

**Minutes of the Board of Commissioners  
Multnomah Building, Board Room 100  
501 SE Hawthorne Blvd., Portland, Oregon  
Thursday, July 27, 2017**

**REGULAR MEETING**

Chair Deborah Kafoury called the meeting to order at 9:36 a.m. with Vice-Chair Jessica Vega Pederson and Commissioners Sharon Meieran, Loretta Smith and Lori Stegmann present.

Also attending were Jenny Madkour, County Attorney, and Marina Baker, Assistant Board Clerk.

Chair Kafoury: GOOD MORNING. WELCOME TO MULTNOMAH COUNTY. WE ARE YOUR MULTNOMAH COUNTY BOARD OF COMMISSIONERS, AND WE ARE HAPPY TO SEE YOU HERE THIS MORNING.

**CONSENT AGENDA**

- C.1 Notice of Intent to Submit a Grant Application to the Health Resources & Services Administration (HRSA) for up to \$150K
- C.2 Budget Modification DCHS-02-18 Reclassification of a Program Specialist to Program Specialist Senior in Youth & Family Services
- C.3 *MOTION TO POSTPONE INDEFINITELY* - Budget Modification DCHS 04-18 Reclassification of a Position and Incumbent in DCHS Director's Office (MIL)
- C.4 Budget Modification DCHS 06-18 Reclassification of a Position and Incumbent in DCHS Admin - Business Services
- C.5 Budget Modification HD 01-18 Authorizing Nine Position Reclassifications Within the Health Dept.
- C.6 Appointments to Citizen Budget Advisory Committees

Chair Kafoury: MAY I HAVE A MOTION ON THE CONSENT CALENDAR? COMMISSIONER SMITH MOVES, COMMISSIONER STEGMANN SECONDS APPROVAL OF THE CONSENT CALENDAR.

Vice-Chair Vega Pederson: I WOULD LIKE TO REQUEST WE REMOVE C.3 FROM THE CONSENT CALENDAR.

Chair Kafoury: C.3 IS REMOVED FOR SEPARATE CONSIDERATION. NOW WE HAVE A MOTION FOR THE REMAINING ITEMS ON THE CONSENT CALENDAR,

INCLUDING C.1, C.2, AND C.4-C.6. ALL IN FAVOR VOTE AYE. [UNANIMOUS AYES] THE REMAINING CONSENT CALENDAR IS APPROVED.

**C.3 Budget Modification DCHS 04-18 Reclassification of a Position and Incumbent in DCHS Director's Office (MIL).**

Vice-Chair Vega Pederson: I WOULD LIKE TO MAKE A MOTION TO POSTPONE THIS ITEM INDEFINITELY.

Chair Kafoury: COMMISSIONER VEGA PEDERSON MOVES, COMMISSIONER STEGMANN SECONDS TO POSTPONE INDEFINITELY C.3, ALL THOSE IN FAVOR VOTE AYE. [UNANIMOUS AYES] THE MOTION TO POSTPONE INDEFINITELY HAS BEEN APPROVED. NOW DO WE HAVE PUBLIC COMMENT?

**PUBLIC COMMENT**

Opportunity for Public Comment on non-agenda matters. Testimony limited to three minutes per person. This is a time for the Board to hear public testimony, not for Board deliberation.

Board Clerk: [READS NAMES]

Mr. Pissedoff: MY NAME IS INJURED AND PISSED OFF. I HAD MY NAME CHANGED. THE SUBJECT IS MEDICARE, 1-800 MEDICARE, AND IN 2000, IF YOU CAN READ THIS, THIS IS MY OLD NAME AND MY NEW NAME. IF YOU NOTICE THERE IS A MEDICAL PART B, THERE IS TWO DIFFERENT DATES ON THIS CARD. OF COURSE THE TWO NAMES. THIS MY CURRENT ONE, INJURED A. PISSEDOFF. THE REASON WHY THEY HAVE THIS USUALLY WHEN ALL OF MY NAME, MY CARD HAS BEEN CHANGED, THEY ALWAYS PRINT THE SAME DATES, AND OF COURSE I BLOCKED OUT THE SOCIAL SECURITY NUMBER. THEY ARE THE SAME. EVERYTHING ELSE IS THE SAME, EXCEPT FOR THIS PRINTING, AND I FELL, AND I THINK THAT IT WAS THE 24TH OF FEBRUARY, 2015, AND I CANCELED MY MEDICARE PART B PRIOR BECAUSE I WAS NOT GETTING ANY DOCTOR'S APPOINTMENTS OR ANYTHING, AND THIS IS AN ATTEMPT FOR THEM TO COVER UP THIS FRAUD THAT WENT ON. USUALLY IF YOU BUY INSURANCE AFTER AN INJURY THAT'S FRAUD. PLAIN AND SIMPLE. IF YOU GO OUT AND HAVE AN AUTOMOBILE WRECK AND YOU DON'T HAVE INSURANCE, YOU BUY INSURANCE AFTERWARDS, THE STATE BOUGHT IT.

THEY COVERED THE MEDICAL COSTS OF MY SURGERY FOR MY HIP AND THE RECOVERY PROCESS WHICH HAS AMOUNTED TO SOME \$200,000 PLUS SINCE 2010. THE LIFETIME EXPECTANCY COST OF A SPINAL CORD INJURY IS \$500,000 TO \$3 MILLION DEPENDING UPON THE SEVERITY. I PROVIDED YOU WITH THOSE FACTS FROM THE DEPARTMENT OF THE CDC, CENTER FOR DISEASE AND CONTROL. AND I FINALLY MADE GOOGLE UPON THEIR SEARCH ENGINE, INJURED AND PISSED OFF WITH QUOTATION MARKS, AND IT ONLY CAME UP WITH TWO LINKS. THE SECOND ONE, I WILL READ IT TO YOU. IT SAYS MARCH

22, 2017, ONE OF THE FREQUENT FLYERS IS NAMED, AND I AM NOT JOKING, INJURED AND PISSED OFF. ANYBODY CAN DO THAT SEARCH UPON GOOGLE AND READ THOSE THINGS AS WELL AS I MADE GOOGLE SEARCH, YOUTUBE TOP LIST FOR VIDEO. THANK YOU.

Chair Kafoury: THANK YOU.

Mr. Lightning: GOOD MORNING. MY NAME IS LIGHTNING. I REPRESENT LIGHTNING SUPER WATCHDOG X. PERTAINING AGAIN TO THE MULTNOMAH COUNTY JAIL RETIRING MICHAEL SCHULTZ, I THINK WAS A GOOD MOVE. AGAIN WE NEED TO LOOK AT THE JAIL AND MAKE SURE THAT WE HAVE PROPERLY TRAINED PEOPLE TO RUN THE JAIL. AGAIN I WANT TO WATCH VERY CLOSE WHO YOU PLAN ON PUTTING IN THAT POSITION, SUCH AS WHAT WE'RE WATCHING ON THE PORTLAND POLICE CHIEF. PEOPLE THAT DON'T WANT TO DISCLOSE WHO THEY ARE SO THAT THE PUBLIC WILL HAVE A GENERAL IDEA OF WHO THEY ARE DON'T BOTHER. WHEN YOU DO THAT AND YOU DON'T HAVE TRANSPARENCY FROM THE BEGINNING, DON'T COME INTO PORTLAND. DON'T WANT TO BE THE POLICE CHIEF IN PORTLAND. IT'S NOT GOING TO GO OVER WELL WITH THE PUBLIC. IF YOU WANT TO BE THAT SECRETIVE AT THIS HIGH LEVEL POSITION WITH ALL THE TURMOIL IN PORTLAND DON'T BOTHER. NOW ISSUE NUMBER TWO IS ON THE UNIVERSAL BASIC INCOME, WHICH I'VE BEEN STATING WE SHOULD PUSH THROUGH IS THAT AGAIN FOCUS ON THE CHRONIC HOMELESS, APPROXIMATELY, LET'S JUST SAY 1800 PEOPLE, PAY EVERY ONE OF THEM 1,000 PER MONTH FOR THE FULL YEAR.

WE'RE BEGINNING TO SEE THIS TAKE PLACE IN OTHER AREAS. SAN FRANCISCO, ONTARIO, 1500 A MONTH, AND FINLAND, ELON MUSK AND MARK ZUCKERBERG ARE TALKING ABOUT IT, WANT TO SEE THIS HAPPEN, AND UNDERSTAND AUTOMATION WILL REMOVE A TREMENDOUS AMOUNT OF JOBS IN THE LABOR FORCE, AND THIS IS A SOLUTION. LISTEN VERY CLOSE AND BEGIN TO UNDERSTAND THAT IT WILL HAPPEN. IT HAS TO HAPPEN. AGAIN MY POSITION A LITTLE BIT DIFFERENT THAN ELON MUSK AND MARK ZUCKERBERG. I WANT TO LOOK AT THE FOSSIL FUEL SUBSIDIES AND TAKE THEM ALL AWAY. SORRY. TAKE THEM ALL AWAY. TRANSFER THAT TO THE UNIVERSAL BASIC INCOME. I WANT TO LOOK AT ALL THE MONEY OVERSEAS THAT THE CORPORATION HAS SITTING OVER THERE CLOSE TO \$2 TRILLION. BRING IT BACK. REPATRIATE BACK TO THE UNITED STATES. PUT IT INTO A FUND THAT WILL GO INTO THESE TYPE OF FUNDS. AGAIN WHEN YOU ARE TALKING ABOUT LIFTING OF THE MOST VULNERABLE PEOPLE UP AND PROVIDING THEM OPPORTUNITIES AND PLACES TO LIVE, PROVIDING THEM SMART PHONES, ACCESS TO THE INTERNET, AND JUST TO LIVE A NORMAL, REASONABLE LIFE, UNIVERSAL BASIC INCOME WILL HAPPEN. WATCH VERY CLOSE.

ISSUE NUMBER TWO IS THAT AGAIN WE NEED TO KEEP ON THE ISSUE WE'LL BE TALKING ON THE OPIATES. DON'T FOCUS ON THE PROPERTY OWNERS AND THEM BEING SUED AS A REASON TO GO IN THAT DIRECTION AGAINST PHARMACEUTICAL COMPANIES. DO NOT FOCUS ON THAT BECAUSE THAT WILL WORK AGAINST YOUR CASE. THANK YOU.

Mr. Walsh: GOOD MORNING. MY NAME IS JOE WALSH. I REPRESENT INDIVIDUALS FOR JUSTICE. I WOULD ASK YOUR PATIENCE A BIT ON THIS PRESENTATION. I AM HAVING A LOT OF TROUBLE WITH MY VOICE IN THE LAST WEEK OR SO. THERE ARE TWO POINTS THAT I REALLY WANT TO BRING OUT. THE FIRST ONE IS AN ARTICLE IN THE WILLAMETTE WEEKLY THAT TALKS ABOUT THE BOND THAT WE PASSED FOR AFFORDABLE HOUSING, AND IT'S 258 MILLION. NOW MOST OF THE ACTIVISTS THAT I KNOW, AND I HANG OUT WITH, WE SUPPORTED THAT AND WE WORKED TO GET THAT THROUGH. I THINK MOST OF YOU ALSO TOOK THE POSITION THAT THIS WAS A GOOD IDEA. THE MAYOR IS SITTING ON THE MONEY, ACCORDING TO THIS ARTICLE. HE SAYS AND I, "WELL OCTOBER IS NOT SUCH A BAD MONTH," PARAPHRASING, ACTUALLY. WE ARE GOING TO BE IN THE SAME POSITION THAT WE WERE LAST YEAR THAT BROKE EVERYBODY'S HEARTS. I CRIED HERE LAST YEAR BECAUSE WE DID NOT KNOW THE NUMBERS OF THE PEOPLE THAT DIED ON OUR STREETS. SOMEWHERE BETWEEN EIGHT AND 12, DEPENDING ON HOW YOU COUNT. SO THE CHAIR WITH TEARS IN HER EYES, I SAW OTHER COMMISSIONERS WITH TEARS IN THEIR EYES.

WE ARE GOING TO DO THE SAME THING OVER AND OVER AGAIN. I DON'T UNDERSTAND GOVERNMENT SOMETIMES. WHY THEY KEEP REPEATING THE SAME THINGS. I HOPE AND I PRAY AND I DON'T DO THAT VERY OFTEN ANY MORE, THAT YOU WILL MAKE SOME PHONE CALLS BEHIND THE SCENES AND SAY TO THE MAYOR, OCTOBER IS UNACCEPTABLE BECAUSE YOU ARE GOING INTO THE RAINY AND COLD SEASON, AND WE'RE GOING TO LOSE PEOPLE ON THE STREETS. IT'S A GIVEN. IS THAT MURDER? I THINK SO. THE SECOND ISSUE IS THE MARSHMAN AFFAIR GOING ON IN THE CITY. HE IS IN THE FINAL FOUR SELECTIONS. I HOPE THAT YOU ARE DOING SOMETHING BEHIND THE SCENES THAT SAYS THIS MAN IS NOT ACCEPTABLE, I WILL NOT GO INTO HIS BACKGROUND AM YOU CAN READ IT FOR YOURSELF AND THE ARTICLES. HE SHOULD NOT BE IN. THAT'S A SLAP IN THE FACE OF EVERY ACTIVIST IN THIS CITY. WE HAVE A LOT OF PEOPLE THAT PUT IN, AND I DON'T KNOW WHAT'S GOING ON WITH THIS MAYOR. IF HE APPOINTS THEM, HE IS GOING TO SPEND FOUR YEARS OF HELL. I MEAN, IT WILL BE THE WORST THING THAT WOULD HAPPEN TO HALES. WE WILL DRIVE HIM OUT 6 OFFICE IF HE DOES THAT. THOSE ARE THE MESSAGES THAT WE TAKE. 258 MILLION. NOT BEING SPENT. MARSHMAN SHOULD NOT BE IN THE FINAL FOUR EVER. HE SHOULD NOT EVEN BE A POLICE OFFICER.

Chair Kafoury: THANK YOU, JOE.

Mr. Walsh: NEVER MIND THE CHIEF. I ASKED FOR A LITTLE FORGIVENESS. THANK YOU.

Chair Kafoury: THANKS FOR COMING. GOOD MORNING.

Mr. Reeves: GOOD MORNING CHAIR KAFOURY AND COMMISSIONERS. MY DARLING WIFE SANDY CAME TODAY FOR THE FIRST TIME TO THANK YOU AND COUNTY STAFF FOR YOUR SERVICE. WE ARE STAYING FOR THE MEDICARE AND MEDICAID PROCLAMATION. MEDICARE AND MEDICAID HAVE PROBABLY SAVED MORE LIVES THAN ANY OTHER FEDERAL PROGRAM. THEY ARE AN ESSENTIAL PART OF OUR HEALTH CARE SYSTEM, WHICH IS THE BEST THAT OREGON HAS EVER HAD. TO SUPPORT YOUR PROCLAMATION SOME VISITORS ARE COMING HERE FOR THE FIRST TIME. MY FRIENDS FROM INDIVISIBLE OREGON ARE PART OF THE NATION-WIDE INDIVISIBLE MOVEMENT STOPPING TRUMP AND TRUMP CARE. FIGHTING TRUMP CARE HAS BEEN LIKE KILLING ZOMBIES. IT KEEPS RISING FROM THE GRAVE. THANK YOU FOR THE PROCLAMATION.

Chair Kafoury: THANK YOU.

Mr. O'Callaghan: GOOD MORNING. MICHAEL O'CALLAGHAN. THANK YOU FOR THE OPPORTUNITY TO ADDRESS YOU. NOW I JUST READ A LITTLE ARTICLE THE OTHER DAY ABOUT THE JAIL BEING FULL ALL THE TIME, SO I THOUGHT THAT I WOULD INFORM YOU ABOUT SOME POLICIES THAT YOU ARE PROBABLY NOT AWARE OF. FIRST OF ALL I'VE BEEN A BIT ON THE HISTORY, I AM A HOMELESS ADVOCATE. SHELTERLESS ADVOCATE HELPED START ALAN RIGHT TO DREAM AND RIGHT NOW I AM DEALING WITH THE CONSTITUTIONALITY OF THE CAMPING ORDINANCE. GOING ON. WHY THE JAIL IS FULL BECAUSE THE POLICE ARE ARRESTING THE POOR. OK. GO TO THE COMMUNITY COURTS SOMETIMES OVER HERE IN THE BUILDING AND LOOK AND SEE WHAT HAPPENS. OK. VIRTUALLY 90% OF THE PEOPLE THAT GO THROUGH THAT PROCESS ARE POOR, AND THEY END UP DOING COMMUNITY SERVICE, AND THE COMMUNITY SERVICE THEY DO IS CLEANING UP THE PAROLE IN DOWNTOWN SO THAT'S THE PROCESS. WHY DID THEY END UP IN JAIL? THAT'S THE QUESTION. THEY END UP IN JAIL BECAUSE THEY ARE NOT GIVEN THE CITATION BUT TAKEN TO JAIL. WHEN THEY ARE TAKEN TO JAIL THERE IS A CHARGE THAT IS INCURRED IN THAT PROCESS. I KNOW BECAUSE THEY TOOK ME TO THE JAIL THREE TIMES IN 12 DAYS A COUPLE OF YEARS AGO. AND I LOOKED AT THOSE CHARGES. IT'S QUITE INTERESTING.

NOW THE STATE HAS A LAW. IT'S 1.525 IS WHAT IT IS, ORS. IT DEALS WITH THE SUPREME COURT CREATING A UNIFORM CITATION. ACCEPT FOR PROVIDING IN THE SUBSECTION 4 THE UNIFORM CITATION WAS ADOPTED BY THE SUPREME COURT UNDER THIS SECTION KEY WORDS MUST BE USED BY ALL ENFORCEMENT OFFICERS. IT'S NOT. NOT IN PORTLAND. NOPE. SOME HOW THE D.A., PROBABLY MIKE AND THE SHERIFF AND THE POLICE AGREED THAT

EVERYBODY THAT THEY ALLEGE IS, HAS VIOLATED THE LAW GOES TO JAIL. WHEN THEY GO TO JAIL, THEY GO THROUGH THE BOOKING PROCESS AND THEY RECEIVE A CHARGE FOR THIS PROCESS. OF COURSE IF THE CHARGES ARE DROPPED YOU DON'T HAVE TO PAY THAT CHARGE. NOW HOW CAN THEY DO THAT? HOW CAN THEY VIOLATE OREGON LAW? THEY DO. OK. SO IF YOU WANT YOUR JAILS TO BE LESS FULL, STOP THIS GOING ON WITH THE SHERIFF OF PORTLAND POLICE AND THE D.A IT'S RIDICULOUS CONTRARY TO LAW. THANK YOU.

Chair Kafoury: THANK YOU.

### **REGULAR AGENDA**

**R.1 Resolution Declaring an On-Going Public Nuisance Related to the Improper and Wrongful Supply and Distribution of Prescription Opioid Pain Pills in Multnomah County. Sponsor: Commissioner Sharon Meieran, District One. Presenters: Commissioner Meieran and Invited Guests including: Tiffany & Michael, Central City Concern Recovery Mentors Program; Haven Wheelock, Outside In; Dr. Alisha Moreland-Capuia, OHSU; Dwight Holton, Lines for Life; & Dr. Paul Lewis, Multnomah County Health Dept.**

Chair Kafoury: COMMISSIONER STEGMANN MOVES COMMISSIONER VEGA PEDERSON SECONDS APPROVAL OF R.1. DO YOU WANT TO START?

Commissioner Meieran: I WOULD LOVE TO. THANK YOU CHAIR. I AM VERY PLEASED TO BE, TO BE BRINGING FORWARD THIS RESOLUTION TODAY. BEFORE I INVITE UP OUR SPEAKERS I WANT TO PROVIDE A BIT OF BACKGROUND ON THE TOPIC AND I HAVE BEEN THINKING A LOT ABOUT THIS. SO IN PREPARING FOR TODAY'S RESOLUTION I'VE BEEN THINKING BACK TO MY OWN MEDICAL TRAINING AND PRACTICE. THE EPIC OF PRESCRIPTION OPIOID ABUSE, MISUSE, OVERDOSE AND DEATH HAS BEEN A HUGE PART OF MY OWN EXPERIENCES AS A PHYSICIAN AND A COMMUNITY HEALTH ADVOCATE. WE WILL BE HEARING VERY COMPELLING PERSONAL STORIES AND SOME SHOCKING STATISTICS TODAY, WHICH WILL PAINT THE PICTURE OF THE OPIOID EPIDEMIC BOTH AT THE PERSONAL LEVEL AND ALSO THE IMPACT ON OUR COMMUNITY. BUT I WANT TO GIVE A BRIEF HISTORY OF HOW WE GOT HERE BECAUSE THIS CONTEXT IS IMPORTANT.

FIRST JUST SO WE'RE ON THE SAME PAGE, I WANTED TO GIVE A COUPLE OF DEFINITIONS JUST SO THAT WE ALL KNOW WHAT WE'RE TALKING ABOUT. THE TERMS WE USE CAN BE CONFUSING SO JUST TO PUT THOSE OUT THERE. OPIOIDS ARE A BROAD CLASS OF SUBSTANCES THAT CAN RELIEVE PAIN AND ALSO CAUSE A EUPHORIC STATE. THEY INCLUDE NATURAL OPIOIDS, ALSO CALLED OPIATES, SO YOU HEAR OPIATES, OPIOIDS WHAT'S THE DIFFERENCE? BUT THE NATURAL ONES ARE THE OPIATES, AND THOSE ARE THINGS DERIVED FROM THE OPIUM POPPY AND INCLUDE THINGS LIKE OPIUM, MORPHINE, HEROIN, CODEINE. THE BROAD TERM OPIOIDS ALSO INCLUDE

SYNTHETIC OR MANUFACTURED OPIOIDS WHICH ARE THINGS LIKE HYDROCODONE AND OXYCODONE. YOU MAY HAVE HEARD THE TRADE NAMES PERCOCET, OXYCONTIN, VICODIN, NORCO. NARCOTICS IS ANOTHER TERM THAT WE OFTEN HEAR, AND THAT'S A BROADER TERM THAT IN THE PAST HAS BEEN COMMONLY USED AS A SYNONYM BUT IT ACTUALLY CURRENTLY HAS A NEGATIVE CONNOTATION.

Commissioner Meieran: IT'S OFTEN ASSOCIATED WITH ILLICIT SUBSTANCES INCLUDING COCAINE WHICH IS NOT AN OPIOID. IT'S ALSO ASSOCIATED WITH LAW ENFORCEMENT, WITH DRUG RELATED CRIME AND SO WE ACTUALLY TRY TO AVOID USING IT IN THE MEDICAL CONTEXT. YOU WILL STILL, BECAUSE IT WAS USED FOR SO LONG YOU MIGHT STILL HEAR IT BUT WE TRY TO AVOID THAT. SO HERE'S THE BACK STORY OF WHAT WE SEE NOW AS THE OPIOID EPIDEMIC AND WHICH WE'LL HEAR ABOUT. DECADES AGO DOCTORS WERE GENERALLY PRETTY TERRIBLE AT TREATING CHRONIC PAIN. EVEN CANCER RELATED PAIN IN PEOPLE WHO WERE TERMINALLY ILL. THE THINKING WAS THAT ALL OPIOID MEDICATIONS WERE ADDICTIVE AND HEAVEN FORBID WE SHOULD TURN TERMINALLY ILL PATIENTS INTO ADDICTION. AROUND THE 1970S TO THE 1980S THE THINKING IN THE MEDICAL COMMUNITY CHANGED, AND THIS WAS A VERY GOOD THING. THERE WAS A RECOGNIZED NEED TO TREAT PEOPLE WITH CHRONIC PAIN HUMANELY AND AN ACKNOWLEDGMENT THAT IF SOMEONE HAD A TERMINAL CONDITION AND WAS IN PAIN, WE NEED NOT WORRY ABOUT WHETHER THEY BECAME ADDICTED TO THE MEDICATION THAT WAS RELIEVING THEIR SUFFERING. UNFORTUNATELY THE PENDULUM SWUNG TOO FAR IN THIS REGARD.

