

00:00:02 Respondent

I didn't see it either there. I didn't give. I have to give. That's fine. Yeah, doesn't ask me for consent, which is fine. I wouldn't give it any. Great. OK, good.

00:00:13 Interviewer 2

Yeah, I know. Sometimes it doesn't. Sometimes it doesn't. Wonderful.

00:00:17 Respondent

OK, great.

00:00:18 Interviewer 2

All right. Well, umm, before we begin, umm, I wanted to also let you know that we're asking about disaster response activities carried out by Community adaptation partners, and these groups included Community Action Agency of Butte County. I hope I'm saying that right. Butte County, St. John's Episcopal Church, Lake County Community Foundation Incorporated, and North Coast Opportunities, organizations that may have helped with things like shelter, food, supplies, translation, or emotional support during the California wildfires. We'll report. We'll refer to these organizations as CAP or CAP partners during the interview, and we're interested in hearing your thoughts on how they supported the community. I'd also like to confirm a few details to make sure we have accurate context for your feedback. Could you please confirm your role or position as well as the last disaster disaster you worked on with the Red Cross and the general time frame or dates of the disaster?

00:01:25 Respondent

Yeah. So my present role is I am the clinical director of Community Health for Enlo Health, which is the health system in Chico, CA. My previous role was as the public health officer for Butte County and it is that role where I had more of a direct interaction with Red Cross through disasters. So I also was on the executive committee of CCLHO, which is the state health officer group in Sacramento that also had some planning in emergency preparedness response. But so, oh, and then so the disasters the, the, the three, the pretty much the five years I was the health officer, we had the Orville Dam spillway incident where we had the evacuation of 180,000 people from one moment to the next. And there were Red Cross shelters in this county that that we worked with. Then we had the campfire, which was the largest of the events where we had lost 18,000 homes in a matter of about 12 hours and had a prolonged and lost a hospital and, and had a prolonged sheltering experience. And then the last one, which didn't have as much Red Cross involvement, of course was COVID, but that one we didn't have any. Well, we did have sheltering experiences through Project Room Key, but those were not Red Cross programs.

00:03:07 Interviewer 2

OK. Thanks Andrew. That's that's a lot. And if you don't mind, Carol, I want to just do a quick check in with you. Is it appropriate for us to sort of consider both the dam, the Orville Dam

incident, and the campfire in Andrew's responses?

00:03:27 Respondent

I'm sure. And and so Andrew, if you could just sort of compare the responses to in terms of, you know, how the responses are going or you know, do you feel like the cap partners are helping with as these responses? You know, as as you, as you progressed in these types of responses, have the cap partners been helping you to respond and both during the response and then you know, if there's any comments you have about pre disaster, that would be, that would be fine too. Yeah. So I would say that my involvement in your evaluation process both has areas that I I might be helpful in and then areas that I'm going to be less helpful in. So the CAP program all came after those two major disasters. So I can talk about challenges that happened that it would have been nice to have had some of the infrastructure we now have with CAP. I can talk about things like the Community Action Agency, but I can't speak to disaster response in the post CAP era, if you will. So that's where I may be limited in my ability to help. Fortunately, we have not had events of the size and scale that we had prior to CAP. I think it was our disasters and the size, scale and frequency that led to Butte County being chosen as one of the CAP sites, if not the first CAP site. So given that, I can talk a little bit about what I think CAP provides for us that we didn't have, and it may be in relation to those disasters, but in other ways it may be in relation to things like COVID. So the CAP program has provided a few of the things that I suggest are the most important things in the middle of the night on a first night of a disaster, and that is human infrastructure like relationships and trust, but also potentially physical infrastructure like facilities and sites, and again, trust in those facilities and sites. So in our community and maybe in others, the CAP project has worked on resilience hubs and those have been targeted towards populations that traditionally are underserved both before, during and after disasters. And so that might be ethnic groups that are underserved or it might be geographic spaces that are underserved. So through the network, now that we have a resilience hubs, we could choose to use them in a post disaster or ongoing disaster to distribute food and it would then reach more vulnerable populations or to give COVID vaccines or whatever the next vaccine again to underserved populations. As you well know, it tends to be the same people that suffer the most during disasters. You can almost look at any disaster, whether it's the heat waves in in the Northwest a few years ago or the Maui fire or our fire and the people that lose their lives all are older sicker people that aren't connected with services or other people. So that infrastructure gives us both human capital, human infrastructure and physical infrastructure to do a better job in that equity space that you mentioned in getting to the people that need us the most. So that's a pretty high level response. I could give other responses if that would be helpful. No, thank you. That's very.

