasing

227

00:57:00.490 --> 00:57:17.170

Zeke Cohen: um amounts of folks coming from Central America, Honduras el Salvador, Guatemala, Um and then some folks from Mexico, South America as well. Um! At the beginning of the pandemic this was a community that was extremely hard hit.

228

00:57:17.180 --> 00:57:30.299

Zeke Cohen: Um! They we see a lot of uh housing exploitation where we have multiple Latino families living in one small row house. Um! Folks are not able to

229

00:57:30.310 --> 00:57:44.509

Zeke Cohen: jump on zoom and transition or pivot to the online space, a lot of our communities, particularly undocumented folks. We're working either at Amazon or in the kitchens. Um.

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00:57:44.580 --> 00:58:01.799

Zeke Cohen: And so we just saw a rates of Covid that were astronomical. There was a Baltimore Sun article that was uh beautifully written piece, and it said we Haven't started stopped crying since the start of the pandemic, and it detailed a several stories of

231

00:58:01.810 --> 00:58:21.360

Zeke Cohen: families that had lost loved ones to Covid. Nineteen Um! We had a pastor at a church in southeast Baltimore, come together with us with a group called Build Baltimore, and United Leadership Development, with Hopkins Um, with a group called central sole

232

00:58:21.370 --> 00:58:25.220

Zeke Cohen: that provides free medical care to our Latino community.

233

00:58:25.230 --> 00:58:44.900

Zeke Cohen: And the pastor said, Listen, You know our folks are extremely skeptical of the

vaccine, and they're extremely skeptical of government like folks like me, and they're extremely skeptical of hospitals. Folks like Johns Hopkins. Um! But what they do believe in

234

00:58:44.910 --> 00:59:03.720

Zeke Cohen: is this your church, and every Sunday and seven days a week folks come here to pray and be in community and see each other. And he said, You know what if we put a vaccine clinic right here in the Church, and

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00:59:03.840 --> 00:59:13.559

Zeke Cohen: the reality was that at the time Um, there was an enormous amount of skepticism and hesitancy, both because of misinformation.

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00:59:13.570 --> 00:59:31.360

Zeke Cohen: Um through social media. Um, but also just some real lived experience uh history of medical racism that our immigrant community has experienced here in Baltimore, and so folks will really, by and large not willing to do it.

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00:59:31.370 --> 00:59:41.099

Zeke Cohen: Uh. But this idea of a vaccine in a church in a safe sacred space. Um on its face seemed really brilliant.

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00:59:41.110 --> 00:59:54.880

Zeke Cohen: And so we did that Hopkins um in partnership with all these other groups, was able to get a vaccine clinic right in the church like at very early on um in Covid, and what we saw is

239

00:59:54.910 --> 01:00:13.529

Zeke Cohen: almost instantly the tide turned. People started getting vaccinated seven thousand eight hundred folks within the first, I want to say twelve weeks, and our Latino community went from being the most devastated by Covid to the most vaccinated population in Baltimore.

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01:00:13.540 --> 01:00:21.979

Zeke Cohen: Um! And to me it was just an example of some real creativity, some huts, but some

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01:00:21.990 --> 01:00:42.730

Zeke Cohen: um innovativeness, whatever you want to call it, but recognizing that for people that have a difficult cultural orientation toward Western medicine and toward government,

they we gotta find a different path, and that often is through community and through spiritual leadership.

242

01:00:42.740 --> 01:01:12.710

Zeke Cohen: Um. And so we've since pivoted, and we are now that same pastor was like, you know. I like what you're doing with trauma instead of our folks. Go in a therapy. Why, Don't, we train some of our church leaders in trauma informed care, and deputize them to be a bridge to the mental health system. And so we have started to do that. We were able to get a grant through Americorps, and We are essentially deputizing folks in our Latino community in parts of our black

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01:01:12.720 --> 01:01:41.350

Zeke Cohen: and white communities, to be a bridge to our mental health care system. And so to me, I think part of it is we have to rethink how people, particularly groups that have been systemically marginalized and kept out of health and medical systems can find access, and it's got to be. It ain't necessarily going to be the front door of Go through your preventive checkup. Um, cause that's not going to work for everybody.

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01:01:41.360 --> 01:01:59.440

Zeke Cohen: But who are the leaders in our communities? That can be that bridge and that can bring folks forward, and that can do it in a way that doesn't further pathologize communities that have already been. Um, you know, frankly victimized by medicine uh in this country. Um! And so I see a lot of hope here in Baltimore.

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01:01:59.840 --> 01:02:05.819

Steve Moddemeyer: Thanks, Lee. Linda looks like You've uh seen the role of the Faith community as well in your practice.

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01:02:05.970 --> 01:02:25.069

Linda Langston: Um absolutely. And I would note that just yesterday I was at National Academy of Sciences, and you know, with with a group there, and it was great to hear from um the former Dc. Health officer, who talked much like Zeke

247

01:02:25.080 --> 01:02:34.460

Linda Langston: about their efforts. Their efforts happen to be with the Ethiopian community, and it was, uh later in the pandemic.

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01:02:34.530 --> 01:02:41.250

Linda Langston: And this is much more about, uh, culturally understanding where we need to meet people.

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01:02:41.600 --> 01:02:54.570

Linda Langston: So we need to meet people where they are, uh which takes a certain amount of work. Um on the part of people who who live in the community who lead a community.

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01:02:54.870 --> 01:03:04.339

Linda Langston: Um! And so it's gonna look different in different places. Um, you know which parts of the community and how you handle that. And

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01:03:04.350 --> 01:03:17.639

Linda Langston: and I know that um here in our community. After our floods we did an event that brought everybody to get all the Faith community leaders together um to celebrate.

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01:03:17.650 --> 01:03:34.519

Linda Langston: And while a lot of people focus on the Jewish and Muslim communities that came together. What I was struck by because they had been so far apart was the much more evangelical Christian community actually coming together with

253

01:03:34.530 --> 01:03:54.129

Linda Langston: other Uh arenas because we have um, you know, Buddhist Hindu, Muslim uh communities here, Jewish communities, and and they just been a part, but this was the situation that brought them together to express their grief about what was lost.

254

01:03:54.140 --> 01:03:57.000

Linda Langston: So I think that

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01:03:57.490 --> 01:04:02.999

Linda Langston: each of our communities we have to think about. Where do we meet people,

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01:04:03.200 --> 01:04:05.870

Linda Langston: and how do we listen better?

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01:04:05.890 --> 01:04:13.920

Linda Langston: Um, Because folks have a lot to tell us if we give them places and platforms to speak.

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01:04:14.590 --> 01:04:20.630

Steve Moddemeyer: Kristen is the faith community of playing a role, or do you taking a different approach?

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01:04:20.970 --> 01:04:30.759

Kristin Urquiza (she/her) Marked By COVID: Yeah, The people of faith are are incredibly um active in our work. Um both institutions as well as individuals.

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01:04:30.770 --> 01:04:44.450

Kristin Urquiza (she/her) Marked By COVID: Um, One of the things that i'm thinking about is, i'm listening to some of the other uh panelists here is that you know community and faith communities are incredibly um rich sources of institutions that are established and have trust with

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01:04:44.460 --> 01:05:00.229

Kristin Urquiza (she/her) Marked By COVID: um, you know, normal folks like my parents, Mark and Brenda um. But part of the challenges that I've seen over the course of the last couple of years, is not just listening or building a table and making sure somebody like me is here, but actually getting out of the way

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01:05:00.240 --> 01:05:10.119

Kristin Urquiza (she/her) Marked By COVID: and empowering, bringing the resources, so that the emergent leaders within those communities can bring solutions to bear. And i'll give you an example

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01:05:10.750 --> 01:05:39.830

Kristin Urquiza (she/her) Marked By COVID: cool When we started launching Mark by Covid, we went to a ton of different foundations, Rockefeller Foundation Ford foundation, and said, Listen. We have literally thousands of people who want to get active on these issues, and their response was something to the extent of Covid. It's not in our Five Year Plan. Covid is going to be over in a second, or you know you don't have two or five or ten or fifteen years of financials to back up and ask, I think, for some of the folks who have power and access.

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01:05:39.840 --> 01:05:57.509

Kristin Urquiza (she/her) Marked By COVID: We need to kind of get away and get out of these systems that are really entrenching us, and what we think we should be doing and actually just giving power to these communities, whether that means resources, whether that means your platform um, and whether that it And I think that

265

01:05:57.950 --> 01:06:08.310

Kristin Urquiza (she/her) Marked By COVID: it means that we all need to get a little bit more

uncomfortable um, and recognize our relevant or relative privilege that we've had in these spaces

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01:06:08.520 --> 01:06:10.280

Kristin Urquiza (she/her) Marked By COVID: than in this experience

267

01:06:11.000 --> 01:06:32.020

Steve Moddemeyer: that's really uh uh aligns with also with what we heard from Amanda uh about about agency and and oh, i'm! We're gonna running out of time. Uh, even though we could keep going. And I wish we could. I'm gonna ask everyone to have a closing comment. I'm going to start in reverse order. So a corba.

268

01:06:32.030 --> 01:06:37.870

Steve Moddemeyer: What? What? What can you? What have you taken from this conversation? And what should we take from your thoughts?

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01:06:38.440 --> 01:06:53.729

Apoorva Mandavilli: Yeah, I want to mention um that that article that Zen uh mentioned earlier, that I wrote. I think the thing that to take away from what we've all been talking about, but also the experience in general is that there are some fundamental problems that we have to fix before we can really

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01:06:53.740 --> 01:07:02.920

Apoorva Mandavilli: frame this, recover from it. Learn from the next thing, and reaching communities where they are as a big part of it. So I will end with one little note of hope, which is that

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01:07:02.930 --> 01:07:32.299

Apoorva Mandavilli: Um. In Covid we saw that public health policies were often made with very little understanding of how people actually access health care, how communities of color actually interact with the medical system. And in monkey pox. We also start up that way. But we saw that very quickly. The public health agencies did try to reach communities where they were. In this case men who have sex with men who don't go to primary care doctors, and initially they made the same mistakes. But they did start to then go to gay fright events, or, you know,

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01:07:32.310 --> 01:07:38.549

Apoorva Mandavilli: communities of color where people had not yet been vaccinated, and they did really bridge those gaps. So,

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01:07:40.890 --> 01:07:48.570

Steve Moddemeyer: Kristen, did you want to have make sure we get to take a few messages from your from you today?

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01:07:48.750 --> 01:08:18.419

Kristin Urquiza (she/her) Marked By COVID: I I would say in in closing on my side. Um! This is such an incredibly important conversation. Uh, to be having and going back to what I originally said was, you know we cannot heal what we do not acknowledge, remembering, uh, figuring out ways for um folks to be safe and sharing their stories. These are This is what we are doing, and I think what we need to continue to do and partner with others to do. Um, I also will go back to that.

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01:08:18.430 --> 01:08:48.419

Kristin Urquiza (she/her) Marked By COVID: A point that Amanda made is that there was a brief moment in which we all came together, and when people talk to me about the pandemic. In addition to sharing that story about my father and what I've been up to, I always go back to that. I believe in us. I believe the power in of people. It's. Whenever this became about politics when it came about money when it came about the economy over, people, do we start to go down this pathway of downplaying dismissal and deny

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01:08:48.430 --> 01:08:54.630

Kristin Urquiza (she/her) Marked By COVID: that led to the death of people like my dad. And I think there's a lot to learn from that. So? Thank you.

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01:08:56.740 --> 01:08:58.010

Steve Moddemeyer: Thank you.