THIS IS WHERE THE STORY STARTS SOUNDING A BIT LIKE A JOHN GRISHAM NOVEL EXCEPT THAT IT'S TRUE. I WILL BE SIMPLIFYING THIS SOMEWHAT BUT THERE IS A LOT OF INFORMATION OUT THERE FOR ANYONE WHO WANTS MORE HISTORY. IN THE EARLY 1980S, THIS IS ONE OF THINGS THAT STARTED THIS, THERE IS A ONE PARAGRAPH BRIEF LETTER IN THE LETTER TO THE EDITOR IN THE NEW ENGLAND JOURNAL OF MEDICINE WHICH REFERRED TO HOSPITALIZED PATIENTS. IT NOTED THAT THE PATIENTS WE LOOKED AT IN THE HOSPITAL, THERE WERE A BUNCH OF THEM AND NONE OF THEM BECAME ADDICTED TO THE OPIOIDS THAT THEY GOT IN THE HOSPITAL. GREAT. ONE PARAGRAPH LETTER TO THE EDITOR, NO STUDY OF ANY KIND. A FEW YEARS LATER A DOCTOR NAMED DR. PORTEN PUBLISHED A BRIEF CASE STUDY OF 38 PATIENTS. THEY WERE GIVEN OPIOIDS TO TREAT THE PAIN, AND IN LOOKING BACK OVER THOSE CASES THIS IS A CASE STUDY, KIND OF LOOKING BACK, SAID NONE OF THESE PEOPLE BECAME ADDICTED UNLESS THEY WERE ADDICTS IN THE FIRST PLACE AND SO WE CAN REALLY TREAT CHRONIC PAIN WITH OPIOIDS AND THERE ARE REALLY NO CONSEQUENCES OF THAT.

THERE IS REALLY NO TOXIC OR ILL EFFECTS. BASED ON THESE TINY, NON-EVIDENCE-BASED OBSERVATIONS, KIND OF THE LOWEST FORM OF -- YOU CANNOT CALL IT RESEARCH. THE OPIOID EPIDEMIC WAS SORT OF BORN.

LARGE PHARMACEUTICAL COMPANIES BEGAN AGGRESSIVELY MARKETING THEIR OPIOID PRODUCTION FOR CHRONIC NON-CANCER RELATED PAIN LIKE BACK PAIN AND NECK PAIN EVEN THOUGH THERE WAS NO ACTUAL EVIDENCE OR EFFECTIVENESS OR STUDY OF ILL EFFECTS, AND THERE ARE A LOT OF ILL EFFECTS AS WE NOW KNOW. THEY ADVERTISED AND REALLY, IN REALLY RESPECTED JOURNALS AND SPONSORED CONTINUING MEDICAL EDUCATION COURSE WHICH IS WE ARE ALL AS MEDICAL PROVIDERS REQUIRED TO TAKE, AND THEY THEN STARTED INFLUENCING HOSPITAL SYSTEMS. THERE IS A U.S. GOVERNMENT ACCOUNTABILITY OFFICE REPORT SHOWING THAT PURDUE FORMA, WHICH IS A PARTICULARLY BAD ACTOR, THEY ARE THE MANUFACTURING OF OXYCONTIN, HELPED TO FUND PAIN MANAGEMENT EDUCATIONAL PROGRAM AND ALLOWED TO DISSEMINATE PAIN MANAGEMENT EDUCATIONAL MATERIALS IN HOSPITALS VIA THE JOINT COMMISSION.

Commissioner Meieran: THEY WORKED WITH THE JOINT COMMISSION AND GAVE MONEY AND THAT'S THE ORGANIZATION THAT OVERSEES THE HOSPITAL ACCREDITATION. A VERY POWERFUL ORGANIZATION SO THEY ARE GIVING MATERIALS TO HOSPITALS SAYING OH, HERE'S OUR PAIN MANAGEMENT EDUCATIONAL MATERIALS. WE'RE GOING TO GIVE YOU MONEY AND FUND YOUR ABILITY TO PUT THESE FORWARD. THAT'S WHAT THEY DO. THEY FELT THAT THEY ALSO PLAYED A ROLE IN PAIN AS I LEARNED IN MEDICAL SCHOOL, PAIN IS THE FIFTH VITAL SIGN, AND I SEE A FELLOW DOCTOR OUT IN THE AUDIENCE. WE KNOW THIS WELL. WE WERE ASKING EVERYONE OK, YOUR PAIN SCORE, YOUR PAIN SCORE. THAT'S WHERE THESE FAMOUS PAIN SCALES CAME IN THAT YOU SEE IN ANY MEDICAL PROFESSIONAL'S OFFICE OR E.R. ROOM YOU VISIT. SO PURDUE FORMA, ALSO FUNDED NONPROFITS SUCH AS THE AMERICAN PAIN SOCIETY WHICH PUBLISHED GUIDELINES ADVOCATING DOCTORS TO EXPAND THEIR PRESCRIBING OF OPIOIDS TELLING US THAT WE WERE CRUEL IF WE DID NOT PRESCRIBE AS MANY OPIOIDS AS POSSIBLE TO TREAT PAIN, AND AT ONE TIME THIS ORGANIZATION WAS LED BY THE DOCTOR, THE SAME ONE WHO PUBLISHED THE MINIMAL STUDY EARLIER, DECADES BACK.

SO THEN THE FEDERATION OF STATE MEDICAL BOARDS GOT INTO THE PICTURE AS WELL. THEY TOOK MONEY FROM THE PHARMACEUTICAL FIRMS TO PRODUCE AND DISTRIBUTE NARCOTIC OR OPIOID PRESCRIBING GUIDELINES. THEY EVEN PUBLISHED A BOOK ON THE SUBJECT, AND THESE CORPORATIONS, THE BIG PHARMACEUTICAL COMPANIES CALLED ON THE BOARDS TO DISCIPLINE THE DOCTORS FOR INADEQUATELY TREATING PAIN. WHEN I CAME TO OREGON AND WAS THE FIRST APPLYING FOR MY MEDICAL LICENSE. THIS WAS ABOUT TEN YEARS BACK, 12 YEARS -- A WHILE BACK NOW, I WAS REQUIRED TO TAKE A SEVERAL HOUR PAIN MANAGEMENT COURSE AND PASS AN EXAM ON PAIN MANAGEMENT. I STILL REMEMBER THE COURSE. AFTER A WHILE I DIDN'T REALLY NEED TO PAY ATTENTION AS I AM SCROLLING THROUGH THE POWER POINT TO THE COURSE ITSELF BECAUSE I LEARNED THE LESSON QUICKLY. IT BASICALLY AMOUNTED TO PAIN IS WHAT



THE PATIENT SAYS IT IS. OPIOIDS TREAT THIS PAIN. OPIOIDS ARE NOT ADDICTIVE WHEN USED TO TREAT PAIN. THERE ARE NO DOWN SIDES, YOU SHOULD GIVE AS MANY OPIOIDS AS POSSIBLE, AND BY THE WAY YOU WILL BE DISCIPLINED BY THE MEDICAL BOARD FOR NOT PRESCRIBING ENOUGH OPIOIDS.

Commissioner Meieran: SO JUST TO BE FAIR THE OREGON MEDICAL BOARD HAS NOW CHANGED ITS TUNE TO ACTUALLY COMPLETE SHIFTED AND IS DEDICATED TO COMBATING THE OPIOID EPIDEMIC BUT THIS IS WHAT HAPPENED AT THE TIME THE EPIDEMIC WAS RAMPING UP ACROSS THE COUNTRY. HOSPITALS TIED PATIENT SATISFACTION SCORES TO PAIN MANAGEMENT WHICH ESSENTIALLY DIRECTLY CORRELATED WITH HOW MANY OPIOIDS A PROVIDER DESCRIBED AND PATIENTS SATISFACTION SCORES DICTATED HOW PHYSICIANS WERE COMPENSATED AND WHETHER THEY WERE EVEN EMPLOYED AT ALL. THAT SETS IT IS STAGE AND BRINGS US TO THE RECENT PAST. AS AN EMERGENCY PHYSICIAN, WE ARE REALLY THE CANARIES IN THE COAL MINE. WE SEE THINGS ON THE FRONT LINE, THESE EPIDEMICS, AND WE SEE THINGS RAMPING UP AND WE START TO TRY TO SOUND THE ALARM. IT TAKES A WHILE FOR PEOPLE TO LISTEN. I PERSONALLY HAVE SEEN SO MUCH SUFFERING RELATED TO THIS EPIDEMIC. I THINK OF A 12-YEAR-OLD GIRL THAT I SAW WHO HAD A MINOR WRIST SURGERY AND GOT 100 OXYCODONE TABLETS AFTER THE SURGERY, AND HER MOTHER WAS TAKING HER AROUND FROM E.R. TO E.R. TO GET THOSE PRESCRIPTIONS REFILLED. THEY WERE FILLING THEM, WE WANT TO HELP PEOPLE'S PAIN AND WE WERE TAUGHT THIS IS WHAT WE WERE SUPPOSED TO DO.

I HAVE SEEN PEOPLE COME IN BY AMBULANCE DEAD AFTER AN OPIOID OVERDOSE, AND THEY ARE BROUGHT BACK WITH NALOXONE, THE REVERSAL AGENT. IT'S A MIRACULOUS DRUG, AND IT SAVES LIVES, AND I AM ALL FOR IT, BUT IT IS NOT PLEASANT FOR PEOPLE TO GO THROUGH THIS. IT PUTS THEM INTO ACUTE WITHDRAWAL WHICH IS A VERY, VERY UNPLEASANT EXPERIENCE FROM WHAT I HAVE SEEN AND WHAT I'VE BEEN TOLD. I HAVE ALSO SEEN PEOPLE BROUGHT IN HAVING DIED FROM AN OPIOID OVERDOSE AND IT'S BEEN TOO LATE TO RESUSCITATE THEM. WE'LL HEAR PERSONAL STORIES TODAY WHICH PROVIDE THE MOST COMPELLING EVIDENCE OF THE IMPACT OF THESE MEDICATIONS, AND WE WILL HEAR A LOT OF STATISTICS BUT AS YOU HEAR THE STATISTICS PLEASE REMEMBER THAT EACH OF THOSE NUMBERS IS A PERSON, AND THEY ARE LIKE US. THEY ARE A FAMILY MEMBER. IS A NEIGHBOR, IS A CO-WORKER. A PARENT AT YOUR KIDS' SCHOOL, A KID AT YOUR KIDS' SCHOOL. SO JUST BEAR THAT IN MIND. THERE HAVE BEEN NUMEROUS EFFORTS AT THE COUNTY, STATE AND FEDERAL LEVEL TO COME BAD THE OPIOID EPIDEMIC, AND YOU WILL HEAR ABOUT THOSE EFFORTS BY OUR PANELISTS TODAY. THEY COST MONEY, A LOT OF MONEY. THIS MONEY DRAINS PRECIOUS RESOURCES FROM THE COUNTY.

Commissioner Meieran: EACH DOLLAR SPENT ON OPIOID ADDICTION AND TREATMENT AND HARM REDUCTION IS A DOLLAR THAT IS LESS SPENT ON MATERNAL CHILD HEALTH, ON SCHOOL-BASED HEALTH CENTERS. ON HOMELESS SERVICES. YOU NAME YOUR COUNTY PROGRAM. WE DID NOT GET TO THIS PLACE DUE TO THE NATURAL PROGRESSION OF THINGS. IT DID NOT JUST HAPPEN. THERE WAS A PATH BY WHICH LARGE PHARMACEUTICAL COMPANIES, PARTICULARLY PURDUE PHARMA GOT US HERE, AND IT'S TIME TO TAKE ACTION. I'VE BEEN DEDICATED TO THIS ISSUE FOR MANY YEARS BECAUSE OF WHAT I HAVE SEEN WORKING ON THE FRONT LINE. TODAY AS A POLICY-MAKER I AM PROUD TO BE ABLE TO APPROACH THE EPIDEMIC ON A MACRO SCALE AND WITH MY COLLEAGUES, TAKE THE FIRST STEP AT MULTNOMAH COUNTY IN HOLDING THOSE WHO CAUSE THE EPIDEMIC ACCOUNTABLE. WITH THAT AS THE BACKDROP FOR THIS ISSUE I WOULD LIKE TO INVITE UP OUR FIRST PANEL OF SPEAKERS. TIFFANY, MIKE, AND HAVEN WHELOCK. AND FELLOW COMMISSIONERS I REQUEST THAT WE HOLD OFF ON QUESTIONS OR COMMENTS UNTIL ALL OF OUR INVITED GUESTS HAVE HAD AN OPPORTUNITY TO SPEAK, INCLUDING HAVING ALL OUR PANELISTS COME UP. THANK YOU VERY MUCH FOR BEING HERE.

Chair Kafoury: THANK YOU FOR COMING.

Commissioner Meieran: WHICHEVER, TIFFANY OR MIKE, WHICHEVER WOULD LIKE TO GO FIRST. PLEASE STATE YOUR NAME FOR THE RECORD AND YOU CAN GO AHEAD.

Michael: GOOD MORNING. MY NAME IS MIKE AND THANK YOU FOR THIS OPPORTUNITY. DID I SAY THAT RIGHT FOR THE RECORD?

Chair Kafoury: YES.

Michael: OK. IT'S MIRACULOUS THAT MY TRAIN WRECK OF A STORY MAY HAVE VALUE AND BE USEFUL IN SOME WAY SO THIS IS QUITE AN HONOR. I AM VERY GRATEFUL FOR THE PLACE THAT I AM AT IN MY LIFE TO BE ON THE OTHER END OF THIS EPIDEMIC FOR ME. I AM AT THE END OF MY STORY LOOKING BACK ON IT AND I WAS A TEACHER. I CAME FROM A FAMILY OF EDUCATORS IN GRESHAM. MY DAD WAS THE VICE PRINCIPAL AND I BECAME A SCIENCE TEACHER AND HIGH SCHOOL AND JUNIOR HIGH AND BIOLOGY AND PHYSICAL SCIENCE AND SO ON. IT WAS SUCCESSFUL AND IN EVERY DAY USE OF THE WORD. I HAVE THREE KIDS THAT ARE ADULTS NOW THAT WOULD BE PROUD TO SEE ME SITTING HERE INSTEAD OF PASSED OUT IN BED OR IN WITHDRAWAL. THEY THOUGHT THAT I HAD LUPUS IN THE EARLY 1990S. I HAD SOME KIND OF INFLAMMATORY CONDITION THAT I WAS PRESCRIBED NARCOTICS FOR. I WAS HAPPY ABOUT THAT. I HAD ISSUES WITH ALCOHOL PRIOR TO THAT, BUT I WAS CLEAN AND SOBER AND IT TOOK A COUPLE OF YEARS ON SOME OF THE SHORT ACTING OPIOIDS, HYDROCODONE. AND THEN I WAS PRESCRIBED OXYCONTIN, AND WITHIN A FEW MONTHS I WAS PRETTY

OUT OF CONTROL. FIVE OR SIX YEARS I BEGAN TEACHING IN 1988, AND BY THE MID 1990S MY FATHER DIED AND GOING THROUGH LIFE THINGS.

Michael: THE PROGRESSION OF THE ADDICTION WAS GETTING OUT OF HAND. IN 2001 I KEPT MISSING DAYS AT WORK BECAUSE I WOULD BE IN WITHDRAWAL UNABLE TO GET THE MEDICATION, SO I STARTED STEALING ADDERALL FROM THE LOCKED CUPBOARD AT THE SCHOOL. THEY HAD LOTS OF BOTTLES OF IT FROM KIDS THAT HAD GRADUATED AND GONE ON BECAUSE I FOUND THAT THE ADDERALL, AT LEAST WOULD HELP ME GET THROUGH THE DAY AND I FELT LIKE I AM SAVING THE TAXPAYERS MONEY BECAUSE I DIDN'T REQUIRE A SUBSTITUTE. AND THEN I WAS TRADING THAT FOR OXYCONTIN, WHICH MY DRUG OF CHOICE, AND ULTIMATELY GOT FIRED. THAT WAS A SHAME. THE SUPERINTENDENT WAS A GOOD FRIEND OF MY FATHERS, AND IT WAS A BAD PLACE TO PLACE HIM. IT WAS A BAD PLACE TO PLACE MY FAMILY. THE TREATMENT WAS CLEAN FOR A WHILE, AND THEN FELL BACK INTO IT, WITH THE METHADONE CLINIC, FURTHER FELLOWSHIP. AND THAT DID NOT WORK. THE ADDICTION KEPT PROGRESSING, AND ULTIMATELY WAS KICKED OUT OF MY HOUSE. MY YOUNGEST WAS TEN AT THE TIME. I ACTUALLY WISH THAT IT HAD HAPPEN PRIOR TO THAT. I WAS NOT A GOOD PERSON TO HAVE AROUND ESPECIALLY AS A FATHER.

I BECAME HOMELESS FOR PERIODS OF TIME AND RETURNING TO THE ADDICTION, WHICH BY THAT TIME WAS THE ONLY THING THAT I KNEW COULD MAKE THINGS FEEL BETTER. I FOUND HEROIN, AND AGAIN I THOUGHT THAT I WAS HEROIC BECAUSE IT WAS SO MUCH CHEAPER. I WAS SAVING MONEY. MONEY I COULD GIVE TO MY KIDS, AT LEAST IN MY MIND THAT'S WHAT I THOUGHT. IT CONTINUED TO GET WORSE AND BY THIS TIME I WAS IN AND OUT OF JAIL FOR POSSESSION FROM DUIS, TRIED TO HOLD DOWN JOBS. COULDN'T DO SO. LIFE WAS COMPLETELY UPSIDE DOWN FOR WHERE I INTENDED IT TO BE. I WAS HOMELESS PRIOR TO FINDING RACHAEL WITH CCC, THE PHYSICIAN AND OUTPATIENT PROGRAM THERE WHO PRESCRIBED [INAUDIBLE], AND THAT ALLOWED ME PHYSICALLY TO CALM DOWN ENOUGH THAT I COULD START WORKING ON SOME OF THE INFRASTRUCTURE OF MY LIFE THAT I HAD ABANDONED AND HAD FALLEN OUT FROM UNDERNEATH ME, AND I MOVED INTO BUILDINGS DOWNTOWN, AND WHICH HAS BEEN A BLESSING, AND I HAVE SIX MONTHS, CLEAN AS OF A WEEK AGO, AND I AM VERY PROUD ABOUT THAT AFTER 20 SOME YEARS IN AND OUT OF ADDICTION, CLOSER TO 30. SO AGAIN I AM FLATTERED TO BE HERE AND THANK YOU FOR PAYING ATTENTION AND THANKS VERY MUCH.

Tiffany: MY NAME IS TIFFANY. THANK YOU FOR HAVING ME HERE. I AM EXTREMELY NERVOUS BUT ALSO EXCITED TO BE A PART OF THIS. SO A BIT OF BACKGROUND ABOUT ME. I COME FROM ADDICT PARENTS, AND SO AT A YOUNG AGE I WAS EXPOSED TO WHAT IN MY MIND I TOLD MYSELF THAT I DID NOT WANT TO PUT MY CHILDREN THROUGH WHEN I BECAME IS A MOM. I EXPERIMENTED AS A HIGH SCHOOL, IN HIGH SCHOOL WITH ALCOHOL, AND

SOME DRUGS BUT WHEN I WAS 20 AND FOUND OUT THAT I WAS PREGNANT I TOLD MYSELF THAT I WAS NOT GOING TO BE THAT PARENT. I WANTED TO BE A PART OF MY KIDS' LIFE. SORRY. SO I HAD TWO LITTLE GIRLS, AND I WAS PREGNANT WITH MY THIRD CHILD WHEN I WAS 23, AND I HAD HIM RIGHT BEFORE I TURNED 24. WHEN I HAD HIM I HAD TO HAVE A C-SECTION, AND I WAS PRESCRIBED PERCOCET TO GET THROUGH THAT COUPLE WEEKS OR WHATEVER, AND A WEEK LATER I WENT FOR MY WELL CHECK. I WENT IN AND I HAD HAD AN INFECTION IN MY INCISION, SO THEY SENT ME TO THE EMERGENCY ROOM, WHICH LATER GOT ME ADMITTED INTO THE HOSPITAL FOR ANOTHER WEEK.

Tiffany: I SPENT THAT WEEK ON MORPHINE. WHEN I LEFT THERE THEY PRESCRIBED ME OXYCONTIN. I HAD TWO TODDLER AND A NEWBORN. I WENT THROUGH THAT PERIOD WHERE I HAD TO HAVE IT TO GET OUT OF BED BASICALLY BECAUSE I WAS STILL IN A LOT OF PAIN. THEN THEY JUST KEPT ME OFF. SO AT THAT POINT I HAD A BROTHER THAT SAME YEAR WAS IN AN ALCOHOL RELATED CAR ACCIDENT, AND HE'S A QUADRIPLLEGIC BECAUSE OF THE ACCIDENT, AND SO HE WAS GETTING OXYCONTIN, AND HE'S LIKE OH, HERE, JUST HELP ME OUT. EVENTUALLY I STARTED FINDING THEM ON THE STREETS. MY HABIT WAS APPROXIMATELY 120 TO 180 A DAY. THAT LASTED FOR ABOUT SIX MONTHS. ONE DAY I THOUGHT WHAT WAS GOING ON WAS, WE WERE SMOKING OXY. I THOUGHT IT WAS OXYCONTIN AND IT WAS HEROIN, AND I DIDN'T REALIZE IT WHEN IT HAPPENED. THEN I FOUND OUT THE PRICE DIFFERENCE, AND IT CHANGED MY HABIT TO A \$20 A DAY HABIT, SO FOR THE LAST NINE YEARS I HAVE HAD THIS CONSTANT DEMON I FEEL LIKE THAT I HAVE BATTLED. I HAVE DONE REALLY WELL AT TIMES. SO I HAD TWO YEARS CLEAN. DURING THAT TWO YEARS I HAD FALLEN AND BROKEN MY ELBOW AT A FAMILY FUNCTION, AND I WAS PRESCRIBED TREMADOL.

AT THE TIME THAT WAS CONSIDERED TO BE A NON-NARCOTIC SO I THOUGHT THAT'S FINE. I CAN TAKE THAT. BUT IN THE BACK OF MY MIND THINKING BACK NOW I FEEL LIKE IT RE-AWOKE THAT DEMON INSIDE OF ME. ISSUE IT WAS JUST A MATTER OF TIME, I THINK SIX MONTHS BEFORE, WHEN IT WAS AVAILABLE I WAS, THE HEROIN WAS THERE AND I ENDED UP DOING IT AGAIN. AND THAT TOOK ABOUT 11 MONTHS, AND I SENT MY CHILDREN TO LIVE WITH MY MOM, AND I AM FROM BEND SO MY MOM LIVES HERE IN HAPPY VALLEY. I SENT MY CHILDREN TO LIVE WITH MY MOM BECAUSE I WAS AFRAID THAT IF I DIDN'T I WOULD END UP LOSING THEM. I WAS FORTUNATE TO GET INTO AN INPATIENT AND WENT THROUGH THE PROGRAM THERE. FROM THERE I WAS INTERVIEWED FOR THE MENTOR PROGRAM, SO I ALSO WENT THROUGH THE RECOVERY MENTOR PROGRAM. I GRADUATED THAT IN DECEMBER OF 2016 AND WENT INTO THE EMPLOYMENT RECOVERY PROGRAM. I WAS THERE FOR A FEW MONTHS BEFORE I MOVED INTO A WOMEN'S ALUMNI HOUSE.

I HAVE MY CHILDREN AS OFTEN AS I WANT. I GO AND SPEND TIME WITH THEN EVERY SUNDAY WE GO TO CHURCH. I CONTINUE TO TRY AND BE A PART OF

EVEN THOUGH AT THIS POINT IN TIME I DON'T FEEL IT'S THE RIGHT TIME FOR THEM TO MOVE BACK WITH ME, THEY CAN STAY WITH ME WHENEVER AND I CAN GO AND STAY WITH THEM WHENEVER AND I HAVE A REALLY GOOD RELATIONSHIP WITH MY MOM. I AM SUPER GRATEFUL FOR MY ENTIRE PROCESS. I FEEL LIKE IT CAME AT A REALLY GOOD TIME. I HAVE A REALLY GOOD RELATIONSHIP WITH MY MENTOR TO THIS DAY. I SPEAK WITH HER ON A WEEKLY BASIS. NOW I AM A FULL-TIME EMPLOYEE OF CENTRAL CITY CONCERN WHICH IS AMAZING. I GET TO HELP PEOPLE MOVE INTO THE MENTOR PROGRAM WHICH IS LIKE SOMETHING LIKE REALLY IMPORTANT AND SPECIAL BECAUSE I WENT THROUGH THAT PROCESS. I HAVE 13.5 MONTHS CLEAN TODAY.

Ms. Wheelock: IT'S REALLY HARD TO FOLLOW THAT. SERIOUSLY GUYS. THANKS. CHAIR KAFOURY AND MEMBERS, I AM HAVEN WHELOCK. I AM THE PROGRAM COORDINATOR FOR THE OUTSIDE IN. I HAVE BEEN SERVING PEOPLE WHO ARE ACTIVELY USING HEROIN AND METHAMPHETAMINES IN OUR COMMUNITY FOR OVER TEN YEARS NOW. IT'S A POPULATION OF PEOPLE I CARE DEEPLY ABOUT, AND AN ISSUE THAT I HAVE SEEN CHANGE IN THE TEN YEARS THAT I'VE BEEN SERVING THIS COMMUNITY HERE IN PORTLAND. PRETTY DRAMATICALLY. WHEN I FIRST STARTED AT THE SURRENDER CHANGE, ABOUT HALF OF THE PEOPLE WHO ARE INJECTING DRUGS AND ACCESSING OUR PROGRAM, HALF ARE INJECTING HEROIN AND HALF ARE INJECTING METH. OVER THE FIRST FEW YEARS I WORKED THERE THE NUMBERS SHIFTED PRETTY DRAMATICALLY. WE STARTED SEEING A LOT MORE PEOPLE COMING IN WHO WERE PRIMARILY INJECTING HEROIN.

