Multnomah County Public Health Advisory Board
Ethics Committee Minutes
February 2020

Date: Thursday, February 27, 2020
Time: 1:30 p.m. – 3:30 p.m.
Location: Multnomah Building, 501 SE Hawthorne, Room 126
Purpose: To advise the Public Health Division on several areas of work with a strong focus on ethics in public health practice and developing long-term public health approaches to address the leading causes of death and disability in Multnomah County.
Desired Outcomes:

1. To deliberate with an equity lens the implications of recommending "social distancing."

Members Present: Suzanne Hansche, Becca Brownlee, Maher Lazeg, Cheryl Carter, Debbie McKissack, Rebecca Lavelle-Register, Hanna Atenafu, Yamugu Seraya, Bertha Ferran, Ryan Petteway, Laurel Hansen
Guests: Barbara Geyer
MCHD staff: Jessica Guernsey, Christina Brown, Hilary U'Ren, Rachael Banks, Patricia Charles-Heathers, Zumana Rahman, Robert Sinnott, Allison Portney, Zumana Rahman, Lisa Ferguson

Item/Action	Process	Lead
Welcome, Introductions, & Minutes Review	● Introductions ● Reviewed & approved November meeting minutes ● Some members have recently spoken up about not feeling able to speak up comfortably and freely; co-chairs are taking that seriously and want to know how they can be better. Ask the committee members to consider two questions, feel free to submit answers: o Is there anything you wanted to say at a previous MCPHAB meeting but did not? o What can we do that may help you or others be more comfortable speaking at our meetings? ● Co-chairs will try utilizing a system where people turn up their name plates when they want to speak, effectively creating a queue so that people can speak in order.	Suzanne Hansche
Update on Ethics Schedule	● At our November meeting, we discussed the possibility of making changes to the Ethics Committee schedule (and larger MCPHAB meeting schedule as a whole). Ultimately, we determined that we will not be making changes to the schedule at this time, but it is something we will continue monitoring and assessing moving forward. ● Please bring your thoughts and feedback to the staff so we can bring this up to the full board at a later time.	Christina Brown
Background Review/Q&A	● **Background**: ● Efficacy of social distancing: o If done early and aggressively, social distancing can somewhat help prevent infections from spreading in the community. o Large-scale measures can offer some delay, but cannot fully prevent the spread of a novel infection like this one, especially when there is not a vaccine on the horizon. Vaccine takes at least 18 months to develop, so that should be considered in tonight's deliberation. o Some things that are more effective (than large scale/systemic social distancing) are personal measures, like isolating sick individuals within a household for a certain period of time. ● One thing to take into consideration during tonight's deliberation is the national context surrounding COVID-19 and xenophobia. We saw this play out around H1N1 and anti-immigrant sentiments in the U.S., and are seeing similar reactions now. Be mindful of this as we discuss what social distancing means and how it might impact various groups. ● COVID-19: o Spread by close prolonged contact, where "close" is defined as within six feet of someone who is sick. o Most people recover; those more adversely affected include those who have	Jessica Guernsey & Allison Portney

existing underlying medical conditions, especially respiratory conditions, and older adults whose immune systems aren't as robust.

- Currently no vaccine or existing treatment, but people are working to see what treatment/combinations of treatments might help. As of today (2/27/20), the CDC has expanded their criteria for people to be monitored to include people returning from China, South Korea, Iran, Italy, & Japan. Public Health groups are getting airport manifests and checking in with those folks to see whether they have developed symptoms.
- Currently no cases in Oregon as of 2/27/20.

- **Q&A**
- How long is it lasting?
  - We believe that the incubation period (when people have been exposed but are not yet showing symptoms) is 2-14 days, so we ask to monitor for symptoms for 14 days from that point. However, we do not have a solid answer for how long it is lasting – even after people have recovered and are no longer contagious, the virus might be found in their bodily fluids.
- Heard that children can be asymptomatic/not as easily affected – is this true?
  - We are not able to answer that – there may or may not be asymptomatic transmission, though we currently think at the moment that there is not. It is a developing situation, so there will likely be more information at a later date.
- Can you speak to the case in Northern California where the individual did not travel out of the country and had no known/traceable exposure to the virus? They were not tested initially because they did not meet the CDC criteria. Has that changed how they are testing?
  - We only have the same information that can be found in news articles as this is a new, developing situation in the last day or so. The CDC has been working on distributing testing materials to local labs for awhile now, but there isn't enough of the agent to test with, and once the labs do all receive that, they need to be sure to validate the tests. Though the CDC has certain criteria for testing, there have been situations when local health authorities have pushed back if they think there's good reason (like the case in California).
- Can you describe in more detail how people returning from the countries mentioned will be detained/monitored for illness upon return? What does that look like here versus a place like Kansas City?
  - A person who has traveled to China or other countries will come in to an international airport – they will be met at the airport by the health authorities and screened for symptoms & temperature. If there are no symptoms & their temperature is normal, they're permitted to go home, and then are contacted by the local or state health department. This is done based on home municipality, meaning if you have an address in Portland but fly into Kansas State, you still might be contacted by Multnomah County. However, we've also heard about people being contacted by the health departments local to where they arrive. It's a process that is evolving to ensure that everyone is covered.
  - **A note from Rachael Banks, Public Health Director**: we are regularly talking with public health authorities from other cities and states (that do and do not have cases) in addition to the CDC in order to get an idea of lessons learned, things we should be thinking about, and best practices. We want to try to be thoughtful and consistent, so we're trying very hard to work and collaborate with other areas in order to do be transparent with information.
- Is this virus getting people sicker than a typical influenza, or less sick than a typical influenza?
  - It's unfortunately fairly difficult for the U.S. to say given that a lot of our information is coming out of China, which operates with a health system very different from our own. We can only assess the information provided in that context. We are getting some information from the World Health Organization, and as we are able to get more information from other countries whose health systems and government functions more closely align with our own, we'll have a better idea what we're working with. There doesn't appear to be any current data indicating that it's any worse than