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01:08:58.250 --> 01:09:00.519

Steve Moddemeyer: Um, Amanda,

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01:09:02.410 --> 01:09:13.249

Amanda Ripley: You know I think we've heard a lot of examples here, I mean when that are really telling right I mean. Kristen and Suzanne are telling stories about

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01:09:13.520 --> 01:09:28.760

Amanda Ripley: showing dignity to people who have had loss right. And we've heard from the Porva and Zeke stories of hope. Right. I love that story of training out public librarians and trauma informed care. You know those are stories that

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01:09:29.100 --> 01:09:45.470

Amanda Ripley: help. You can actually feel it when you read. When you hear a story like that, like you can feel like a space open up right in your chest like doesn't have to be this way, And I think one thing I try to remind journalists of today is like There's different ways to get accountability. Um,

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01:09:45.479 --> 01:10:04.999

Amanda Ripley: one way is to just like harang people, and you know just kind of like, constantly tell them how terrible they are. I think we kind of hit the upper limits the ceiling on that tactic for most people. Another way is to show them as an example of a community working on a problem. And then you do ask yourself like I immediately. Zeke was like,

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01:10:05.330 --> 01:10:34.989

Amanda Ripley: wait. Is that happening in Dc. And if not, why not right? So you? It does create a kind of upswell, a sort of momentum for change in your own town, and we know from the research at the solutions journalism network which I strongly recommend. People check out uh just doing amazing work that they have found that audiences will engage longer now with solution stories than they will with problem stories, even if they're from a different town. That is something i'm not sure would have been true, you know, fifteen years ago. Um! And is is actually really

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01:10:35.020 --> 01:10:40.560

Amanda Ripley: hopeful. Um! So i'll end uh on that note and and thank you for including me.

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01:10:41.460 --> 01:10:47.719

Steve Moddemeyer: It's been great to have you and thank you for that for that hopefulness in the solutions uh emphasis,

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01:10:47.740 --> 01:10:48.880

Steve Moddemeyer: Linda

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01:10:49.070 --> 01:10:59.269

Linda Langston: any closing comments for us. I I think that the inspiration I take I take way for myself is because I

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01:10:59.280 --> 01:11:09.330

Linda Langston: I know you know, a broad variety of people in the community. I think there's an opportunity in some smaller communities like here in the middle of Iowa

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01:11:09.340 --> 01:11:27.169

Linda Langston: um to take some of the work that Kristen and Suzanne have done and replicated here and in a smaller community, because I really think that that opportunity to move things forward um in a positive and hopeful

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01:11:27.180 --> 01:11:34.870

Linda Langston: uh way that both memorializes and celebrates. So thank you very much to Monica and her team.

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01:11:36.250 --> 01:11:39.949

Steve Moddemeyer: Yeah, I agree on that. Um, Jane,

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01:11:40.160 --> 01:11:41.559

Steve Moddemeyer: closing thoughts.

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01:11:41.820 --> 01:11:54.959

Jane Cage: Just a couple. One is that in Joplin, when we tried to think about how to memorialize our disaster or how to remember it, we did it a public survey, and about have the people in Joplin wanted to remember, and about half the people wanted to forget.

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01:11:55.170 --> 01:12:04.349

Jane Cage: Now they wanted to close their eyes to the fact that it ever even happened, you know. Let's not look back at it any on your Let's not recall these bad things that happen to us,

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01:12:05.080 --> 01:12:12.390

Jane Cage: and even though I think we listened pretty closely, I think we overruled in that case, because we realized how important it was to tell the story

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01:12:12.540 --> 01:12:17.840

Jane Cage: of what happened here, and I see that now with Chris, with what Kristen is talking about on the Covid side,

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01:12:17.990 --> 01:12:35.230

Jane Cage: and what we're doing here, and I think something that you know. If I had to harden back to Linda, one of the things that we do in Joplin is share what worked for us and share what didn't right. So this whole kind of peer learning that we can get out of this from one community to another, we have to find ways to encourage that, so that

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01:12:35.460 --> 01:12:46.009

Jane Cage: I can learn from what someone else has already done, and I can tell someone else what's worked for us and what didn't work for us, so that we don't have to reinvent the wheel and all of this every time.

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01:12:47.540 --> 01:13:06.290

Steve Moddemeyer: Thank you, Jane, and that peer learning is something that you've been excellent at. I know that I've seen you many times when you help other communities to think through where they're at. Zeke closing comments. Um, yeah, really an honor to be part of this panel and just appreciate all the uh Co. Panelists just

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01:13:06.300 --> 01:13:16.640

Zeke Cohen: an incredible perspective and work. Um, just for me. Yeah, I think the thing I've learned over the last couple of years is that the solutions really need to come from the ground up,

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01:13:16.650 --> 01:13:34.420

Zeke Cohen: and that we as elected officials as folks in media. Um, you know, folks who who have positions of authority and power need to be willing to listen and engage with an open heart, and not assume ill intent.

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01:13:34.430 --> 01:13:50.930

Zeke Cohen: Um, You know I do think that our nation is pretty divided over some important political questions right now. But fundamentally Um, you know what I see in my district is. People want

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01:13:50.940 --> 01:14:17.979

Zeke Cohen: their families to do well. They want their children and their grandchildren to do well, and I think it's incumbent on us to bring folks together to have challenging conversations, but to also be willing to listen and learn from perspectives that are not our own, and I would say in Baltimore: Um, we have some really really deep challenges that we're wrestling with.

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01:14:17.990 --> 01:14:45.239

Zeke Cohen: But at the end of the day. What we see time and time again is that our communities have the strength and the resilience and the creativity and the brilliance to figure things out. And so I would just say more investment in local solutions and in local people and in local artists. Um and and projects, I think, is critical to how we all move forward and again Thank you so much for having me.

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01:14:45.250 --> 01:14:50.109

Steve Moddemeyer: Thank you, Zeke. And then our last moment. Suzanne. Um, please wrap it up for us

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01:14:50.950 --> 01:15:02.480

Suzanne Firstenberg: in the flags. One day there was a woman, an angry, blond woman, who marched up to me. She pointed to that large signature sign with the number uh with the death toll on it. And she said,

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01:15:02.490 --> 01:15:14.000

Suzanne Firstenberg: You have to take the flag out of here. That's for my mother. My mother died of a heart attack. She had Covid, but she died of a heart attack. So you have to change that. Take it out. Now

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01:15:25.810 --> 01:15:28.679

Suzanne Firstenberg: I can't do that with my art.

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01:15:29.060 --> 01:15:35.249

Suzanne Firstenberg: And then I understood, and I stepped a bit closer to her, and I said, Wow,

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01:15:35.960 --> 01:15:40.579

Suzanne Firstenberg: tell me about your mom this. It must have been so hard for you.

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01:15:46.120 --> 01:15:55.960

Suzanne Firstenberg: And then she began to talk about her mother. Her mother's name was Mary, and she shared stories, and she talked about times with Mary,

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01:15:56.000 --> 01:16:02.730

Suzanne Firstenberg: and when her grief was spent she gave me one smile and said, Thank you, and locked away

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01:16:03.210 --> 01:16:21.759

Suzanne Firstenberg: sometimes anger and anger and and discord the fuels. What Amanda is talking about this high conflict? Society sometimes anger is not really anger to just grief, sadness, despair, or wrapped up as such. So one of the ways that I find hope in getting

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01:16:21.800 --> 01:16:25.559

Suzanne Firstenberg: breaking through. All this division is

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01:16:25.870 --> 01:16:28.110

Suzanne Firstenberg: in understanding that

316

01:16:29.270 --> 01:16:31.969

Suzanne Firstenberg: sometimes there's just

317

01:16:32.210 --> 01:16:50.630

Suzanne Firstenberg: and so I would just want to reiterate the power of art. Um, Art keeps teaching me lessons. Art can break through those echo chambers; it doesn't have to knock down the door. It can glide in under the door, or it can filter through the air van. But public participatory art can unlock those doors. So

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01:16:50.640 --> 01:16:58.429

Suzanne Firstenberg: if you need me, call me, if you want to talk about ideas, and I would just like to suggest that we have a reunion party for this group of panelists.

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01:16:58.950 --> 01:17:12.320

Steve Moddemeyer: That sounds good. Thank you for giving us the time a little extra few extra minutes. Um, it's been a wonderful conversation. I think it goes from heart to heart to the whole world, and I really appreciate the panelists for their thoughtfulness today. Thank you.

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01:17:14.130 --> 01:17:25.030

Sanjana Ravi: Thank you so much, Steven. Uh, thank you again, uh so much to all of the panelists for this really really heartfelt and uh phenomenal discussion, I feel really fortunate to have

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01:17:25.040 --> 01:17:45.199

Sanjana Ravi: been able to observe from from the sidelines. Um, we are running a little bit over time. Um, So we're going to go ahead and segue directly into the second round Table discussion for today. Um, but you know. Given uh that. We've been on zoom for a long time. If you need to take individual breaks, please feel free to to do so as needed.

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01:17:45.210 --> 01:18:02.309

Sanjana Ravi: Um! But with that I will now turn it over to uh Jim Schwab, who is uh the chair of the Hazard, Mitigation and disaster. Recovery Planning division at the American Planning

Association, um to lead us into our second Round Table discussion.

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01:18:04.340 --> 01:18:05.759

James Schwab: Thank you, Sandra,

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01:18:05.930 --> 01:18:06.920

James Schwab: and

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01:18:08.110 --> 01:18:09.460

James Schwab: this this

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01:18:09.570 --> 01:18:14.530

James Schwab: I find myself taking copious notes, and I hope but I

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01:18:14.680 --> 01:18:18.330

James Schwab: these coming weeks I can find a good way to digest them all.

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01:18:18.520 --> 01:18:19.630

James Schwab: Um!

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01:18:20.450 --> 01:18:24.269

James Schwab: But we have some more to It's more territory to cover.

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01:18:24.680 --> 01:18:29.700

James Schwab: Uh in this panel we're going to discuss what pandemic recovery planning is under way

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01:18:29.980 --> 01:18:32.200

James Schwab: uh how we might strengthen it,

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01:18:32.350 --> 01:18:35.029

James Schwab: and how that might include better metrics.

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01:18:36.910 --> 01:18:42.440

James Schwab: Let me just start this by saying that throughout the past decade metrics have

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01:18:42.990 --> 01:18:46.280

James Schwab: increasingly become part of post- disaster recovery.

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01:18:46.500 --> 01:18:52.340

James Schwab: Communities have asked how they can measure recovery where whose recovery is being measured,

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01:18:52.420 --> 01:18:55.669

James Schwab: How we address disparities in the process of recovery

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01:18:56.400 --> 01:19:01.340

James Schwab: uh look no further than hurricane. He, and to see some of those disparities coming into view.

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01:19:02.330 --> 01:19:03.809

James Schwab: What is the metric?

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01:19:04.770 --> 01:19:08.869

James Schwab: One online definition says It is a method of measuring something

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01:19:09.130 --> 01:19:11.659

James Schwab: or the results obtained from this

341

01:19:11.990 --> 01:19:19.960

James Schwab: Cambridge. English Dictionary says: Metrics are a set of numbers that give information about a particular process or activity

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01:19:20.750 --> 01:19:25.389

James Schwab: with that in mind. How do we construct metrics and tell us what we really want to know.

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01:19:25.980 --> 01:19:27.400

James Schwab: After all,

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01:19:27.740 --> 01:19:34.260

James Schwab: one aphorism suggests that we are what we measure, or maybe I might say

what we choose to measure.

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01:19:34.650 --> 01:19:38.490

James Schwab: And how do we embed those metrics and recovery plans for the pandemic?

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01:19:39.570 --> 01:19:40.920

James Schwab: Our panel

347

01:19:41.150 --> 01:19:46.980

James Schwab: combine some advocates and practitioners with experience and local pandemic recovery,

348

01:19:47.090 --> 01:19:54.219

James Schwab: and they're going to address unique challenges of planning recovery from Covid, Nineteen. What resources this process requires

349

01:19:54.370 --> 01:20:00.559

James Schwab: for different sectors affected populations and time frames short or long term. For instance,

350

01:20:00.800 --> 01:20:05.739

James Schwab: they will discuss recovery trajectories for communities that have suffered disproportionately.

351

01:20:07.430 --> 01:20:10.629

James Schwab: They will tell us how their programs measure progress

352

01:20:10.730 --> 01:20:12.739

James Schwab: toward recovery objectives.

353

01:20:12.830 --> 01:20:17.960

James Schwab: They will offer their best advice on how other communities can design their own plans and programs,

354

01:20:18.060 --> 01:20:21.350

James Schwab: and each will have five minutes to try and do this.

355

01:20:22.040 --> 01:20:24.310

James Schwab: It's. It's a tough assignment,

356

01:20:24.400 --> 01:20:25.630

James Schwab: but uh

357

01:20:26.630 --> 01:20:32.509

James Schwab: our panel that i'll quickly introduce to, obviously has the bios on the side um, and

358

01:20:33.450 --> 01:20:37.960

James Schwab: presumably inherited a good number of resources that they will offer as well.