00:07:23 Interviewer 2

Helpful. You want to come in, Carol, Go ahead.

00:07:25 Respondent

Oh, no, I just wanted to say that's, that's very helpful. And, and, and we appreciate that

overview. And you know, as, as Tina's going through the questions, feel free just to say I don't really have a response to that. So for answering questions that you just don't have the, the, the experience because thankfully you haven't had the level of disaster in your area and that's completely fine too. Thank you. That overview was very helpful. I could give a long winded rambling response like that one. Instead, I'm just saying I don't know.

00:07:53 Interviewer 2

The answer, no, it wasn't rambling at all. Thank you. No, thanks so much, Andrew. Thanks, Carol. Yeah. And Andrew just sort of for to give us some comparison with some of the other interviews. We'd love to go through these questions. I am probably going to forget some of the time and I'm gonna word it in a way that doesn't make sense for your situation. So just remind me and you know, answer it as best you can or let me know, you know, if you if, if it's not appropriate, but just to let you know, the interview questions are divided into a couple of sections and the first section will discuss quality of tap partner services. And so again, you know kind of in the not disaster context, I guess is, is would be most appropriate then we'll cover speed of operations and maybe what you think could be some of the impacts of of CAP and then finally your suggestions for the program. So those are the the sections we'll go through and I'll go ahead and get started with the the first quality related question. So the first question is to describe your role and experience in the disaster response, including your work with the CAP program. So I guess maybe just building kind of upon what you just said, if there's anything you have to add kind of about, you know, sort of what your roles have been in past disasters and sort of what your role has been with the CAP program and maybe how you think that might fit in in the future?

00:09:34 Respondent

OK, so different hats over different times. The hat that I wore as the health officer, I and the public health department have responsibility in the first few hours in trying to help evacuate hospitals, skilled nursing facilities, long term care facilities. That can be anything from well assessing their status to calling in ambulance right teams to calling in helicopters to take victims out. So that's the first hours today's that's the responsibility. It then moves on to sheltering, which is a function of public health under the federal, I think emergency. I I forget that, yeah, what it's called, but it's like. Emergency report function, yeah. Support function 8 I think is medical support and six is sheltering. Thank you, Carol. And then, then we move on and, and that of course can be prolonged in the, in the campfire we were sheltering for I think about 5 months and then on into recovery, which we tend to, to think of the health system and health infrastructure, but also things like water quality, air quality, environmental exposure. So I got involved in all of those in lots of detail. Now I was also involved in the hospital preparedness program in the EMS as public health and now in my role at Enloe Health, I still am involved in those efforts. We additionally have a family medicine residency and with a community health rotation. And just today I added to the objectives of that rotation to train our student physicians in emergency preparedness response from a health system perspective. So that's my was my role, my roles. Maybe you could remind me of the other part of your question, Tina.

00:11:41 Interviewer 2

Sure it was also your work with the cat program, obviously post disaster, but what's your work been with them?

00:11:51 Respondent

Yeah. So early when they started, they came and interviewed me and, and there was lots of discussion about interactions between our governmental agencies and the Red Cross that are helpful and things that I might be able to talk about later on one of our suggestions, but they were more looking retrospectively at our our situations and may be helpful moving forward. But then I joined the Resilience collaborative and was kind of involved in that from the very beginning. So I've been going to meetings of the Resilience Collaborative since it began. And to this day, I think I was kind of on it's steering committee, if there is a steering committee for it, with the Red Cross staff here. I've worked with them in a number of other spaces. They have engaged in other prevention, health prevention efforts. So they have reached out through lots of different local organizations to try to improve the health of the community, which is preparedness in a way. If you think about it, there was something else. Oh, and we have a new nonprofit called ARCH, which is the Alliance for Resilience and Community Health, and it is the entity under which ongoing efforts of the Resilience Collaborative might be made sustainable. So it's a nonprofit that can apply for grant funding, and there are three programs underneath it. One of them is the Brazilians Collaborative. So when we're talking about trying to make this work sustainable, I have that kind of administrative interaction with the CAP program. It's staff and it's work.

00:13:33 Interviewer 2

OK, great. OK. Umm, let's see. The next question is, and thank you for that. The next question is compared to past disasters, how was your community's experience receiving help? Umm, I think it makes sense probably to reframe that as more more of a hypothetical. Umm, yeah. Like what do you think could have been different given cap? Yeah.

