

Mission is Possible

Building Stronger Communities through Improved Disaster Resilience

SASHA: Hello, I'm Sasha O'Connell and I'm thrilled to welcome you to Mission Is Possible, a series of audio episodes, where we will break down and dig in to the management issues of particular relevance to the national security community. This is a joint project between Guidehouse and the School of Public Affairs at American University. We are pleased to have you join us.

On this episode, I am joined by Dr. Goulda Downer. Dr. Downer is an associate professor in the College of Medicine in Howard University, here in Washington, DC. She's a nationally recognized leader in strengthening the nation's HIV clinical workforce, within racial and ethnic minority communities.

Following her successes in public health, Dr. Downer has now set her sights on addressing disaster inequities through community engagement. She earned her master's and doctorate at Howard and gained her postdoctoral fellowship in pediatric nutrition at Georgetown University. Dr. Downer it is so great to have you with us. Thanks for joining us on Mission Is Possible.

GOULDA: Thank you, Sasha. I'm delighted to be here.

SASHA: All right. To get us started, I know our listeners will be as interested as I am – can you just talk a little bit about your super interesting background and where your research has taken you over the last couple of years?

GOULDA: I am from Jamaica, originally, and I've been here since 1982 when I came to do my undergraduate degree at Pratt Institute in New York. My passion really was Medical Center, that show that was on television decades ago with Chad Everett.

SASHA: Yes, of course.

GOULDA: As I was always interested in the medical field. And I remember in one of the episodes, he talked to a physician who was a pediatric hematologist. I had no clue what that was. I was about 10 and I said, that's what I wanted to do. I had no clue what it was, but it sounded so important. And after that show, I started writing Dr. Goulda Downer.

SASHA: No way. That's amazing.

GOULDA: But it was about when I was 18 and getting ready to go to college that I had a faculty member in my high school who talked to us about nutrition. She said, "The doctors of the future will teach us to take care of our bodies, to eat healthily and take care of our souls. And if as

nutritionists we do that, we will put the physicians out of a job because they only push pills." And I thought, "Huh? That's what I want to do." She was a graduate of Pratt Institute and I applied then and there, and I got accepted.

So, I did my undergraduate degree at Pratt in general nutrition and dietetics, came to Howard and did my masters and doctorate in public health nutrition, and then went on to Georgetown. I was the director for pediatric nutrition, so I did do some pediatrics after all. It wasn't hematology, but it was still taking care of children.

SASHA: Can you talk a little bit about what you're working on now in terms of your current research and kind of what has motivated you to make this pivot or switch?

GOULDA: Well, you know, when you look at emergencies and disasters, you realize how simple things that we take for granted can become a disaster for someone else. And in working in the field of HIV, especially the ethnic and racial disparity, as well as the poverty that drives it, there's also the economic aspect that makes individuals so vulnerable. I wondered for myself, if healthy individuals who can manage the challenges of emergencies or disasters have such a challenging time doing so, what about patients who are HIV-positive?

So, I have headed up since 2005 several multimillion dollar funded, national projects, from the federal government. For example, we have the National Minority AIDS Education and Training Center. And that particular grant focused on HIV and how the different ethnic and racial groups interface with the healthcare industry, how we saw ourselves as ethnic minorities, and also white folks who are poor, because really when you come down to it is the poverty. It's really not so much the racial, ethnic. It is a part of it, but it's more than that. It's the poverty that drives the bulk of this.

So, we were able to look at the different cultures and encourage our clinicians. We ended up training over 65,000 clinicians nationwide, over a ten-year period on how to not just address HIV, but the stigma that's associated with it that prevents people from coming into care. And when they get in, prevents them from staying there.

When I had an opportunity, the White House Initiative on HBCUs and Meldon Hollis (I have to give Mel a big shout-out), he wanted the HBCU, Historically Black Colleges and Universities to get involved in emergency disaster preparedness. And I applied and got in and was selected to be part of one of the cohorts that was there.

And as I listened to emergency and the issues around it, I realized that our community, the HBCU, were not at all even aware of this discipline of emergency disaster. And that was really the impetus for me to have gotten involved in it.

SASHA: That is so, so interesting. And have you had personal experience with emergency management? Or sort of that kind of national natural disaster? And has that motivated your work at all? How has that been a connection also?