359

01:20:38.180 --> 01:20:43.950

James Schwab: Um, we'll start with Thomas Bonner, who is Recovery officer in Montgomery County, Pennsylvania,

360

01:20:43.990 --> 01:20:46.480

James Schwab: followed by Kara Java Karls

361

01:20:47.110 --> 01:20:51.330

James Schwab: the Executive Director of the Hawaii State Commission on the status of women

362

01:20:51.710 --> 01:20:59.440

James Schwab: uh a tufer uh with Joanne Sec. And uh Kate Second Road, who form the Recovery

363

01:20:59.830 --> 01:21:03.660

James Schwab: Recovery Court team at the city of Fort Collins, Colorado,

364

01:21:04.150 --> 01:21:04.990

James Schwab: Um

365

01:21:05.550 --> 01:21:06.870

James Schwab: and Carla

366

01:21:06.910 --> 01:21:08.359

James Schwab: Maine Hester,

367

01:21:08.960 --> 01:21:13.769

James Schwab: who's the Chief Recovery and Resilience Officer for snow. How much County in Washington

368

01:21:13.880 --> 01:21:21.550

James Schwab: uh Russell Hopkins. It's a preparedness director and Northeast Texas Public Health District,

369

01:21:21.620 --> 01:21:26.540

James Schwab: and we will wrap up with my good friend Leslie Wright, from Uh

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01:21:26.810 --> 01:21:35.240

James Schwab: I see rapids, who is the founder of collective clarity? And I certainly hope she tells us where she, where and how she chose that name for her

371

01:21:35.280 --> 01:21:36.590

James Schwab: entity.

372

01:21:36.670 --> 01:21:40.599

James Schwab: But we will start with uh Tom Bonner. So uh, Tom, take it away.

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01:21:41.400 --> 01:21:52.759

Tom Bonner: Thank you very much, Mr. Schwab. And to Johns Hopkins i'm very honored to be here. I'm grateful for the opportunity. Um, I am the recovery officer at Montgomery County, Pennsylvania. Um, and I

374

01:21:53.760 --> 01:22:18.390

Tom Bonner: I think that you know, without rehashing everything that has been said through for certainly the previous panel, and and even on Tuesday's panel. Um, I think, as you've heard through this symposium, this is the fundamental possibility of our collective recovery work to correct those inequities, or to work to correct those inequities that have been allowed to grow through history, and that were laid there or exacerbated during the pandemic,

375

01:22:18.970 --> 01:22:38.170

Tom Bonner: the communities and populations that had decreased access to vaccines and testing efforts, and relied increasingly on community based efforts rather than Macro Government Level interventions were the same communities that experience the highest level service sector job losses and had the most difficulty dealing with child care and virtual learning issues.

376

01:22:38.460 --> 01:22:49.080

Tom Bonner: Those same communities and populations have also been disproportionately disadvantaged through systemic and institutionalized discriminatory practices in lending zoning and investment

377

01:22:49.570 --> 01:23:00.710

Tom Bonner: the right investments enabled through a process that engages and is led by those communities, has the potential to help with both the immediate and the historical.

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01:23:01.510 --> 01:23:13.729

Tom Bonner: I had the privilege to help New York City manage the two thousand and eight and nine Obama era, American Re investment of Recovery Act or stimulus plan, and while that program and its authorizing legislation as positive impacts.

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01:23:13.740 --> 01:23:24.830

Tom Bonner: I was impressed when we first started reading it, to see that for the first time a clear and affirmative focus in the arpa legislation on equity and disproportionately impacted communities was included

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01:23:25.230 --> 01:23:35.949

Tom Bonner: the montgomery County Pennsylvania Recovery Office took that edict to heart and beginning in September two thousand and twenty-one, planned and constructed a process infrastructure

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01:23:35.960 --> 01:23:47.830

Tom Bonner: with community engagement as a first and crucial component and incorporated in that planning a healthy understanding of the distrust of county government efforts deservedly inherent in multiple communities across our county,

382

01:23:48.830 --> 01:24:02.719

Tom Bonner: despite the pressure and it wasn't insignificant as you might imagine, that the first Tranche of Slfr funds. We're sitting in the county's bank account, a full eighty million dollars, roughly half of our one hundred and sixty one million dollar allocation

383

01:24:02.730 --> 01:24:09.839

Tom Bonner: was sitting in the account, since since March twenty one. The recovery office took the time to allow for a comprehensive plan

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01:24:10.870 --> 01:24:25.489

Tom Bonner: that the five phases of that plan would stretch the summer of two thousand and twenty-two, and began with engaging communities directly in their spaces to establish those priorities that would form the framework of how the county would allocate this one hundred and sixty one million dollars,

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01:24:25.880 --> 01:24:36.629

Tom Bonner: while we drew upon best practices in our own county departments and in surrounding peer areas. This effort. Here in Montgomery County, Pennsylvania, was truly unprecedented.

386

01:24:37.430 --> 01:24:43.610

Tom Bonner: We conducted dozens of in-person and virtual meetings over six months in different languages

387

01:24:44.120 --> 01:24:47.330

Tom Bonner: in desperate settings with focused

388

01:24:47.370 --> 01:24:59.369

Tom Bonner: individual small groups and open attendee lists aimed at garnering interest and awareness of the opportunity to submit a good idea for funding and to establish the community's expression of how they'd like to see their funding spent.

389

01:24:59.380 --> 01:25:18.450

Tom Bonner: We have multiple populations come to us and speak directly to. I've never been in this building. I actually have never known that I was able to come to this building, did not know that this county existed for me. We had never been included in this type of effort before multiple populations that spoke different languages Asian American communities, Hispanic communities,

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01:25:19.460 --> 01:25:35.839

Tom Bonner: but because we were deliberately and affirmatively committed to collecting proposed initiatives from organizations and individuals not accustomed to being connected to government. Again, addressing that distrust, and in recognition of the varying capacities of

those type of organizations.

391

01:25:35.850 --> 01:25:40.620

Tom Bonner: Our submission process was designed to eliminate barriers to participation.

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01:25:40.690 --> 01:25:53.220

Tom Bonner: We created a new system to collect both notional ideas and fully formed projects, proposals ensuring, of course, that if all you know that your community is that your community needs a

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01:25:53.700 --> 01:26:11.509

Tom Bonner: community center, a facility to go and gather for assembly or public health services or nonprofit social services. You just know that you need that. We want to hear that. So, too, could the person that has a fully flushed out building plan and a budget plan and financing ready to go.

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01:26:11.520 --> 01:26:16.280

Tom Bonner: We want to hear that project, too, and our job was to connect those two things together

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01:26:17.240 --> 01:26:26.170

Tom Bonner: We contracted directly for third-party technical assistance providing support to prospective submitters in multiple languages focused on improving their submissions

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01:26:26.530 --> 01:26:39.150

Tom Bonner: throughout the entire process we focused on mitigating that distrust that resulted from prior similar efforts that saw all decisions made by government based on their own interest. Sometimes behind closed doors,

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01:26:39.160 --> 01:26:55.380

Tom Bonner: transparency and objectivity were documented and built affirmatively into the recovery office process from the beginning first and very simply. And I kept saying this, documenting the plan and then following the plan, doing actually what we said. We were going to be doing,

398

01:26:55.900 --> 01:26:59.930

Tom Bonner: publicly communicating any changes, making sure that we are accountable for that,

399

01:27:00.070 --> 01:27:05.449

Tom Bonner: We published our evaluation, scoring rubric on which our scoring evaluations were based,

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01:27:05.560 --> 01:27:14.199

Tom Bonner: and we built the scoring rubric on the express priorities of the Arpa legislation, and those expressed through that community engagement procedure in our community.

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01:27:14.710 --> 01:27:20.530

Tom Bonner: Our scoring was conducted and fully managed by a thirty member Panel of community members

402

01:27:20.540 --> 01:27:37.360

Tom Bonner: paid for their efforts that was selected through an open solicitation to be representative of the county population. We reached out to community partners and got a robust response. Over eighty people responded for thirty spots, and then our scoring system randomly assigned each of them to all of the proposals we received.

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01:27:38.240 --> 01:27:39.900

Tom Bonner: These efforts

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01:27:39.970 --> 01:27:46.340

Tom Bonner: in the sense that we received an overwhelming expression of community need were successful.

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01:27:46.770 --> 01:27:52.600

Tom Bonner: We received for one hundred and sixty one million dollars worth of state and local fiscal recovery funds,

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01:27:53.020 --> 01:27:59.189

Tom Bonner: four hundred and twenty-six submissions, comprising one point, three billion dollars. In requests,

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01:28:00.200 --> 01:28:09.110

Tom Bonner: we published the draft recovery Plan. After using our evaluation criteria, the scores that were created by the community scoring panel

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01:28:09.440 --> 01:28:14.999

Tom Bonner: for public comment for two weeks, where we ran more town halls, explaining what the plan was

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01:28:15.960 --> 01:28:36.520

Tom Bonner: taking, criticism, understanding that, as many people have said, no one is going to be happy if the plan is good, and that's exactly what happened. Most people didn't get enough funding. Some people didn't get enough. Some people thought they should have gotten more than other people, but in the end of the day one hundred and ten projects were funded with that one hundred are being funded with one hundred and sixty-one million dollars,

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01:28:37.130 --> 01:28:43.220

Tom Bonner: and we incorporated those comments from the final, from the feedback public feedback into our plan, which was published in August.

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01:28:43.350 --> 01:28:58.439

Tom Bonner: And now we're doing the work, facilitating the projects, ensuring compliance, working with new community partners. We're continuing the engagement work, building. What we keep referring to as the communication machine into the background, something that Hasn't existed here in Montgomery County, Pennsylvania, before

412

01:28:58.770 --> 01:29:10.789

Tom Bonner: our work is continued on. Excuse me, our work is focused on continuing our transparency with reporting both financial and performance and the Germaine nature of our office meeting That we are solely focused on this

413

01:29:10.880 --> 01:29:20.279

Tom Bonner: enables us to work directly with each of the one hundred and ten to funded projects to establish metrics that meaningly convey what we will have achieved at the end of this project,

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01:29:20.680 --> 01:29:31.569

Tom Bonner: while the sentiment, Isn't, unique to Montgomery County, Pennsylvania, the construct of the Recovery Office, with respect to the normal trials and tribulations of a local government is worth noting as something to emulate.

415

01:29:32.060 --> 01:29:46.980

Tom Bonner: And what I mean by that is not to say that there haven't been multiple ideas that represent things that I took notes on today, but just that this one hundred and sixty one

million dollars, as many people know, and through the entirety of the our allocations through the state and local fiscal credit for

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01:29:47.120 --> 01:29:52.670

Tom Bonner: state and local fiscal recovery funds is extremely general in the expenses it allows.

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01:29:52.780 --> 01:30:05.679

Tom Bonner: It could have easily disappeared into the county's operational budget to support the legitimate and critical work that the county did and continues to do during the pandemic across the public health, public safety and community outreach

418

01:30:06.000 --> 01:30:24.210

Tom Bonner: instead. To the credit of our county's management, we resisted that appropriate urge, and have funded one hundred and ten projects across the Montgomery County Committee represent actual fulfillment of multiple disproportionately impacted community priorities it's not enough. One hundred and sixty-one is not enough

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01:30:24.220 --> 01:30:31.700

Tom Bonner: and it's not just that the effort continues to take real steps towards truly community informed government. Sorry about that, Mr. Swab. Thank you very much.

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01:30:34.610 --> 01:30:38.300

James Schwab: Now we're going to move to Kara, and here by Hawaii.

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01:30:39.580 --> 01:30:54.580

Khara Jabola-Carolus: Hello, everyone! Thank you. Thank you. James. Um. Tom's presentation really resonated in terms of Co. Governance and doing kind of the opposite of what we saw fascist governments doing during Covid, which was sealing off the public.

422

01:30:54.590 --> 01:31:12.930

Khara Jabola-Carolus: Um, So my my uh, my job is i'm the executive director of a Statewide Government agency. So we have a feminist government agency in hava um, and we have county corollaries on every um on all the major islands, in in case you didn't know that. So fun fact. And we were the first commission on the status of women

423

01:31:12.950 --> 01:31:29.830

Khara Jabola-Carolus: in the United States. Um at the State level after President Kennedy um created his Executive Level Commission. Um. So in in Hawaii I want to. Well, I want to start

with a personal story um to to take it really personal for a moment.