A LOT OF YOUNG PEOPLE COMING IN WHO HAD STARTED EXPERIMENTING WITH PILLS EITHER FROM THEIR DOCTOR OR FROM THEIR FRIENDS. WE WERE SEEING A LOT OF ORIOLE PEOPLE COMING IN WHO HAD BEEN ON PAIN MANAGEMENT FOR A LONG TIME, AND THEIR DOCTORS WERE SAYING WE CAN'T DO THIS ANY MORE. IT'S NOT SAFE FOR US TO DO IT ANY MORE. AND WE'RE TAKING THEM OFF OF THEIR PAIN MEDICATION AND THEY WERE RETURNING TO USING INJECTABLE HEROIN. MANY OF THESE FOLKS, ESPECIALLY THE OLDER FOLKS REPORTING THAT THEY NEVER EVER THOUGHT THAT THEY WOULD EVER BE USING. LIKE HEROIN WAS NOT ON THEIR RADAR. WE WERE HEARING PEOPLE SAYING THINGS LIKE THEY HAD NEVER CONSIDERED USING HARD DRUGS UNTIL THEIR DOCTORS WERE TAKING AWAY THEIR PAIN MANAGEMENT AND MEDICATION. TODAY 60% OF OUR CLIENTS HAD ACCESS TO THE SYRINGE EXCHANGE ARE PRIMARILY HEROIN USERS. OF THAT 51% OF THE PEOPLE THAT ARE PRIMARILY HEROIN USERS REPORT THAT THEY STARTED ON PRESCRIPTION OPIATES. WHEN WE FIRST STARTED ASKING THAT OF OUR CLIENTS, 2010 THE FIRST TIME WE SURVEYED OUR CLIENTS.

IT WAS 43% SAID THAT THEY HAD STARTED SO THAT NUMBER IS GOING UP EVERY TIME THAT WE SURVEY FOLKS. WE ALSO NOTICED IN THOSE THAT IT'S

YOUNGER PEOPLE AND PEOPLE WHO MORE RECENTLY STARTED INJECTING. THOSE WERE THE ONES THAT WERE REALLY SAYING YES, LIKE I STARTED ON PILLS. WHEN I STARTED AT OUTSIDE IN BACK IN 2006 SINCE THEN OUR NUMBER OF VISITS EVERY YEAR HAS DOUBLED. JUST ACROSS THE BOARD. IN 2006, MY FIRST YEAR IN THIS PROGRAM WE EXCHANGED PROBABLY AROUND 480,000 SYRINGES. LAST YEAR WE WERE OVER A MILLION. AND BECAUSE WE ARE A ONE FOR ONE EXCHANGE THAT'S NOT THE COST ACCRUED FROM THAT. AREN'T JUST NEEDLING GOES OUT BUT DOUBLED THE NUMBER OF SYRINGES WE'RE TAKING IN EACH YEAR. IN 2015, WHICH IS WHEN WE HAVE THE MOST RECENT DATA, 105 PEOPLE DIED IN MULTNOMAH COUNTY FROM DRUG OVERDOSE, AND I KNOW THAT PAUL WILL TALK ABOUT IT LATER. HALF OF THOSE WERE FROM PRESCRIPTION OPIATES AND HALF FROM HEROIN BUT I CAN'T HELP BUT TO QUESTION HOW MANY OF THOSE PEOPLE WHO DIED FROM HEROIN OVERDOSES STARTED WITH PRESCRIPTIONS.

Ms. Wheelock: THOSE DON'T TAKE INTO ACCOUNT THE OTHER DEATHS ASSOCIATED WITH DRUG USE LIKE OVERDOSED DEATH RATES DON'T COUNT FOR PEOPLE WHO ARE DYING FROM HEPATITIS C AND HIV THAT THEY GET FROM THEIR DRUG USE. IT'S NOT INCLUDING NUMBERS ON SOFT TISSUE INFECTIONS AND PEOPLE WHO DIE FROM SEPTIC INFECTIONS OR ENDO [INAUDIBLE]. IN THE LAST YEAR I CAN THINK OF THREE PEOPLE WHO DIED FROM SOFT TISSUE INFECTIONS RELATED TO THEIR INJECTION DRUG USE. I KNOW THAT THERE IS SO MUCH AMAZING WORK HAPPENING IN OUR COMMUNITY, AND I AM SURE THAT THEY ARE GOING TO TALK ABOUT IT LATER, AND I AM PROUD OF THAT WORK HAPPENING. I DON'T ACTUALLY THINK THAT THE DOCTORS WHO WERE PRESCRIBING THESE MEDICATIONS EVER HAD ILL WILL. LIKE THEY WERE NOT THE ONES PRESCRIBING, TWO PEOPLE AS WELL AS THE ONES THAT ARE SAYING NO WE CANNOT KEEP DOING THIS, IT'S DANGEROUS. I THINK THAT THEIR INTENTIONS WERE GOOD AND GENUINE AND THEY WERE TRYING TO HELP. THEY HAD BAD INFORMATION. THEY JUST DIDN'T HAVE THE RIGHT KNOWLEDGE. I CAN KEEP TALKING ABOUT THIS ALL DAY LONG.

I WANT TO TALK ABOUT A CLIENT WHO I TALKED TO JUST A FEW DAYS AGO. SHE WAS A WOMAN IN HER 40S. SHE SAID THAT SHE WAS USING HEROIN FOR ABOUT A YEAR. SHE WAS TALKING TO ME IN TEARS IN MY OFFICE BECAUSE HER HUSBAND HAD JUST KICKED HER OUT OF HER HOME. HE DID NOT WANT SOMEONE USING HEROIN LIVING WITH HER CHILDREN, AND DIDN'T FEEL THAT IT WAS SAFE FOR HER TO BE THERE. SO NOW AT 40 YEARS OLD THIS WOMAN IS HOMELESS FOR THE FIRST TIME IN HER LIFE. SHE'S TERRIFIED. SHE DOES NOT KNOW WHAT TO DO. WHEN I ASKED HER ABOUT WHAT KIND OF THINGS THAT SHE THOUGHT WERE THE NEXT STEPS AND TREATMENT THAT SHE MAY BE INTERESTED IN AND I WILL QUOTE HER, SHE SAID, "DOCTORS GOT ME INTO THIS MESS IN THE FIRST PLACE. WHY SHOULD I TRUST THEM?" HER PAIN BOTH PHYSICAL AND EMOTIONAL IS REAL.

Ms. Wheelock: IT'S SOMETHING THAT WE ARE SEEING AND DEALING WITH ON A REGULAR BASIS. WE ARE DOING OUR BEST TO MAKE SURE THAT PEOPLE HAVE THE PHYSICAL TOOLS LIKE SYRINGES AND NALOXONE TO HELP PEOPLE. WE ARE ALSO PROVIDING THEM TOOLS AND EDUCATION IN CONNECTION AND RESOURCES BUT IT'S REALLY NOT ENOUGH. LIKE WE'RE TRYING, AND IT'S NOT ENOUGH. IT'S HARD. I KNOW WE'RE DOING A LOT TO PREVENT US FROM GOING DOWN THIS PATH, BUT I ALSO AM GOING TO ENCOURAGE US TO THINK ABOUT WHAT WE'RE DOING FOR THE PEOPLE ALREADY CAUGHT IN THIS CYCLE AND HOW WE CAN BETTER MOVE FORWARD AS A COMMUNITY TO SERVE THOSE PEOPLE. I WILL STOP TALKING. THANK YOU.

Commissioner Meieran: WOW. THANK YOU VERY MUCH FOR BEING HERE TODAY. YOUR EXPERIENCES AND YOUR PERSPECTIVES ARE AT THE HEART OF WHY WE'RE HERE, AND YOU SPOKE SO ELOQUENTLY. THANK YOU. I CAN'T THANK YOU ENOUGH. SO AGAIN WE'RE GOING TO HOLD ANY QUESTIONS OR COMMENTS UNTIL THE END. I WILL INVITE UP THE SECOND PANEL OF SPEAKERS NOW SO I WOULD LIKE TO INVITE UP WHY ALISHA MORELAND-CAPUIA, DWIGHT HOLTON, AND DR. PAUL LEWIS. WELCOME. WHEN YOU COME UP PLEASE STATE YOUR NAME FOR THE RECORD AND GIVE YOU A CHANCE TO SIT DOWN.

Dr. Moreland-Capua: AWESOME. WELL THANK YOU FOR HAVING ME HERE THIS MORNING. FIRST OF ALL THANK YOU TO WHO I CALL THE DOCTOR COMMISSIONER, MEIERAN FOR CONVENING US TODAY. THANK YOU FOR YOUR LEADERSHIP AND TO THE OTHER COMMISSIONERS TODAY. AND THANK YOU FOR THE PANEL THAT CAME BEFORE US. YOUR STORIES ARE POWERFUL AND MOVING AND IMPORTANT, AND I THINK THAT MY TIME HERE TODAY WILL BE TO KIND OF REINFORCE THE THINGS ALREADY SAID. A LOT OF CONTEXT HAS BEEN GIVEN SO I WON'T BORE YOU WITH THOSE DETAILS BUT HOPEFULLY WHAT I HAVE TO SAY ABOUT THE NATIONAL LEVEL AND WE'LL GO TO THE LOCAL LEVEL AS WE MOVE DOWN THE PANEL. THIS HAS ALREADY BEEN SAID BUT OPIOIDS IS A GENERAL CLASS AS DR. MEIERAN HAS SHARED, AND OPIATES, WHICH ARE SORT OF THE ORIGINAL FORM FALL UNDER THIS LARGER CLASS OF OPIOIDS. THERE ARE SYNTHETIC, SEMI-SYNTHETIC AND NATURAL. AND SO I WANT TO JUST KIND OF POINT YOUR ATTENTION TO A FEW TODAY LIKE ILLEGAL DRUGS, NAMELY LIKE HEROIN, AND THEN PRESCRIBED DRUGS LIKE THE PAINKILLERS THAT WE HAVE HEARD ABOUT TODAY, HYDROCODONE, OXYCODONE, CODEINE, MORPHINE, FENTANYL. YOU CAN PROGRESS TO THE NEXT SLIDE.

WE HEAR A LOT SO ONE OF THE THINGS THAT I DIDN'T SAY AND WAS ALMOST AFRAID TO SAY TODAY BUT WILL CONSCIOUSLY REVEAL IS THAT I AM IS A BOARD CERTIFIED ADDICTION PSYCHIATRIST, SO THAT BY THE TIME THAT PERSONS COME TO ME THEY ARE AT THE PEAK OF THEIR VULNERABILITY WITH EXCEPTIONAL NEED AND NEEDING A DIFFERENT LEVEL OF

INTERVENTION BUT I ALSO THINK THAT FOR THE PUBLIC'S KNOWLEDGE BE A DISTINCTION MADE BETWEEN ADDICTION AND PHYSICAL DEPENDENCE BECAUSE UNDERSTANDING THE DISTINCTION BETWEEN THESE TWO REALLY DOES DETERMINE WHAT LEVEL OF INTERVENTION YOU CAN HAVE, SO I WANT TO TAKE A BRIEF MOMENT TODAY HERE TO JUST INFORM YOU ALL OF THE DISTINCTION BETWEEN THOSE TWO. SO IF WE WERE AND, ALSO I WANT TO POINT OUT, IT IS A NATURAL THING TO AVOID PAIN AND SUFFERING. NO ONE WANTS TO BE IN PAIN AND NO ONE WANTS TO SUFFER. I THINK THAT THE REAL UNDERLYING QUESTION HERE IS ARE WE APPROACHING? ARE WE DEALING WITH THE APPROPRIATE PAIN? THERE IS THE PHYSICAL PAIN BUT A GREAT DEAL OF EMOTIONAL PAIN THAT WE NEVER GET TO THAT DRIVES THE OTHER, SO I THINK THAT WE HAVE TO CONSIDER THAT. BUT BACK TO THE ISSUE AT HAND.

Dr. Moreland-Capua: SO THERE IS PHYSICAL DEPENDENCE VERSUS ADDICTION. IF OPIOIDS ARE PRESCRIBED APPROPRIATELY WE NEVER GET TO EITHER ONE SO WE WANT TO LOOK AT THIS ADDICTION PROCESS SORT OF ON A SPECTRUM. AT THE BEGINNING THERE IS PHYSICAL DEPENDENCE, AND THAT'S THE BODY'S RELIANCE ON THE EXTERNAL SOURCE TO AVOID WITHDRAWAL WHICH CAN BE UNCOMFORTABLE, NAUSEA, VOMITING, DIARRHEA, AND IN TERMS OF INTERVENTION IT IS PREDICTABLE. AND I SHOULD TAKE OUT THE WORD "EASILY," BECAUSE I THINK THAT THAT'S A RELATIVE TERM BUT IT CAN BE MANAGED WITH MEDICATION AND ULTIMATELY I AM TALKING PHYSICAL DEPENDENCE HERE, CAN BE RESOLVED WITH A SLOW TAPER OFF OF THE OPIOIDS. THIS TYPICALLY HAPPENS AT THE BEGINNING STAGES SORT OF AT THE LOWER END OF THE SPECTRUM IN TERMS OF USING OPIOIDS OVER A LONG-TERM COURSE. AND THEN PHYSICAL DEPENDENCE INDEED CAN TRANSFORM INTO ADDICTION ITSELF.

THESE TWO THINGS WHILE THEY ARE NUANCED ARE VERY DIFFICULT, DIFFERENT ENTITIES. ADDICTION IS A CHRONIC RELAPSING BRAIN DISORDER. IT STARTS OUT WITH IMPULSIVITY AND MOVES TO COMPULSION. AND IT IS IDENTIFIED BY SIMPLIFIED BY THREE CS. IT BEARS CRAVING. THERE IS LOSS OF CONTROL OR CONTROL LOSS, AND THEN THERE ARE CONSEQUENCES WHICH ARE NEGATIVE. THAT IS AGAIN WHEN YOU ARE DEALING WITH THESE TWO ENTITIES IT REQUIRES DIFFERENT LEVELS, BUT UNDERSTANDING IT IS KEY, CAN WE PROGRESS TO THE NEXT SLIDE? SO AGAIN AS ALSO MENTIONED THIS IS A HUMAN ISSUE NOT THAT WE WANT TO BOIL THESE DOWN TO NUMBERS. WE REALIZE THAT THESE ARE LIVE HUMANS, FAMILIES, THIS HAS BEEN INDICATED, BUT JUST AGAIN FOR GREATER CONTEXT. DRUG OVERDOSE IS THE LEADING CAUSE OF ACCIDENTAL DEATH IN THE UNITED STATES OF AMERICA. A LITTLE OVER 52,000 LETHAL OVERDOSES TOOK PLACE IN 2015, AND THAT IS THE MOST RECENT DATA THAT WE HAVE AT THIS POINT. THE OPIOID ADDICTION AGAIN AS WE DESCRIBED NOT PHYSICAL DEPENDENCE BUT ADDICTION AS THE DRIVER OF THE EPIDEMIC HAS HAD A



LITTLE OVER 20,000 OVERDOSED DEATHS RELATED TO PRESCRIPTION PAIN RELIEVERS, WHICH IS THE TOPIC OF OUR DISCUSSION TODAY.

Dr. Moreland-Capuia: ABOUT 13,000 WERE RELATED TO HEROIN OVERDOSED DEATH SAYS. CAN WE PROGRESS TO THE NEXT SLIDE? OVER A TEN-YEAR PERIOD FROM 1999 TO 2009 OVERDOSED DEATH RATES SALES AND SUBSTANCE USE DISORDER TREATMENT EMISSIONS RELATED TO PRESCRIPTION PAIN RELIEVERS INCREASED EXPONENTIALLY. THERE ARE TWO SPECIFIC POPULATIONS, AND ACTUALLY THREE AS ONE OF THE COMMISSIONERS CAME IN AND MENTIONED THAT THIS IS SOMETHING THAT I THINK THAT EVERYBODY IS WANTING TO BE CONCERNED ABOUT BUT TWO POPULATIONS THAT I WANT TO BRING TO OUR ATTENTION TODAY AND THAT'S ADOLESCENCE AND WOMEN, IN THE CASE OF ADOLESCENCE ABOUT 270,000 ADOLESCENCE WERE CURRENT NON-MEDICAL USERS OF PAIN RELIEVERS AND WHAT THAT MEANS IS BASICALLY THEY ARE BUYING THEM OFF THE STREET. WITH 50% OF THEM EVENTUALLY BECOMING ADDICTED.

THE UNFORTUNATE PART IS THAT THESE PAIN RELIEVERS WERE OBTAINED FROM FRIENDS OR RELATIVES SO WE HAVE GOT A DEEPER ISSUE. WE SEE THE COMPLEXITY OF THE ISSUE THAT IT GOES DEEPER THAN GETTING IT FROM A DOCTOR. IT'S THAT MAY HAVE BEEN THE MAIN SOURCE BUT WE HAVE DIVERSION AND PEOPLE ACCESSING IT AND A LARGER PUBLIC HEALTH ISSUE. WE HAVE WOMEN. WOMEN WHO ARE MORE LIKELY TO HAVE CHRONIC PAIN AND BE PRESCRIBED OPIOIDS. UNFORTUNATELY. AND SO BETWEEN THAT SAME TIME PERIOD 1999 AND 2010 THERE WAS 48,000 WOMEN WHO DIED OF PRESCRIPTION PAIN RELIEVERS. THAT'S NOT JUST IN OVERDOSE BUT OTHER COMPLICATIONS. NEXT SLIDE. SO ESSENTIALLY THIS MAY BE TOO SMALL FOR YOU TO SEE BUT I WANT TO HIGHLIGHT THIS VERY IMPORTANT POINT. WE HAVE HEARD IN WORD BUT I WANTED YOU TO PHYSICALLY SEE IT, WHEN YOU LOOK AT THE NATIONAL DEATHS IT DOES NOT TAKE MUCH.

THE YELLOW REPRESENTS WOMEN. THE ORANGE BAR RED, DEPENDING ON IF YOU ARE COLORBLIND OR NOT, IS MALES AND WHAT YOU CAN SEE IS THAT THE TREND IS UPWARD, NOT A GOOD TREND. THE DEPTH HAS INCREASED IN BOTH AND IS REPRESENTED AS A 2.2-FOLD INCREASE FROM 2002 TO 2015. AND THEN YOU COMPARE THAT JUST OVERALL DEATHS FROM ALL DRUGS TO NATIONAL OVERDOSED DEATHS FROM OPIOID DRUGS, AND YOU SEE AGAIN THAT THE TREND IS NOT FAVORABLE. IT IS, IT CONTINUES TO GO UP AND FROM 2002 TO 2015 IT REPRESENTED A 2.8 FOLD INCREASE IN DEATHS. WE HAVE JUST DEATHS FROM PRESCRIPTION OPIOID PAIN RELIEVERS WHICH EXCLUDES FENTANYL IN THIS CASE. AGAIN YOU CAN SEE THE TREND. THE TREND IS OVERWHELMINGLY INCREASED, AND IT REPRESENTED A 1.9 FOLD INCREASE. I AM SORRY WE ARE LOOKING AT THE TIME PERIOD FROM 2002 TO 2015, AND NEXT TO THAT IS THE NUMBER OF DEATHS FROM HEROIN. THAT REPRESENTED THE 6.2-FOLD INCREASE, RIGHT, SO IT SORT OF MAKES SENSE AS WE HAVE THE CONVERSATION AS OUR PANELIST MEMBERS SORT OF

EXPLAINED THAT IT STARTED WITH PAIN RELIEVERS AND THEN IT TRANSITIONED TO HEROIN SO AGAIN I DON'T THINK THAT WE HAVE TO REITERATE THIS OVER AND OVER AGAIN. HOUSTON WE HAVE AN ISSUE.

Dr. Moreland-Capua: SO I ALSO WANTED TO POINT OUT THAT WE'RE TALKING A LOT ABOUT OPIOIDS. BUT WE CANNOT REALLY TALK ABOUT OPIOIDS IN THIS EPIDEMIC WITHOUT TALKING ABOUT BENZO DRUGS LIKE KLOPIN, THE SAME WAY THAT PEOPLE ARE GETTING OPIOIDS, THEY ARE GETTING THESE. SO THE PROBLEM WITH THIS IS THAT IT IS DANGEROUS. THE BENZOS ACT THE SAME WAY AS OPIOIDS, THEY CAN COMPROMISE THE RESPIRATORY SYSTEM BUT ALSO IN WITHDRAWAL THEY ACTUALLY ARE VERY DANGEROUS. PEOPLE CAN DIE FROM A BENZO WITHDRAWAL, IT'S A SERIES OF BEING LIKE AN ALCOHOL WITHDRAWAL. SO WHAT WE ARE SEEING UNFORTUNATELY IS AN INCREASED TREND IN BENZOS BEING PRESCRIBED FOR ANXIETY OR VERTIGO, THAT THEY ARE BEING AGAIN DIVERTED ON THE STREET, AND YOUNG PEOPLE ARE USING THEM AND YOU ARE HAVING MORE YOUNG PEOPLE SHOWING UP TO EMERGENCY ROOM DEPARTMENTS WITH SEIZURE FROM THESE THAT WERE NEVER PRESCRIBED BY A PHYSICIAN.

SO I WANTED TO POINT THAT OUT SINCE WE HAVE PUBLIC AUDIENCE HERE. NEXT, AS I SUMMARIZE AND BRING THIS TO A CLOSE I THINK WHAT WE ARE DISCUSSING THERE IS PREVENTION VERSUS INTERVENTION, AND OF COURSE WHAT WE SEEK TO DO IS TO PREVENT. IF WE CAN PREVENT BY PRESCRIBING LESS AND PRESCRIBING WITHIN THE CONFINES OF HOW OPIOIDS ARE TO BE PRESCRIBED IN THE FIRST PLACE WE WOULD NOT BE HERE. BUT UNFORTUNATELY WHAT WE ARE DEALING WITH RIGHT NOW IS INTERVENTION AND HOW DO WE DO THAT, AT WHAT LEVEL? AND SO THERE IS THINGS THAT CAN BE DONE RIGHT THAT IF PRESCRIBING DOES TAKE PLACE IT SHOULD BE DONE WITH SHORT-TERM SCRIPTS WITH OTHER OPTIONS GIVEN FOR PAIN MANAGEMENT. THERE ARE A NUMBER OF WONDERFUL PAIN OPTIONS.

MORE CONSULTS SHOULD BE DONE IN THE HOSPITAL. TO ALSO EDUCATE EVERY TIME AN OPIOID PRESCRIPTION IS GIVEN, NALOXONE PRESCRIPTION SHOULD BE GIVEN, AND THAT FAMILY MEMBERS AND THE PERSON RECEIVING THE OPIOIDS SHOULD BE EDUCATED, EDUCATION SHOULD BE HAPPENING AS WELL. AS I SAID BEFORE I CANNOT EXPRESS IT ENOUGH, CONSIDER OTHER MEANS OF MANAGING PAIN BECAUSE THEY ACTUALLY ARE. I WISH THAT I HAD MORE TIME. HOPEFULLY YOU WILL INVITE ME FOR ANOTHER TIME BUT I THANK YOU FOR THIS TIME TODAY, COMMISSIONER MEIERAN AND CHAIR KAFOURY AND COMMISSIONERS AND YEAH. NEXT UP IS DWIGHT.

Mr. Holton: GOOD MORNING. MY NAME IS DWIGHT HOLTON, I AM THE CEO OF LINE FOR LIFE, WE PREVENT DRUG ABUSE AND SUICIDES. I HAVE THE PLEASURE TO WORK WITH THE MULTNOMAH COUNTY HEALTH DEPARTMENT AS A CLOSE PARTNER ON PREVENTING OPIOID ABUSE AND TRYING TO ATTACK THIS PROBLEM, AND I WILL TELL YOU AS WE CONDUCTED SUMMITS

ALL AROUND THE STATE AT LINE FOR LIFE ON THE OPIOID CHALLENGE AND THE EPIDEMIC, MULTNOMAH COUNTIES HEALTH DEPARTMENT IS LEADING THE WAY, SO IT'S A GREAT PLEASURE TO WORK WITH PAUL, AS WELL AS WITH HAVEN WHEELOCK AND OTHER FOLKS ASSOCIATED WITH MULTNOMAH COUNTY WHO ARE REALLY KIND OF SETTING THE STANDARD IN TERMS OF THE POLICY-MAKING AND SAVING PEOPLE'S LIVES. 280 MILLION PILLS. 280 MILLION PILLS OF OPIOIDS THAT IS LEGAL HEROIN ARE PRESCRIBED IN OREGON EVERY 12 MONTHS, THAT'S 70 FOR EVERY MAN, WOMAN, AND CHILD. I DIDN'T GET MINE LAST YEAR SO SOMEBODY GOT 140. WE ARE A WASH IN PRESCRIPTION OPIOIDS. IT WAS NOT ALWAYS THIS WAY. AS RECENTLY AS 1980S AND EARLY 1990S AS COMMISSIONER MEIERAN MENTIONED, DOCTORS CONSIDERED PRESCRIBING OPIOID TOO RISKY.