GOULDA: Oh, I'm from the Caribbean. Remember, I'm from Jamaica. So, we have lots of hurricanes. As a younger person though, we didn't think of it as a disaster. We thought of it was fun. When the hurricane came, we would stay home and make puddings and make cakes, and it was a fun time.

But in due time we realized, after we had Hurricane Ivan, we realized that it's almost as if a bomb went off in our area. I mean, everything was so decimated. What's something more recent? When we had the 2010 earthquake in Haiti, I was there about eight months later. And I tell you, we were working with some of the clinicians in the Caribbean to get them to come to Howard to learn more about emergency disasters and particularly how we can help patients who are HIV-positive, to continue to stay healthy.

Because as you can imagine that they're not going to be able to take their medication. There's not going to be clean or potable water. There's not going to be sufficient food. The stress layered on top of that will make them really more vulnerable. Not only that, most of the time when we think of emergencies and disasters, folks think about food, money, but nobody really thinks about condoms. People are having sex during this time for comfort. So that was not part of the trajectory.

So, we wanted to make sure that our clinicians were aware and that they helped our community, people who are HIV-positive, to stay safe, because that's one way to control the disease.

When we were there I remember saying to a colleague of mine, "I wish we could arrange food down the area." And she said, "No, no, no, no, no, no. If it rains, you see those people over there, the floods will come and their mattresses that they have will be wet."

So, I thought to myself, the simple things you wish for, they are a disaster for other people. But I'll give you a story about one of the groups of women that we talked to. One of the ladies explained to us, that even as emergency managers and folks come in from out of country or out of region to assist, we will always want to help when there's a disaster.

This group of women actually was collecting their urines at the end of each day, putting it outside their congregate housing where they all lived, and were looking each morning to see if there were any ants in the urine. You know, ants like to follow sugar. So, the sweeter the urine, the more to ants will be gathered at that particular urine.

And one of the emergency managers explained it to her and suggested to them that they had poor personal hygiene, right? She didn't understand what was going on. And you think about the resilience of this group of women. What they did for those urine samples that had the most ants was that they were able to give them the hypoglycemic agent. And so, nobody lost a limb, nobody had any significant health issues because they didn't take their medication every day.

You say to yourself, when we think of something like this, cultural humility becomes so paramount, because trust is what engenders change. And that's what we're looking for.

SASHA: That is so amazing. And both of your stories are so illustrative of different perspectives, right? The condom example and the ants example both about how folks with truly different backgrounds, perspectives, be they disciplines and academic or cultural, can really enhance emergency response.

You've spent so much time and effort in building diversity in our emergency management response. A topic we cover quite a bit on this podcast is diversifying the national security workforce. Can you talk a little bit about how we build a more diverse pipeline for emergency management specifically, and for national security in general?

GOULDA: I'm going to take a step back and share not just why it's important, but how when all of us, the whole community, is involved in this, how the tide raises for all of us. The Historically Black Colleges and Universities is an excellent opportunity to educate the community: the HBCU on campus and the community off campus, where these institutions are housed.

In 1862, the Morrill Land-Grant Act gave land to every state to have an academic institution built on those lands. The academic institution should teach agriculture and at least mechanic arts. All of those institutions except one went to white institutions. In 1892, the Morrill Land-Grant Act realized what was happening and asked each of those institutions to include or to accept black students, or designate money to be put aside to have the black students have their own institutions. In 1900, there were 4,500 students at HBCUs. So, what you can see is instead of welcoming black students, they ended up with HBCU.

The dastardly thing about this, the really shameful thing, is that all of those HBCUs, were housed and erected in undesirable locations. They were close to the railway track, to sewer lines, excess crowding. So, what you have is although the HBCUs are there, the challenge and the economic aspect of keeping them open is the common challenge.

Now, who goes to the HBCU? Because this is the group we think, this is a trusted community, right? And they can be the ones to take the message of emergency disaster preparedness. So that the community gets involved and not just gets involved, stays engaged. So about 52% of HBCU students are first-generation. 52%. So not many have gone to college yet. Right? And about 75% of the students require a Pell Grant, that's government aid, and that's a significant amount.

So, when we talk to the leadership with some of our HBCUs and ask, "Why aren't we including emergency disaster preparedness as part of the offerings here?" The discussion has been, "You know, we cut the course because the financial aspects of it." So, it's a lack of will perhaps, but not only that. We understand the financial aspects. So, it's two-sided.