similar viruses that have had outbreaks in recent memory, like SARS & MERS.

- Is the severity of the infection a factor of the follow up care that a patient receives?
    - Our hope is that the health systems will have the resources & staffing to be able to care for people to the best of their ability. One thing we know that's been happening in Hubei Province is that their health systems are overwhelmed with the number of cases, and then the healthcare workers themselves get sick, which reduces the staffing numbers and ability to provide care/coverage.
    - **Note from Jessica Guernsey, Deputy Public Health Director**: Currently, the fatality rate for COVID-19 is being reported as higher than that of influenza, but we need to take that with an enormous grain of salt given that we don't know what the true "n" is, so we have no idea as to the true breadth of the infection. Calculating the death rate is difficult to do accurately.
    - **Note from Zumana Rahman, former employee with Health Preparedness in the Multco office of the Health Officer**: this office has very detailed plans prepared in order to stand up capacity for events like this, which includes rerouting nonessential services, creating prioritizations for resources and healthcare delivery systems, and surge capacities for hospital beds.
- Given that we know that the Measles are extremely contagious, and the flu is somewhat contagious, where do we think this falls on that scale in terms of contagiousness?
    - If you put an infected person in a room with 100 unvaccinated individuals, 90 of them would get Measles, whereas 7 of them would get influenza. We believe this is slightly more contagious than the flu.
- Can it cause pneumonia more quickly than the regular flu?
    - We're still finding out more, but we know it can cause pneumonia, like the flu. We can't speak to whether it does that more or less quickly at this time.
- What measures are being taken about COVID-19 in the county area?
    - People are working in a modified incident command structure, used for a variety of things, namely to plan for emergency situations. We're working with emergency management, hospital systems, school districts, childcare centers. We're talking with other large cities across the country, we're in contact with the other counties in surrounding areas, and we're speaking with the State government. We're trying to get as many things in place as possible so that if something happens here we're as prepared as possible.
    - The Health Department staff is preparing a Lunch & Learn session next week (3/2/20) to provide employees with more information and get them as up to date as possible. Many of our staff are also community leaders, so it's important to let them know what's going on. We also have four trainings set up specifically for community health workers, and we've received further requests for language and culturally-specific training regarding COVID-19. This is going on in the next two weeks, and after those two weeks, we'll assess the continuing needs and adjust/strategize how we continue to reach out.
- What does prolonged contact mean in the context of COVID-19?
    - This is less specific than "close contact," which we've defined as six feet. Prolonged for us refers to those people coming home and isolating themselves within their homes with other people who may have the virus. We ask people in those situations to try their best to remove themselves from the others in the household – try to use a different bathroom, don't use the same cutlery, don't have contact with the pets (there's some concern about human transmission to pets, but not vice versa). The information isn't always based on science and can be subjective – for instance, there are times of Measles on airplanes when we find that folks within a certain number of aisles are impacted. Generally, spending long periods of time with someone who is sick or getting sick increases the risk of getting sick yourself.
- Where can we recommend that community members get information?