WE HAVE KNOWN FOR HUNDREDS OF YEARS THAT OPIOIDS ARE EXTREMELY ADDICTIVE. IN FACT, THE ENTIRE BUSINESS MODEL OF THE BRITISH EAST INDIA TRADING COMPANY IN THE EARLY 19TH CENTURY WAS BASED ON THE ADDICTIVE PROPERTIES OF OPIOIDS. BUT STARTING IN THE EARLY 1990S PHARMACEUTICAL COMPANIES LED BY PURDUE PHARMA LAUNCHED A CAMPAIGN TO CONVINCE THE PRESCRIBERS THAT OPIOIDS COULD BE PRESCRIBED SAFELY FOR CHRONIC PAIN AND THAT THEY WERE VERY EFFECTIVE AT TREATING CHRONIC PAIN. THEY DISPATCHED SALES PEOPLE ACROSS THE NATION TO SHARE THIS GOOD GOSPEL THAT THEY WERE A WONDER DRUG FOR PAIN AND POSED LITTLE RISK OF ADDICTION, AND THE RESULTS WERE PREDICTABLE.

SO AS YOU CAN SEE WE HAVE THIS CHART WITH THREE LINES. THE PURPLE LINE IS OPIOID SALES, AND OF KILOGRAM PER 10,000 CITIZENS, EXCUSE ME, RESIDENTS, AND THE GREEN LINE IS OPIOID OVERDOSE DEATHS FOR 100,000 AND THE BLUE LINE IS OPIOID TREATMENT EMISSIONS PER 10,000 FROM 1999 TO 2010. AND REMARKABLE HOW PARALLEL THE SLOPE OF THE CURVES ARE AS WE SOLD MORE AND MORE OPIOIDS, AND SAW MORE AND MORE TREATMENT EMISSION SAYS, AND MORE AND MORE OVERDOSED DEATHS AND JUST A REMARKABLE GROWTH FROM LESS THAN TWO KILOGRAMS PER 10,000 IN 1999 TO NEARLY EIGHT PER 10,000 IN 2010, AND THAT CONTINUED THEREAFTER.

THE RESULTS WERE PREDICTS BUILDING. AS ANY HEALTH CARE PROFESSIONAL WILL TELL YOU, THE DECISION TO PRESCRIBE A DRUG REQUIRES A BALANCE OF RISK AND REWARD. PHARMA SPENT THE 1990S CONVINCING PRESCRIBERS THAT THERE WAS ALMOST NO RISK OF ADDICTION AND A VERY HIGH REWARD OF TREATMENT OF CHRONIC PAIN. WELL AS IT TURNS OUT THEY HAD THIS EXACTLY BACKWARDS. THE DATA IS REMARKABLE. IF YOU LOOK AT THE NUMBERS ON THE CURRENT SLIDE THEY OUGHT TO TAKE YOUR BREATH AWAY. IF YOU ARE ON OPIOIDS FOR 30 DAYS THERE IS A 47% LIKELIHOOD THAT YOU WILL STILL BE ON THOSE DRUGS IN THREE YEARS. IF YOU ARE ON A 90-DAY COURSE THERE IS A 60% LIKELIHOOD

YOU ARE STILL ON THOSE OPIOIDS IN FIVE YEARS. LET ME PUT THAT ANOTHER WAY. IF YOU ARE ON A 90-DAY COURSE OF OPIOIDS AND YOU ARE NOT STILL ON THEM IN FIVE YEARS THAT WOULD BE 2022 FROM TODAY, YOU ARE LUCKY. YOU ARE IN THE MINORITY. SO AS DR. JAY BALLENTINE FROM THE UNIVERSITY OF WASHINGTON PUT IT WE ARE CREATING A LOST GENERATION BY PUSHING OUT THESE MASSIVE NUMBERS OF OPIOIDS GIVEN THE DEPENDENCY RESULTS WE ARE CREATING A LOST GENERATION, AND THE RESULTS ARE DEVASTATING.

Mr. Holton: THIS SLIDE IS MORE UP TO DATE. WE ARE LOOKING AT 20,000 OVERDOSED DEATHS FROM PRESCRIPTION OPIOIDS EVERY YEAR. IT'S MORE THAN ONE EVERY 30 MINUTES. THAT MEANS SOMEBODY DIED THIS MORNING, SO 150 DEATHS IN OREGON EVERY YEAR. SOMETIMES A BIT MORE AND SOMETIMES LESS. WE'VE BROUGHT THE NUMBER DOWN SIGNIFICANTLY WITH HELPFUL FROM THE NALOXONE DISTRIBUTION PROGRAMS LIKE THAT ONE THAT HAVEN WHEELLOCK RUNS, AND WITH THE HELP OF MULTNOMAH COUNTY, OREGON RANKS FOURTH IN NON-MEDICAL USE OF OPIOIDS. THAT'S AN IMPROVEMENT FROM NUMBER ONE. YEAH. SO WE'RE GOING IN THE RIGHT DIRECTION AND I THINK THAT THERE IS GOOD NEWS THAT WE ARE MAKING PROGRESS. WE HAVE OVER 4 MILLION OPIOID SCRIPTS IN OREGON, MOST YEARS, AND IT'S 55% OF ALL DRUGS PRESCRIBED AND 280 MILLION PILLS IN OREGON EVERY YEAR. THE CENTERS FOR DISEASE CONTROL TELLS US OF COURSE SOMETHING THAT WE ALREADY KNOW WHICH IS THAT THE DEATHS ARE JUST THE TIP OF THE ICEBERG.

THE CDC ESTIMATES THAT FOR EACH DEATH WE CAN EXPECT 15 ABUSE TREATMENT SUBMISSIONS, 26 E.R. VISITS AND 150 PEOPLE WHO ABUSE OR ARE DEPENDENT AND 733 NON-MEDICAL USERS AND 4.3 MILLION IN HEALTH CARE SYSTEM COSTS. THAT DOES NOT INCLUDE PRODUCTIVITY OR THE HAVOC WREAKED ON FAMILIES AND FRIENDS, AND THE PERSON WHO IS SUFFERING FROM THE ADDICTION ITSELF. SO LET ME DO THE MATH FOR YOU. WE'RE TALKING ABOUT OVER 4,000 E.R. VISITS OVER 17,000 FOLKS WHO ARE DEPENDENT ON OPIOIDS, AND 112,000 PEOPLE WHO USE OPIOIDS NON-MEDICALLY AND 669 MILLION IN HEALTH CARE COSTS ALONE IN OREGON FROM OPIOID DEPENDENCY AND RELATED DEATHS. I HAVE BEEN WORKING ON THIS ISSUE SINCE I WAS AN ATTORNEY BACK IN 2010. AS AN ATTORNEY I HELD THE FIRST STATEWIDE SUMMIT EVER NOT IN OREGON BUT IN THE NATION ON OPIOID ADDICTION. THAT WAS SEVEN YEARS AGO. ONE OF THE MOST AMAZING FEATURES OF THIS CRISIS TO ME, WHICH IS KILLING TENS OF THOUSANDS OF PEOPLE EACH YEAR IS THE COMPLETE FAILURE OF THE PHARMACEUTICAL COMPANIES TO TAKE ANY RESPONSIBILITY WHATSOEVER FOR THE HAVOC THAT THEIR PROFITS HAVE WREAKED.

THEY HAVE MADE TOKEN MOVES WHICH SEEMED DESIGNED MORE FOR PUBLIC RELATIONS THAN FOR EFFECTIVENESS. I TRIED TO BE PATIENT AS I HAVE TAKEN THIS ISSUE ON FIRST AS UNITED STATES ATTORNEY AND NOW

AN ADDS ADVOCACY ROLE BUT I AM MOVING QUICKLY FROM PATIENT TO PISSED OFF. IN THE LEGISLATIVE SESSION, PHARMA [INAUDIBLE] THE MOST BASIC STEPS TO ENSURE EFFECTIVE AND SAFE DISPOSAL OF OPIOIDS THAT ARE LEFT OVER IN OUR MEDICINE CABINETS. IT IS ABUNDANTLY CLEAR THE PHARMACEUTICAL COMPANIES WILL NOT ACT VOLUNTARILY. THERE IS TOO MUCH MONEY TO BE MADE. FINALLY AS WE SEE A DEATH, ESSENTIALLY, EVERY HALF AN HOUR TO PULL THEIR WEIGHT IN MEETING THE CHALLENGE OF THE CRISIS.

Mr. Holton: I AM FRANKLY SICK AND TIRED OF MEETING MOMS AND DADS AND SISTERS AND BROTHERS OF PEOPLE WHO HAVE DIED IN THE OPIOID CRISIS. I AM SICK AND TIRED OF MEETING THE INCREDIBLY COURAGEOUS PEOPLE LIKE TIFFANY AND MIKE AND OTHERS WHOSE LIVES HAVE BEEN RIPPED A THUNDER BY OPIOIDS, SO I AM HAPPY TO BE OF ASSISTANCE IN ANY WAY THAT I CAN.

Dr. Lewis: I AM PAUL LEWIS, MULTNOMAH COUNTY HEALTH OFFICER. THANK YOU FOR INCLUDING ME IN THE PRESENTATION. I AM AT THE END OF THE BATTING ORDER, AND I THINK THAT YOU HAVE GOTTEN THE PICTURE FROM THE PERSONAL END THROUGH THE PROFESSIONAL AND ADVOCACY END. YOU HAVE SEEN THIS PICTURE. THAT'S THE PREFACE TO OUR LOCAL SITUATION. MIXED FEELINGS WITH THIS GRAPH WHICH SHOWS OUR PEAK OF DEATHS IN 2011 AND THEN A DECREASE AND A FLAT LINE FOR THE LAST FOUR YEARS. I THINK THAT WE SHOULD BE DOING BETTER. THIS GRAPH DOES NOT SHOW ANY IMPROVEMENT BUT ON THE OTHER HAND WE HAVE SOME HEROIC EFFORTS GOING ON, ON THE GROUND AND AT OTHER LEVELS AND I THINK THAT IT'S IN COMPARISON TO THE NATIONAL TREND WHERE WE CAN AT LEAST FEEL LIKE OUR EFFORT ARE HAVING SOME EFFECT. I HAVE NOT REALLY TURNED THINGS AROUND BUT IT'S NOT GETTING WORSE AS IT IS ANYWHERE ELSE.

I DO WANT TO POINT OUT, THOUGH, THAT WE ARE ON PINS AND NEEDLES BECAUSE THERE ARE DRUGS THAT ARE MORE FREQUENTLY FOUND IN OTHER PARTS OF THE COUNTRY THAT ARE STRONGER THAN HEROIN, THAT HAVE CAUSED RASHES OF OVERDOSES, MANY OF WHICH HAVE BEEN FATAL, AND THE DRUGS ARE CALLED FENTANYL OR THINGS LIKE THAT, AND WE HAVE SOME OF THAT BUT DON'T HAVE IT AS THE PREDOMINANT DRUG HERE, BUT THAT CAN CHANGE AT ANY TIME. AND HENCE THE URGENCY FOR ACTION. THIS IS ALL THREE COUNTIES. WE DO A LOT OF THIS WORK AS A REGION. THERE IS A BUNCH OF NOISE BECAUSE PEOPLE HAVE MORE THAN ONE DRUG ONBOARD AT THE SAME TIME.

I AM NOT SURE WHAT HAPPENED TO THE FORMATTING HERE BUT THE BRIGHT COLOR IS DRUG OVERDOSES FROM PRESCRIPTION DRUGS. IT'S THE PREPONDERANCE IS OF PRESCRIPTION DRUGS IN THE STATE. I WILL NOT TOUCH ON THIS. A LOT OF PEOPLE GET PRESCRIPTIONS. THERE IS ENOUGH

TO TREAT EVERYBODY. THIS IS A NATIONAL GRAPHIC. I LIKE IT BECAUSE IT'S SIMPLE, THE MAJORITY OF THE PEOPLE INJECTING OPIOIDS REPORT FIRST GETTING STARTED WITH THE DEPENDENCE. WITH PAINKILLERS. HERE OUR SURVEYS HAVE SHOWN IT CLOSER TO 50 TO 60% BUT THE POINT IS THE LINK. I HAVE A LITTLE SLIGHTLY BUSY DIAGRAM BUT I WANT TO WALK THROUGH IF YOU IT.

Dr. Lewis: YOU HEARD ABOUT APPROPRIATE PRESCRIBING WHICH LEADS TO THE END OF LIFE ISSUES AND THERE IS VERY CLEAR APPROPRIATE PRESCRIBING OF OPIOIDS. WE GET INTO TROUBLE WITH EITHER THE PROLONGED USE. DWIGHT POINTED OUT THE RISK OF A MONTH OR THREE MONTHS OF USE LEADING TO PHYSICAL DEPENDENCE OR OTHER THINGS. AND TO THE ISSUE OF HAVING THIS HUNDREDS OF MILLIONS OF PILLS FLOATING AROUND LEADING TO DIVERSION AND NON-MEDICAL USE MEANING A USE FOR THINGS THAT ARE NOT IN THE GREEN AREA THERE.

AGAIN THE CONSEQUENCES THERE, THE PHYSICAL DEPENDENCE WHICH WE'RE ALL SUSCEPTIBLE TO. I LIKE TO POINT OUT THE KIDS WE TAKE CARE OF WE FREQUENTLY MAKE PHYSICALLY DEPENDENT WHILE THEY RECOVER FROM THEIR ILLNESS AND INJURY AND WE HAVE TO SLOWLY TREAT THEIR DEPENDENCE AND GET THEM OFF OPIATES. IT'S PART OF BEING HUMAN. THERE IS THIS OTHER ISSUE, THOUGH, AND THAT'S THE LINK THAT WE TALKED ABOUT, THE LINK BETWEEN MISUSE OF PRESCRIPTION PILLS AND LEADING TO POTENTIALLY MORE DANGEROUS USE OF OTHER DRUGS, ALTHOUGH I WANT TO POINT OUT HALF OF OUR DEATHS ARE FROM PRESCRIPTION OPIOIDS. WHAT I REALLY NEED, AM HERE TO DO HOWEVER IS TO TRY TO CLOSE THIS PART OF THE DISCUSSION.

YOU HAVE HEARD A LOT, MUCH BETTER THAN I CAN SUMMARIZE ABOUT THE OVERARCHING AND INDIRECT IMPACTS OF OPIATE MISUSE TO INDIVIDUALS. THEY HAVE DISCUSSED THE ISSUES WITH THEIR FAMILIES AND TO THE BROADER COMMUNITY. THE OTHER THING, AND WE HAVE TALKED ABOUT THIS AT OTHER SESSIONS, IS THIS IS INTER-GENERATIONAL. THE BIGGEST RISK FROM PEOPLE WHO HAVE A LOT OF ADVERSE CHILDHOOD EVENTS IS SUBSTANCE MISUSE LATER IN LIFE. SO AGAIN OUR CHILDREN AND GRAND CHILDREN WILL STILL BE DEALING WITH THIS ISSUE EVEN IF WE WERE TO STOP IT RIGHT THIS MINUTE TODAY SO IT'S GOING TO CONTINUE. THE OTHER THING, AND DR. MORELAND ALSO POINTED OUT THERE ARE A LOT OF OTHER SUBSTANCES. OPIATES ARE ONE. THERE IS A LOT OF ALCOHOL. EVERY YEAR THERE SEEMS TO BE ANOTHER DRUG. WE ARE SEEING JOINT USE OF OPIATES AND METHAMPHETAMINE NOW. AND BEFORE I GET INTO THE DIRECT CONSEQUENCES, WE'RE TALKING ABOUT THE BROADER AND INDIRECT CONSEQUENCES.

I DON'T THINK THAT ANY DISCUSSION ABOUT DRUG POLICIES COMPLETE UNLESS WE ACKNOWLEDGE THE DECADES OF UNEQUAL ENFORCEMENT OF

THE WAR ON DRUGS, AND THE CONSEQUENCES OF ALL THOSE PUBLIC POLICIES ON COMMUNITIES OF COLOR SO I WANT TO PUT THAT OUT THERE THAT THAT'S NOT THE FOCUS BUT A VERY IMPORTANT BACKDROP. AND WHAT I AM GOING TO DISCUSS IN THE NEXT COUPLE OF MINUTES IS INCOMPLETE, BUT TO GIVE YOU A FLAVOR OF THE CONSEQUENCES TO YOUR GOVERNMENT AND YOUR EMPLOYEES, OUR PRIMARY CARE CLINICS WERE THE LEADERS IN THE STATE ACTUALLY BACK AS EARLY AS 2009 IN IDENTIFYING THIS AS A PROBLEM LINKING THEIR PRESCRIBING TO BAD OUTCOMES INCLUDING DEATHS, AND THE IMPOSITION FOR THE TIME TRULY RADICAL SAFE PRESCRIBING POLICIES. THEY HAVE NEEDED TO DEVELOP SPECIAL COMMITTEES TO REVIEW OPIOIDS AND TRAIN THEIR PROVIDERS INTO HOW TO TREAT WITHDRAWAL AND ADDICTION.

Dr. Lewis: OUR HEALTH DEPARTMENT HAS A LONG HISTORY OF HARM REDUCTION SERVICES AND INCLUDING SYRINGE EXCHANGE IN A VERY CLOSE PARTNERSHIP WITH OUTSIDE IN THAT HAVEN WHEELLOCK DESCRIBED AND THE NUMBERS I WILL THROW ARE COMBINED NUMBERS OF MULTNOMAH COUNTY AND OUTSIDE AND WORKING TO GO. THE SYRINGE EXCHANGE HAS A LOT OF IMPORTANCE, ONE OF THEM IS PREVENTING THE SPREAD OF HIV AND HEPATITIS C. I WANT TO EMPHASIZE SYRINGE EXCHANGE, NEARLY EVERY SYRINGE THAT GETS DISTRIBUTED IS RETURNED TO THAT. THERE IS A LOT OF CHATTER ABOUT OUR PROGRAMS CAUSING DISCARDED SYRINGES. WE GET ALMOST ALL OF THEM BACK SO THAT'S NOT ACCURATE. AND BOTH OUTSIDE IN AND MULTNOMAH COUNTY HEALTHY HAVE LED IN THE DISTRIBUTION AND TRAINING IN THE USE OF THE WONDER DRUG, AND NALOXONE TO REVIVE PEOPLE ARE THE MOST RECENT NUMBERS, MORE THAN 3,300 PEOPLE HAVE BEEN TRAINED AND RECEIVED NALOXONE KITS. THEY REPORT MORE THAN 2,000 SUCCESSFUL REVERSALS OF PEOPLE WHO WOULD HAVE DIED, AND AGAIN AN ATTEMPT TO AMPLIFY WHAT WE ARE DOING, OUR FOLKS, PARTICULARLY LINDSEY JENKINS TRAINED 200 PEOPLE TO BE TRAINERS THEMSELVES TO AMPLIFY THAT EFFORT.

FINALLY WE HAVE SOME DROP BOXES TO ADDRESS THE SYRINGE DISPOSAL ISSUE AND MORE OF THOSE ARE PLANNED. AS YOU KNOW DCHS IMPACTS CLIENTS TO SERVICES. CLIENTS WHO HAVE OPIOIDS, PHYSICAL DEPENDENCE OR ADDICTION MAKES IT A LOT HARDER TO CONNECT TO THOSE SERVICES, AND HARDER FOR THEM TO RETURN TO A SAFE ENVIRONMENT AND TO DEVELOP ECONOMIC STABILITY. AND IN ADDITION OF FAMILY AND PAID CAREGIVERS WITH DEPEND AS SOON AS PROBLEMS MAY NEGLECT THEIR DUTIES AND BE UNABLE TO CARE FOR OUR VULNERABLE POPULATIONS, AND FINALLY DR. MORELAND POINTED OUT THE BROAD AGE SPECTRUM. OUR DEATHS RANGE FROM TEENAGERS TO PEOPLE IN THEIR 80S, AND AGAIN OLDER ADULTS ARE ONE OF THE GROUPS WITH THE HIGHEST RATE OF PRESCRIBING AND OF MISUSE.

Dr. Lewis: IN CORRECTIONS THIS IS A MASSIVE PROBLEM. NEARLY HALF OF THE APPROXIMATELY 2000 DETAINEES HAVE A SUBSTANCE ABUSE PROBLEM. SO AGAIN IF YOU DO THE MATH LIKE 12,000 PEOPLE A YEAR ARE ENTERING OUR CORRECTIONS WITH SUBSTANCE ABUSE PROBLEMS. THEY HAVE MANY, MANY MEDICAL ISSUES INCLUDING INTOXICATION, WITHDRAWAL, AND THE SKIN AND SOFT TISSUE INFECTIONS AND DEEPER INFECTIONS LIKE HEART INFECTIONS. ALL THESE CASES HAVE TO BE REVIEWED BY THE DEPARTMENT OF COMMUNITY JUSTICE PRETRIAL UNIT AND MOST OF THEM END UP ON COMMUNITY SUPERVISION, AS WELL. AND ALL OF US WHO HAVE WORKED WITH CLIENTS KNOW THAT ADDING A PROBLEM LIKE A SUBSTANCE ABUSE ON TOP OF THE OTHER PROBLEMS MAKES A SUCCESSFUL OUTCOME MORE CHALLENGING. AND FINALLY JUST TO CLOSE THIS PROBLEM EVEN REACHES INTO OUR LIBRARIES WHERE THE PUBLIC RESTROOMS ARE USED FOR INJECTION, NEEDLES ARE LEFT BEHIND, AND BLOOD IS LEFT ON THE FLOORS. THERE IS SO MUCH OF THIS GOING ON THAT THE LIBRARY STAFF HAS REQUESTED TRAINING IN USE OF NALOXONE. SO AGAIN THIS IS JUST A PARTIAL VIEW OF SOME OF THE IMPACTS ON COUNTY GOVERNMENT.

Chair Kafoury: THANK YOU. THAT WAS A LOT OF VERY IMPORTANT INFORMATION AND I THINK OUR COMMISSIONERS MIGHT HAVE QUESTIONS FOR THIS PANEL BEFORE OUR COUNTY ATTORNEY COMES UP? QUESTIONS FOR THIS PANEL? OK. ALL RIGHT. WELL APPARENTLY YOU ANSWERED ALL THE QUESTIONS. I THINK THAT WE HAVE JENNY COMING UP NEXT.

Ms. Madkour: GOOD MORNING. JENNY MADKOUR, YOUR COUNTY ATTORNEY, AND WITH ME TODAY I HAVE PART OF OUR LEGAL TEAM, JAMES RICE, NICK KAHL, AND BRENT IS COMING THIS WAY. AND WE HAVE HEARD SOME POWERFUL STORIES TODAY ABOUT THE IMPACTS OF THE OPIOID EPIDEMIC ON OUR COMMUNITY, ON INDIVIDUALS, AND ON THE COUNTY AS WE PROVIDE SERVICES. IT BEGS THE QUESTION WHAT CAN WE DO? THE BOARD OF COUNTY COMMISSIONERS AND A LEGISLATIVE BODY OF MULTNOMAH COUNTY WE'RE ASKING YOU TODAY TO PASS A DECLARATION WHICH WILL DECLARE A PUBLIC NUISANCE ASSOCIATED WITH THE IMPACTS OF THE EPIDEMIC. IN ADDITION WE ARE ASKING FOR AUTHORITY TO BRING A LAWSUIT TO HOLD THE MAKERS OF OXYCONTIN AND OTHERS RESPONSIBLE AND ACCOUNTABLE FOR THEIR IMPACT. I AM GOING TO TURN IT OVER TO MR. RICE, AND HE WILL GIVE YOU A BIT MORE DETAILS. WE'LL KEEP IT SHORT BECAUSE WE KNOW THAT TIME IS AN ISSUE TODAY, AND IF THERE IS QUESTIONS WE'LL BE AVAILABLE TO ANSWER THEM.