00:14:02 Respondent

Yeah, well, I mean, having struggled to get COVID vaccines to people and convince them to take COVID vaccines, you know, in this state, in California, the the mortality rate if you're Hispanic was about double the average. And there was challenge to get trust and language challenges. And so we have resilience hubs that have been placed in Hispanic Latin X churches. And I think that kind of infrastructure and trust would help us and the public health department, us being our community, us being Enlo Health and us being the public health department to reach out to, to those traditionally underserved and under vaccinated communities and at risk communities. So that's an example, I think when I talked about that kind of human infrastructure that's that's trust with churches that we can build relationships. And so when we come and ask, would they be willing to get this vaccine, we have a place to go that they trust and we have voices that they trust and opinion leaders that they trust that we would not have without the CAP program. Similarly, as we struggle in the

present climate with losing some food benefit resources in our country, in our state and in our community, the the, the Community Action Agency that you have described as a partner, they have relationships through the resilience hubs with a lot of those communities that they struggle to reach out to. And so therefore have a place and sometimes refrigeration that's been provided in part by either the Red Cross or by grants that we have worked with on the Red Cross so that we could distribute food to some of these either ethnically or geographically underserved communities. So those are two that come to mind. If we were to talk about real like the big D disasters like fires and floods, I think it would be probably more communication lines. It is possible for some of these hubs to be shelter locations, but there are lots of complications and requirements that would require a lot of cooperation with our governmental agencies to make that happen. You have to have pre-existing agreements with potential sheltering sites. And so although that's an option, I don't know whether that has been achieved. And I'll just say that when we get to the end where I give feedback, one of my suggestions is making sure that local governmental entities are embedded and central to the CAP work from the very beginning, because those two pathways can diverge or converge. And if they diverge, it can be problematic and not as effective. And if they converge, it could be super powerful, not just for the Red Cross, but for those governmental agencies.

00:17:29 Interviewer 2

That's great initial feedback. Thank you. We'll be sure to come back to that some more. Thank you for that. So I'm rephrasing this next question as we speak. So sort of in your experience working with these organizations like including Community Action Agency that you just mentioned, Saint John's Episcopal Church, Lake County Community Foundation, North Coast Opportunities, can you say a little bit more about what kinds of help they offered specifically? And I'm, you know, specifically wondering, you mentioned about Community Action providing food, also wondering about shelter supplies or information. You also talked about that, but did they come to sort of did they come to the neighborhoods? Did people have to go to them? Anything you can say about that would be helpful.

00:18:30 Respondent

Yeah. So I my answers are going to be pretty limited to this one, Tina, because I wasn't in a role to to know all that they provided. I will say that the Lake County that this the third and 4th on your list are not in our community. They are in a different county. So the two that are in our community are the Community Action Agency in St. John's Episcopal Church, both of which have provided, but well, Saint John's Episcopal Church, just from a practical standpoint has provided lots of support, allowing for facilities to be used for all of these meetings and provided a home for the Resilience Collaborative, which I called the CAP work, right. That's our name for it locally appropriately has moved around geographically to try to reach out to different parts of our county. But I would say that the St. John's Episcopal Church has been the home, if you will, if we have a home. So the Community Action Agency, I know is very involved in food distribution. Whether they were involved, I'm sure that we, I know that we've had some much, much smaller fires, but that have had evacuations and and

very short term sheltering. I don't know if either of those entities were involved. Traditionally they would not be from a sheltering standpoint. We have other agreements with other facilities, but I was not involved in those most recent disaster responses to be able to comment on that.

00:20:06 Interviewer 2

You so I guess based on Community Action Agency St. John's Episcopal Church, which is how easy or hard was it or is it for people in your community to get help from those CAP partners?

00:20:29 Respondent

Again, I know more about the Community Action Agency and I'd say that getting help from them is quite easy. They are integrated into our community. As for example, the entity that runs and supplies the food banks throughout our county and some others. So they are not, as is appropriate, at least in my mind and probably yours, they are up and running all the time. And that makes them actually a much better potential partner for response during a disaster because they have vans and refrigeration and infrastructure, not just hopes and great intentions. They've also been involved in other projects on a day-to-day basis that have to do with homelessness and those experiencing homelessness and efforts to try to get them things like healthcare and others. So in my mind, those are the things that is the infrastructure that we need to be things like a mobile medical unit that CAA and the county and the local FQHC was involved in getting because that's what we took to our shelters so that we could provide healthcare at the shelter for those people that were going to be there for months. So those kind of examples, CIA was involved in St. John's Episcopal again, I have less knowledge of because they were not involved in the response to the disasters that I was involved with.