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01:31:29.840 --> 01:31:38.110

Khara Jabola-Carolus: So i'm Filipino. My family is specific Islander and um. One of the common experiences of being Filipino

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01:31:38.160 --> 01:31:43.470

Khara Jabola-Carolus: is being raised by people other than your parents, because your parents have to work overseas.

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01:31:43.730 --> 01:31:58.279

Khara Jabola-Carolus: And one of the things that my family was determined to spare me from was that experience of painful family separation. Um! And which is why we ended up being able to um be in the United States. Um!

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01:31:58.340 --> 01:32:03.690

Khara Jabola-Carolus: The fast forward to my life as a mom during Covid nineteen

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01:32:03.790 --> 01:32:09.339

Khara Jabola-Carolus: and um when our child care shortage was hit with this shock.

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01:32:09.650 --> 01:32:19.040

Khara Jabola-Carolus: Um, you know, like in most other places right. We we lost a good chunk of our providers. Um families were thrown into distress, et cetera.

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01:32:19.060 --> 01:32:20.230

Khara Jabola-Carolus: Um,

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01:32:21.240 --> 01:32:26.790

Khara Jabola-Carolus: I had to make a difficult choice, you know. Keep this job and stay on the front line for women,

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01:32:26.990 --> 01:32:29.350

Khara Jabola-Carolus: or take care of my children.

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01:32:29.480 --> 01:32:40.480

Khara Jabola-Carolus: Um! And so what I did um in order to be able to keep my job was,

Send my children um to the Continental United States to be with my mother.

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01:32:40.700 --> 01:32:54.970

Khara Jabola-Carolus: Um! So this was an incredibly painful choice for me to make. I don't think I would call it a choice. Obviously it was just a decision. Um, because I didn't have choices um, And so going through, you know, months of the pandemic

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01:32:55.170 --> 01:33:10.720

Khara Jabola-Carolus: um separated uh from little Kit, you know, from from very small. A very small child was very, very difficult for me, while also having um an an infants um. And so then, when our when our State

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01:33:10.870 --> 01:33:25.250

Khara Jabola-Carolus: uh proposed, you know some of the the top economists in Hawaii proposed their initial Covid nineteen economic response, and when I read it and other women um advocates read it. We were

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01:33:25.450 --> 01:33:33.229

Khara Jabola-Carolus: uh completely enraged that the entire report did not even contain the word woman.

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01:33:33.370 --> 01:33:37.309

Khara Jabola-Carolus: Um, nor did it contain the word child. Care

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01:33:37.330 --> 01:33:41.620

Khara Jabola-Carolus: nothing about the report factored in

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01:33:41.650 --> 01:33:50.920

Khara Jabola-Carolus: Women's experience at all. And so what we just we decided to do um was to immediately convene a table of

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01:33:50.930 --> 01:34:08.739

Khara Jabola-Carolus: everyone who was working to advance women's rights in Havi as Well, as you know, folks in the grassroots organizing sphere to come up with a real plan, a plan that didn't ignore half the population, and that was Um! Hopefully, you heard about it.

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01:34:08.750 --> 01:34:25.230

Khara Jabola-Carolus: If not, it was the building bridges, not um walking on backs. Feminist

Covid. Economic recovery plan from Habay um, and to our knowledge. It was the first feminist economic recovery plan put out by a government um entity globally,

443

01:34:25.240 --> 01:34:47.370

Khara Jabola-Carolus: which allowed us to build all sorts of relationships throughout the last year and a half. Um, But the reason why we did that wasn't just, you know, because of some individual economists who maybe didn't have uh the right analysis. But the United States has never um implemented gender mainstreaming in the homeland except for one department,

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01:34:47.380 --> 01:35:01.679

Khara Jabola-Carolus: the Department of Defense. Ironically, Um. The United States has never constitutionalized sex and gender equality right? So this has led to extremely unjust responses throughout government.

445

01:35:01.690 --> 01:35:16.350

Khara Jabola-Carolus: Because there's just no um concept of Why, we would even be gender responsive as part of normal practice. Um, and it's very jarring if you come from kind of the international relations or international development space

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01:35:16.490 --> 01:35:26.910

Khara Jabola-Carolus: to work at the State level in the Us. Because none of that has percolated down um or been Um, yeah been been uh,

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01:35:27.090 --> 01:35:39.380

Khara Jabola-Carolus: you know, baked into how we do things. So that's kind of how we got there from a global perspective. And so for us, the feminist economic recovery plan was really about using

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01:35:39.390 --> 01:35:52.869

Khara Jabola-Carolus: Ah Covid, nineteen as a catalyst to institutionalize, not just gender, mainstreaming, but indigenous feminism into design of policy and programming throughout government.

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01:35:52.970 --> 01:35:54.090

Khara Jabola-Carolus: Um,

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01:35:54.100 --> 01:36:17.320

Khara Jabola-Carolus: So I encourage you to read the report, but some of the metrics that we use to touch on that really, briefly is, you know, there were some blockbuster policies that we

wanted specific to childcare also abortion access, because we're an archipelago, as you know. Um. So that was an issue during Covid nineteen when travel dropped and doctors could not travel abortion care. Providers can travel to our neighbor islands so things like that that we're home by you, specific

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01:36:17.330 --> 01:36:19.600

Khara Jabola-Carolus: um, and then other metrics, you know.

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01:36:20.010 --> 01:36:23.519

Khara Jabola-Carolus: We wanted to do something that wasn't just the typical

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01:36:23.530 --> 01:36:42.689

Khara Jabola-Carolus: percentage of you know women's participation in government and industry. You know, seventy five of boards and government leaders being women. That was not at all what we wanted, because what we found right was, we do have women in government, and they were equally as indoctrinated with sexism, racism, and classes them as men,

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01:36:42.700 --> 01:36:48.960

Khara Jabola-Carolus: and so for us it's important to use a metric that's different from just um, you know,

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01:36:49.110 --> 01:37:04.380

Khara Jabola-Carolus: performative or superficial representation. And um, what we're doing is counting the number of agencies, government leaders and managers who are trained in a specific program that we have designed

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01:37:04.390 --> 01:37:09.270

Khara Jabola-Carolus: um around being gender responsive in a way that is culturally competent,

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01:37:09.460 --> 01:37:24.039

Khara Jabola-Carolus: and that is critical of the Uh origins of capitalism and the inherent, destructive nature of capitalism as the economy that we have, you know, inherited for Hawaii.

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01:37:24.050 --> 01:37:35.990

Khara Jabola-Carolus: So that was, uh I. I'll stop there. Um! But that was a little snippet of what we did, and I'm very honored to be joining this convening and and meeting all of you um in some ways. So al again.

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01:37:40.050 --> 01:37:41.849

James Schwab: Thank you very much,

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01:37:41.960 --> 01:37:43.019

James Schwab: and that

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01:37:44.160 --> 01:37:49.170

James Schwab: some powerful stuff from Hawaii. Um, I'm going to move to Colorado and

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01:37:49.520 --> 01:38:00.010

James Schwab: uh Joanne and Kate. I'm not sure if you want to work in tag team, or if you're uh speaking separately, i'll start with Joanne at any rate, and let you handle it from there.

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01:38:00.040 --> 01:38:19.399

Joanne Cech: Thank you, Kate and I. Kate, is my work, partner, and we are definitely working um in parallel. But i'll start, and she can wrap up um just to set the context for you. The city of four Collins is in northern Colorado, about an hour north of Denver, and we're about one hundred and eighty thousand people

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01:38:19.410 --> 01:38:25.940

Joanne Cech: we did receive cares, funding and Arpa funding. We received twenty eight point, one million of Arpa funding.

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01:38:25.990 --> 01:38:45.030

Joanne Cech: So in looking at the recovery in total we're defining the short term recovery as the period from the beginning of the pandemic in March of two thousand and twenty. All the way through the end of the funding on the Federal side through December of two thousand and twenty-four.

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01:38:45.040 --> 01:39:00.189

Joanne Cech: That's what we consider our short term and really, in the short term we were trying to do two things at once. One was identify the key needs in the community and get money out to them,

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01:39:00.500 --> 01:39:04.680

Joanne Cech: and then simultaneously develop our recovery plan

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01:39:04.710 --> 01:39:23.470

Joanne Cech: we were able to do both and cable talk to all of the metric work that we did, but similar to what others have said. We did extensive, much more intense community engagement for this effort, and we were able to get out funding in a series of tranches

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01:39:23.480 --> 01:39:34.549

Joanne Cech: We're just finishing now, going through our two thousand and twenty-four budget process, and that will finally allocate the remaining Arpa funding to the community

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01:39:34.560 --> 01:39:50.770

Joanne Cech: so we have. Probably we'll have probably slightly under maybe eighty programs that will have funded with Arpa funding, and then we also use city funds to address some of the recovery plans.

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01:39:50.780 --> 01:40:05.529

Joanne Cech: So all of the programs that we're doing have to tie to one or more objectives in our recovery plan, and the recovery plan is really trying to promote a resilient, vibrant, and inclusive recovery.

472

01:40:06.660 --> 01:40:25.479

Joanne Cech: Part of what we did in that um community engagement was use other entities, so nonprofits and agencies who had much more access to the impacted groups and disproportionately impacted groups that we needed feedback from.

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01:40:25.490 --> 01:40:33.520

Joanne Cech: So we did that, and that will be ongoing throughout the entire recovery process we have funding for that and have set it aside.

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01:40:33.570 --> 01:40:34.700

Joanne Cech: So

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01:40:35.040 --> 01:40:53.380

Joanne Cech: what we're doing now is as you, i'm sure everyone is where the inordinate bureaucracy that comes with running all of those programs and getting the Federal requirements met, et cetera. We're doing that right now, and we will continue doing that through

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01:40:53.490 --> 01:40:59.360

Joanne Cech: December of twenty four. We are just now starting to look at long-term recovery,

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01:40:59.720 --> 01:41:12.089

Joanne Cech: and we're we're defining long term recovery is the five to ten years after December of twenty, four what are the long term impacts of the money that we are using to implement these programs.

478

01:41:12.100 --> 01:41:25.550

Joanne Cech: And really we're we're considering three things Here one is, what programs do we want to continue? And which programs can we close? And they've accomplished. What we need? Second, is, what are the data and tools we need

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01:41:25.730 --> 01:41:33.310

Joanne Cech: to adequately monitor and measure performance and give us insight. And then the third is,

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01:41:33.450 --> 01:41:40.439

Joanne Cech: what is the process that we want to use for assessing outcomes and impacts on our recovery plan.

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01:41:40.680 --> 01:41:50.749

Joanne Cech: So one of the things that we first knew at at the very beginning of all of the pandemic was that we didn't have the data and tools that we really needed.

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01:41:50.820 --> 01:42:10.579

Joanne Cech: So we have hired a data analyst, and Kate will talk about this in more detail. But we've hired a data analyst who is putting together a database of both democrat, demographic and economic data that's publicly available and mapping it on a city grid to help us understand.

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01:42:10.590 --> 01:42:16.749

Joanne Cech: Where are the key needs in the community that, coupled with information we get from our

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01:42:17.570 --> 01:42:36.760

Joanne Cech: outreach? And where can we target programs? And where should we be looking long term to measure changes, so that will be a very important tool for a long term recovery. Um, So I think i'll stop there and and hand it over to Kate to talk about the data and metrics.

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01:42:37.850 --> 01:42:55.749

Cate Eckenrode: Hi, everyone! Um, thanks, Joe. So I am, Kate. I can road from the City of four columns. I led the data performance measurement and um reporting team for our recovery. And I would say that really, as a recovery core team, what we

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01:42:55.760 --> 01:43:11.299

Cate Eckenrode: we identified quickly was that we needed to go slow and be proactive about our engaging with people in a new way, that that Covid really opened up lines to new conversations within the community. What we were hearing, what we were seeing,

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01:43:11.310 --> 01:43:33.590

Cate Eckenrode: that we wanted to take advantage of this opportunity to rethink and Reimagine. But that meant that we were having new conversations, new conversations with community members that typically have been excluded from community conversations who lacked political power. Um, who didn't trust the Government to really engage with, and we

488

01:43:33.600 --> 01:43:35.290

Cate Eckenrode: spent time

489

01:43:35.300 --> 01:44:02.279

Cate Eckenrode: trying to get them to through. Like Joe mentioned our community partners who had the trust to really get them to engage with us. We could understand the personal impacts of recovery, and what we heard early on was that we were talking about a recovery plan, and that people were still experiencing the impacts and negative impacts of Covid, and that they hadn't yet begun to think about recovery because they were still trying to um

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01:44:02.410 --> 01:44:32.339

Cate Eckenrode: to navigate Covid nineteen. And so by listening to the community and engaging with our own internal subject matter, experts and program managers. We began to have new conversations about data, about measuring, not just inputs and outputs which we have traditionally measured, but also outcomes and having conversations about the target populations of the programs we were developing and and investing in. And so um to that end we brought on a data analyst

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01:44:32.350 --> 01:44:44.209

Cate Eckenrode: because we also found that there were a lot of silos within our organization around data, and a lot of work happening where some people had data analysts, others were

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01:44:44.220 --> 01:45:00.090

Cate Eckenrode: mit Ctl. And the program managers were lying on data from nonprofits that were being supported. And so we thought we'd bring in a data analyst to help further the conversation that the city as an organization, was having to be more collaborative in our data analysis and our data sharing one hundred and fifty

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01:45:00.100 --> 01:45:13.080

Cate Eckenrode: Um. We've also spent quite a bit of time with our program and project managers to discuss programmatic level measurements and metrics, and that um is one hundred and one.