However, with COVID-19, guess what? They had to come on board. They had to pivot and do what needed to be done. We think that the Community Emergency Response Training, CERT is an excellent segue for students to be involved in emergency disaster preparedness. Quite frankly, of the 102 HBCUs, and those 102 make up only 3% of the country's academic institutions of higher learning. So, it's a small amount. But we graduate 25% of all the students in STEM. And so, we have space there to not only bring the message, but to make sure that it thrives.

So, in terms of diversity, I think unless we can talk to each other and understand the issues around each other, so we can hear from each other, then we know for sure what it is we're doing. I'll give you an example. We talked to some of our students last month about what it was like to go back to school, to have the campuses open in the fall. What were some of the challenges there?

And they shared with us that Wi-Fi was a big issue. They didn't have Wi-Fi. Or they didn't have laptops and so they were using their telephones. And because they don't have Wi-Fi access and broadband is not easily available, they'd congregate outside of churches and supermarkets as a group, just to be able to access the internet.

Others explained to us, for example, that they don't have a safe place or a quiet place to study. And they asked us, "Can you get us earphones and earplugs?" Others said, "We don't have desks to do our work on." And they were using an ironing board. Now if that's not resilience, what is? Right? If that's not resilience, what is?

But here's what's important. I think when a workforce is diversified, then we know what questions to ask and then we can fill that gap. A group of firefighters went in when there was a large blaze at a housing complex, actually a home. A mother, a father, and two children came out of the building, and they were Hispanic.

The firefighters left because the parents came out and the children, only to realize that there were two more sets of families in the basement. Because in that house, and the culture, not just one family lives in a home. You may have two or three. So, until we understand the culture, we can't reach anybody where we are. And then that becomes security issue. Because if you're not safe, and I'm safe, guess what? We're not safe. We're not safe.

SASHA: No, that's so important and so amazing. And there's so much in what you said I would love to explore. I guess one piece of it that I just want to drill down a little deeper on is the communication piece itself. So, you gave a couple examples of just lack of understanding or perspective, right? And the importance of the diversity, specifically in the context of resiliency and emergency response.

Can you talk a little bit more about the trust piece too, and specifically the communication piece? That connectivity and communication piece. You gave some great examples too, about the COVID vaccine and communications, and who's getting those messages. Can you talk a little bit more about that aspect too, as it relates to diversity and emergency management and preparedness?

GOULDA: Well the message that you carry must be important. And giving information doesn't mean that you'll follow through. We all know this, right? You tell me, "Okay." -But what is it that you need to hear? You talk about communication? What do you need to hear?

Think of being in a building and the alarm goes off. Some people run right outside. They're gone out of that building. And other people will sit there and they're still eating or they're on the phone. And the question is, how should we communicate with everybody? What does everybody need to hear to exit that building all at once? What do you need to hear? What do I need to say? How do I need to say it?

Find out from the people who continue to eat and you know, "Why didn't you leave? And then they say to you, "Well, I live in a building and the alarm goes off all the time." And then you think, "Oh." So, we now need to decide, what else do we need to say to get you out of here?

So, when the alarm goes off, we need to have somebody saying, "Get out, get out, get out." You know, something in addition so everybody hears it. So, the communication has to be not necessarily in a language that people hear, but it must be sent and delivered in a context in which it's understood, which we can actually hear it.

But this is where the cultural humility and the culture competence becomes important. So, folks hear what you want them to hear. But more importantly, in terms of the communication, is to ask, "How do you want to hear this message?" What do you need to hear for you to move on this trajectory?

So, if we go to individuals and say to them, "This is what we need," instead of asking, "What is it you need? How can we help to support you? Here's why you're important to emergency disaster preparedness. Here's why you need to be able to do so." If we don't do that, we're continuing to lose individuals who have no interest and who don't have the resources.

I may say to you, which I've done in my community, "Let's see who is here and let everybody know that you need to secure some water at least, and some batteries." And for those persons who can't secure it, let the rest of us who can, do double. Because if my neighbor doesn't have any food to eat, I don't want them coming and knocking on my window and knocking down my door. So, I'm doing this even for self-preservation.

So, it is a security issue. Because as you know, it's when people feel destitute and that there's no hope, that they tend to just give up and then you become a catastrophe of their disasters and their pain. And you want to make sure folks know, "We're here, we're here, we're here."