00:22:06 Interviewer 2

So I actually have a question for Carol. Carol Andrew was mentioning like other churches, so like Hispanic kind of serving churches before. Is this a, is this list that I've been reading? Is that a complete list of of cat partners or is it possible that there might be others? Just wondering about that.

00:22:25 Respondent

Yeah, there are more partners in Butte County. The list of partners that we were providing were the partners that responded specifically. And you know, again, it was small, but to the Park Fire, the fires that happened in 2024. So the list is small because the response was smaller than it was during the campfire. But there are many organizations that are working with the the CAP program in Butte County, the African American Family and Cultural Center, the Butte County Local Food Network, Chico Bethel AME, Chico Housing Action Authority, the again the Community Action Agency of Butte County. Among a Cultural Center of Butte County, The Jesus Center, Magalia Community Park, North Valley Community Foundation and the CSS, the Oral Hope Center, South Chico Community

Assistance Center, outside Orville Community Center and St. John's Episcopal Church and Valley Contractors Workforce Foundation. So there are many partners. We we're just listing the ones that had been listed as respond had provided some sort of service delivery. But if you would like to comment on, so for example, if there was a problem in the last response, for example, reaching out to to populations, underserved populations that you had mentioned, are the CAP partners helping to sort of close that gap were another disaster to occur in that area. So for example, the Mung Cultural Center of Butte County, that might be an area where there may have been an underserved population, but maybe the resilient center is helping to fill that gap in some way. So, so maybe addressing some of those things that may have happened in the in the past and, and again, as Tina mentioned, maybe hypothetically how some of this infrastructure that you had mentioned maybe may be able to help in the future to reduce that vulnerability. So you know, I apologize. We apologize for the sort of disjointed nature of the question. No, it's a lot of it's about who I am and who when I was involved and I was not central to the Park fire response. And in all honesty, the Park fire, although it was a large fire did not impact a large population the way the other two that I've described did or the other 3. And so most of the organizations, Carol, you just listed Enlo should be one of those behind me is the sign it should because we've been a partner from the beginning. But the most of those entities were not needed in that response. It was a true forest fire which affected some smaller communities, but it was not a affecting large populations. So they did not really have the opportunity to, which is why I've given those hypotheticals like if we had the, if we had COVID right now or if we had, if we had another campfire or something or spillway where we had extended periods of time where we were, we were sheltering and trying to, I mean, we brought in, I don't know how many FEMA trailers got brought in during the campfire. So all of that recovery stuff as well. So anyway, I appreciate that long list, Carol, because that sounds like partners. I know, great. So you know the next question, Tina for a question, the question about overlooked population. So you know, Andrew, if you could discuss, you know, some of the populations that may have been overlooked in the past and how the activities in Butte County now with the CAP, you know, with that list of long list of CAP partners involved as well as yourself. How might some of those, how might some of those popular relations receive assistance with the new, with the new structures that have been put in place and the the infrastructure as well as the human resource, you know, how might CAP change how the overlooked populations receive services in the future? Yeah. So I mean couple of different indices of overlooked, I guess one of them is geography. There are places like you read, like the Magalia Community Center. There's a there's another one that's even more remote that then these are places where they don't have that many services. And so if you were looking for a place to congregate during an evacuation to either provide food for during a time where that was necessary, provide pet food for I, I can tell you stories about feeding thousands of animals out in the forest as they were loose. We had 500 volunteers a day just trying to feed the animals that were not in shelters. We have thousands in shelters, but we didn't have those infrastructure points, We didn't have those areas that we could have staged things. We didn't have the trusted partner at the church or in that small community where we could take vaccinations. So I've tried to give those examples as we've gone along and I think

the CAP program has done a really very good job at including those communities and making sure that people that are at highest risk based on geography or based based on culture, you know, ethnicity. The Hmong Cultural Center, Hmong folks throughout their history have been insular for good reason and potentially non non trusting. And so having Sang, the executive director of the Cultural Center, go to these meetings and be involved and include his organization, that is infrastructure. And it's the most important infrastructure for us to be able to call Sang and say we're going to bring vaccine or food or how is your community doing and what do they need? That's what a response looks like in the middle of the night or on the second or third day. Who's in your cell phone? You didn't want to be in my cell phone, especially if you were a doctor for the first couple weeks after the campfire. But that's how we got our 14 shelters the first night to get medical eyes on people. So that truly is the infrastructure that matters in in who you know and who trusts who and Cat.

00:29:24 Interviewer 2

Andrew, can I follow? Oh, pardon.