Mr. Rice: CHAIR KAFOURY AND COMMISSIONER MEIERAN AND THE OTHER COMMISSIONERS HERE I AM JIM RICE, LITIGATION MANAGER FOR THE COUNTY ATTORNEY'S OFFICE. TODAY WE'RE HERE BECAUSE OF A PILL INDUCED OPIOID EPIDEMIC. THE LAW CAN BE PART OF THE SOLUTION. WHAT WE'RE LOOKING FOR HERE IS ACCOUNTABILITY FROM THE CORPORATE DEFENDANTS WHO REALLY ARE PROFITEERS WITHOUT CONSCIENCE, HAVE



DESTROYED LIVES AND DAMAGED OUR COMMUNITIES' WELLBEING. LIKE ANY WRONGDOER THEY SHOULD BE BROUGHT BEFORE A JURY TO ASSESS THE LIABILITY IF APPROPRIATE, WE SHOULD BE AWARDED MONEY DAMAGES. THIS TYPE OF LAW ENFORCEMENT IS COMPLEX, GOING TO REQUIRE SPECIALIZED KNOWLEDGE WITH ATTORNEYS, IS A TRAINED STAFF AND FINANCIAL RESOURCES TO GO AFTER A BIG PHARMA.

Mr. Rice: FORTUNATELY WE'VE BEEN ABLE TO RETAIN THOSE KINDS OF LAWYERS WITH A NATURAL STATURE. LOCALLY WE HAVE A PORTLAND ATTORNEY, NICK KAHL, ASSOCIATED WITH BRENT AND ALSO THE WIGGINS FIRM WHO HAVE IN THE PAST DEALT WITH COMPLEX, SOPHISTICATED ISSUES, AND THEY HAVE A WINNING PROVEN TRACK RECORD. MAKE NO MISTAKE ABOUT IT. THIS IS DAVID VERSUS GOLIATH. WE ARE DEALING WITH PEOPLE ON THE OTHER SIDE WHO HAVE TREMENDOUS RESOURCES. IT WOULD BE WRONG TO STAND PAT AND DO NOTHING. THE COUNTY WE KNOW SPENDS AND HAS CONTINUED TO SPEND VAST AMOUNTS OF FINANCIAL RESOURCES THAT'S BEEN CREATED BY THIS EPIDEMIC DUE TO THE RECKLESS PRACTICES OF THE CORPORATE DEFENDANTS. OUR GOAL IS TO EMPLOY OUTSIDE COUNSEL TO SEEK A RESULT AND RECTIFY THIS WRONG BY BRINGING THEM BEFORE A JURY AND HERE IN MULTNOMAH COUNTY. I AM CONFIDENT IN THE END THAT THE JUSTICE IS GOING TO BE PREVAIL AND WE WILL ABATE THIS NUISANCE IF WE CAN HIRE THESE LAWYERS AND FILE THE LAWSUIT.

Commissioner Meieran: THAT'S OUR PRESENTATION FROM THE LEGAL SIDE.

Ms. Madkour: AGAIN WHAT WE ARE ASKING IS FOR APPROVAL OF THE DECLARATION OF PUBLIC NUISANCE AND APPROVAL FOR THE COUNTY ATTORNEY TO FILE THIS LAWSUIT.

Chair Kafoury: DO WE HAVE QUESTIONS OR COMMENTS FOR THIS PANEL?

Commissioner Stegmann: THANK YOU VERY MUCH. THIS IS REALLY JUST A HEART WRENCHING ISSUE, AND I THANK YOU COMMISSIONER MEIERAN. YOUR EXPLANATION WAS JUST SO HELPFUL AND EDUCATIONAL FOR ME BECAUSE I REMEMBER THE 1980S AND 1990S WHERE DOCTORS DIDN'T PRESCRIBE. IT WAS A KNOWN FACT THAT YOU DID NOT PRESCRIBE OPIOIDS, AND THEN ALL OF A SUDDEN I AM LIKE WHAT HAPPENED? EVERYBODY I KNOW WAS DEPRESSED OR BEING PRESCRIBED MEDICATION BECAUSE OF ANY REASON AT ALL. SO IT WAS REALLY HELPFUL FOR ME TO HEAR WHAT HAPPENED, WHY IT HAPPENED, AND I THINK ALL THIS IS AS PREVALENT AS CANCER. WE HAVE ALL BEEN TOUCHED BY A FAMILY MEMBER, FRIEND, OR NEIGHBOR WITH CANCER, AND I THINK THAT WE HAVE ALL BEEN TOUCHED BY SOMEBODY WHO HAS HAD SOME TYPE OF ADDICTION ISSUE.

Commissioner Stegmann: I COULDN'T BE MORE PROUD TO BE PART OF A COMMISSION THAT IS GOING TO DO SOMETHING ABOUT THIS, AND I WANT TO

THANK YOU AND YOUR STAFF AND FOR ALL OF THE PEOPLE THAT TESTIFIED. IT TAKES A LOT OF COURAGE. I AM SO HAPPY TO SEE A ROOM FULL OF PEOPLE. I TELL MY STAFF IT'S LIKE HEY LET'S GO OUT AND CHANGE THE WORLD. I BELIEVE THAT WE CAN DO THAT, AND I JUST WANT TO THANK EVERYONE WHO IS HERE TO SUPPORT THIS ISSUE AND LET'S MOVE FORWARD. THANK YOU ALL FOR SUPPORTING FOLKS THAT NEED THIS HELP. AND AS WE KNOW THESE FOLKS, THEY HAVE SEEN ADDICTION. THEY ARE NOT BAD PEOPLE. THEY ARE PEOPLE THAT HAVE BEEN CAUGHT UP IN SOMETHING THAT THEY HAD NO MAKING OF THEIR OWN. WE HAVE A DUTY TO OUR YOUTH AND TO OUR SENIORS AND ANYBODY WHO HAS BEEN VICTIMIZED BY THIS PROFITEERING. THANK YOU FOR BRINGING THIS FORWARD.

Vice-Chair Vega Pederson: THANK YOU. I WANT TO ECHO COMMISSIONER STEGMANN'S COMMENTS AND REALLY THANK YOU COMMISSIONER MEIERAN FOR BRINGING THIS FORWARD AND USING YOUR SOUTHEASTERN AND YOUR PASSION TO ADVOCATING FOR THIS. WE HEARD SOME VERY TOUCHING STORIES. I WANT TO THANK EVERYBODY WHO CAME AND TESTIFIED TODAY BOTH FROM YOUR EXPERIENCE AND YOUR LIFE EXPERIENCES WITH THIS ISSUE. WE ALL KNOW FOLKS WHO HAVE, THROUGH NO FAULT OF THEIR OWN BECOME ADDICTED TO PILLS, AND WHETHER IT'S A YOUNG PERSON WHO DOES NOT UNDERSTAND THE SERIOUSNESS OF WHAT THEY ARE DOING BY TAKING PILLS OUT OF THEIR PARENT'S MEDICINE CABINET OR SOMEBODY WHO HAS GONE THROUGH CHILDBIRTH AND WAS PRESCRIBED THIS ON THE NATURAL COURSE OF HAVING A BABY AND THEN BECOMING ADDICTED.

THIS IS SOMETHING THAT'S AFFECTING EVERYONE FROM ALL WALKS OF LIFE AND IN SERIOUS WAYS. AND REALLY THE SERIOUSNESS OF AN INDUSTRY USING THIS AS A MARKETING PLOY, TAKING PEOPLE'S LIVES JUST TO USE IT FOR A PROFIT CENTER TO BE DISHONEST IN HOW THEY ARE PRESENTING IT IS VERY SERIOUS. THEY SHOULD BE HELD ACCOUNTABLE, AND THAT'S WHAT I SEE US DOING IS BEING ABLE TO MAKE PEOPLE ACCOUNTABLE FOR WHAT THEY HAVE DONE AND THE IMPACT THAT THEY HAVE HAD FOR US AND MANY MILLIONS OF PEOPLE THROUGHOUT THIS COUNTRY. WE ARE TAKING STEPS AT MULTNOMAH COUNTY TO DEAL WITH THIS ISSUE BUT WE HAVE TO GET AT THE ROOT OF THE MATTER, AND THAT'S WHAT WE ARE ABLE TO DO TODAY. I AM PROUD TO SUPPORT THIS TO MAKE SURE THAT WE ARE HAVING THE FOLKS WHO SHOULD BE RESPONSIBLE TO BE RESPONSIBLE FOR THIS.

Commissioner Smith: I STRONGLY SUPPORT THIS RESOLUTION BEFORE US TODAY. I WANT TO THANK COMMISSIONER MEIERAN FOR HER LEADERSHIP AND COMMITMENT AND DEDICATION TO THIS VERY IMPORTANT PUBLIC HEALTH ISSUE. OPIOIDS ADDICTION HAS PLAGUED OUR COMMUNITY FOR FAR TOO LONG. NOW WE HAVE REASON TO BELIEVE THAT THOSE WHO KNEW OF THE DANGERS OF OPIOIDS POSED REMAINED SILENT, AND I BELIEVE THAT THAT IS UNCONSCIONABLE. THE OPIOID EPIDEMIC IS PERHAPS ONE OF THE BIGGEST THREATS TO PUBLIC HEALTH AND SAFETY THAT WE FACE TODAY.

TO THIS END I AM WORKING WITH OUR COLLEAGUES AT THE ASSOCIATION OF OREGON COUNTIES TO LAUNCH A STATEWIDE EFFORT. COUNTY BY COUNTY TO GET INFORMATION AND EDUCATION INTO THE HANDS OF CITIZENS IN OUR MOST VULNERABLE, OLDER ADULTS. IN FACT, WE HAVE AN UPCOMING SENIOR PANCAKE BREAKFAST ON AUGUST 12 AT TABOR SQUARE. I WILL HAVE EXPERTS IN THE FIELD ON HAND TO TALK TO OUR SENIOR POPULATION. I THINK THAT THIS IS AN IMPORTANT FIRST STEP IN THE FIGHT, AND I DO BELIEVE AS COMMISSIONERS WE HAVE THE DUTY TO SEE THAT THOSE WHO IMPROPERLY AND WRONGFULLY SUPPLIED AND DISTRIBUTED PRESCRIPTION DRUGS ARE HELD ACCOUNTABLE AND RESPONSIBLE, SO I THANK YOU FOR WHAT YOU ARE ABOUT TO DO. I THANK YOU FOR THE WORK THAT YOU WILL DO IN THE FUTURE.

Commissioner Meieran: THANKS, I THINK I'VE SAID ENOUGH. I JUST WANTED TO THANK ALL OUR PANELISTS HERE TODAY, THE ATTORNEYS INVOLVED IN BRINGING THIS FORWARD, OUR EXPERTS FROM THE COMMUNITY, AND COMMUNITY MEMBERS WHO TOLD THEIR PERSONAL STORIES AND AFFECTED ALL OF US ON SUCH A PROFOUND LEVEL. THANK YOU.

Chair Kafoury: I WANT TO THANK YOU, AS WELL, COMMISSIONER MEIERAN. DURING YOUR CAMPAIGN, YOU TALKED A LOT ABOUT THIS ISSUE. I KNOW YOU'VE BEEN ON THE FOREFRONT OF THIS FOR MANY YEARS. IT MUST FEEL REALLY GOOD TODAY TO BE IN THIS POSITION WHERE WE CAN TAKE A STAND AND FIGHT BACK. WHEN PEOPLE CAME AND PUSH A PRODUCT THAT DESTROYS PEOPLE'S LIVES, WE NEED TO HOLD THEM ACCOUNTABLE. FOR YEARS, WE'VE BEEN PUSHING BACK HERE AT MULTNOMAH COUNTY, BUT IT'S REALLY HARD TO FIGHT A INDUSTRY THAT HAS INSTALLED ITSELF AT THE CARE OF PEOPLE. BUT TODAY, WE HAVE A NATION THAT IS HURTING DEEPLY FROM THE PAIN OF OPIOID ADDICTION. WE WILL HAVE TO WORK HARD TO OVERCOME THE SHAME OF ADDICTION AND DIG DEEP TO FIND THE RESOURCES WE NEED TO HELP THOSE WHO'VE BEEN SNALED. BUT WHAT WE CAN'T DO ANYMORE IS TO TURN OUR BACKS AND HOPE THAT THIS CRISIS WILL BE HANDLED ON ITS OWN. ALL THOSE IN FAVOR, VOTE AYE. [UNANIMOUS AYES] THE RESOLUTION'S ADOPTED. THANK YOU.

**R.2 Board Briefing on the Digital Equity Action Plan – Year One Report.**  
**Presenters: Jon Worona, MCL Director of Content Strategies; Julie Omelchuck, City of Portland, Office of Community Technology; and, Rebecca Gibbons, Digital Equity Program Coordinator.**

Mr. Worona: THANKS FOR YOUR PATIENCE. THANK YOU, BOARD MEMBERS. I'M JON WORONA, THE DIRECTOR OF CONTENT STRATEGY FOR THE LIBRARY. I'M HERE WITH JULIE OMELCHUCK AND REBECCA, AS WELL AS SOME COMMUNITY MEMBERS TO PRESENT OUR DIGITAL EQUITY ACTION PLAN. I'M GOING TO PASS IT OVER TO JULIE NOW AND THEN I'LL BE BACK TO TALK ABOUT

SPECIFIC WORK THAT THE LIBRARY WILL DONE TO PURSUE TOWARD OUR GOALS.

Ms. Omelchuck: THANKS, COMMISSIONERS, FOR HAVING US TODAY. THE DEEP FOCUSED ON OVERCOMING BARRIERS TO DIGITAL INCLUSION FOR PEOPLE WITH LIMITED ENGLISH LANGUAGE PROFICIENCY, ELDERLY PEOPLE OF COLOR, LOW-INCOME AND PEOPLE WITH DISABILITIES. THE MULTNOMAH BOARD OF COUNTY COMMISSIONERS ADOPTED THIS IN APRIL OF 2016. THEY DEDICATED STAFF RESOURCES TO EXPAND ITS CAPACITY FOR THIS WORK AND THE CITY COUNCIL ADDED A DEDICATED FULL-TIME STAFF POSITION LAST FISCAL YEAR. YOUR BOARD ACTION LED TO PORTLAND BEING DESIGNATED A DIGITAL INCLUSION TRAILBLAZER CITY. OUR APPROACH TO DEVELOPING THE PLAN WAS ALSO NATIONALLY RECOGNIZED. BUT A PLAN IS JUST A PLAN WITHOUT PEOPLE DOING THE WORK. THE DIGITAL INCLUSION NETWORK CAME TOGETHER AROUND PLAN DEVELOPMENT.

35 ORGANIZATIONS MAKE UP THIS INFORMAL NETWORK WHICH MAINS INVOLVED IN GUIDING PLAN ACTIONS. THE DEEP IS A FRAMEWORK FOR LOCAL PARTNERS TO COLLABORATE ON STRATEGIC ACTIONS TO HAVE A DIGITALLY CONNECTED COMMUNITY. THOSE INCLUDE ACCESS TO THE INTERNET AND DEVICES, CULTURALLY-SPECIFIC TRAINING, EMPOWERING COMMUNITY PARTNERS, JOB OPPORTUNITIES FOR UNDERREPRESENTED POPULATIONS AND SUPPORTIVE PUBLIC POLICY. OCT AND LIBRARY STAFF PROVIDE WHAT WE CALL BACK BONE ORGANIZATIONAL SUPPORT FOR THIS COLLECTIVE COMMUNITY EFFORT.

THIS PAST YEAR, STAFF EFFORTS FOCUSED ON BUILDING CONSENSUS AROUND PLAN DESIGN. SUCH AS DEFINING RESPONSIBILITIES OF STAFF, THE DEN AND COMMUNITY PARTNERS, SECURING LEAD PARTNER COMMITMENTS FOR ALL STRATEGIC ACTIONS, DEVELOPING AN EVALUATION PLAN TO IDENTIFY LEARNING AND DEFINING CRITERIA TO IDENTIFY EFFECTIVE STRATEGIES RELATING TO OUR TARGET POPULATIONS. DUE TO OUR CONTINUING DEVELOPMENT OF PLAN DESIGN AND WORK OF THE DIN PARTNERS, MANY ORGANIZATIONS HAVE MOVED FORWARD ON STRATEGIC ACTIONS. I'D LIKE TO TURN IT BACK OVER TO JON AND A COUPLE PARTNERS TO HIGHLIGHT SOME OF THE WORK IN OUR COMMUNITY.

Mr. Worona: AGAIN, I'M JON WORONA, DIRECTOR OF CONTENT STRATEGY FOR THE LIBRARY. MANY COMMUNITY ORGANIZATIONS HAVE MOVED FORWARD. THEY ARE IN PROGRESS, IN THE PLANNING STAGE OR ON-TRACK. OUR YEAR TWO GOAL IS FOR 100% OF THE PROJECTS TO MOVE TO ON-TRACK STATUS. THE YEAR ONE REPORT SHOWS PROJECT STATUS AND MORE INFORMATION AND AN ONLINE ADDENDUM. ACTION 2.3, EXPAND AVAILABILITY OF DIGITAL LITERACY CURRICULUM. IT WAS SPONSORED BY TWO FELLOWS. THEY HOSTED A FELLOW. THEY IMPLEMENTED THE PROGRAM WITH FOUR PARTNER ORGANIZATIONS, METRO EAST COMMUNITY MEDIA, HOMEWARD. THEY WERE

OFFERED AT SEVEN DIFFERENT SITES WHERE OUR MOST DIGITALLY-CHALLENGED POPULATIONS LIVE. IT HAD THREE KEY COMPONENTS, IT DELIVERED CULTURALLY SPECIFIC TRAINING AND PROVIDED FREE COMPUTERS. METRO EAST COMMUNITY MEDIA PRODUCED THIS VIDEO AT THEIR ROCKWOOD SPACE. SO, WE'RE GOING TO PLAY THE VIDEO NOW.

[VIDEO PLAYS]

Seth: SO, WE'RE HERE AT ROCKWOOD AND OUR GOAL IS TO BRIDGE THE DIGITAL GAP.

Charly: THE ISSUE THAT THIS PROGRAM IS TRYING TO ADDRESS THE PEOPLE WHO DON'T HAVE THESE SKILLS AND ACCESS TO TECHNOLOGY IN ORDER TO BE FULL PARTICIPANTS IN SOCIETY.

Laura: [SPEAKING SPANISH]

Charly: FREE COMPUTER FROM FREE GEEK AND WE SPEND THE NIGHT SETTING UP THEIR COMPUTERS, TEACHING THEM HOW TO USE THE OPERATING SYSTEM.

Maria: [SPEAKING SPANISH] I LEARN A LOT. I ENJOY BEING WITH THEM.

Sara: CREATING THAT ACCESS TO A POTENTIAL NEW JOB TRACK, POTENTIAL NEW INTEREST, IS REALLY WHAT I'M LOOKING TO CREATE.

Heti: LIKE TODAY, WE HAD THE PARENT AND TEACHERS CONFERENCE AND IT'S THE TIME WHEN THE TEACHER ASKS US IF WE HAVE A COMPUTER AT HOME. WE JUST GOT ONE.

Amy: WE WERE TEACHING PEOPLE HOW TO USE A MOUSE AND WE WERE DOING IT IN A WAY THAT WAS RESPECTFUL TO THEM.

Batula: EVERYBODY WAS FRIENDLY.

Seth: SO, A LOT OF KIDS COME TO OUR WORKSHOPS BECAUSE WE OFFER CHILD CHILDCARE.

Batula: THAT'S A BIG THING I APPRECIATED. IF I DON'T HAVE A BABYSITTER, I WOULDN'T BE HERE.

Charly: WE WANT TO MAKE SURE THAT THIS IS VERY INCLUSIVE TO ANY PERSON, NO MATTER WHAT THEIR BARRIERS.

Bianca: PEOPLE WHO I KNOW ARE SCARED. I CAN AT LEAST GIVE THEM EASE THAT, OH, I UNDERSTAND WHERE YOU'RE COMING FROM AND I'M HERE TO HELP YOU.

Tafoata: FEEL LIKE THEY'RE OUR FAMILY.

Rahma: I WANT TO GO TO SCHOOL BECAUSE I WANT TO BE DEPENDABLE, I WANT GOOD JOB, I WANT TO DO SOMETHING BETTER. I HAVE MY CHANCE NOW.

Mr. Worona: THE PROGRAM IS A GREAT EXAMPLE OF A CLEARLY IDENTIFIED STRATEGIC ACTION TO REMOVE BARRIERS FOR DEEP TARGET POPULATIONS. THE SUCCESS INSPIRED THE LIBRARY TO ALLOCATE RESOURCES TO SUSTAINING THE PROGRAM NOW THAT THE FELLOWSHIPS HAVE ENDED. THIS SHOWS HOW WE CAN AMPLIFY IMPACT TO BE GREATER THAN WHAT ANY ORGANIZATION COULD ACCOMPLISH ALONE. A DEEP HALLMARK IS PARTNERSHIPS. SOME PARTNERS ARE HERE TO HIGHLIGHT THEIR PROGRAMS. I'D LIKE TO INVITE STEPHANIE AND MELISSA FROM THE LATINO NETWORK.

Ms. Martinez: HELLO, MY NAME IS STEPHANIE MARTINEZ. I WORK FOR LATINO NETWORK. THANK YOU TO ALL OF YOU, COMMISSIONERS, FOR ALLOWING US THIS TIME AND FOR CONSIDERING US HERE. OUR WORK IS GROUNDED IN THE BELIEF THAT OUR FAMILIES ARE SO DETERMINED. WE UNDERSTAND THAT WE HAVE THE POWER AND THE ABILITY TO INFLUENCE ACTIVELY AND TO PARTICIPATE, ACTIVELY AND MEANINGFULLY, IN ANY TYPE OF DECISION-MAKING PROCESS THAT WILL AFFECT OUR LIVES. WE RECOGNIZE THE IMPORTANCE OF DIGITAL LITERACY AND INCLUSION. IT HAS RUN AT MULTIPLE SITES AND IT HELPS FAMILIES BUILD THEIR COMPUTER LITERACY SKILLS. WITH THE HOPES OF SUPPORTING THEM WITH THEIR COMMUNICATION WITH THE SCHOOLS AND EXPANDING THEIR JOB EXPLORATION.

THIS PAST ACADEMIC YEAR, WE PARTNERED WITH AN ELEMENTARY SCHOOL AND THE MULTNOMAH COUNTY LIBRARY TO OFFER COMPUTER CLASSES. OUR INITIAL PARTNERSHIP CONSISTED OF PROVIDING US A SPACE TO DO THE PROGRAMMING FOR THE MULTNOMAH COUNTY LIBRARY, ONE OF THE INSTRUCTORS, WHICH WAS CHARLEY EATEN, MATERIAL AND SOME CHROMEBOOKS. WE HAD AN INSTRUCTOR AND INTERPRETER WITH ADDITION TO CHILDCARE, SOME TYPE OF REFRESHMENTS OR DINNER AND MAC BOOKS. WE KNOW THAT THE PROGRAM WAS GOING TO BE TEMPORARY AND OUR FAMILIES LET US KNOW THEY WANTED TO CONTINUE LEARNING AND BUILDING ON THEIR DIGITAL LITERACY SKILLS. LATINO NETWORK TOOK MORE OF A LITERACY ROLE IN THE PROGRAM. NOW FOR THE GOOD NEWS, ON JUNE 6 OF THIS YEAR, 19 INDIVIDUALS RECEIVED THEIR CERTIFICATE OF PARTICIPATION FROM THE PROGRAM. FROM THOSE 19, THREE OF THEM ARE SELF-IDENTIFIED MALES AND 16 OR SELF-IDENTIFIED FEMALES FROM 26 TO 80

YEARS OLD. ALL OF THEIR FIRST LANGUAGE WAS SPANISH. WE WERE CULTURALLY-SPECIFIC AND NURTURED A SENSE OF BELONGING AND PROVIDED CHILDCARE. 17 OUT OF 19 WERE PARENTS OF MINORS.

Ms. Martinez: WE PROVIDED REFRESHMENTS AND DINNER AND WE WERE ASKING THEM TO COMMIT EVERY WEDNESDAY. ONE OF OUR CHALLENGES WAS THE PARTICIPANTS AND INSTRUCTORS. SOMETIMES WE DID NOT HAVE ENOUGH TIME TO ANSWER EVERYONE'S QUESTIONS AND TO DO ONE-ON-ONES. SO FOR THIS NEXT YEAR, WE'RE DEFINITELY LOOKING INTO RECRUITING VOLUNTEERS TO HELP. LATINO NETWORK AND MYSELF ARE SO GRATEFUL FOR THE OPPORTUNITY TO SHARE THIS WITH YOU. THANK YOU FOR YOUR TIME.

Chair Kafoury: THANK YOU.