SASHA: That makes so much sense. Can you talk a little bit more about, and you've given a couple of examples, about sort of the qualities that you see in truly resilient communities and what that success looks like for resiliency around disaster preparedness.

I mean, I assume based on everything you've said that it's sort of a connectivity between leadership and technical folks, right? Whether it's firefighters or educators. But can you talk about a community where that's working and what that would look and feel like?

GOULDA: Intentionality is what I think makes the difference. Intentionality. So, we have CERT in our community and there are several of us who actually take the CERT course. Because we

said, if each of us is trained, then each of us can be a hero, a supporter of the rest of the community. And the idea is to get as many people trained as is possible. As many.

Because let's face it, if I have a heart attack and I know how to do CPR, and you have a heart attack and you don't know how to do CPR, I can help you, but you can't help me. Right? So, the idea is to get everybody trained. Intentionality, clarity of purpose, and quite frankly, individual responsibilities. Those are the hallmarks of a resilient community.

Resilience is not so much being able to bounce back. It isn't what happens after you've bounced back. Or when the next thing comes or when the next thing comes. I think of resilience as being able to stoop and to build again with worn out tools. That's what I think resilience is. And that's what people do. You get knocked down, you come back up and you keep moving. That's resilience.

The communities who are resilient can do that. They trust each other, they understand each other, they're intentional towards what we're doing. For example, we're told that there's going to be a snowstorm this weekend. So, each of us is responsible for calling the neighbors on either side to make sure that you have your water, you have your batteries. So, that's resilient. We're not waiting.

Quite frankly, when you have a disaster, the first person on the scene is the first responder. We have to see ourselves as the first responder until the professional responder comes. So, where we see that we have a role in safeguarding our own health, our family, and our community, I think that is where we need to empower communities. You are partly responsible for the health and wellbeing of yourself, of your family and of your community. I think that's where the resilience comes from.

And then sharing the resources. That needs to be important. Because while I want to do something, for example, let's look at the American Red Cross. They say for all of us, two in 10 Americans are not prepared for a disaster. Even through all of this.

And not only that, about 52% of us have experienced such a disaster that we have to leave our homes for an entire week. So, it is there. How do we maintain our resilience? You have to be aware of what's going on and to share the information. Information is useless unless it is shared. We must share the information.

SASHA: It is amazing and such a great vision. I can't help but think as you're talking about applicability to other issues of national security, right? For me, I primarily work in the world of cybersecurity and we talk a lot about resilience, right? And prevention.

And to your point, it's not just preventing because things are going to happen. But to your point, it's that ability to be resilient with worn tools or it's simple things in cyber, right? Just having backups and having a plan for when things go badly. It's all part of what we're working with communities to develop.

Similarly, obviously around the pandemic, right? We're seeing a lot of the same questions. I wonder your thoughts about kind of applicability to these other areas and whether you see emergency preparedness in terms of natural disaster, as different or this kind of resilience and the tools we need to get there to be the same across these.

GOULDA: I think we can always use some aspects of it and make it applicable to the national resource. But I think it's important that we evaluate each situation individually. We can always have some overlapping. It's best that we actually evaluate it and not only that, then raise the awareness and become more vocal about the structural inequalities or the similarities that are needed.

So, I think the applicability is there, but I'd venture to say, that it may be a good thing for us to do the individual evaluations and then take from it. And I'll tell you why. It's so easy for us to say, "Oh, let's just use this for that," and then it will not work.

We know what the overarching issue is: that we want to be safe. I think the idea is how to do so in a structurally appropriate way, such that we can build on what we have. So, in terms of the big picture, that's what I think.

SASHA: Let's talk for a minute about leadership. What do you think is the role of leaders like you, and coaches, at the local and national level, in helping to build resilient communities?

GOULDA: I don't even think of myself as a leader. I really don't. I really think of myself more as a guide on the side. The communities are the sages on the stage and they're moving along. You know what I mean?

But I think of myself as playing supportive role because I highlight and amplify the issues, so that folks can be aware of it, right? Increase a heightened sense of awareness. And then I ask for guidance, "What is it you want?"

Many times folks who- consider themselves as leaders go into communities or enter situations, and having expertise from other areas, will bring that to bear on a community. Instead of asking the community, "What is it you need?" How do you want this? How do we continuously evaluate what we have done to ensure that we're meeting the benchmarks that we have set for ourselves and the community?" Or we'll go and talk community, collect the data and walk away.