00:29:26 Respondent

That's it. Sorry, I thought I was done but I had to. I had to throw cat back in SO.

00:29:32 Interviewer 2

Thanks for that.

00:29:34 Respondent

But I'll follow up.

00:29:35 Interviewer 2

I'm curious, when you talked about people who are sort of Geo geographically vulnerable, if you will, and you mentioned that there weren't really good staging areas. Are you suggesting that CAP helped address that particular issue? I wanted to hear more about that.

00:29:52 Respondent

Well, so here one of the major kind of outcomes of the CAP work has been a series of resilience hubs. And sometimes those hubs are important because of their geography and sometimes they're important because they include a historically underserved community, regardless of whether it's geographically isolated or not. So where there are language barriers and there are trust issues. So those resilience hubs, if properly utilized by both the CAA, the Community Action agencies, and the Department of Employment and Social Service and Public Health, if that, if people are all in that space together, it provides an important, invaluable tool to reach those that are more the most at risk during disasters. And CAP did that and in a way kind of pulled along desks and public health in the wash of it, there were there's already groups that meet, you know, public health and deaths already work on shelter infrastructure and all the good work that has to happen. And CAT started doing its work. And there was a kind of a come to Jesus moment when everybody realized



that these didn't overlap properly. And if they didn't, we were going to struggle. And if they did, we had that potential opportunity to do a much better job on both sides.

00:31:32 Interviewer 2

Great. Thanks a lot for that. I think you've really answered a lot.

00:31:40 Respondent

And I'll say sorry that that wasn't necessarily a comfortable space, you know, right. I mean, there are people that want to be in the volunteer side and say, let keep government out of this. Let us just run and take care of people. Totally not understanding the way resources and funding work and how inefficient and difficult that would truly be, especially if it was going on beyond just a couple of days and public health and deaths. Could have looked at this whole effort as people who don't really know what they're talking about entering into our space and getting under foot. And I've had churches during disasters not both want to take care of people and I have the governor's office tell me you need to close down this church shelter by 5:00 PM today because they're not allowing any of our observers in and to they. These two sides struggle, and I think that the Resilience Collaborative was a forum for that to be addressed and for both to realize how much they had to gain by working with the other. Can I ask a quick follow up question? So you know, a lot of the resilience collaboratives that are formed have formed sort of after the long term recovery has sort of ended its work or ended its funding. And so they've tried to, you know, maintain operations after long term recovery has ended. And I think what they struggle with is that is keeping that that focus on the group and that unity in the group. And it seems like you've been able to do that in Butte County. So what are some of your tips for maintaining coalitions and networks and keeping them focused even at so for example, long term recovery sometimes has funding associated with it. So sometimes that continues until the funding ends and then it's hard to maintain activities afterwards. So what would your advice be for a group that wants to have resilience activities before, during and after disasters? Yeah. Well, I don't think that we have some, I'm, I, we probably struggle from all those things that you rightly point to, Carol, that that the recovery effort kind of tapers off, if you will. And that's because the funding does and the time and the focus and the attention and all those things go to the next disaster as probably they need to. So I think that that's actually the advantage of the CAP program is because it's not necessarily tied to a disaster, it's tied to a community. And so I think that therein lies the potential strength and potential kind of sustainability is it's, it's more like in the public health side, there's a program that receives very minimal funding called the Hospital Preparedness Program. And it's about preparing, it's not about responding. And and you guys are doing the difficult work of kind of trying to do both, right. You guys worked hard to do the preparing and now you're trying to look at a disaster and say, OK, how did it work? Right? How did it respond? That's a hard thing to do because disasters come in so many different flavors and really the one you're using, which is a reasonable one, the park fire just isn't of the scale of the ones that led to all of this infrastructure being so obviously needed. The other thing is, is that if you, a community goes through disaster or disasters it, I think you get at least a decade of locals wanting to

sustain the effort. Funding agencies lose it much faster than that, right? I mean, so in my our example, we lost one of the four hospitals in the county that didn't stop. We don't, we aren't getting it back. It's gone. It'll never be rebuilt. So we as the community are still responding and will continue to respond. And that's just in the healthcare space housing. We lost 18,000 structures, 13 to 14,000 homes in those 12 hours. That isn't something that you fix in five years, 10 years. It evolves over time. And so locally that sustains the effort just like I would expect lots of others do. Our advantage is, is that we got picked as one of the CAP communities. And so yeah, got picked. We we earned our CAP community.

00:36:32 Interviewer 2  
Status.