Ms. Dominguez: GOOD MORNING, MOST OF YOU KNOW ME, I'M BETTY DOMINGUEZ, DIRECTOR OF POLICY AND EQUITY AT HOME FORWARD, YOUR HOUSING AUTHORITY. I'VE BEEN WORKING INTERNALLY ON THE AGENCY SOCIAL EQUITY GOAL AROUND BRIDGING DIGITAL DIVIDE FOR OUR THOUSANDS OF RESIDENTS. HOME FORWARD HAS BEEN A MEMBER OF THE DIGITAL INCLUSION NETWORK AND HAS BEEN IDENTIFIED AS THE LEAD PARTNER. CAN COINCIDENTALLY, WE WERE LOOKING AT HOW TO BRIDGE THAT DIGITAL DIVIDE AND WE WERE ABLE TO GET IN ON THE COMPUTER PROGRAM AS IT WAS BEING LAUNCHED. THERE ARE A HANDFUL OF PROPERTIES WE STARTED PILOTING OUR EFFORTS AT. EACH WAS SPECIFICALLY CHOSEN SO THEY REFLECTED A BROAD SPECTRUM OF PEOPLE AND COVERED CROSS-GEOGRAPHY. WE TARGETED STEVEN CREEK CROSSING, HUMBLE GARDENS IN NE PORTLAND AND MEDALLION APARTMENTS IN DOWNTOWN PORTLAND, WHICH HOUSES 120 ELDERLY AND DISABLED FOLKS. WE'RE IN THE PLANNING STAGES NOW TO START WORKING AT ROCKWOOD PROPERTIES. I KNOW, YOU'LL BE INTERESTED IN THAT. TOGETHER, THOSE FOUR PROPERTIES ARE OVER 500 UNITS.

WE CONDUCTED DOOR-TO-DOOR SURVEYS WITH OUR RESIDENTS AND WE ACTUALLY HAD SOME OF OUR RESIDENT LEADERS CONDUCT THE SURVEYS BECAUSE WE FELT THE NEIGHBOR WOULD BE MORE WILLING TO OPEN THEIR DOORS AND WE PAID THEM \$15 AN HOUR TO DO THE WORK. SORRY, I'M LOSING MY VOICE. SO, AFTER ALL THE SURVEYS WERE DONE AND THEY ASKED QUESTIONS LIKE, WHAT ARE YOUR SKILL LEVELS? WHAT DO YOU KNOW? WHAT DON'T YOU KNOW? WHAT WOULD BE A GOOD TIME TO MEET? DO YOU NEED CHILDCARE? DO YOU NEED TO EAT? WE GATHERED ALL THE DATA AND WE STARTED TO CREATE COHORTS FOR SOME OF OUR DIFFERENT CLASSES. I'M TALKING ABOUT THE 500 UNITS WE'RE PILOTING, 23 INDIVIDUALS WERE ABLE TO RETURN THE LAPTOPS AND GO HOME WITH THE ABILITY TO ACCESS THE INTERNET. OUR ABILITY TO HOLD CLASSES IS ONLY LIMITED BY THE COMPUTER PROGRAM'S BETWEEN THE LIBRARY AND FREE GEEK AND

THEIR ABILITY TO PROVIDE FREE COMPUTERS AND EVEN IN SORT OF A SCENARIO WHERE HOMEWARD COULD BUY COMPUTERS FOR EVERYBODY, THE COST OF THE LACK OF FUNDING IS DAUNTING.

Ms. Dominguez: FOR THOSE THAT ARE PARTICIPATING TO-DATE, IT'S BEEN AN INCREDIBLE BENEFIT FOR THEM WITH CAUSE THEY DIDN'T KNOW WHAT THEY WERE MISSING BY NOT BEING CONNECTED TO THE INTERNET AND ESPECIALLY FOR OUR CHILDREN WHO COULDN'T DO THEIR HOMEWORK ON A SMARTPHONE, WHICH IS OFTEN THE ONLY DEVICE THAT A HOUSEHOLD HAS. OUR RESIDENTS DIDN'T HAVE EMAIL ADDRESSES AND COULDN'T PAY BILLS ONLINE. OUR ELDERLY COULDN'T REACH THEIR PRESCRIPTIONS ONLINE AND THOSE ARE ALL THE GOALS THAT WE'RE TRYING TO REACH AND SOLVE FOR IN THIS WORK. LET'S SEE. SO, WORKING WITH THE RESIDENTS IS ONLY ONE FACET OF OUR EFFORT TO-DATE. THE AGENCY HAS CONDUCTED AN INVENTORY OF ALL OF OUR PROPERTIES, THAT'S 6,500 UNITS OF HOUSING, IN TERMS OF AVAILABLE COMPUTERS AND LABS AND OFFICES ON-SITE WHERE THERE'S WIFI, WHERE THERE'S NOT BASICALLY TRYING TO ASSESS OUR INFRASTRUCTURE NEEDS. TO THAT END, WE'VE BEEN WORKING WITH COMCAST BUSINESS SERVICES AROUND INFRASTRUCTURE ISSUES AT SOME OF THE PILOT PROPERTIES. AS WELL AS THEIR INTERNET ESSENTIALS GROUP, WHICH IS FOCUSED ON BRINGING AFFORDABLE INTERNET ACCESS TO THE RESIDENTS AT \$10 A MONTH AND SOME OF OUR RESIDENTS THINK IT'S TOO MUCH.

IN UNDERTAKING THESE THREE ASPECTS, RESIDENT TRAINING, FREE DEVICES AND AFFORDABLE ACCESS AND INFRASTRUCTURE NEEDS, AGAIN, THE LACK OF ADEQUATE FUNDING IS A HUGE OBSTACLE, ESPECIALLY GIVEN THE SIZE OF OUR PORTFOLIO AND WE HAVEN'T BEGUN TO THINK ABOUT OUR 9,000 SECTION 8 VOUCHERS. THERE IS ONE AMAZING OUTCOME OUT OF THIS WORK THAT WE DID NOT ANTICIPATE. AS WE WERE PONDERING HOW TO CONTINUE THESE CLASSES AND HAVE TEACHERS THAT COULD WORK LONG-TIME, LONG-TERM, HAVE THE PROGRAM BE SUSTAINABLE, WE LANDED ON THE IDEA OF USING ONE OF OUR RESIDENTS AS A TEACHER. IN OUR FIRST CLASS, WE HAD A WOMAN WHO HAD HAD SOME PRIOR EXPERIENCE AND EXCELLED AT THE CLASS AND WE ASKED HER, WOULD YOU LIKE TO TEACH THE NEXT CLASS? AND SHE SAID, YES. NOW SHE'S TAUGHT THREE CLASSES. WE PAY HER \$15 AN HOUR AND SHE'S SCHEDULED TO TEACH TWO MORE CLASSES THAT WE'RE PLANNING IN LATE AUGUST. WE HAD HOPED SHE WOULD BE HERE TODAY, AND SHE COULDN'T MAKE IT. SHE HAS SAID IN THE PAST, SHE WAS GRATEFUL FOR THIS EXPERIENCE BECAUSE IT GAVE HER A WAY TO GIVE BACK TO OUR COMMUNITY AT STEVENS CREEK CROSSING AND HELPED BOOST OR SELF-CONFIDENCE.

SO, AS WE EMBRACE THIS REALLY CHALLENGING EFFORT, WE VERY MUCH VALUE OUR PARTNERSHIP AND SUPPORT FROM THE CITY OF PORTLAND AND THE OFFICE OF COMMUNITY TECHNOLOGY, WHICH HAS DONE INCREDIBLE



WORK AS WELL AS OTHER PARTNERS REPRESENTED ON THE DIN, ESPECIALLY FREE GEEK. I WANT TO SHARE OUR APPRECIATION WITH YOU BECAUSE THE SUPPORT FROM THE LIBRARY AND ITS STAFF HAS BEEN INVALUABLE. WE COULDN'T HAVE STARTED THIS PROGRAM WITHOUT IT SO I HOPE WE CONTINUE OUR PARTNERSHIP AND WE CAN GET ALL THOSE FOLKS OVER THAT DIVIDE. THANK YOU.

Chair Kafoury: THANK YOU.

Mr. Worona: THANK YOU, BOTH. TO CLOSE OUR PRESENTATION, WE'D LIKE TO THANK THE DEN MEMBERS, THE DIGITAL INCLUSION NETWORK. CINDY GIBBON FOR THE LIBRARY, MATT FROM IT AND THE DEPARTMENT OF COUNTY ASSETS AND JULIE OMELCHUCK AND REBECCA GIBBONS WHO KEEP THE MOMENTUM MOVING FORWARD. AGAIN, THE DEEP YEAR ONE REPORT AND INFORMATION ABOUT THE ACTION PROJECTS ARE AVAILABLE THROUGH THE PORTLAND OFFICE OF COMMUNITY TECHNOLOGY. THEIR WEBSITE, WE'VE PROVIDED IT FOR YOU AND THERE'S AN ADDENDUM ONLINE. I WANT TO THANK YOU, CHAIR KAFOURY, AND BOARD MEMBERS.

Chair Kafoury: THANK YOU. ANY QUESTIONS? COMMENTS FROM THE BOARD?

Commissioner Stegmann: THANK YOU, CHAIR. I JUST WANT TO THANK YOU FOR YOUR WORK. I KNOW IN THE ROCKWOOD NEIGHBORHOOD, THERE IS A HUGE NEED AND BEING ONE OF THE MOST DIVERSE AND ALSO POVERTY-STRICKEN AREAS, WE KNOW THAT FOLKS SIMPLY DO NOT HAVE ACCESS TO THOSE SERVICES SO I'M REALLY EXCITED. MY EARS PERKED UP WHEN YOU SAID, ROCKWOOD. OUR PARTNERS, METRO EAST, I MEAN THEY'RE PHENOMENAL. I WOULD CHALLENGE ANY BUSINESSES OR CHAMBERS TO STEP UP AND THINK ABOUT HOW WE CAN SUPPORT FREE GEEK AND GET MAYBE REFURBISHED COMPUTERS OR WE'VE GOT TO GET THAT TECHNOLOGY INTO THE HANDS OF OUR KIDS, OUR YOUTH AND OUR SENIORS BECAUSE YOU'RE RIGHT. HOW DO YOU APPLY FOR A JOB? HOW TO YOU DO ANYTHING WITHOUT A COMPUTER? YOU JUST SIMPLY CAN'T. PROVIDING THOSE RESOURCES SO THAT EVERYBODY HAS A LEVEL PLAYING FIELD IS ABSOLUTELY CRITICAL AND THE NEED IS GREAT. SO, THANK YOU SO MUCH FOR THE WORK.

Commissioner Smith: THANK YOU FOR GIVING THE PRESENTATIONS. THE PARTNERS ARE GREAT AND WONDERFUL AND OUTSTANDING AND I THINK THAT'S REALLY WHAT WE NEED TO DO IS TAKE THESE KINDS OF PROGRAMS TO THE COMMUNITY. LAST YEAR, I INTRODUCED A RESOLUTION TO HAVE ALL OF OUR COMPUTERS TO GO OVER TO FREE GEEK NOW SO THAT SOME OF THOSE UNDERSERVED FAMILIES, COMMUNITIES OF COLOR CAN HAVE ACCESS TO INFORMATION AND EDUCATION WITH OUR COMPUTERS. SO I THINK, LIKE COMMISSIONER STEGMANN, WE NEED TO MAKE SURE THAT WE'RE DOING EVERYTHING THAT WE CAN DO FROM A PUBLIC SECTOR STANDPOINT. I KNOW THE CITY OF PORTLAND IS DOING THE SAME, AND THAT

ANY PLACE THAT WE CAN RECYCLE, REUSE, REHAB ANY OF OUR RESOURCES THAT'S ON THE PUBLIC DOLLAR, THAT WE'RE ABLE TO MAKE SURE THAT OUR MOST VULNERABLE FOLKS IN OUR COMMUNITY, THAT THEY'RE ABLE TO HAVE ACCESS AND OPPORTUNITY. THANK YOU.

Chair Kafoury: THANK YOU, AS WELL. I REMEMBER A FEW YEARS AGO WHEN VAILEY CAME TO TALK TO ME ABOUT THIS ISSUE. I'M ASHAMED TO SAY, I HADN'T REALLY THOUGHT ABOUT IT, THE DEPTH OF THE DISPARITIES THAT EXIST. I SEE IT ALL THE TIME. EVERY TIME MY KID HAS HOMEWORK AND MY LITTLE ONE, SHE HAS HOMEWORK TO DO ON THE COMPUTER AND IT HITS ME, HOW DO OTHER FAMILIES DO THIS? HOW ARE THEY GOING TO BE ABLE TO BE SUCCESSFUL IN THIS WORLD? SO I'VE BEEN REALLY SUPPORTIVE AND EXCITED ABOUT THIS PROJECT. IT'S ANOTHER WAY THAT OUR MUST BEING VALUES OF MAKING SURE THAT THE MOST VULNERABLE PEOPLE HAVE ACCESS TO AND HAVE THE SAME ABILITIES TO SUCCEED AS EVERYONE ELSE. THIS IS ANOTHER WAY WE'RE PUTTING OUR MULTNOMAH COUNTY VALUES TO WORK. THANK YOU TO ALL THE PARTNERS. I LOVE YOU'RE GETTING PEOPLE TRAINED AND THEY TRAIN AND WORK WITH OTHER PEOPLE AND GET PAID. IT'S ALL REALLY, REALLY CRUCIAL AND IMPORTANT STUFF. WE LOOK FORWARD TO HEARING THE YEAR TWO PROGRESS REPORT.

**R.3 Board Briefing on the Financial Condition Report for 2017. Presenters: Steve March, PhD, CIA, Multnomah County Auditor; and, Annamarie McNiel, CPA, Senior Manager Performance Auditor.**

Dr. March: GOOD MORNING, CHAIR KAFOURY, AND COMMISSIONERS. I'M STEVE MARCH, MULTNOMAH COUNTY AUDITOR. WE WILL GO THROUGH WHO WILL GO THROUGH OUR INTERACTIVE FINANCIAL REPORT OF 2017. WE ISSUED OUR FIRST CONDITION REPORT IN THE EARLY 90S AND THIS IS OUR 13TH BIENNIAL REPORT. FOR MOST INDICATORS, YOU'LL HAVE 10 YEARS WORTH OF DATA. NEWER COMMISSIONERS, YOU CAN LOOK BACK 10 YEARS AND SEE WHAT THE COUNTY'S DONE FINANCIALLY OVER THE LAST 10 YEARS. I'M GOING TO TURN IT OVER TO ANNAMARIE RIGHT NOW. I'LL MAKE ONE, SHORT COMMENT AT THE END.

Ms. McNiel: ANNAMARIE MCNIEL, AUDITOR'S OFFICE. ONE QUESTION IS, WHY ARE WE DOING THIS REPORT? IT HAS BEEN DEVELOPED IN RESPONSE TO BEST PRACTICE DEVELOPMENTS FROM OUR INDUSTRY STANDARDS. THE REPORT OFFERS A HIGH-LEVEL, CONSOLIDATED PICTURE OF THE COUNTY WITH THAT 10-YEAR LOOK-BACK THAT STEVE ALREADY MENTIONED AND IT OFFERS A JUMPING POINT INTO THE DISCUSSIONS OF WHERE WE WILL GO FROM HERE. ALSO, THE REPORT SERVES AS ANOTHER TOOL THAT CAN OFFER OPPORTUNITIES FOR DIALOGUE. THERE ARE MANY INDICATORS IN THE REPORT, BUT WE WILL ONLY HIT ON A FEW. I WANT TO GIVE YOU A FEEL OF HOW THIS REPORT WORKS. PRETTY CRITICAL FOR THE FOLKS GETTING

COMPUTERS SO THEY CAN SEE THINGS WE ARE DOING HERE AT THE COUNTY, AS WELL.

Ms. McNiel: TO START OUT WITH, THERE'S A LETTER FROM THE AUDITOR, THE COO'S RESPONSE LETTER TO OUR REPORTS. OUR OBJECTIVE SCOPE AND METHODOLOGY. A 10-YEAR SUMMARY BIG PICTURE HISTORY ON SOME OF THE KEY POINTS THROUGHOUT THE REPORT. AND THEN OUR FIRST SECTION, REVENUES AND EXPENDITURES, WE HAVE UTILIZED THE SOFTWARE, TABLEAU, FOR THIS. THERE ARE FOUR SECTIONS WE'LL COVER WITH THIS. SO, IN STARTING, JUST TO GIVE YOU A NAVIGATION ON HOW THIS TOOL WORKS. SO, EACH WILL HAVE A BRIEF DESCRIPTION OF THE TOP OF WHAT'S BEING PRESENTED AND WE'VE ALSO PUT, IN MOST TIMES, THERE WILL BE SOME KIND OF DROP-DOWN MENU YOU TO GIVE YOU MORE OPTIONS AND WE'VE ALSO PRESENTED ON ANY GRAPH THAT HAS NUMBERS AND INFLATION ADJUSTERS. SO, YOU CAN HAVE THAT ON OR OFF. THEY'RE ALL DEFAULTED TO BEING ON SO THAT THE INFLATION ADJUSTMENT PRESENTS THE INFORMATION IN CONSTANT DOLLARS. IT CONVERTS IT TO THE 10-YEAR AND THE BUYING YEAR IN 2016. YOU CAN ALSO TURN IT OFF.

JUST SO YOU CAN GO BACK TO SOURCE DATA IF YOU WANTED TO SEE, SO YOU CAN COMPARE IT DIRECTLY TO THE SOURCE DATA. AND ALL OF OUR GRAPHS WILL HAVE A SOURCE OF WHERE IT'S COMING FROM. FINANCIAL DATA DOES COME FROM OUR COMPREHENSIVE ANNUAL FINANCIAL REPORT THAT IS PUT TOGETHER BY THE CFO, MARK CAMPBELL AND HIS TEAM. ALSO, THE REPORT, THIS IS WHY WE'VE USED TABLEAU, THERE IS A LOT OF INFORMATION NOT READILY SEEN, BUT YOU HAVE TO HOVER OVER. THERE WILL BE A LOT OF ADDITIONAL INFORMATION TO TELL YOU EXACTLY WHAT CAUSED THAT DRASTIC CHANGE. SO, STARTING WITH REVENUES, THE FIRST GRAPH HERE, THE DARK BLUE LINE AT THE TOP, THAT'S OUR INTERGOVERNMENTAL REVENUES, THE SOURCE IS STATE OF OREGON, THE FEDERAL GOVERNMENT AND OTHER LOCAL GOVERNMENT FUNDING AND THAT ACCOUNTS FOR ONE-THIRD OF THE COUNTY'S REVENUES. THE NEXT LINE, THAT'S OUR PROPERTY TAXES. IT ACCOUNTS FOR ALMOST ANOTHER ONE-THIRD OF OUR COUNTY REVENUE.

ONE OF THE GRAPHS THAT'S NEW THIS YEAR, GENERAL FUND. THIS IS JUST THE GENERAL FUND, WE'VE PRESENTED THE REVENUES ON ACTUAL VERSES BUDGET. YOU CAN SEE A LITTLE BIT OF THE ACTUALS THE BLUE LINE AND THE BUDGET IS THE GOLD LINE AND THAT VARIABILITY YOU SEE OVER TIME IS ALMOST DRIVEN MOSTLY BY THE BUSINESS INCOME TAX. IT JUST HAS SOME INHERENT DIFFICULTY IN PREDICTING WHERE THAT WILL BE BY THE END OF THE YEAR. AND SO, THEN MOVING ON TO EXPENDITURES, WE PRESENTED EXPENDITURES IN TWO WAYS. FIRST HERE, BY PROGRAM. AND HISTORICALLY, THE LARGEST AREA RECOGNIZED EXPENDITURES HAS BEEN SOCIAL SERVICES. BEGINNING IN FISCAL YEAR 16, THE COUNTY HUMAN SERVICES, WHICH IS SOCIAL SERVICES AND IS THAT TOP LINE, TRANSFERRED

THE MENTAL HEALTH AND ADDICTION SERVICES TO THE HEALTH DEPARTMENT AND SO WHAT YOU SEE HAPPENING THERE AT THE END OF FISCAL YEAR 16, SOCIAL SERVICES AND HEALTH SERVICES HAVE THAT BIG JUMP THERE AND THAT'S MOSTLY THE MENTAL HEALTH AND ADDICTION SERVICES GOING ON THERE.

Ms. McNiel: THE NEXT LARGE PROGRAM IS PUBLIC SAFETY, THAT INCLUDES THE SHERIFF'S OFFICE, THE DISTRICT ATTORNEY AND THE DEPARTMENT OF COMMUNITY JUSTICE, RELATIVELY STEADY EXPENDITURES OVER THE YEAR. AND AGAIN, FOR DESCRIPTIONS TO UNDERSTAND WHAT EXACTLY IS GOING ON, THERE'S, AGAIN, DROP-DOWNS. WE'RE IN HEALTH SERVICES, CAPITAL OUTLAY EXPENDITURES, VARIOUS TYPES OF PROGRAM YEARS IN WHICH WE'RE SPENDING FUNDS. THE SECOND WAY WE'VE PRESENTED THE EXPENDITURES IS BY FUND AND SO THIS GRAPH WILL PRESENT IT. YOU ACTUALLY HAVE TO USE THE DROP-DOWN. THE DEFAULT IS TO THE GENERAL FUND AND THE LARGEST PROGRAM FUNDED BY THE GENERAL FUND IS THE PUBLIC SAFETY. AND IF YOU WERE TO DROP-DOWN INTO THE FEDERAL AND STATE FUND, THIS IS MOSTLY OUR GRANTS FUNDING HERE. THE LARGEST PROGRAMS THAT ARE IN THIS ARE THE SOCIAL SERVICES AND THE HEALTH SERVICES AND AGAIN, YOU SEE THAT THOSE DRASTIC CHANGES IN 16 DUE TO THE MENTAL HEALTH AND ADDICTION SERVICES.

THESE LARGE JUMPS AND DECREASES WILL HAVE A NOTE TO PROVIDE THE VIEWER A LITTLE BIT OF INSIGHT OF WHAT'S GOING ON IN THOSE CHANGES. IN ADDITION TO THE REVENUES AND EXPENSES, WE ALSO HAVE A SECTION REFERRED TO AS FINANCIAL HEALTH. AND ON THIS SECOND GRAPH -- JUST KIND OF THAT RELOAD IT LIKES TO DO EVERY SO OFTEN. SECOND TOBACCO HERE, THE BOTTOM HALF OF THIS GRAPH SHOWS A COUPLE OF RATIOS. THESE ARE STANDARD RATIOS USED TO EVALUATE THE HEALTH OF AN ORGANIZATION. THE COMMON TARGET VALUE IS 1.0. THE DESIRABLE POSITION IS TO BE GREATER THAN 1.0 AND THE DEBT RATIO, THE DESIRABLE POSITION IS TO BE LESS THAN 1.0 AND IN BOTH CASES, THE COUNTY DOES EXCEED THE INDUSTRY STANDARD, WHICH IS GOOD NEWS. AND THEN, LOOKING AT LONG-TERM DEBT, I WANTED TO BRING YOUR ATTENTION TO THIS.

SO, THIS IS THE DEBT WE HAVE ON THE COUNTY'S BOOKS ON THE END OF EACH YEARS, MOSTLY BONDS AND OTHER. WHAT'S REFLECTED IN THIS TOP RIGHT-HAND GRAPH HERE ARE THE BALANCES OF EACH OF OUR BONDS THAT ARE RATING. THE MOODY RATING AGENCY. THE COUNTY RECEIVED A FAVORABLE RATING UPGRADE IN FEBRUARY SO WE'VE PUT THOSE RATINGS HERE SO YOU CAN SEE THE STATUS THE COUNTY'S IN. SO, THAT'S THE FINANCIAL COUPLE OF SECTIONS. AND BEFORE WE'VE GOT A COUPLE OF ECONOMY AND DEMOGRAPHICS. ARE THERE ANY QUESTIONS ON THE FINANCIAL PIECES, NO? SO, THE COUNTY'S FINANCIAL HEALTH DOESN'T EXIST IN A VACUUM SO WE ALSO PROVIDE A FEW ADDITIONAL PIECES OF

INFORMATION ABOUT WHERE THE COUNTY IS. IN THIS FIRST GRAPH IN ECONOMY IS THE PROPERTY VALUES. YOU CAN SEE THESE TWO GRAPHS, THE FIRST ONE IS RESIDENTIAL. THIS BOTTOM ONE IS THE COMMERCIAL. AS YOU CAN SEE OVER TIME, THE PROPERTY VALUES ARE INCREASING IN RECENT YEARS. THE TOP LINE IS THE MARKET VALUES AND THAT SECOND LINE IN BOTH GRAPHS IS THE ASSESSED VALUE AND THAT'S WHAT THE PROPERTY TAXES ARE BASED ON AND THAT IS MUCH MORE STABLE.