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01:45:13.090 --> 01:45:30.860

Cate Eckenrode: A mixed method approach. We're looking at the quantitative numbers of who we serve, how we serve them. Um! What is the impact that we're seeing? What are we hoping to reduce quantitatively so that we can track that. But also what is the storytelling piece? Because Covid nineteen?

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01:45:30.870 --> 01:45:51.779

Cate Eckenrode: What we heard with a lot of personal stories of how Covid impacted people, and we wanted to be able to tell the stories of how our work really deeply affected. Some of our community members lies and trajectories, and that's what we want to measure over five to ten years. And so we are spending a lot of time on qualitative storytelling um

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01:45:51.890 --> 01:46:15.320

Cate Eckenrode: measurements and mechanisms like surveys. We have a community survey that goes out every year, but also at a programmatic level. What can we measure? And who can we talk to? And it's also a trust building exercise, so that we are um entering into relationships sometimes with community members for the first time. And, like, Tom said. You know

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01:46:15.330 --> 01:46:34.199

Cate Eckenrode: they're like I've never engaged. I didn't know this service was available at the city. Um! We're going to meet them where they're at. If they're comfortable with the library, they might not be comfortable coming into a city building where you know the offices and their gates and locked doors. But in a public library they feel more comfortable sharing their stories.

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01:46:34.210 --> 01:46:44.240

Cate Eckenrode: So we're really looking to our data, analyst and our community engagement experts to build the story of recovery. Um, not just

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01:46:44.250 --> 01:46:56.219

Cate Eckenrode: like just said through two thousand and twenty-four, when we have our funding allocated, but also long term five to ten years. How do we build more programs and more connections on the trust that this

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01:46:57.080 --> 01:47:01.309

Cate Eckenrode: Covid actually has opened up and laid bear, like Tom said,

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01:47:01.320 --> 01:47:20.720

Cate Eckenrode: Um, we're looking at resilience in mind. So Covid is not going to be the last, you know. Emergency we face. We saw that with the hurricanes in Florida. So how do we leverage that to be a more resilient community and bring the whole community along? Even those disproportionately impacted Um!

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01:47:20.930 --> 01:47:31.989

Cate Eckenrode: The parts of the community who are traditionally been left out of community conversations. How can we ensure that they themselves are in a more resilient place for future emergencies?

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01:47:32.840 --> 01:47:34.039

James Schwab: Thank you.

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01:47:34.080 --> 01:47:35.240

James Schwab: Thank you.

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01:47:36.820 --> 01:47:38.800

Me. Reaching around it You,

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01:47:39.270 --> 01:47:43.110

James Schwab: for my door mysteriously opened. Our can't apparently wanted to be

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01:47:46.560 --> 01:47:50.019

James Schwab: into something. I didn't want her to dig into um,

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01:47:50.220 --> 01:47:59.860

James Schwab: but we will move on to uh Tara. Name Hester uh Chief Recovery Officer and Smallish county. So we'll go back out to the West Coast.

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01:47:59.890 --> 01:48:02.630

Kara Main-Hester: I know. Thank you. Um.

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01:48:02.860 --> 01:48:16.340

Kara Main-Hester: I appreciate being here, and thanks to Johns Hopkins Center for health security for having us uh so Stomach County is in that uh upper left hand corner of the continuous United States. Um. And

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01:48:16.570 --> 01:48:28.449

Kara Main-Hester: we are about a county of eight hundred thousand people, received one hundred and sixty million dollars of Slfr founding so um could not be closer to Montgomery County if we tried when it came to the amount of funding,

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01:48:28.500 --> 01:48:38.590

Kara Main-Hester: and I really um wanted to say I appreciate what everyone has talked about today, and I I want to mention that I think the

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01:48:38.600 --> 01:48:53.629

Kara Main-Hester: one of the opportunities of our recovery is really being able to reach out to our communities in ways that we hadn't before, because pandemic recovery has been so incredibly different than typical disaster. Recovery.

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01:48:53.640 --> 01:49:08.080

Kara Main-Hester: Um. We We opened our emergency plans for recovery and and resilience, and it talked about things like rebuilding, infrastructure, and ensuring people had access to their bank accounts.

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01:49:08.530 --> 01:49:19.289

Kara Main-Hester: We all had infrastructure and bank accounts through this disaster that wasn't the problem. And this was a different type of this has been a different type of recovery for our county

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01:49:19.410 --> 01:49:22.319

Kara Main-Hester: um and across the whole United States.

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01:49:22.560 --> 01:49:24.899

Kara Main-Hester: And so, as we,

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01:49:25.010 --> 01:49:39.700

Kara Main-Hester: the our office was started because our executive wanted to do something different than what we've done in the past, it was the opportunity to really reach out into the community and understand how we can have a more equitable and more just recovery.

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01:49:39.710 --> 01:49:59.970

Kara Main-Hester: Um Stomach County is just north of Seattle and King County, and I don't know if you all notice, but in two thousand and twenty there was some um things that went on in Seattle that reminded us that there was also a racial reckoning going on as part of this pandemic recovery that we wanted to tackle in to Homeish County, or at least start

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01:50:00.130 --> 01:50:17.519

Kara Main-Hester: so. Um Well, today I could talk, you know, high level about our goals and our opportunities, and what I actually want to talk about is something that we found very successful for us, and I think a model for um.

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01:50:17.950 --> 01:50:25.450

Kara Main-Hester: What community outreach can look like, and what successful community outreach can look like. So dropped into the chat is our recovery report.

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01:50:25.490 --> 01:50:31.279

Kara Main-Hester: It was um. So. What we have done is when we started planning

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01:50:32.850 --> 01:50:43.740

Kara Main-Hester: like others. The first half of our our Slfr funding um really went towards those programs that needed to continue after the cares money had stopped.

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01:50:43.750 --> 01:51:00.810

Kara Main-Hester: Um. We knew that we could not stop emergency rental assistance. We could not stop some of the utility assistance, some of the food assistance programs that we had started. But what we also knew was that that was not going to lead to long-term recovery and resilience.

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01:51:01.630 --> 01:51:04.140

Kara Main-Hester: What we also knew is that

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01:51:04.420 --> 01:51:19.000

Kara Main-Hester: our community was struggling and getting reconnected. People had gone into pandemic lockdown in a very serious way. Um! All of our government buildings were closed. We had a time when all public parks were closed.

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01:51:19.010 --> 01:51:31.720

Kara Main-Hester: So that meant that people were not connected at all to each other, and it really lost their connections with us. And So we started by talking with um. So in our community outreach planning,

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01:51:31.900 --> 01:51:34.810

Kara Main-Hester: we, we said, How do you want us to spend this funding?

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01:51:35.800 --> 01:51:42.500

Kara Main-Hester: And we, as government does. We talk to the folks that we know how to talk to, and are easily accessible,

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01:51:42.680 --> 01:51:55.500

Kara Main-Hester: And it became very apparent that even their connections didn't exist anymore. The senior centers did not operate anymore. Gatherings did not open or did did not happen,

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01:51:55.700 --> 01:52:03.040

Kara Main-Hester: and so we actually needed to move, to change approaches and really move towards a um

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01:52:04.360 --> 01:52:10.920

Kara Main-Hester: move towards an approach that ensured that we were reaching people where they are at, and inviting people to come back together.

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01:52:10.950 --> 01:52:16.430

Kara Main-Hester: And so we took a three-pronged approach to this community out to community, outreach and engagement.

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01:52:17.020 --> 01:52:36.779

Kara Main-Hester: First thing we did is We talked to the community groups that have historically been talking with us in so much county governments or Human Services Commission. Um, Our Disabilities commission, our small business alliance, worked with them to really understand. What are the challenges they're seeing. What is it about the pandemic that has been so different

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01:52:36.790 --> 01:52:37.950

Kara Main-Hester: because

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01:52:38.560 --> 01:52:52.809

Kara Main-Hester: we knew it was different. We just didn't know how and what we started hearing about were issues that were present before the pandemic, that it got dramatically worse. During the pandemic all the plans that we had been making to support behavioral mental health,

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01:52:52.820 --> 01:53:01.830

Kara Main-Hester: to tackle homelessness, to increase affordable housing in our community had stopped, and because it had stopped getting it back online was incredibly hard.

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01:53:02.400 --> 01:53:15.160

Kara Main-Hester: So then, what we did is we had one on one meetings across our whole county with mayors, and said, What are you seeing in your community, and one of the things that we saw to Homeish county is both

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01:53:15.240 --> 01:53:24.849

Kara Main-Hester: A suburb in the southern part of the city of Seattle has its own city, Everett, Washington, which produces Boeing airplanes which many of you know of,

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01:53:24.910 --> 01:53:37.810

Kara Main-Hester: and an incredibly rural part of the county. And what we found is that the problems were dramatically different, and the shift to work from home had affected our rural areas in ways that we hadn't imagined one hundred,

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01:53:37.820 --> 01:53:48.899

Kara Main-Hester: so it literally increased housing prices in our rural areas in a way that no, no economists would have guessed, and is actively pushing people out of those areas.

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01:53:48.980 --> 01:53:50.709

Kara Main-Hester: So then what we did

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01:53:50.780 --> 01:53:58.740

Kara Main-Hester: is we had to truly invite people in, because we were already talking to all the people we've been talking to throughout the whole pandemic.

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01:53:59.710 --> 01:54:04.240

Kara Main-Hester: How do you get people together after we've spent two years

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01:54:04.450 --> 01:54:06.210

Kara Main-Hester: not being together?

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01:54:06.970 --> 01:54:09.040

Kara Main-Hester: How do you commence folks

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01:54:09.560 --> 01:54:23.139

Kara Main-Hester: to come and say hello, And so we worked with a lot of community groups as trusted messengers, and got the word out and said we would like to hear from you, and we would like you to direct how we are going to spend one hundred and sixty million dollars.

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01:54:23.540 --> 01:54:30.240

Kara Main-Hester: We will serve you food, and we will serve you ice cream, and we will provide activities for your children.

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01:54:30.530 --> 01:54:33.359

Kara Main-Hester: We had four hundred people that showed up,

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01:54:33.710 --> 01:54:50.540

Kara Main-Hester: and I am talking not only not only kind of who we usually see at public meetings we had moms with kids, and those kids are holding Mom's hands and saying, I want you to do. I want you to tell them this small. It was amazing.

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01:54:50.550 --> 01:54:54.360

Kara Main-Hester: And so in that process we did a um.

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01:54:54.390 --> 01:55:00.590

Kara Main-Hester: What we did is we had a resource tables to make sure everyone could sign up for all those great ongoing programs that we had.

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01:55:00.780 --> 01:55:17.979

Kara Main-Hester: We then had a time where folks could vote for what the highest priorities there were, and could actually talk the subject matter experts that were designing programs.

And then we had facilitated recovery discussions. And in those discussions we really helped people focus on saying, what's the problem and what's the solution?

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01:55:18.160 --> 01:55:37.050

Kara Main-Hester: And now what we have is we have a really solid plan for where our community wants recovery to go, and I think everyone here is probably unsurprised. They wants to tackle the big problems that will change change things in the future. So thanks so much. And that plan kind of lays out the framework for that. So I appreciate being here today.

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01:55:38.700 --> 01:55:40.989

James Schwab: Okay, thanks. And um.