00:36:34 Respondent

And therefore get to look at it slightly differently. So I don't know if I really answered your question, but. Oh, no, that was very helpful because I think what we want want the the message we want to bring is that it isn't really just the response. It's what happens before the response. And like those and like you said, when, as you mentioned with the Monk Cultural Center, having sons phone number in your in your phone helps to really, you know, those connections that trust that you've built with them really makes the response a a lot easier. And, and so I think what we would like to do is is to, to give people some, and we'll go over this in the section around of scalability, but some, some tips and pointers. And actually, Tina, we might want to go to that section now. Just what advice you might have about scaling to other areas that don't currently have CAP programs? And what advice would you give not only related to developing and continuing the network or coalition and, and developing resilience hubs and, and, and, but other types of things that you're really, that you feel are really important to building trust in communities so that when a response happens, even though you haven't had as large scale one, but one, one does happen. These are the important elements that a community needs to have. Yeah. So do you wanna skip to the the scale deep questions?

00:38:06 Interviewer 2

Sure, sure. And that first question there is what was most helpful about CAP and cap partners during the disaster response? Did they bring in useful supplies or tools, build relationships, help connect people? I think you said a fair bit umm, about that, Umm, But if you have anything to add on that, Andrew.

00:38:31 Respondent

Yeah, You guys have the difficult job of trying to use a disaster to evaluate the CAP program. And in a way what I just said was one of the advantages of the CAP program is it isn't disaster specific.

00:38:45 Interviewer 2  
It.

00:38:46 Respondent

Got to be time and work that was more kind of all threats, infrastructure building that. So I think I would just be hesitant to use any individual disaster as the measuring stick for the CAP work. I think the CAP work is more fundamental and crosses different types of disasters. So although I see that you need to do it, I would be hesitant to think that it's only value can be proven in the most recent disaster that we can look at and see how much better it got. But that's the way data works, right? We make a change and we want to evaluate how that change has impacted what we wanted it to so.

00:39:34 Interviewer 2

Right, right. That's very thoughtful. Have to a good feedback well so I guess.

00:39:49 Respondent

I heard a. Question I heard. A question which I don't know if you want me to get to now Tina or not. So I'll, I'm just, I don't know whether as you go down your list where we are, I'll hold on to the question that I heard until we get to it. Yes.

00:40:08 Interviewer 2

Well, if you want to go ahead.

00:40:12 Respondent

So is there something?

00:40:13 Interviewer 2

That you wanted to say, yeah, go.

00:40:14 Respondent

Ahead, I think Carol basically asked what kind of feedback would you give to a non CAP community based on our experience that might help? Yes, perfect. Is this an OK time to try to address that or would you go for it? So some of these may just be my own personal beliefs based on building programs because that's been what we sometimes have been asked to do. But I would two things come to mind. The one that I gave before, which is all of the efforts from your community partners, your churches, your non governmental entities, they need to have the government entities at the table and vice versa. All of the public health and desk, Department of Employment and Social Services work to prepare for disasters, need to have these community organizations at the table because they need each other and they can't do it without each other. I still give a emergency preparedness response, talk to public health officers from around the state and sometimes around the country. And when the Red Cross comes up, I say, oh, well, our approach is we wouldn't want to do it without them. But we've also learned that they can't do it without us. There's big parts of it that sometimes we think the Red Cross can do, but they can't. And I think it's true in this space, both community and government, they, they need to understand each