Ms. McNiel: THIS GRAPH GOES ALL THE WAY BACK TO 1982 AND IT'S THE UNEMPLOYMENT RATE. REFRESH. AND SO, AS YOU CAN SEE, IN RECENT YEARS, THAT UNEMPLOYMENT RATE HAS BEEN DECREASING. THE LIGHTER BLUE LINE THERE IS MULTNOMAH COUNTY AND WE'RE AT 4.3% ANNUALIZED FOR 2016. SO, OUR FINAL SECTION IS ON DEMOGRAPHICS. AND, WE HAVE SOME VARIOUS GRAPHS WE'VE BROKEN DOWN THE POPULATION BY. FOR EXAMPLE, TOTAL POPULATION, WE'VE ALSO BROKEN THE POPULATION DOWN BY AGE GROUP. A LOT OF THIS IS FROM CENSUS DATA. AND THEN RACE AND ETHNICITY FOR THE COUNTY. THE OTHER GRAPHS ARE MEANT TO BE TOOLS TO SHOW WHO, IN OUR COMMUNITY, MAY BE IN DEED OF GOVERNMENT SERVICES. FOR EXAMPLE, DEMOGRAPHICS ON THOSE IN POVERTY. AGAIN, THE TOP LINE, THAT'S THE TOTAL POVERTY, TOTAL PERCENTAGE OF PERSONS IN POVERTY. AND THIS SHEDS LIGHT ON THE VULNERABLE SECTIONS OF OUR POPULATION. THE DARKER BLUE LINE IS THOSE YOUNGER THAN 18 ARE THE ONES EXPERIENCING A HIGHER RATE OF POVERTY IN OUR COMMUNITY. AND HERE, ON THIS OTHER GRAPH HERE, IS PERCENTAGE BY LEVEL OF EDUCATION OF PERSONS IN POVERTY, EXPERIENCING POVERTY AND THOSE WITH LESS THAN A HIGH SCHOOL EDUCATION, A HIGHER LEVEL OF POVERTY. WITH THAT, I'LL TURN IT BACK TO STEVE.

Dr. March: SO, WHAT'S IT ALL MEAN? I'M WEARING A GREEN SHIRT, SO WE'RE IN THE GREEN. [LAUGHTER]

Chair Kafoury: ARE WE? [LAUGHTER]

Dr. March: IT'S A GOOD THING. AS WE STATE IN THE E REPORT, WE BELIEVE THE CURRENT FINANCIAL HEALTH OF MULTNOMAH COUNTY IS A RESULT OF DIFFICULT DECISIONS THAT THE COMMISSIONERS HAVE MADE OVER THE YEARS. AND, WHO RESPONDED TO CHALLENGES OF THE RECESSION, BY CREATING AND FOLLOWING SOUND, FINANCIAL POLICIES WHILE MAINTAINING SERVICE TO THE PUBLIC. SO, WE HAVEN'T ISSUED ANY ACTUAL RECOMMENDATIONS IN THIS PARTICULAR REPORT. WE HAVE, IN THE PAST. SO, MY VERBAL RECOMMENDATION IS TO STAY THE COURSE. A STRONG, FINANCIAL CONDITION ALLOWS YOU TO TAKE ON CRISIS LIKE THE OPIOID CRISIS AND WORK ON THINGS LIKE EQUITY AND PARTICULARLY, THE DIGITAL EQUITY. THANK YOU VERY MUCH

Chair Kafoury: THANK YOU, AUDITOR.

Commissioner Stegmann: THANK YOU, AUDITOR MARCH. THIS IS AN AMAZING SOFTWARE PROGRAM. THERE IS A TON -- I'M, LIKE, BLOWN AWAY AT HOW INTERACTIVE IT IS. THANK YOU. WE'LL BE USING THAT. BUT I JUST WANTED TO COMPLIMENT YOU AND THE ENTIRE COUNTY FOR THE FISCAL RESPONSIBILITY THAT YOU'VE HAD SUCH A HUGE ROLE IN AND LOOKING AT THE DEBT AND EQUITY RATIOS, WHICH IMPACTED OUR BOND RATING. WHENEVER WHEN WE HAVE THE ABILITY TO BORROW AT A FAVORABLE RATE WHEN WE NEED TO BORROW, THAT'S A GOOD THING. I HAVE PUT A LOT OF IMPORTANCE ON OUR FINANCIAL STANDING BECAUSE EVERYTHING THAT WE DO COSTS MONEY AND SO AS LONG AS WE'RE DRIVING THAT SHIP OR SAILING THAT SHIP IN THE RIGHT DIRECTION, THEN I'M HAPPY. SO, THANK YOU SO MUCH FOR YOUR WORK AND FOR BEING SUCH A GOOD STEWARD OF COUNTY AND TAXPAYER RESOURCES.

Dr. March: I HAVE TO TURN THAT BACK. WE'RE SORT OF THE WATCH DOG OF IT. BUT IT'S REALLY THE BOARD AND YOUR PREDECESSORS WHO HAVE SET THE STAGE AND THE TONE FOR MOVING A SOLID, FINANCIAL FOOTING AHEAD.

Chair Kafoury: ANY QUESTIONS OR COMMENTS?

**R.4 Budget Modification DCHS-01-18 Increasing the Budget Appropriation by \$295,923 in Youth & Family Services Division and 3.00 FTEs. Presenter: Rose Bak, Division Co-Director.**

Chair Kafoury: COMMISSIONER STEGMANN MOVES AND COMMISSIONER VEGA PEDERSON SECONDS APPROVAL OR R.4.

Ms. Bak: ROSE BAK, COUNTY HUMAN SERVICES. I'M ASKING YOUR APPROVAL FOR A MODIFICATION FOR \$295,923 FROM THE CITY OF PORTLAND'S POLICE BUREAU TO SUPPORT OUR DOMESTIC VIOLENCE RESPONSE ADVOCATES WHO ARE PART OF OUR ENHANCED RESPONSE TEAM. BRIEFLY, THESE ARE ADVOCATES THAT ARE EMBEDDED WITH THE POLICE. THEY RESPOND TO CALLS WITH POLICE AND OTHER LAW ENFORCEMENT AGENCIES. THEY'RE HIGHLY-SKILLED ADVOCATES WHO ARE DOING ADVANCED SAFETY PLANNING AND CRISIS RESPONSES FOR OUR MOST DIFFICULT DOMESTIC VIOLENCE CASES. THIS HAS BEEN JOINTLY FUNDED BY THE CITY'S POLICE BUREAU AND COUNTY HUMAN SERVICES. EXCUSE ME. AND, THOSE POSITIONS HAVE BEEN TRADITIONALLY LOCATED IN NON-PROFITS. WHEN I ASSUMED MANAGEMENT OF THE PROGRAM LAST YEAR, I BECAME AWARE THERE WAS A CHRONIC STAFF STAFFING SHORTAGE. THESE POSITIONS HAVE AVERAGED A 50% STAFFING LEVEL. I WAS VERY CONCERNED ABOUT THIS. TALKING TO THE ADVOCATES, CURRENT AND THOSE WHO HAD LEFT, AS WELL AS THE NON-PROFITS AND OUR PARTNERS.

WE MADE A DECISION WE COULD NOT ADDRESS THE ISSUES WITH THE NON-PROFITS AND DECIDES TO BRING THE ADVOCATES IN-HOUSE, FUNDED BY THE CITY AND COUNTY, AND HAVE THEM BE COUNTY EMPLOYEES UNDER ONE SUPERVISOR AND ONE TEAM. WITH THESE CITY POSITIONS BEING ADDED AND BRINGING IN OUR COUNTY-FUNDED POSITIONS, WE ARE ESTIMATED THAT WE'RE ADDING 5,000 MORE SERVICE HOURS PER YEAR ON THE TEAM. WE'LL BE ABLE TO EXPAND FROM 5 DAYS A WEEK SERVICE TO 7 DAYS A WEEK.

Ms. Bak: WE'LL BE ABLE TO COVER HOLIDAYS AND EXTEND OUR SHIFTS TO 2:00 A.M. THE PORTLAND POLICE AND THE COUNTY HUMAN SERVICES ARE VERY EXCITED ABOUT THIS. THEY PAY FOR THE THREE POSITIONS AND THEIR HALF OF SPACE RENT. THE COUNTY MOVED ITS POSITIONS IN-HOUSE AS PART OF OUR REGULAR BUDGET PROCESS. WE HAD A TIMING ISSUE, HOWEVER, BECAUSE WE COULDN'T ADD THE CITY FUNDING. SINCE WE'RE ON THE SAME SCHEDULE, WE HAD TO COME QUICKLY TO YOU WITH THE BUDMODS. WE ASK YOUR APPROVAL AND I'M OPEN FOR ANY QUESTIONS.

Chair Kafoury: THANK YOU. QUESTIONS? LET'S VOTE SO WE CAN ACCEPT THIS MONEY AND GET THESE PEOPLE WORKING. I LOVE HEARING ABOUT ENHANCED SERVICE HOURS AND I KNOW THIS IS SUCH AN IMPORTANT PROGRAM. THE ADVOCATES REALLY DO A WONDERFUL JOB.

Ms. Bak: I WOULD INVITE YOU ALL TO COME OUT AND MEET THE TEAM, IF YOU'RE INTERESTED.

Chair Kafoury: ALL THOSE IN FAVOR, VOTE AYE. [UNANIMOUS AYES]

**R.5 Authorizing Settlement of *Tanya Barham v. Multnomah County*, Multnomah County Circuit Court Case No. 16CV28166. Presenter: James G. Rice, Senior Assistant County Attorney.**

Chair Kafoury: COMMISSIONER VEGA PEDERSON MOVES AND COMMISSIONER STEGMANN SECONDS APPROVAL OF R.5.

Mr. Rice: WE ARE REQUESTING TO SETTLE. THIS PARTICULAR EMPLOYEE WAS EMPLOYED FOR ROUGHLY ONE YEAR FROM MARCH OF 2013 TO DECEMBER OF 2014. SHE ENDED UP BEING TERMINATED, IT DIDN'T WORK OUT. SHE FILED A DISCRIMINATION CASE BASED ON FAMILY AND STATUS AND WRONGFUL TERMINATION. SHE WAS SEEKING \$300,000 IN ECONOMIC DAMAGES, \$300,000 IN NON-ECONOMIC DAMAGES AND ATTORNEYS FEES, WHICH WILL AMOUNT TO A SIGNIFICANT AMOUNT. REALLY, ONE OF OUR TOP LAWYERS WHO HAS LEFT US, ON THE POSITIVE SIDE, HAS BECOME A MULTNOMAH COUNTY CIRCUIT COURT JUDGE, WAS WORKING ON THIS FILE. SHE FELT HE HAD A GOOD CHANCE TO PREVAIL, HOWEVER, THERE IS ALWAYS RISK. IF THERE IS A RISK, THE ATTORNEYS FEES COULD BE HUGE. SIMPLY THE COST TO PURSUE

THE CASE WOULD BE AROUND \$25,000, THAT DOESN'T INCLUDE THE AMOUNT OF TIME THE COUNTY EMPLOYEES WOULD BE SPENDING FOR ONE TO TWO WEEKS.

Mr. Rice: TO SOMEWHAT OF A PLEASANT SURPRISE, KATE WAS ABLE TO RESOLVE THIS FOR \$55,000, THAT INCLUDES THE ATTORNEYS FEES. UNDER ALL INTENT AND CIRCUMSTANCES, IT SEEMS LIKE A PRUDENT WAY TO MINIMIZE COUNTY RISK, TO END THE LAWSUIT AND LET EVERYONE MOVE ON AND IT'S THE RECOMMENDATION FROM ME AS THE COUNTY'S ATTORNEY'S LITIGATION MANAGER THAT THAT IS WHAT HAPPENS.

Chair Kafoury: THANK YOU. ANY QUESTIONS OR COMMENTS? IN THOSE IN FAVOR, VOTE AYE. [UNANIMOUS AYES] THE SETTLEMENT IS APPROVED.

**R.6 Notice of Intent to Submit a Grant Application to Care Oregon Dental for \$476,600. Presenters: Vanetta Abdellatif and Len Barozzini, Dental Director.**

Chair Kafoury: COMMISSIONER VEGA PEDERSON MOVES, COMMISSIONER STEGMANN SECONDS APPROVAL OF R.6.

Ms. Abdellatif: GOOD MORNING. IT'S STILL MORNING, RIGHT? MY NAME'S VANETTA ABDELLATIF, THE DIRECTOR OF INTEGRATED CLINICAL SERVICES.

Dr. Barozzini: WE ARE REQUESTING TO SUBMIT A REQUEST FOR PROPOSAL FOR CARE OREGON DENTAL, \$477,000. THE PURPOSE OF THIS IS TO DO A BETTER JOB INTEGRATING PRIMARY CARE WITH DENTAL IN OUR CLINICS. WE'VE ALREADY STARTED DOWN THIS ROAD, BUT THESE FUNDS WILL ASSIST US WITH HAVING PRIMARY CARE PERFORM MORE ORAL HEALTH PROCEDURES. REALLY MORE EXCITING FOR ME AS THE DENTAL DIRECTOR, IS GIVING IMMUNIZATIONS IN OUR SOME OF OUR DENTAL CLINICS. THESE FUNDS ARE PRIMARILY FOR INTEGRATION. IT'S NOT ONLY NAVIGATIONAL, BUT CLINICAL. THESE FUNDS ARE PRIMARILY USED TO HIRE PERSONNEL.

Ms. Abdellatif: AND I'LL ADD, ONE SMALL PIECE TO THIS. CARE OREGON HAS BEEN A PARTNER WITH US IN HOW WE'RE INTEGRATING DELIVERING OF HEALTH SERVICES. THIS ALIGNS WITH THE WAY WE WANT TO DO SERVICES AROUND A MORE INTEGRATED APPROACH. SO THIS SUPPORTS OUR DIRECTION.

Chair Kafoury: ANY QUESTIONS? SOUNDS GOOD. LET'S GO GET THAT MONEY. IT'S NOT JUST THE MONEY, IT'S WHERE IT'S GOING. ALL IN FAVOR VOTE AYE [UNANIMOUS AYES] THE NOI IS APPROVED.



**R.7 Budget Modification Lib 01-18 Creating Three New Library Safety Officer Positions. Presenters: Vailey Oehlke, Library Director & Don Allgeier, Director of Ops.**

Ms. Oehlke: NICE TO SEE YOU ALL, I'M VAILEY OEHLKE. I HAVE WITH ME DON ALLGEIER, HE'S OUR NEW DIRECTOR OF OPERATIONS AND WE'RE HERE TODAY TO PRESENT TO YOU A BUDGET MODIFICATION RELATED TO OUR LIBRARY SECURITY OFFICERS.

Mr. Allgeier: YOU HAVE A BUDGET MODIFICATION TO CREATE THREE FULL-TIME LIBRARY SAFETY OFFICER POSITIONS. IT IS AN INCREASE IN FTE. THESE POSITIONS WILL BE STATIONED AT THE LIBRARY'S BRANCHES. THEY WILL BRING THE NUMBER OF LIBRARY SAFETY OFFICERS TO NINE TOTAL POSITIONS. THESE POSITIONS PROVIDE A CONSISTENT SECURITY PRESENCE THAT FOCUSES ON CREATING A WELCOMING LIBRARY ENVIRONMENT. WE BELIEVE THEY'RE THE BEST SOLUTION FOR US BECAUSE THEY PROVIDE CONSISTENT SECURITY SUPPORT BASED ON RELATIONSHIP BUILDING AND FLEXIBILITY FOR OUR SYSTEM. THE LIBRARY SAFETY OFFICER POSITIONS WERE CREATED DUE TO CHANGES IN AVAILABILITY OF COVERAGE FROM THE MUST BEING SHERIFF'S OFFICE AND WE'RE DEPLOYED AT OVER FOUR LOCATIONS. WE'VE ADDED ANOTHER POSITION THAT CAME BEFORE YOU IN MARCH OF 2017.

ANOTHER POSITION THAT WAS BUDGETED FOR THIS FISCAL YEAR. WE HAD FOUR LOCATIONS THAT WERE STILL SERVED BY FACILITY SAFETY OFFICERS, PROVIDED BY THE SHERIFF'S OFFICE. IN LATE MAY, WE WERE NOTIFIED THAT MCSO WOULD NO LONGER BE ABLE TO CONSISTENT STAFF THE LIBRARIES. THE LAST DAY WILL BE ON JULY 31. WE WILL HAVE LSO STAFF HIRED AND IN PLACE AS OF SEPTEMBER. IN THE MEANTIME, WE WILL USE CONTRACTED SECURITY STAFF AS THESE THREE LOCATIONS TO MAINTAIN COVERAGE DURING THAT TIME. THE FUNDING FOR THESE POSITIONS WILL NOT RESULT IN A BUDGET INCREASE, IT WILL BE A REALLOCATION OF THE FUNDS WE WERE USING TO COVER THE COST OF LSO SUPPORT. I'M GLAD TO ANSWER ANY QUESTIONS YOU MIGHT HAVE.

Chair Kafoury: QUESTIONS?

Commissioner Smith: WE'RE ONLY 20-SOME-ODD DAYS INTO THE FISCAL YEAR. I'M NOT UNDERSTANDING THE WHOLE CHANGE RIGHT NOW.

Ms. Oehlke: IT'S NOT A FORMAL CONTRACT. WE'VE ALWAYS USED THE SHERIFF'S OFFICE, COMMISSIONER, FOR OUR COVERAGE. IT WAS SORT OF A PAY-AS-YOU-GO ARRANGEMENT AND, IN FACT, WHEN WE SUBMITTED THE FY18 BUDGET, THAT WE WOULD HAVE THAT LSO COVERAGE OF THOSE OTHER FOUR LOCATIONS. I THINK BECAUSE OF SOME CHALLENGES WITHIN THE SHERIFF'S DEPARTMENT RELATED TO STAFFING CAPACITY, THE

COMPLICATIONS TO COVERING OUR SHIFTS THAT WEREN'T EIGHT-HOUR SHIFTS AND OVERTIME CHALLENGES, THEY DETERMINED THEY WEREN'T ABLE TO PROVIDE US COVERAGE. WE DIDN'T LEARN THAT UNTIL MAY.

Commissioner Smith: I SUPPORT WHAT YOU'RE DOING, BUT I HAVE A BIG PROBLEM WITH THIS, THAT IF THE SHERIFF'S DEPARTMENT, IN TRYING TO PLAN AND BUDGET YOUR BUDGET FOR NEXT YEAR, ESPECIALLY AFTER HEARING SOME OF THE STORIES THAT WE HEARD, THAT WE'RE DEALING WITH SOME OF THE CHALLENGES AT THE LIBRARIES, AND I KNOW WE'VE DONE A GREAT JOB OUT IN GRESHAM, WE'RE GIVING FOOD. YOU GUYS ARE BEING ASKED TO DO MORE WITH LESS. AND I THINK THAT AS COUNTY DEPARTMENTS, WE NEED TO BE MORE MINDFUL OF OTHER FOLKS' BUDGET AND IF THEY'RE NOT GOING TO DO SOMETHING, THEY NEED TO TELL THAT EARLY ENOUGH SO THAT YOU CAN MAKE PREPARATIONS AND NOW YOU HAVE TO FIGURE OUT HOW TO MANEUVER YOUR BUDGET TO PAY FOR SOMETHING YOU THOUGHT YOU'D BE GETTING AT ANOTHER DEPARTMENT AND THAT'S JUST NOT RIGHT. I SUPPORT WHAT YOU'RE DOING. I APPRECIATE IT. I KNOW YOU NEED TO DO MORE WITH LESS AND WE NEED TO GET THIS TOGETHER BECAUSE THIS IS RIDICULOUS.

Ms. Oehlke: THANK YOU, COMMISSIONER. I REALLY APPRECIATE YOUR CONTINUED SUPPORT AROUND THESE ISSUES AND YOU'RE RIGHT, IT IS A COMPLIMENTED LANDSCAPE AND IT SEEMS TO BE GETTING MORE COMPLICATED. JUST TO BE CLEAR, THOUGH, IT ISN'T COSTING US ADDITIONAL MONEY. WE HAD ALREADY ANTICIPATING THOSE FUNDS.

Commissioner Smith: BUT YOU HAVE TO MANIPULATE OTHER PARTS OF YOUR BUDGET.

Ms. Oehlke: THE CHALLENGE IS THE RECRUITING AND TRAINING OF THE NEW LSO OFFICERS.

Commissioner Smith: AND TRYING TO GET THEM UP-TO-SPEED -- HAVING A SEAMLESS TRANSITION. IT WOULD HAVE BEEN NICER IF WE COULD HAVE ALL COORDINATED A LITTLE BIT BETTER. I'M JUST SAYING. THANK YOU.

Ms. Oehlke: THANK YOU, I AGREE. ANY OTHER QUESTIONS FOR US?

Chair Kafoury: I WANT TO THANK YOU FOR YOUR CONTINUED COMMITMENT TO THE SAFETY OF OUR PATRONS AND OF OUR LIBRARY STAFF AND KNOW THAT WE'VE BEEN WORKING ON SEVERAL FRONTS TO MAKE SURE THAT THAT GETS BETTER.

Ms. Oehlke: INDEED. AND I WOULD JUST LIKE TO EXTEND MY THANKS TO YOU, CHAIR, AND THE REST OF THE BOARD AS WE MAKE OUR WAY THROUGH WHAT A FAIRLY CHALLENGING SITUATION.

Chair Kafoury: ALL THOSE IN FAVOR, VOTE AYE. [UNANIMOUS AYES] THE BUDGET MODIFICATION'S APPROVED.

**R.8 Proclamation Honoring Medicare Program's 52<sup>nd</sup> Birthday. Sponsor: Commissioner Sharon Meieran, District One. Presenters: District One Staff and Invited Guests: Panel 1: - Renee Tessyier, Indivisible; Will Layng, Jobs with Justice; Anne Lindsay, Senior Health Insurance Benefits Assistance program volunteer. Panel 2: - Mary Lou Hennrich, Health Care for All Oregon; Nico Serra, Health Care for All Oregon**

Commissioner Meieran: HAPPY BIRTHDAY TO EVERYONE HERE. SO, THANK YOU, CHAIR. I AM VERY PLEASED TO INTRODUCE THIS PROCLAMATION FOR THE 52ND BIRTHDAY OF MEDICAID AND MEDICARE. I'M AROUND THE SAME AGE, I WILL SAY NO MORE THAN THAT, BUT WE HAVE A COUPLE OF PANELS OF SPEAKERS HERE TODAY, SO I JUST WANT TO SAY THAT I WANTED TO BRING THIS PROCLAMATION TO THE BOARD TODAY, NOT JUST BECAUSE THESE ARE AMAZING PROGRAMS THAT SAVE LIVES AND SUPPORT SENIORS AND OUR MOST VULNERABLE, WHICH IN AND OF ITSELF IS WORTHY OF CELEBRATION, SO I WOULD WANT TO DO THIS. BUT, ESPECIALLY NOW BECAUSE THESE CRITICAL HEALTHCARE PROGRAMS ARE UNDER ATTACK. WE'VE WATCHED IN DISBELIEF AS THE U.S. SENATE HAS TEETER-TOTTERED ON A BILL THAT WOULD TAKE HEALTHCARE AWAY FROM TENS OF MILLIONS OF AMERICANS. WE ARE FAR, FAR FROM OUT OF THE WOODS. RIGHT NOW, THEY DON'T HAVE THE VOTE. WE LEARN SOMETHING NEW EVERY MINUTE, IT SEEMS.

RIGHT THIS SECOND, THEY DON'T HAVE THE VOTES TO REPEAL THE ACA BECAUSE COMMUNITIES LIKE OURS, LIKE A LOT OF OUR GUESTS HERE TODAY, HAVE STOOD UP IN SUPPORT OF THE ACA AND HEALTHCARE. THAT'S WHY THE PROCLAMATION TODAY IS ESPECIALLY IMPORTANT. AND JUST SO YOU KNOW, A LITTLE INCENTIVE TO JUST STAY THAT MUCH LONGER, THERE IS GOING TO BE BIRTHDAY CAKE IN THE BACKGROUND. I KNOW IF THERE'S KIDS HERE THAT MIGHT HAVE HEARD THIS. AFTER THIS, WE WILL BE CELEBRATING WITH BIRTHDAY CAKE. I WOULD LIKE TO INVITE PANEL 1 UP TO SPEAK, FIRST. THEY WILL BE FOLLOWED BY PANEL 2. LOOK FORWARD TO HEARING YOUR PRESENTATIONS.

Ms. Tessyier: I'M SCHEDULED TO GO FIRST. HELLO, EVERYONE. THANK YOU FOR HAVING US TODAY. THANK YOU FOR EVERYTHING YOU DO. MY NAME IS RENEE TESSYIER AND I'M AN ORGANIZER FOR INDIVISIBLE OREGON. WE'RE ONE OF MANY GROUPS THAT FORMED AFTER THE 2016 PRESIDENTIAL ELECTION. WE ARE ENTIRELY VOLUNTEER AND WE LIKE TO ENGAGE OUR U.S. MEMBERS OF CONGRESS, ONE ACTION AT A TIME. WE BELIEVE THAT WIDESPREAD AND PERSISTENT CIVIC ENGAGEMENT CAN CHANGE THE COUNTRY. WE THE PEOPLE GET THE GOVERNMENT WE DESERVE, WE MUST LEAD OUR REPRESENTATIVES TO OUR VISION OF A BETTER

AMERICA. AT SEVEN MONTHS OLD, OUR ORGANIZATION IS IN ITS INFANCY. A SIGNIFICANT PORTION OF OUR RALLIES ARE DEVOTED TO HEALTHCARE LEDGE HEALTHCARE LEGISLATION. IT HAS DRAWN THE ATTENTION OF DOCTORS AND NURSES. AND OF COURSE, ALL OF US ARE PATIENTS, TOO. IN FACT, THIS IS HOW I FOUND INDIVISIBLE OREGON.