	○ There are many good resources. Here is the Multnomah County Health Department page specific to COVID-19, and you can always call 2-1-1 for information, both about COVID-10 & information for contacting the health department. There's a lot of info on the websites for the Centers for Disease Control and Johns Hopkins University. ○ **Key messages to share for folks in your communities**: as of 2/27/20 we do not have any cases in Oregon, consider equity impacts, do not discriminate against folks. Encourage regular precautions, like washing your hands, getting your flu shot, and staying home when you're sick.	
5Ps Carousel	● Purpose ○ How do we prioritize a) who first b) distribute resources? ○ Cultural sensitivity – separate culture from virus > prevent trauma ○ Equal opportunity to inform ○ Purpose is not passed on a racial group, but on the science of the disease ○ We go "medical" very fast – bringing community voice ○ How are we ensuring we are not "fanning the flames' of xenophobia ○ Should we consider more aspects of health aside from just physical (i.e., mental, emotional, spiritual)? ○ How do we respect groups/communities that don't privilege science? ○ How can we build trust with communities? ○ Communicate that we proudly lead with racial equity to serve the health for the whole community ● Power ○ Communications, chain of command leaves out those who are disenfranchised to get information ○ Address aura of invincibility ○ Economic consequences ○ What do individuals need to be safe? (equity) ○ Barriers are public perception – how do we develop relationship to evolve & build trust? ○ Diversity of incident command structure + including community experts ○ Equity lens in decision-making structure ○ Consider historical trauma – who is making decisions for communities & conveying those decisions? How? How might that re-traumatize? ○ During suggested social distancing, rely on others to 'do the right thing' & isolate ○ Discrimination based on perceived country of origin/ethnicity ○ Healthcare providers needing to follow protocols ● People ○ Lower income – missing work + school (medical insurance) ○ Coverage barriers – underinsured, knowing how to access system, stigma & racism for minority communities ○ Homeless/unstable housing ○ Role of citizenship ○ Spirituality vs. science ○ What do people need to be safe? ○ Trust of government ○ Trust of science ○ Mistrust/stigma between groups ○ Who has the ability to stay safe now? Single family homes, etc... ○ Housing crisis fuel for situation ○ Impacted countries – differential impact ○ Xenophobia – fuel anti-immigrant feelings ○ Health care workers + caretakers	Group

	o People in communities don't know where to go when sick because of distrust for the system/inability to navigate o Systems mean those working while sick are often those working with public (retail, food service, etc.) – ripple effect ● Place o Shutting public space could be damaging communities of color o Who is shutting down these spaces (e.g. churches, community centers, mosques, temples, libraries, public accessible places) o Consider logistics of spaces for containment o Transportation to work/school/healthcare o Shelters for houseless people – where would they be housed? o Distance from medical facilities o Multco having more resources & willingness to be more proactive (how are resources distributed) o Single family homes vs. multi-unit housing/many person households o Healthcare systems/hospitals o Access to recovery – who is able to actually do this – focus living paycheck to paycheck o Cultural norms around grief & death – how is that accounted for? ● Process o Incident command structure is white dominant culture – difficult to incorporate true community input o Public Health advisories often in direct conflict with systems in place (Capitalism!) o Equity – broad social distancing not community-specific o Disruption to parents/education o Community understanding on the "why" o What is the "makeup" of the decision-making structure? o Impact on communities that highly value collective structures/spaces o Anxiety, confusion, and misinformation o Isolation from community can be traumatizing o Ensure all voices are represented "at the table' o Communications need to be in multiple languages o Access to information/protect from misinformation (protect from chatter) o Inclusion in discussion (what matters) o Opportunity to question/dialogue	
Large Group Deliberation	● **Themes**: ● Culture ● Economic ● Communications o Conflicting messaging o Who will control the public narrative? o What are the regulatory/legal confines: what will people see on the news, read in the paper, hear on the radio, and who's responsible for putting out the official messages? Is there any kind of regulatory capacity to filter what popular media's allowed to share/state? o Access o Take into consideration how different entities are using information to their benefit (i.e., different groups have different motivations – some employers may use "there are no cases in Oregon" to force sick people to work, for example). How might messages be translated for and by different stakeholders in the community? o Is it possible for the county to look into SEO (Search Engine Optimization) re: COVID-19? People searching within Multnomah County (geographically) would have their search results related to the virus redirected to the county,	Group

	the CDC, Johns Hopkins – trusted sources, rather than sites spreading disinformation.
	● Trust
	  o Who's the real authority? Who do we decide to trust?
	  o Different levels of authority/trust
	  o Who we consider Trusted differs dependent on community
	● Xenophobia
	● Systems
	  o How are the systems working with each other? If I'm hearing one thing from work, another from my child's school, another from Portland Police, another from Multco – who do I trust, who has ultimate authority, and how do they all work together for consistency?
	● Enforcement/Consequences
	  o What will be the consequences of violating the social distancing measures if they are enacted?
	  o Will these consequences be equal across the board (i.e., if it's a fine, will it be a flat fine, or will it be a rolling rate dependent on the individual's circumstances?)
	● Balance between value of social distance & community
	  o Is it more important to socially isolate, or to honor community and mental and emotional well-being?
	  o Cultural norms vs. science
	  o When COVID-19 arrives, it will cost social capital in one way or another
	  o Empower the communities to be a part of the solution – come up with ideas for groups to gather/celebrate/socialize in ways that meet the requirements and stay healthy for two weeks
	  o Provide people with choices and empower them with information
	  o More than just physical health should be considered in the overall picture of health
	● Authority & credibility
	● Healthcare
	● Trauma	

Wrap-up & meeting evaluation	● Reminder about MCPHAB recruitment season! ● Members were provided paper meeting evaluations & online option for evaluating the meeting ● Meeting adjourned at 5:30pm	Christina Brown