other's roles, responsibilities, so that they aren't learning it five days into a disaster when everybody gets angry and starts pointing fingers because that happens. So that's one. The other is the suggestion that we try to use existing organizations and add emergency response and preparedness to their responsibilities rather than creating entities to deal with emergency preparedness response. My analogy is when we need 30 ambulances to go and evacuate skilled nursing facilities, nobody is going to pay for 30 ambulances in every county to be maintained and in an operational order. What we do is we ask our neighbors and existing people with ambulances to lend them to us. So organizations like the Community Action Agency is an example who has a daily job to distribute food to people and we want to use them in emergency to help us in ways that they don't usually distribute food to people. If we wait to kind of create an entity that's around waiting to that entity is not going to do a very good job and have the capacity and infrastructure. My last analogy in that space will be during COVID, FEMA gave Shasta County and Butte County a emergency hospital. It's a whole like tents and supplies to stand up and create more infrastructure for COVID patients where our hospitals to become overrun. In Shasta County, the public health department took those supplies and set up a tent and said if we need to use them, we'll use them. In Butte County, we took ours and gave them to the hospital and said we don't really need a tent as much as we need the doctors and nurses and infrastructure that you already have. And so the suggestion is, is to use and bolster existing infrastructure and not try to reproduce things de Novo because it's so hard. And it's usually the people that you don't really have, especially in a large disaster where you can't borrow people. So those are my two. Try to create community organizations that already do the work, but expand into this space rather than creating them from scratch or hoping that somebody's going to come from outside and save you. If you're the campfire, they will and they did. World Food Kitchen, Salvation Army. If it's a huge earthquake, they won't. And if it's COVID, they can't because everybody needs it everywhere. So those are my 2 when I heard the question that came to mind. Yeah, I have a follow up question. Thank you. That's very, very helpful. I think this has been, you know, just a really helpful conversation, especially to help non cat counties understand how they can develop their infrastructure before for organizations that helped previously, do you find that they are willing to help again, is that is that relationship a consistent one or how do you maintain that relationship? So for example, when you you had a couple of years ago when you had the the previous disasters, the Oroville. Sorry, yeah. The. Dam, the dam of the where you had the evacuation and then you had the campfire after that. Did you see that people who were engaged in activities for the the dam also wanted to work, also wanted to engage during the campfire or did you have to re engage them all over again? So how does that almost? Yeah. Almost all were willing to re engage but the CAP work has brought like the Community Action Agency to my knowledge was not involved in either one of those responses but now is a player in the space and helps in that space. So it it's hard. Many organizations, even those that might want to be involved, if they do not already, don't have an organizing entity like the county government or CAP to bring them into the space. Even though they want to help, they may not be positioned to do so. And so now the Community Action Agency and some of the other churches are better positioned because of that work. And think of themselves like if you work for the county or the state,

you are a disaster worker. Every worker is. And it means that if they tell you that usually you go and work on the guardrails, but today we need you to go and do this because it's a disaster. Well, if other community entities have that same belief that they are a part of the response framework, they're much more likely to be involved and to be able to meaningfully help because they've thought about their role and, and come to terms with it. So, but the short answer is when people come back, the same people come back. We just like to increase the number of people that are in that, on that list to show up in a disaster. Half of it is showing up, just showing up at all. And do you have any advice on how to select the local agencies to the local nonprofits to work with? Well, do they do the work that we need like Community Action Agency Staffs, food banks? So the work they do is easily kind of extrapolated into space. And then the other one was people that we have traditionally had a hard time reaching or helping. And that's the resilience hubs that we've discussed and, and the underserved communities, those those come to mind initially. Who are The Who are the people that have resources or potentially have resources and infrastructure, and who are the people that potentially need them or have historically needed them? Thanks, Tina. Do you wanna move to the last couple of questions about, you know?

00:48:20 Interviewer 2

I actually had two, I had two follow up questions that I wanted to ask that I think are on the right theme. OK. Andrew, you had mentioned, you've mentioned a couple Times Now the importance of government and community organizations working together and not even though it's very challenging, but I'm curious, you said, you said yourself even there, you know, it was challenging and there was a lack of trust etcetera. Can you say a little bit more about how that was overcome? Because what what I kind of took away was, you know, the these resilience hubs, etcetera, kind of brought people together. Like was the bringing together sufficient or is there more that you could say like the kind of helps that helps that trust to be built etcetera?

00:49:11 Respondent

Yeah. So I think that a couple thoughts 1 is just information. So for the the leaders of some community organizations to understand how the government kind of funding and responsibilities work, I think just knowing that alone is, was very helpful, right? So they in, in the middle of difficult times and, and, and in all of our lives, humans kind of default to this person's just being difficult, right? And it becomes a personality issue. So you overcome that with knowledge and with trust. And I think our meetings have allowed both of those things to be addressed. OK.

00:50:00 Interviewer 2

That's very helpful.

00:50:01 Respondent

OK.

00:50:03 Interviewer 2

And then the other question, there's a good question in here, yeah, about, you know, in your obviously the question is about the disaster response, but really this is more about, you know, generally the community, some challenges, breakdowns or unmet expectations. Are there current challenges like that you're facing there in the community? And if so, what would be your suggestions in terms of strengthening, you know, the CAP role in that?