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01:55:41.710 --> 01:55:50.240

James Schwab: Now we will turn to Russell. There he is um someone I work with once before down in Texas five years ago. So

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01:55:50.330 --> 01:55:51.439

Russell Hopkins: yeah, man,

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01:55:52.130 --> 01:55:55.460

Russell Hopkins: thank you very much. James. Um, I want to

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01:55:55.780 --> 01:56:03.720

Russell Hopkins: talk today about how our planning efforts here in East Texas are evolving and morph into it

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01:56:04.100 --> 01:56:23.810

Russell Hopkins: kind of settled patterns, but with a different focus. Um, One of the things that is apparent to us in recovery. Work from um. A series of tornadoes, floods, and droughts that we've had since two thousand and fifteen has been uh building relationships

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01:56:23.820 --> 01:56:37.280

Russell Hopkins: with our community partners uh so very, very local uh efforts. Um! I, as the executive director for the long term recovery group of my home county

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01:56:37.830 --> 01:56:51.280

Russell Hopkins: reached out to Academia at Tarleton, uh University of Texas, Arlington, Um.

Uh University of Texas. Hell site center here in uh Tyler, Texas for um office. That,

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01:56:51.300 --> 01:57:07.400

Russell Hopkins: and we put together quite a few uh data points so that we could decide where our strategy would start, and ultimately what we came to find was, we could address so many

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01:57:07.410 --> 01:57:18.579

Russell Hopkins: uh inequities and uh justice issues by focusing on health outcomes. It's a very good metric, a solid metric that other people

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01:57:18.620 --> 01:57:34.589

Russell Hopkins: put a lot of work into uh and have refined over the years. So we look at our county help out at the rankings uh health outcome rankings from Uh University of Wisconsin puts those out every year,

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01:57:34.610 --> 01:57:52.669

Russell Hopkins: And what we see year after year is that it's chronic health problems in our community that drives issues of resiliency when we have a disaster. So as a public health person uh responsible for the emergency services uh

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01:57:52.680 --> 01:58:07.760

Russell Hopkins: that guides our response. We've changed our uh focus to to planning for improving those health outcomes and building resiliency. Um, The data that was used.

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01:58:07.770 --> 01:58:15.340

Russell Hopkins: How a lot of these help outcome reports is secondary data that our health sites

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01:58:16.230 --> 01:58:34.930

Russell Hopkins: center with their School of Public Health can then look at it and and inform us, Hey, here's some. Here's some uh low hanging fruit. If you plan to hold um a vaccine clinic for distributing new mock um,

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01:58:34.940 --> 01:58:46.000

Russell Hopkins: then you'll save, however, many millions of dollars, and and in one report we had spent three hundred and thirty million dollars on

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01:58:46.140 --> 01:58:52.479

Russell Hopkins: uh preventable hospitalizations just in a vaccine preventable

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01:58:52.590 --> 01:59:04.879

Russell Hopkins: pneumonia cases. So there's a lot of low hanging fruit that we can plan for to go out and affect change as a health department as a um,

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01:59:05.420 --> 01:59:10.469

Russell Hopkins: as a person who participates in long term recovery. It also helps me

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01:59:10.540 --> 01:59:13.809

Russell Hopkins: redirect our efforts from

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01:59:13.940 --> 01:59:32.229

Russell Hopkins: uh saying in the beginning our efforts in two thousand and seventeen were, How do we keep the rain from coming through your roof. So building new routes to two thousand and twenty-two is, How do we recover from long term pulmonary illnesses uh that affected

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01:59:32.240 --> 01:59:40.210

Russell Hopkins: uh those most, those most at risk in our uh seven counties that that I provide service to.

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01:59:40.400 --> 01:59:50.229

Russell Hopkins: So we've gone to transferring from things like working with our school of nursing to go out and do evaluations to now working with

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01:59:50.240 --> 02:00:03.700

Russell Hopkins: uh programs like our social work uh students. At several of the colleges we have four community colleges uh junior colleges, and for universities uh all but

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02:00:03.710 --> 02:00:13.699

Russell Hopkins: erez agmoni one of those has a uh uh school of nursing. So we have lots of folks to draw on as volunteers to go out and and interact with these people one hundred and one.

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02:00:13.820 --> 02:00:31.190

Russell Hopkins: It also helps with those folks are attending colleges in our in our urban

centers, but they're mostly from these uh rural areas that come to go to school, and generally uh, what happens is, they go to school they get a a nursing license, and they they move out of the area.

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02:00:31.210 --> 02:00:45.219

Russell Hopkins: Um, which is unfortunate. But at least we have a continual supply of help there, And what we've done now is to transition to more of the social work uh community health worker, type

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02:00:45.260 --> 02:00:48.150

Russell Hopkins: uh interaction with our folks, so that

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02:00:48.200 --> 02:00:52.400

Russell Hopkins: we can call and say, this person is suffering from

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02:00:52.460 --> 02:01:10.039

Russell Hopkins: um x number of chronic diseases, and we are in in the middle of recovering this person from a direct strike from a tornado. Will you forgive medical debt? Uh, we have uh the the group.

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02:01:10.050 --> 02:01:24.279

Russell Hopkins: Recovery Group has over seven figures of debt dismissal, uh which is uh scary in that there's only been about half a dozen people that uh we've reached out for to get medical down,

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02:01:24.310 --> 02:01:30.629

Russell Hopkins: resolved. Um, and we've not had any problems having done that Once we

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02:01:30.680 --> 02:01:50.229

Russell Hopkins: uh line up all of our uh supporting documents like from emergency management or for public health, or from their own uh physicians. Uh, in order to do that. So that is one of the ways we're we're shifting ground and trying to reach into all of our vulnerable communities. Um!

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02:01:50.240 --> 02:01:57.639

Russell Hopkins: We are uh building those relationships as we are uh

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02:01:57.780 --> 02:02:11.819

Russell Hopkins: building the plane to land in this recovery from pandemic, So funding is one of the things that is an issue for us uh public health and county government have a problem one hundred and fifty

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02:02:11.890 --> 02:02:19.290

Russell Hopkins: accepting money to help in private projects. So a lot of

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02:02:19.690 --> 02:02:31.320

Russell Hopkins: a lot of the counties, i'm affiliated with have started their own nonprofits uh much as my health part has to help um their communities, and

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02:02:31.330 --> 02:02:51.150

Russell Hopkins: a lot of the over spending time initially planning for helping their own employees. I have uh the largest staff I've had in the twelve years as a director here at at northeast Texas. Um, and

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02:02:51.160 --> 02:02:54.350

James Schwab: we we probably are the point where we need it. Yes, sir,

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02:02:55.920 --> 02:02:57.090

Russell Hopkins: please proceed

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02:02:59.320 --> 02:03:12.789

James Schwab: at our last uh speaker and um being a hawkeye alumnus uh happy to have somebody from Iowa in the battle over away from the last mail. But uh, there's no over representing Iowa. Right?

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02:03:13.060 --> 02:03:14.420

Leslie Wright: Exactly.

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02:03:14.440 --> 02:03:34.159

Leslie Wright: Um. So just quickly, because it kind of relates to the work that I've done around the recovery planning collective clarity came from um spending um more than a dozen years in the Human service sector, and the understanding that our best solutions are collaborative.

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02:03:34.170 --> 02:03:51.369

Leslie Wright: Um! So what can we do as a collective? And and how do we develop greater

clarity when we're all working on this together? So i'm going to talk briefly today from a slightly different lens. Um, because I am not um

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02:03:51.660 --> 02:04:04.370

Leslie Wright: an employee of a jurisdiction or of an agency. I did this work as the hired gun facilitator for Lynn County, Iowa, and a number of jurisdictions there.

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02:04:04.410 --> 02:04:09.309

Leslie Wright: Our work wasn't um entirely focused on the pandemic

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02:04:09.320 --> 02:04:33.580

Leslie Wright: um, but was in fact, triggered by the inland hurricane that we experienced in August of two thousand and twenty, which exacerbated conditions that I think we had been. I would say we've been managing um related to the pandemic um. But disasters of this scope tend to bring it to stark relief

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02:04:33.590 --> 02:04:53.660

Leslie Wright: the disparities and equities that existed prior to the disaster, And then, fortunately, we, what we often do is we try to solve those issues with the same tools and the same institutions that were embedded, and part of um, those systems prior to the disaster

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02:04:53.670 --> 02:05:13.350

Leslie Wright: which uh generally doesn't work. So excuse me that um Lynn county uh folks came together multiple jurisdictions. The largest city Um, our smaller rural partners and nonprofits, our local co-ed wanting to find a way to greater resilience,

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02:05:13.360 --> 02:05:34.999

Leslie Wright: and ended up with a focus on recovery. So, instead of doing a typical Ar um! The focus was on that transition from response and short-term recovery to the long tail of recovery. And how do we do that better, and particularly for disproportionately impacted people.

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02:05:35.010 --> 02:05:53.439

Leslie Wright: Excuse me, the duration was interesting because it basically impacted everyone in the county. But obviously those who had less insurance, who were in more vulnerable dwellings. Um! Who had health issues, or even more impacted,

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02:05:53.800 --> 02:06:10.619

Leslie Wright: just because at some point Jim is going to raise his finger to me, and I know i'll

be done. Let me tell you what our key findings were. Um the focus through months of work. Um really came down to quality of relationships

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02:06:10.630 --> 02:06:18.829

Leslie Wright: across jurisdictions and organizations, the density of networks and connections,

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02:06:18.840 --> 02:06:33.340

Leslie Wright: the ability to engage in multidirectional communication for decision making So not just billboarding. Here's you know. Here's the news. But exchanging important information, interoperable data.

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02:06:33.350 --> 02:06:45.190

Leslie Wright: Um! So how can we talk to each other about the condition of people? The condition of recovery, and that relates to metrics as well in leadership and accountability

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02:06:45.200 --> 02:07:00.010

Leslie Wright: and leadership in particular, on a couple of Fronts one. Our our community has gone through. What i'd say is almost a tidal wave of generational change in our leadership, and people who were in positions of leadership

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02:07:00.600 --> 02:07:18.200

Leslie Wright: after the two thousand and eight Flood had left um the systems or the community and um, and they had taken a great deal of knowledge with them, and so we had that issue, but also we had

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02:07:18.210 --> 02:07:24.999

Leslie Wright: no one at the helm, and because this was such a broad disaster

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02:07:25.100 --> 02:07:37.440

Leslie Wright: um, we hadn't built practices that accounted for multiple jurisdictions, um, geographies, um and demographics.

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02:07:37.450 --> 02:07:49.319

Leslie Wright: So that was a pretty critical issue. So this group came together, and I want to put in a plug for the Copel framework that has been developed by the Johns Hopkins team two hundred

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02:07:49.330 --> 02:07:58.899

Leslie Wright: um, because it allowed us to take a look at and assess our pre disaster capabilities which many of you have talked about.

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02:07:59.560 --> 02:08:07.079

Leslie Wright: Long-term recovery is built upon the capabilities that you had pre disaster.

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02:08:07.180 --> 02:08:15.800

Leslie Wright: You know we'd all like to think that we can hurry up and build new capacity, but that's pretty challenging to do

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02:08:15.810 --> 02:08:36.920

Leslie Wright: so. How do we get clear about what our pre disaster capabilities were, and then make recommendations for the way forward. So we use that tool. We assess disparities and inequities. Um as well as our community operating capabilities, particularly in the Human Service world,

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02:08:37.170 --> 02:08:38.549

Leslie Wright: and the group

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02:08:38.570 --> 02:08:56.049

Leslie Wright: eventually came to make a series of recommendations. One of the first and most significant was staffing the work, because, particularly since we had had a layered disaster impact in our community. We had people who were already, i'm already at five minutes

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02:08:56.130 --> 02:08:58.969

Leslie Wright: staff the work um

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02:08:59.940 --> 02:09:07.970

Leslie Wright: Better utilize the plans and assets that we have um, and less than the impact on the agencies that need

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02:09:08.190 --> 02:09:24.120

Leslie Wright: to be part of recovery. Um and joint planning so fundamentally the biggest outcome of this recovery plan was creating a position within the county for resilience, planning to create that ownership.

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02:09:24.130 --> 02:09:29.750

Leslie Wright: So um, I think the report is in the chat and um

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02:09:30.130 --> 02:09:31.550

Leslie Wright: with that

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02:09:32.140 --> 02:09:33.320

Leslie Wright: i'm done.