So as leaders, I think it's important for us to *ask*, to *invite*, to *ensure* that as we develop the plans that we have, the community be part of the program design, and not the implementation only. And even at the federal level, the stakeholder level, the NGO level, we want to make sure that we're not telling folks what to do.

We are giving them a voice because if they have to write it, they will underwrite it. It's their stuff. And let them know it's yours. We're just here to help. When the community takes ownership, because the leaders see themselves as a supporter, not the person in charge, the person who's getting all the glory, when we see ourselves as just a part of a community, helping them to discover the strength of their community that's what leadership is really about. Letting you see the glory in you. Not trying to take it from you. And I think when the leadership can do that – see the community for what it is, encourage them and help identify what is important and the stronghold in the community, what makes their community so unique, and help it to move that way – I think that's our role as leadership.

I think part of the leadership role is to also identify where some gaps are, what's needed, and work to fill it. Because as I said before, we may want to do something, but we may not have the resources to do it. So, leadership should connect to those resources so the community can thrive.

SASHA: That's a perfect segue to the last question we want to ask before we let you go. And also, your efforts in bringing a new generation of "we" with diverse voices to help communities lead in this area of resiliency, how do you see the "we"? Is it academics? Is it government? Is it the private sector?

For your students coming up, who now say, "Yes, I want to be a part of the solution and support communities and emergency preparedness and resilience." Do you advise them, "Go get a government job." Do you tell them there are roles in the private sector? Do you say academia is the place to be? Is it all of the above? How do you see that in the, "we" of helping support communities through this process?

GOULDA: The "we" is all of that. It's multifactorial. And quite frankly, the CERT, the Community Emergency Response Training that we recommend, that particular program I think also needs to look a little bit more diverse. In the photographs that are there, the examples that are there, the case studies that are there. Because you need to see yourself in the position so you can become it. Right? You need to see yourself.

I mean, when you ask somebody what's an emergency manager, what does it look like? You know what a doctor looks like, and a nurse looks like, and a farmer looks like. But what does an emergency manager look like? So even just looking at what picture that conveys.

I encourage all of our students to volunteer first. Volunteer is where you get started. And volunteer is where you learn to give back. Volunteer is when you learn the art of cultural humility. Volunteer where you learn the management skills, as well as all of the above. So, in addition to doing that, public private partnership and cross cross-fertilization is what we recommend.

It's every aspect, the international opportunity to do work internationally, to volunteer there, it's the entire spectrum. The rounded person is the person that I want to be working with. I don't

want somebody who has just a one-track mind or just sees things from one view. We need the breadth and the depth of experience. We need all of that.

So, an individual can see me. And when you see me, you can say, "Well, that's a woman, perhaps." And then you talk to me like, "Yeah." You're just seeing the iceberg of me, right? Just the tip. And then when you talk to me, you get to know who I am. Right? And then you keep talking to me, you get to know who I am.

SASHA: That is so great. And I have to say I wish I could take your class, just getting to spend a few minutes with you. I'm like, "I want to be in class with you. I want to ask you all things."

GOULDA: They actually do, they actually do. It's shocking sometimes.

SASHA: No, I bet they ask you all of the things, all the things. Before we let you go, is there anything I didn't ask you that you want to share with our audience who's thinking about these issues around supporting communities through resiliency, increasing diversity in emergency management leadership, in the private sector and the public sector? Anything I didn't ask you that you want to add before we let you go?

GOULDA: No, not really. I think the most important discussion that we've had is how to make the field more diverse. The diversity of voices are lost for the richness of ideas. And that is what will make the entire country resilient. That is where we are.

SASHA: Amazing. Well, thank you so much, Dr. Downer, for joining us on Mission Is Possible. A total treat and again, I'm jealous of your students who get to spend time with you on the regular. But I'm lucky enough to sit down with you today. So, all the best to you. And thanks again for joining us.

GOULDA: Thank you so much for this opportunity. I will treasure it always.

SASHA: Thank you so much for tuning in to this episode of Mission is Possible. If you're interested in hearing more, check out our other episodes on Apple Podcast, Tune-In, Stitcher or on the Guidehouse website, and like comment and subscribe to hear more episodes to ensure you don't miss out. Thanks for joining us.