00:50:37 Respondent

Sorry. And there are always challenges. We got so many organizations and so many people. And then you've got people who go on to retire or do something else and take all their institutional knowledge with them. But yeah, I mean, I can think of a couple of things. We had an interaction between the leader of the VOAD. Does VOAD mean something to you guys? The volunteers, I don't even know what it available during disaster volunteer organizations available. It's. Active during disaster. Active during disaster and and our governmental officials, since we're talking about that and there was not much trust and understanding between them. As a matter of fact, the government folks were like, yeah, we know we have to have this. But during the disaster we're not going to listen to them because historically they didn't know what they were talking about. And so I think that the most important thing to be a, to say the same thing like 16 different times for me was seeing those different groups be in a room and finally come to grips with their mutual benefit rather than your mutual animosity. I'll say again, I think that the the, the thing that we need the most, the infrastructure that we need are human relationships, trust and sometimes some facilities. And all of those things I think have come from this, the cap work. I didn't really answer your question, Tina. I didn't give you a different challenge there. It's all challenges really. I mean depending on your disaster.

00:52:31 Interviewer 2

No, that that definitely makes sense. Well.

00:52:35 Respondent

I mean, I can give you another one. I can come up with a million of them. Prescription medications, oxygen. Do we make people come all the way down to our shelter even though they don't need a shelter to get oxygen because we don't have oxygen or because we lost a hospital and all the doctors are don't have their electronic health record and we need to get them prescription medications. How do we do that? Who's in that network? Where do we have people go to do it? And you could say the same thing about food, the same thing about water. These are all challenges that we hope this infrastructure can help us to to address in the future.

00:53:17 Interviewer 2

Thank you. Did you want me to finish up with the last few questions or? Yeah.

00:53:28 Respondent

I mean, I think you can just finish up with question question 4EQ4 or 4, OK.

00:53:34 Interviewer 2

Yeah, this is a pretty, pretty general 1, Andrew. But is there anything else you think is important to share about how capping cap partners have helped?

00:53:45 Respondent

The only other thing I would add to the things that I've said over and over and you're tired of hearing is I think what it does, it does give a forum that has often not existed to think about preparedness. You know, governmental entities do it, people that are required to do it, like skilled nursing facilities and hospitals. But communities, unless there's a specific threat, like you live in a forested community and you need to think about how you're going to evacuate, it's hard to get people to engage on on the topic. So I think it's helped in that way.

00:54:22 Interviewer 2

Great. Carol, did you want to add anything else?

00:54:26 Respondent

No, I just, I just want to thank you. Just related to that, are there, you had mentioned that unless there's a specific threat, it's hard for people to engage. Are there things that you have found to be successful in in keeping that engagement at the community level, maybe drills or or like you said, information sharing, discontinuant information sharing. How do you maintain that continuous interest in the community? I don't really have a good answer for you, Carol. I mean, at the hospital level, of course we do drills, right? We do emergency drills and we do like decontamination things where there's pesticide or bioterrorism. We do all that. Communities do less of that. Some communities will do more of it, but those are communities that have been through disasters. And what it takes to get people involved is shared experience and unfortunately kind of fear keeps people engaged. If you're lucky enough to live in a place that doesn't have disasters very often, it's probably harder to get people to want to go and sit in those meetings and be involved. So I I don't have I don't know the answer. Well, thank you so much. This has been, this has been so helpful and we appreciate the time you've taken and, and all of your thoughtful and insightful responses. And Tina, do you want to wrap it up?

00:55:59 Interviewer 2

Sure. I mean, just to to reiterate what Carol said, your feedback is incredibly valuable. And even though if I can add, this was a bit different than some of the other interviews, I think some of the insights were very generalizable and I think I think they're gonna be very thoughtful and and helpful going forward. So truly appreciate that. If you have any additional thoughts or reflections that or wanna tell us something for the 17th time. No, I'm just joking. You are can feel free to reach out to Carol.

00:56:35 Respondent

I'll I'll give the this of them. I haven't had a chance to. So I mean, through all of these events, the Red Cross has been just a totally, completely needed partner and so helpful. Those are during the actual responses, after the responses. And then this CAP program has been just yet another manifestation of the really, really good work that the Red Cross does. So I'm so thankful that the organization exists and that people like you guys are working to try to make it better. We need that help. Other communities have needed and will need that help, so thank you. Oh, no, thank you for all the work that you've done with the CAT program, but also all the work you do in your community. It, it sounds like you've been through a lot of disasters that have been really challenging and we appreciate, you know, all the work that you do for the, for the people that you serve. So thank you so much. Great. Well, good luck with your process. Thank you. Oh, let me just say this, our local Red Cross people are awesome. The cat people, the non cat people, great people, wonderful. They've done a good job of picking folks locally probably and everywhere else. So. Great. Well, thank you so much. Thanks. Bye bye. Have a good afternoon. Bye, bye, bye bye.