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02:09:34.210 --> 02:09:44.599

James Schwab: I am aware that in about three, four minutes, and it will step in, so i'm going to ask for anyone who wants to add a

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02:09:44.800 --> 02:09:53.230

James Schwab: a thirty second uh wrap up uh comment to step forward. I'll start with Tom.

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02:09:55.790 --> 02:09:59.870

Tom Bonner: Um, certainly, I think you know, generally

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02:09:59.880 --> 02:10:22.270

Tom Bonner: appreciate it. Actually the insight. And I I think um as you've heard I mean, there's commonalities between even the group that's here today, and you know i'm very fortunate to have been part of this group, because we've obviously never met before. But there's significant similarities between our approaches, and I do think there's things that we could learn from each other. Um, there's a question that was part of the initial agenda. I think that you know

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02:10:22.800 --> 02:10:52.539

Tom Bonner: the high level. Take away from my end, and I I think it. I don't mean to speak for anybody else, but I think the commonality and in the element that runs through. Everything is the sense of transparency, right? Making sure that that communication is truthful, frequent, and absolutely conveys what you are doing, that there's no sort of daylight between what we said we were going to do this, this little carve out over here that we were going to use for this little I mean. I think we've done that well, not perfectly, but at the same time like there's a lot to learn and and adopt going forward. So I think

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02:10:52.720 --> 02:11:00.529

Tom Bonner: my primary take away from the process is just to be sure that it is objectively transparent, as it possibly can be throughout it Throughout its duration.

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02:11:01.740 --> 02:11:03.840

James Schwab: Karl, anything quick.

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02:11:04.390 --> 02:11:23.350

Khara Jabola-Carolus: Hope So I hope so, James. So, for you know all of you here who are mostly, you know, public health experts. The public health sector has significantly increased its power in terms of its centrality and the dependency that government and community has on you.

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02:11:23.360 --> 02:11:32.409

Khara Jabola-Carolus: Um, you know, with this pandemic, and going forward as we see more and more. Um, you know health crises uh in the United States and globally.

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02:11:32.420 --> 02:11:59.539

Khara Jabola-Carolus: And so you know. The question is, how are you going to use that power? Are you going to use it as gatekeepers, or are we going to democratize the incredible specialized knowledge and skills that you have to the community, and I would hope that you know in the future we can continue to have these types of forums, and also organize in communities, so that we can make sure we're building leadership um throughout the community, because ultimately, no matter what we do, policies we pass, they will never be durable,

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02:11:59.620 --> 02:12:13.579

Khara Jabola-Carolus: you know, just abortion as an example, unless we bring um and organize and lean into working class communities and communities of color instead of kind of keeping them out and framing them as our enemy. So I hope that um you know you take

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02:12:13.590 --> 02:12:21.440

Khara Jabola-Carolus: you, take our experience in ho bye, and run with it um, and hopefully learn from it and keep in touch. So thank you, everybody.

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02:12:22.090 --> 02:12:23.130

James Schwab: Okay,

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02:12:23.200 --> 02:12:24.570

James Schwab: Sanctuary.

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02:12:25.070 --> 02:12:33.660

James Schwab: We at that point. Yeah. Okay. So I need to cut this off, but I have to defer and let's on to introduce the mayor for the closing.

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02:12:33.840 --> 02:12:45.869

Sanjana Ravi: Thank you so much, Jim, and thank you again to all of the the participants in this roundtable. It's been another really illuminating discussion. Really appreciate all of the insights.

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02:12:45.880 --> 02:13:15.830

Sanjana Ravi: Um! But since our our time is slowly going to into a close this afternoon. Um, I do want to segue to our next uh speaker our closing keynote speaker, and it's a huge honor to introduce Miss Sathiah Rhodes Conway, who is the fifty eighth mayor of Madison, Wisconsin. Um. Mayor Conway's. Excuse me. A Rose Con. Ways Administration is focused on affordable housing rapid transit climate change and racial equity. Uh, she has extensive experience and local policy and practice,

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02:13:15.840 --> 02:13:40.000

Sanjana Ravi: having worked with mayors across the country for over a decade now, and having served three terms on the Madison Common Council, um elected in two thousand and nineteen. She is the city's second female mayor, and the first out. Lgbtq person to serve as the Mayor of Madison. Um. So if you will join me in uh welcoming to the virtual stage, Mayor Rhodes Conway, of Basson Wisconsin. Thank you so much.

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02:13:41.030 --> 02:13:57.660

Mayor Rhodes-Conway: Well, thank you, Sanjana. It's a pleasure to be here, and and, thanks to all of you um for for participating and for sharing uh what I understand is has been a very rich conversation. Um, with a lot of lessons. Um,

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02:13:57.700 --> 02:14:00.559

Mayor Rhodes-Conway: I don't know that I have anything

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02:14:00.720 --> 02:14:12.850

Mayor Rhodes-Conway: um but more insightful to say than what has already been said. But I am happy to share at the experience that that I've had the experience that we've had here in Madison.

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02:14:12.860 --> 02:14:25.490

Mayor Rhodes-Conway: Um, as we think about um. What pandemic recovery means looks like how we do it. Um! And how we do that. Well,

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02:14:25.530 --> 02:14:29.200

Mayor Rhodes-Conway: I understand that you You've been talking about

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02:14:29.560 --> 02:14:40.130

Mayor Rhodes-Conway: community systems that were harmed by the pandemic that you've been talking about how to authentically engage community in the recovery process one,

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02:14:40.140 --> 02:14:59.490

Mayor Rhodes-Conway: and that you've been talking about how to meet People's emotional and mental health needs coming out of the pandemic and how to make space for grief, but also for hope. And and then how to think about um, not just coming back that recovery isn't just back to where we were.

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02:14:59.500 --> 02:15:03.420

Mayor Rhodes-Conway: Um, but that that recovery is an opportunity

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02:15:03.600 --> 02:15:14.750

Mayor Rhodes-Conway: um potentially for for transformation. And And it's actually really good to hear that that those themes have emerged. Because, um! That's very much what I think about

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02:15:14.760 --> 02:15:25.010

Mayor Rhodes-Conway: uh all of those things, and and I so it's good to know that i'm not alone in that. And and that that's sort of part of the conversation. Um, So

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02:15:25.680 --> 02:15:41.860

Mayor Rhodes-Conway: the question for me is, is, what does it mean to to recover? What does it mean to build back better. And you know, how do we in our communities? Uh, how do executive leaders uh, but also leaders at at every level?

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02:15:42.190 --> 02:15:58.709

Mayor Rhodes-Conway: Think about um and engage with these ideas. Um, So i'm gonna just talk through some lessons. Um, that I've experienced uh that may be useful uh for your thought processes as well, and and

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02:15:59.010 --> 02:16:00.300

Mayor Rhodes-Conway: wanna.

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02:16:00.670 --> 02:16:04.360

Mayor Rhodes-Conway: One lesson for me was um

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02:16:05.570 --> 02:16:12.399

Mayor Rhodes-Conway: to sort of get the scale right, and and by that I mean that it that both

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02:16:12.520 --> 02:16:25.560

Mayor Rhodes-Conway: the time scale, but also sort of the scope of things impacted. And when we talk about recovery um, that we're not just talking about a public health recovery, and that it's much much bigger than that.

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02:16:25.870 --> 02:16:26.969

Mayor Rhodes-Conway: Um!

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02:16:27.190 --> 02:16:46.649

Mayor Rhodes-Conway: When the pandemic hit um I early on I brought my management team together, and you know this was when Wisconsin was hit relatively early on, and and and Dame County, which is where Madison is had, I think, the twelfth case of of Covid, nineteen um in the Us. And

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02:16:46.660 --> 02:16:47.670

Mayor Rhodes-Conway: um,

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02:16:47.910 --> 02:16:49.219

Mayor Rhodes-Conway: we

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02:16:49.920 --> 02:16:59.309

Mayor Rhodes-Conway: We still had people who were saying, Well, this like this is just gonna be a couple of weeks right like we're just gonna shut down for a couple of weeks, and then we'll be back.

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02:16:59.520 --> 02:17:03.640

Mayor Rhodes-Conway: And I looked around at my management team and said,

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02:17:04.490 --> 02:17:08.359

Mayor Rhodes-Conway: I don't know how long the health crisis is going to go on.

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02:17:08.719 --> 02:17:13.570

Mayor Rhodes-Conway: But I know that this crisis is going to go on for years,

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02:17:13.900 --> 02:17:19.449

Mayor Rhodes-Conway: and that it is going to be two, three, four, five years

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02:17:19.580 --> 02:17:24.110

Mayor Rhodes-Conway: before we come out of whatever this crisis ends up being,

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02:17:24.180 --> 02:17:26.000

Mayor Rhodes-Conway: and people were shocked

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02:17:26.340 --> 02:17:35.350

Mayor Rhodes-Conway: that that was how I was thinking about it. Um! But I I could tell already that the health crisis was going to be longer than anybody thought

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02:17:35.430 --> 02:17:39.810

Mayor Rhodes-Conway: that even if the health crisis wasn't very long

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02:17:39.879 --> 02:17:44.429

Mayor Rhodes-Conway: that there was going to be an economic impact that rolled after that.

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02:17:44.490 --> 02:18:04.069

Mayor Rhodes-Conway: Uh, and that that was gonna last for a long time, and and I didn't even know. You know sort of the extent of the time, um, you know, and I have since come to believe and to know that um! You can't really talk about an endpoint here. This is the rest of our lives,

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02:18:04.240 --> 02:18:17.369

Mayor Rhodes-Conway: right? This is the world that we live in now, and um, So I think it's important when we think about recovery, and we we interrogate the question of recovery that we think about the right time scale.

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02:18:17.790 --> 02:18:21.710

Mayor Rhodes-Conway: Um. I also think it's important to think about the scope.

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02:18:21.780 --> 02:18:39.149

Mayor Rhodes-Conway: Um! And again, it's not just health. It's not just economy. It's um! It's our educational systems. It's how we work. It's where we work. Um! It's what our downtowns look like. It's so. The the scope of recovery is is broad,

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02:18:39.160 --> 02:18:56.529

Mayor Rhodes-Conway: and um and intersects deeply with other things that we are, I hope, trying to recover from. Um most uh prominently uh racism and racial inequities. Uh, but also

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02:18:56.540 --> 02:19:13.339

Mayor Rhodes-Conway: issues around gender and sexism um issues around class and work issues around climate. And all of these things intersect with the Covid nineteen pandemic and our recovery from it. And so what are we recovering from,

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02:19:13.950 --> 02:19:23.790

Mayor Rhodes-Conway: I think, is is a relevant question. Um. And so that scope also, uh and scale, I think, is really important.

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02:19:23.809 --> 02:19:24.920

Mayor Rhodes-Conway: And

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02:19:25.139 --> 02:19:26.940

Mayor Rhodes-Conway: I also, uh

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02:19:27.219 --> 02:19:30.639

Mayor Rhodes-Conway: learned that it is Um,

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02:19:33.040 --> 02:19:40.629

Mayor Rhodes-Conway: the the the health pandemic, the Covid nineteen pandemic um exposed all sorts of things

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02:19:40.930 --> 02:19:53.259

Mayor Rhodes-Conway: right? Um it it exposed, and for us in Madison exposed. Uh yet again, some of the deep racial disparities in access to health care.

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02:19:53.340 --> 02:20:13.219

Mayor Rhodes-Conway: Um, but also in economic resilience. Um! It exposed weaknesses in our government systems. It exposed um Ah! Pain points in our health care systems, and and

it, you know it taught us where we were resilient and where we were not

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02:20:13.520 --> 02:20:25.299

Mayor Rhodes-Conway: um, and those lessons are really important. Um! And they, and learning them and acting on them, has got to be part of recovery.

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02:20:25.650 --> 02:20:26.880

Mayor Rhodes-Conway: Um,

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02:20:29.440 --> 02:20:33.940

Mayor Rhodes-Conway: you know. So back to the the of scope, the

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02:20:34.080 --> 02:20:43.059

Mayor Rhodes-Conway: the follow on of not just the the impact of the virus. But then our response to it

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02:20:43.070 --> 02:21:03.289

Mayor Rhodes-Conway: um continues to reverberate, and some of the ways that that shows up in Madison and and in many other cities, are increases in gun violence, in school fights in traffic, accidents in substance, abuse in depression, in domestic violence, in food, insecurity, and housing, insecurity

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02:21:03.300 --> 02:21:04.260

Mayor Rhodes-Conway: and

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02:21:04.700 --> 02:21:18.480

Mayor Rhodes-Conway: in learning lost In I mean, you all know this list. It's happening in your communities, too. So it So again I come back to the idea that there is not just one recovery process,

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02:21:18.490 --> 02:21:28.689

Mayor Rhodes-Conway: right? There are multiple symptoms that we we are trying to recover from here and um multiple um

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02:21:28.840 --> 02:21:44.790

Mayor Rhodes-Conway: processes or plans or efforts to engage the community with and to figure out um, and to uh try and participate in, and some of those are going to be led by government, but not all of them.

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02:21:44.800 --> 02:22:01.520

Mayor Rhodes-Conway: Um! And some of those are going to be um, you know, deeply rooted in community, but not all of them. And so I think that there is. You know I I would invite people to really think expansively about this um, and to also

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02:22:01.530 --> 02:22:11.589

Mayor Rhodes-Conway: um allow there to be different answers and processes for different symptoms. And because, you know there's no one size fits all here,

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02:22:11.770 --> 02:22:23.839

Mayor Rhodes-Conway: Um, you know, thinking back to the beginning of the Pandemic and Madison one of the things that was key I two, I guess two things that were really key um to us getting through it, and have been

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02:22:23.850 --> 02:22:42.670

Mayor Rhodes-Conway: um really important um to our recovery again, whatever that means, and one is having a really strong team um in the city and and having a management team that was able to leap into action, and to do what needed to be done, both to respond immediately.

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02:22:42.680 --> 02:22:59.740

Mayor Rhodes-Conway: But then, ever since, to to really think uh well about um what our community needs in both the medium and the long term, and and the other thing that was really important is to have strong um partnerships and relationships in our community,

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02:22:59.970 --> 02:23:03.159

Mayor Rhodes-Conway: and to be able to

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02:23:03.170 --> 02:23:30.590

Mayor Rhodes-Conway: to count on those relationships and work in partnership with people. And I won't. Go um into a lot of examples here. But um, you know, I think about the partnerships that we've uh formed first around testing and then amount vaccination with community based organizations to make sure that all aspects of our community. We're getting served, and I think about uh, one of the things we did in Madison was completely transform our response to

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02:23:30.600 --> 02:23:43.709

Mayor Rhodes-Conway: sheltering on housed people. Um! And we could not have done that

without partners. Um! Who uh! Who manage shelters who do straight outreach, and you know we could not have done it without

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02:23:43.960 --> 02:23:50.369

Mayor Rhodes-Conway: working closely with our county. And so the partnerships were absolutely key in doing that. And, by the way,

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02:23:50.390 --> 02:24:08.500

Mayor Rhodes-Conway: here is an example where you know, we were on a trajectory that was not great. We were, you know, warehousing men, experiencing homelessness in church basements, and we all knew that that wasn't great. We knew that it had to change, but there was no impetus to change, and

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02:24:08.510 --> 02:24:12.910

Mayor Rhodes-Conway: the pandemic hit, and we realized that we did not have any choice. We could not

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02:24:13.330 --> 02:24:26.910

Mayor Rhodes-Conway: the continue to warehouse people like that, and so we completely have pivoted. We are now on track to build. Madison's first purpose built shelter for men, experiencing help with homelessness. And

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02:24:26.920 --> 02:24:44.459

Mayor Rhodes-Conway: um, it's gonna be transformational in how we address the problem of homelessness. And so this to me brings out another lesson which is, do not waste a good crisis, Right? It's cliché. People say it, but it is absolutely true, because we could have said,

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02:24:44.530 --> 02:24:50.869

Mayor Rhodes-Conway: Okay, we can't be in the church basements anymore. We're going to go to a temporary place and then as soon as this dies down, we're going to go right back.

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02:24:51.560 --> 02:24:52.639

Mayor Rhodes-Conway: But we didn't.

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02:24:52.800 --> 02:25:11.130

Mayor Rhodes-Conway: We said, We can't do this anymore. We have to envision something else. We have to push through, even though it's going to be enormously more expensive. We have to get into a different state. We have to use this moment of being kicked out of the status quo to push forward to a better state. And to me

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02:25:11.320 --> 02:25:21.200

Mayor Rhodes-Conway: that's what I think about. I think about transformation. I don't think about recovery a lot. Honestly, I think about transformation. I think about How do we push through

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02:25:21.630 --> 02:25:26.240

Mayor Rhodes-Conway: what's next to what's better to where we want to be

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02:25:26.390 --> 02:25:31.190

Mayor Rhodes-Conway: instead of where we were? Um! And you know that is

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02:25:31.300 --> 02:25:41.349

Mayor Rhodes-Conway: difficult, Right? The status quo has a lot of friends, and it is very difficult to push through, and there was such. Um,

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02:25:41.860 --> 02:25:50.800

Mayor Rhodes-Conway: you know, I feel like there is such a yearning in folks to just get back to what it what you know what it used to be like. Um, because

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02:25:51.250 --> 02:25:55.200

Mayor Rhodes-Conway: it's been traumatic for people, and um

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02:25:55.220 --> 02:25:59.370

Mayor Rhodes-Conway: and change is hard, and people have been through,

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02:25:59.510 --> 02:26:01.590

Mayor Rhodes-Conway: and I

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02:26:01.670 --> 02:26:12.190

Mayor Rhodes-Conway: a lot, a lot of change, most of which has not been good, and and so to think about like. Oh, we should seize this moment to do even more

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02:26:12.210 --> 02:26:17.119

Mayor Rhodes-Conway: change. Um is, you know, it's difficult,

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02:26:17.280 --> 02:26:25.270

Mayor Rhodes-Conway: but it's necessary. And And so one of the challenges that I see, and I don't pretend to have solved this, but is to

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02:26:25.620 --> 02:26:28.060

Mayor Rhodes-Conway: to take advantage of that

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02:26:28.170 --> 02:26:34.679

Mayor Rhodes-Conway: we're out of the status quo, we need to transform to something better, while at the same time

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02:26:35.310 --> 02:26:36.920

taking care of people

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02:26:37.130 --> 02:26:49.410

Mayor Rhodes-Conway: and acknowledging that trauma, and acknowledging that the fear of change and the resistance to change, and and the hurt, and and you know, and and

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02:26:49.760 --> 02:26:56.920

Mayor Rhodes-Conway: having both things be true at once, and that's really difficult. It's particularly difficult for government.

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02:26:57.120 --> 02:27:13.369

Mayor Rhodes-Conway: Um. Government is not great at taking care of people um in an emotional way. Um, And so that's a a lesson that I think we all have had to learn, and and and really wrestle with is is how we can

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02:27:13.480 --> 02:27:25.719

Mayor Rhodes-Conway: take better care of each other, and in whatever role we're in, and whatever that looks like or means. And so I i'll i'll leave you then, just um

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02:27:26.250 --> 02:27:28.229

Mayor Rhodes-Conway: with the thought that

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02:27:28.450 --> 02:27:32.010

Mayor Rhodes-Conway: that recovery is multifaceted.

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02:27:32.390 --> 02:27:51.370

Mayor Rhodes-Conway: And um that there is not one answer. There is not one way to recover. There are many, many ways in which our society our communities need to recover. Um. It is work that is worth doing, and it is. It is worth

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02:27:51.680 --> 02:27:54.190

Mayor Rhodes-Conway: pushing for transformation

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02:27:54.280 --> 02:27:55.289

Mayor Rhodes-Conway: and

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02:27:55.660 --> 02:27:59.599

Mayor Rhodes-Conway: but doing anything transformative requires courage,

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02:28:00.150 --> 02:28:16.969

Mayor Rhodes-Conway: and so uh, I I wish you courage. Um! I wish you um strength in uh navigating the tension between doing the right thing and and bringing people along in that change, and

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02:28:16.980 --> 02:28:32.480

Mayor Rhodes-Conway: I I wish you strength in balancing the the needed systems change with the the need to take care of people right now, and which means a lot of different things. But I think that's a a tension that needs to be held,

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02:28:32.640 --> 02:28:33.780

Mayor Rhodes-Conway: and

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02:28:34.080 --> 02:28:44.340

Mayor Rhodes-Conway: and I invite you to consider that that um you know what recovery means in the context of this is the rest of our lives. This is what our world is like. Now,

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02:28:44.680 --> 02:29:00.830

Mayor Rhodes-Conway: um at. I invite you to consider how to take advantage of the ongoing crisis and the push beyond the status quo, and and to think about how to land, not where we were, but where we want to be,

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02:29:00.850 --> 02:29:05.030

Mayor Rhodes-Conway: and and I invite you to to continue

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02:29:05.340 --> 02:29:08.049

Mayor Rhodes-Conway: to prioritize taking care of yourselves

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02:29:08.270 --> 02:29:10.809

Mayor Rhodes-Conway: and of the people around you.

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02:29:11.140 --> 02:29:21.619

Mayor Rhodes-Conway: So thank you again for the opportunity to be here and to share some thoughts. And I don't know if there's time. But if there is. I'm happy to take questions, and it's been a pleasure to share space with you.

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02:29:24.340 --> 02:29:35.170

Monica Schoch-Spana: Thank you, Mayor Rhodes Conway, I think. Why don't we um if there's any pressing question, we have time for one. As we close down the Symposium,

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02:29:35.820 --> 02:29:38.330

Monica Schoch-Spana: and i'm just checking that right now,

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02:29:39.880 --> 02:29:50.249

Monica Schoch-Spana: while we're waiting for that, I did want to express the gratitude of the planning committee to you, Mayor. It's great to hear from a local elected official, someone who's in the thick

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02:29:50.400 --> 02:30:03.090

Monica Schoch-Spana: of response. Recovery whatever this process or set of processes is, and also to hear lessons, learn from a local administration that really isn't approaching pandemic

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02:30:03.270 --> 02:30:10.019

Monica Schoch-Spana: recovery as a siloed issue or a siloed challenge. So thank you very much,

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02:30:10.030 --> 02:30:26.480

Monica Schoch-Spana: I think. With that we will return you to your very busy schedule, and thank you again for your very inspirational and also very practical words. So thank you, Mayor.

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02:30:27.030 --> 02:30:39.849

Monica Schoch-Spana: So uh Sanjay and I uh wanted to uh close out the symposium uh with some hardy thanks to our planning team members uh first to

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02:30:39.860 --> 02:30:58.690

Monica Schoch-Spana: um those folks from the Johns Hopkins Center for health security. Our events Planner um is Andrea Lap, our communication Staffer, Pr. Uh Vadu Devon and our research associates, Christina Potter and Noel uh Whoon uh, and also our Co. Convener

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02:30:58.700 --> 02:31:11.159

Monica Schoch-Spana: mit Ctl and Um, the center for community health and economic resilience research. At Texas State University we had great support from Rex, Long, Emily Rapaski and Beverly Travino, two hundred and fifty,

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02:31:11.330 --> 02:31:19.689

Monica Schoch-Spana: and again, our many, many thanks to esteemed speakers, moderators, and you, the attendees,

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02:31:19.970 --> 02:31:35.959

Monica Schoch-Spana: despite the many demands on your time and the stress of overfilled schedules. All of you made this challenging and hopeful conversation about comprehensive pandemic recovery a priority. So thank you

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02:31:35.970 --> 02:31:49.020

Monica Schoch-Spana: mit

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02:31:49.110 --> 02:32:08.229

Monica Schoch-Spana: uh Sanjay and I and the project team uh see this symposium as kicking off our work. Um! The uh project is called Pan remedy, which is short for pandemic recovery. Metrics to drive equity, and that term or phrase Pan

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02:32:08.240 --> 02:32:17.449

Monica Schoch-Spana: in pen remedy references both the Covid nineteen pandemic, but it also references the idea of all

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02:32:17.570 --> 02:32:36.440

Monica Schoch-Spana: the whole that is, the need for comprehensive recovery of thinking about um uh the needs of whole persons of whole communities. So we promise to keep in

touch with updates on this project uh! Which is supported by the open philanthropy project,

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02:32:36.450 --> 02:32:43.519

Monica Schoch-Spana: and we wish you We wish you well and thank you again for your time.

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02:32:43.630 --> 02:32:46.060

Monica Schoch-Spana: Everyone take care.