Ms. Tessyier: I, TOO, AM A HEALTHCARE PATIENT. I SUFFER FROM LUPUS. WE SHOULD HAVE NO DESIRE TO RETURN TO THE LACK OF COVERAGE. HEALTHCARE IS NOT A LUXURY. IT CONTAINS THE NECESSARY TOOLS WE NEED TO SURVIVE AND WHEN I HEARD THAT INDIVISIBLE OREGON WAS LOOKING FOR PEOPLE TO SHARE THEIR STORIES, I JOINED. WE PROTESTED ONE DANGEROUS HEALTHCARE BILL AFTER ANOTHER. THEY HAVE BEEN UNRELENTING IN THEIR ATTEMPTS TO CUT MEDICAID AND MEDICARE AND THEY WANT INSURANCE COMPANIES TO WRITE POLICIES WITHOUT ESSENTIAL BENEFITS LIKE COVERAGE FOR MATERNITY CARE AND AMBULANCE RIDES AND MAKE IT EXPENSIVE FOR PEOPLE WITH PRE-EXISTING CONDITIONS MORE EXPENSIVE. IT COULD AFFECT ALL OF US, BUT DISPROPORTIONATELY, THEY WOULD AFFECT THE MOST VULNERABLE, THE POOR, THE ELDERLY, CHILDREN AND PEOPLE WITH DISABILITIES.

HEALTHCARE SHOULD NEITHER BE A PRIVILEGE OR LUXURY WHEN YOU LIVE IN ONE OF THE RICHEST COUNTRIES IN THE WORLD. IT IS FOR THE ADULTS AND CHILDREN WHO NEED PEDIATRIC CARE AND EXPECTING MOTHERS IN NEED OF PRENATAL CARE AND HOSPITALS BILLS TO PAY, SYMPTOMS TO MANAGE. THIS FIGHT, FOR US, IS NOT OVER. FOR SIX MONTHS, WE HAVE BEEN DEMAND DEMANDING OUR RIGHT FOR HEALTHCARE. WE KNOW WE CAN DO BETTER. WE ARE VERY HAPPY TO CELEBRATE THE 52ND BIRTHDAY OF MEDICAID AND MEDICARE TODAY WITH YOU, WE ARE DEVOTED TO COMMITTING TO WORKING TOGETHER TO IMPROVE THE HEALTHCARE OF ALL AMERICANS FOR TOMORROW. THANK YOU FOR EVERYTHING YOU DO.

Chair Kafoury: THANK YOU.

Mr. Layng: THANK YOU, COMMISSIONERS. GOOD MORNING. MY NAME IS WILL LAYNG, I'M THE EXECUTIVE DIRECTOR OF PORTLAND JOBS FOR JUSTICE. OUR COALITION IS OVER 100 UNIONS AND COMMUNITY GROUPS THAT SUPPORT WORKERS RIGHTS WITH THE RACIAL AND GENDER JUSTICE LENS IN OUR COMMUNITY. WE HAVE AN ACTIVE HEALTHCARE COMMUNITY THAT HAS ADVOCATED FOR SINGLE PAYER AND RESPONSIBLE USE OF OUR HEALTHCARE DOLLARS. I WANT TO WISH HAPPY BIRTHDAY TO MEDICARE. IT TOOK US OUT OF SO MANY BAD DECISIONS TO BE ACTUALLY A LEADER IN HEALTHCARE POLICY. PUBLIC HEALTHCARE WORKS. WE THINK THAT FOR-PROFIT HEALTHCARE DOES NOT WORK AND WE SEE THIS IN OUTCOMES FOR OUR GERIATRIC PATIENTS THAT ARE BETTER THAN GLOBAL AVERAGES. FOR OTHER GROUPS, THE HEALTHCARE OUTCOMES ARE BELOW AVERAGE. PUBLIC HEALTHCARE WORKS FOR UNION WORKERS AND WORKERS IN OUR

COUNTRY THAT SEE MORE AND MORE OF THEIR EMPLOYERS PAYROLL PACKAGES GOING TO BUY HEALTH INSURANCE FOR THEIR WORKERS AND FAMILIES.

Mr. Layng: WE WANT TO SEE THAT CHANGE AND OUR UNION PARTNERS WANT TO SEE THAT CHANGE. WE SUPPORT EXPANDING MEDICARE. THIS IS, I THINK, OUR MOMENT TO STEP UP AND ADVOCATE FOR A MEDICARE FOR ALL IS A SINGER-PAYER SYSTEM IN OUR COUNTRY AND WE WOULD LIKE TO SEE MORE OF OUR ELECTED OFFICIALS TO TAKE A STAND AND NOT JUST DEFEND THE CURRENT SYSTEM THAT WE HAVE IN PLACE. OUR JOBS OF JUSTICE IS HOSTING ANOTHER PARTY, A WEEK-LONG BIRTHDAY PARTY. A PARTY ON SUNDAY STARTING AT THE PARK BLOCKS AT 11 A.M. IN DOWNTOWN. WITH SPEAKERS INCLUDING MITCH AND MICHAEL TO CONTINUE CELEBRATING MEDICARE AND ENCOURAGING EXPANSION OF IT.

Ms. Lindsay: AND, I'M ANNE LINDSAY, MEDICARE COUNSELOR, OTHERWISE KNOWN AS THE SHBA COUNCILOR IN MULTNOMAH COUNTY. GOOD AFTERNOON. IT'S A PLEASURE TO BE ABLE TO PARTICIPATE IN CELEBRATING THE MEDICARE BIRTHDAY. I MIGHT BE ONE OF THE FEW PEOPLE HERE WHO'S ON MEDICARE SO I CAN SPEAK FROM PERSONAL EXPERIENCE. BASICALLY, WHAT I WANTED TO REMIND US ALL IS THAT HEALTH IS REALLY A BLESSING. WE OFTEN DON'T RECOGNIZE IT WHILE WE HAVE GOOD HEALTH AND WE WISH FOR IT VERY MUCH WHEN WE DON'T HAVE GOOD HEALTH. MEDICARE HAS, FOR A LONG TIME NOW, OFFERED US, AS WE GROW OLDER, THE CHANCE FOR GOOD HEALTH, DOESN'T GUARANTEE IT. TO MAINTAIN IT OR REGAIN HEALTH.

IT MAKES GROWING OLDER MORE SECURE AND ENABLES US TO CONTINUE AS ACTIVE PARTICIPANTS IN THE LIFE AROUND US. BUT MEDICARE PRESENTS A CONUNDRUM TO THOSE OF US APPROACHING MEDICARE, GETTING CLOSE TO TURNING AGE 65. HOW DO YOU CHOOSE WHAT FORM OF MEDICARE WILL BE BEST FOR YOU AS YOU AGE? YOU'RE HEALTHY NOW BUT WILL YOU STILL BE HEALTHY IN FIVE, 10, 20 YEARS FROM NOW? WHAT WILL MEDICAL COSTS BE IN 5, 10, 20 YEARS? HOW FAR WILL YOUR RETIREMENT INCOME STRETCH? WILL IT COVER HOUSING, FOOD, TRANSPORTATION AND MEDICAL CARE? HOW MUCH OF A RISK-TAKER ARE YOU? IN THE EVENT OF UNEXPECTED AND SERIOUS HEALTH PROBLEMS, DO YOU HAVE THE RESILIENCE TO SEE YOU THROUGH? THESE ARE SOME OF THE QUESTIONS YOU HAVE TO CONSIDER AS YOU TURN 65 AND BECOME ELIGIBLE FOR MEDICARE. FORTUNATELY, RIGHT THERE, THERE IS A FREE COUNSELING SERVICE, THE SENIOR HEALTH INSURANCE BENEFITS ASSISTANCE PROGRAM, SHBA. NOT LIKE THE QUEEN, BETTER THAN THE QUEEN, AS FAR AS I'M CONCERNED. [LAUGHTER]

NATIONALLY, IT IS THE STATE INSURANCE HEALTH INSURANCE PROGRAM. OUR SHBA IS PART OF THE SHP PROGRAM. THEY SPONSORED THE PROGRAM THROUGH GRANTS. OREGON HAS GOTTEN, IN THE LAST YEAR, ABOUT

\$600,000 TO ADMINISTER THE PROGRAM, WHICH IT DOES PRIMARILY THROUGH COUNTY AGENCIES SUCH AS THE MULTNOMAH COUNTY AGING AND DISABILITIES SERVICES DIVISION. THERE ARE OVER 20 CERTIFIED COUNSELORS IN THE COUNTY, MORE THAN 200 STATEWIDE. WE'RE ALL VOLUNTEERS. OUR PAY IS GREAT. IT'S THE THANKS AND THE JOY WE GET FROM HELPING PEOPLE. WE'RE TRAINED AND CERTIFIED TO ACTUALLY ANSWER QUESTIONS ABOUT HOW MEDICARE WORKS, HEALTHCARE NEEDS, BENEFITS OF DIFFERENT INSURANCE PLANS, SOURCES OF POSSIBLE FINANCIAL HELP ABOUT MEDICAL BILLS, HOW TO READ THEM AND HOW TO APPEAL BILLING AND OTHER INSURANCE ISSUES. LAST YEAR, IN MULTNOMAH, THEY SERVED OVER 2,000 CLIENTS, SPENDING OVER 1,700 HOURS WITH THEM. OUR CLIENTS ARE THE POOR, THE HOUSELESS, THE WEALTHY AND THOSE OF US IN THE MIDDLE. PRETTY MUCH, EVERYBODY.

Ms. Lindsay: THE VALUE OF THE VOLUNTEER TIME IS OVER \$40, 000 AND THE VALUE TO THE CLIENTS IS PRICELESS. THE CENTERS FOR MEDICARE AND MEDICAID SERVICES DOES NOT HAVE LOCAL OFFICES FOR SENIORS AND OTHERS TO VISIT WHEN YOU NEED HELP, WHEN YOU DON'T UNDERSTAND WHAT YOU'RE BENEFITS ARE OR MIGHT BE. THE SHBA PROGRAM BASICALLY SERVES AS THAT LOCAL OFFICE. THEY VOLUNTEER NATIONALLY AND RECEIVED MORE TRAINING AND CONTINUING EDUCATION THAN MANY INSURANCE AGENTS DO. TOLL FREE NUMBERS DON'T REPLACE LOCAL KNOWLEDGE AND RESOURCES AND THEY DON'T REPLACE THE HUMAN CONTACT. THEY DELIVERED IT VERY LOW-COST AND NOW IS THE TIME TO SUPPORT IT. IN ADDITION TO EVERYTHING THAT'S GOING ON WITH THE ACA, CONGRESS IS LOOKED AT A BUDGET. IF IT'S ENACTED AS IT'S PRESENTED CURRENTLY, TO ELIMINATE THE SHBA PROGRAM ENTIRELY. IF YOU'VE PERSUADED YOU AT ALL, OR ANY OF YOU IN THE ROOM THAT THIS IS VALUABLE, LET YOUR CONGRESSMAN AND SENATORS KNOW. TELL YOUR FRIENDS AND FAMILY, BOTH HERE IN OREGON AND OTHER STATES, PARTICULARLY IN OTHER STATES. KENTUCKY WOULD BE A GOOD ONE. WISCONSIN, ANOTHER. THAT'S IT.

Chair Kafoury: THANK YOU

Ms. Hennrich: CHAIR KAFOURY, AND OTHER HONORABLE COMMISSIONERS, I'M MARY LOU HENNRICH AND I'M GRATEFUL FOR THE OPPORTUNITY TO ADDRESS YOU TODAY AS YOU PROCLAIM HAPPY 52ND BIRTHDAY TO MEDICARE AND MEDICAID. I RETIRED FROM A 30-YEAR CAREER WITH MULTNOMAH COUNTY HEALTH DEPARTMENT. I WAS A DISTRICT COMMUNITY HEALTH NURSE IN THE AREA SURROUNDING EMANUEL HOSPITAL. MEDICARE AND MEDICAID WERE NEW PROGRAMS AND I WOULD HEAR MANY STORIES ABOUT THE WAY IT WAS BEFORE MANY SENIORS HAD HEALTH INSURANCE. AND WERE MAKING UNTHINKABLE CHOICES ABOUT GOING TO THE HOSPITAL WHEN CRITICALLY NECESSARY AND THEN BEING UNABLE TO PAY THEIR

MORTGAGE OR RENT OR NOT GETTING ADEQUATE NUTRITION AS THEY CUT BACK ON BUYING FOOD.

Ms. Hennrich: MEDICAID WAS FOR THE VERY POOREST, AFDC, WHICH PRECEDED THE NOW TANF PROGRAM. ELIGIBILITY WAS VERY LOW, SOMETHING LIKE INCOME LESS THAN 42% OF THE FEDERAL POVERTY LEVEL. THIS LEFT THOUSANDS OF POOR CHILDREN, WOMEN, THEIR FAMILIES, WITH NO HEALTH INSURANCE AND SINGLE MEN AND WOMEN HAD NO CHANCE OF GETTING COVERAGE. SO I'M PROUD TO HAVE WORKED CLOSELY WITH MULTNOMAH COUNTY COMMISSIONERS, ESPECIALLY GLAD SERENA CRUZ, JUDY SHIPRACK AND SO MANY OTHERS WHO SUPPORTED DEFENDING AND EXPANDING MEDICAID TO EXPAND AND INCREASE ELIGIBILITY TO MUCH MORE REASONABLE LEVELS, WHICH WE CURRENTLY HAVE, BUT LOOKS LIKE WE MAY NOT CONTINUE. SUPPORTING THE ADDITION OF DISABLED PERSONS TO RECEIVE MEDICARE HAS BEEN IMPORTANT TO THE HEALTH AND WELFARE OF SENIORS AND OTHER VULNERABLE POPULATIONS. AND SO THAT'S THE WAY I THINK ALL OF US ARE WATCHING OUR PHONES AT EVERY MOMENT AND DOING EVERYTHING WE CAN TRYING TO KEEP THESE HORRENDOUS ROLL-BACKS FROM HAPPENING.

MULTNOMAH COUNTY HAS BEEN SUCH A LEADER IN PUBLIC HEALTH AND HEALTHCARE INNOVATION AND SERVICES OVER THESE PAST 50 YEARS AND I THANK YOU AND YOUR PREDECESSORS AND LEADERSHIP FOR ESTABLISHING SCHOOL-BASED HEALTH SERVICES, HIV/AIDS OUTREACH. WE HAVE THE LOWEST HIV/AIDS RATES THAN THE REST OF THE WEST COAST BECAUSE OF THE COURAGE AND WONDERFUL OUTREACH AND NEEDLE EXCHANGE THAT YOU FOUGHT FOR. SO, JUST SO MANY THINGS. MENTAL HEALTHCARE, INTEGRATED WITH PRIMARY CARE AND DENTAL SERVICES, PARTNERING WITH OHSU AND COMMUNITY AND MIGRANT HEALTH CENTERS AROUND THE STATE TO FORM CARE OREGON AND NOW PARTNERS HEALTH SHARE AS A COORDINATED CARE ORGANIZATION.

I'M OVERWHELMED WHEN I THINK ABOUT ALL THE WONDER THINGS AND INNOVATIONS AND LEADERSHIP THAT THIS COUNTY, MY COUNTY HAS SHOWN. I'M ON THE BOARD OF HEALTHCARE FOR ALL OREGON AND WORKING TO MAKE UNIVERSAL HEALTHCARE AVAILABLE TO ALL OREGONIANS. WE WANT IT IMPROVED FOR ALL, NOT JUST THE ELDERLY. BECAUSE WE HAVE MEDICARE AND MEDICAID, 52 YEARS NOW, WE CAN REALLY LOOK AT THE EXPERIENCE AND EVIDENCE THAT IS POSSIBLE TO CREATE SUCH A PLAN FOR EVERYONE, LIKE WE HAVE IN EVERY OTHER CIVILIZED COUNTRY. THANK YOU, MULTNOMAH COUNTY, FOR YOUR EXCEPTIONAL LEADERSHIP ON HEALTHCARE FOR YOUR RESIDENTS.

Chair Kafoury: THANK YOU.

Mr. Serra: HI. GOOD MORNING. MY NAME IS NICO SERRA. AND IN 2010, I MOVED TO PORTLAND TO BUILD MY DREAM LIFE WITH MY PARTNER. I WAS READY TO LIVE HAPPILY EVER AFTER, BUT LESS THAN SIX WEEKS AFTER I ARRIVED, I PUT ON MY BICYCLE HELMET AND WENT FOR A RIDE. MOMENTS LATER, I WAS STRUCK AND DRAGGED AROUND A CORNER BY A CAR, WITH A DRIVER WHO WAS SIMPLY NOT PAYING ATTENTION. EMERGENCY RESPONDERS MISSED MY CONCUSSION AND MY SWOLLEN HAND, I WAS TOLD WAS FINE. I REFUSED TO GO TO THE HOSPITAL, NOT JUST BECAUSE I DIDN'T HAVE INSURANCE, BUT ALSO BECAUSE I HAPPEN TO BE TRANSGENDER AND MY I.D. DIDN'T MATCH MY LOOKS AT THE TIME. PANIC SET IN AS I REALIZED THE CAR INSURANCE COVERAGE DIDN'T COVER MUCH. I COULDN'T ESTABLISH CARE ANYWHERE AND I HAD NO OPTIONS BUT THE EMERGENCY ROOM. I FOUND A DOCTOR THAT WAS WILLING TO TREAT ME. WE BORROWED MONEY TO EASE THE PAIN. WE DIDN'T KNOW IT, BUT I COULDN'T METABOLIZE THOSE MEDICATIONS AND THEY WERE NO BENEFIT TO ME AND THEY CAUSED ME TO FALL INTO A DEMENTIA STATE. EVERYTHING WAS CONFUSING. I WOULD FLY INTO RAGES THAT COULD ONLY BE MANAGED BY CURES AND RESTRAINT HUGS.

ENOUGH PAIN CAN BREAK ANYBODY. TWO YEARS AFTER I WAS INJURED, I RECEIVED FINANCIAL ASSISTANCE, BUT ONLY FOR MY SHOULDER. I FINALLY GOT WHAT SHOULD HAVE BEEN EMERGENCY SURGERY, BUT THERE WAS NO ASSISTANCE FOR ANYTHING ELSE. I REMEMBER LAYING IN MY SLEEPING BAG WITH ICE PACKS ON MY SHOULDER IN A 40-DEGREE HOUSE. IT WAS UNBEARABLE AND I WAS MISERABLE. I CONTEMPLATED SUICIDE IN THOSE FIRST FEW YEARS. BUT I FINALLY CAUGHT A BREAK. THE AFFORDABLE CARE ACT HAPPENED. MEDICAID WAS FINALLY ACCESSIBLE TO ME AND THOUSANDS OF OTHER PEOPLE. THE DOCTORS DID MORE TESTS AND LEARNED THE TRUE EXTENT OF MY INJURIES. I NEEDED SURGERY ON MY HIP. MY HAND WAS BROKEN FOR THREE YEARS BEFORE I GOT A CAST. I STARTED GETTING SOME OF THE SURGERIES, BUT FOR SOME REASON, I WASN'T GETTING BETTER. I WAS DIAGNOSED WITH A SYNDROME AND I WAS ON THE VERGE OF BANKRUPTCY WHEN SOCIAL SECURITY DECLARED ME PERMANENTLY AND TOTALLY DISABLED.

THE MEDICAID EXPANSION ALSO ALLOWED ME TO GET MENTAL HEALTH SUPPORT. I GRIEVED MY LOSSES AND LEARNED HOW TO TOLERATE THE EXCESSIVE PAIN WITHOUT ALL THE DANGERS OF MEDICATIONS. FINALLY MEDICARE KICKED IN AND MY WONDERFUL CASE WORKER FIGURED OUT A WAY TO GET IT TO COVER MY PREMIUMS, WHICH IS A SIGNIFICANT AMOUNT FOR THOSE THAT DON'T KNOW. MEDICAID ALSO PAYS FOR ME TO HAVE A PERSONAL ASSISTANT TO HELP ME GET IN AND OUT OF BED, DO LANDRY, GET DRESSED EVERY DAY. WITH ALL THE SUPPORT, I SLOWLY REGAINED MY MIND AND A LITTLE BIT OF MY ABILITIES. I FOUND GREATER PURPOSE FOR MY LIFE AS A SERVANT LEADER AND BOARD MEMBER FOR HEALTHCARE FOR ALL OREGON. I WANT EVERYONE TO GET HEALTHCARE, BECAUSE EVERYONE



DESERVES HEALTHCARE. HEALTHCARE FOR ALL OREGON IS A NONPARTISAN, WORKING TO GET HEALTHCARE ON THE BALLOT IN 20, HCAO.ORG.

Mr. Serra: RIGHT NOW, WE, THE PEOPLE, ARE AT A CROSSROADS AND WE REFUSE TO CONTINUE STEPPING ON EACH OTHER'S THROATS TO FIGHT OVER THE SCRAPS THE RICHES ARE LEAVING BEHIND. THERE IS PLENTY TO GO AROUND AND WE, THE PEOPLE, MUST CHOOSE TO DO THE RIGHT THING AND REDISTRIBUTE THESE RESOURCES. THE HEIGHTS OF OUR HUMANITY ARE BEING BECKONED RIGHT NOW AND I URGE YOU TO TAKE THIS CALL AND MAKE A CONTRIBUTION. THANK YOU.

Chair Kafoury: THANK YOU.

Commissioner Meieran: THANK YOU SO MUCH TO ALL THE SPEAKERS TODAY FOR SHARING YOUR STORIES AND EXPERIENCE AND I DO WANT TO ESPECIALLY THANK NICO FOR SHARING YOUR OWN PERSONAL STRUGGLE WITH HEALTHCARE. IT'S INSPIRING TO ALL OF US AND I KNOW IT SOMETIMES ISN'T EASY TO SHARE A PERSONAL STORY, BUT IT REALLY DOES MAKE A DIFFERENCE AND BY HEARING THOSE STORIES, WE UNDERSTAND WHY IT MATTERS TO STAND IN SUPPORT OF THE ACA. AND ON THAT NOTE, I THINK IT'S IMPORTANT WE STAY VIGILANT IN SUPPORT OF THE AFFORDABLE CARE ACT IN OUR OPPOSITION OF ANY KIND OF REPEAL. THIS IS MY OWN PERSONAL OPINION, WE DO NEED TO FIGHT FOR MEDICARE FOR ALL. AND, SADLY, I THINK WE'LL SEE THESE EFFORTS CONTINUING TO REPEAL THE ACA, SO WE MUST JUST ALL STAY STRONG. AND TO HELP FORTIFY US FOR THAT FIGHT, THERE WILL BE CAKE. DID I MENTION CAKE? [LAUGHTER] WE HAVE A PROCLAMATION AND QUESTIONS AND COMMENTS.

Commissioner Smith: NICO, THIS IS THE SECOND TIME I'VE HEARD YOUR STORY AND IT IS JUST AS INSPIRING THE SECOND TIME AS THE FIRST. IT'S REALLY IMPORTANT, LIKE, SHE SAID, WE HAVE TO HEAR THOSE STORIES. I WANT TO THANK YOU, COMMISSIONER MEIERAN. MEDICARE AND MEDICAID ARE TWO OF OUR NATION'S MOST IMPORTANT SAFETY NETS AND TOGETHER, THEY PROVIDE FOR THE HEALTH AND FINANCIAL SECURITY OF 55 MILLION SENIORS AND DISABLED AMERICANS. IT'S IMPORTANT WE CELEBRATE SUCH MILESTONES IN OUR SOCIAL PROGRESS, THE FIGHT FOR THE FUTURE OF THESE CRUCIAL PROGRAMS, IT CONTINUES TO SPEAK IN THE HALLS OF CONGRESS. WE MUST NOT BACK DOWN IN THE FACE OF THOSE WHO SAY WE CANNOT AFFORD THESE SAFETY NET PROGRAMS. WE CANNOT AFFORD TO PROVIDE A BACK-STOP TO PROTECT THE MOST VULNERABLE AMONG US AND MORE THAN 82,000 PEOPLE IN MULTNOMAH COUNTY ENROLLED IN THE OREGON HEALTH PLAN AS PART OF THIS MEDICAID EXPANSION.

WE CANNOT ALLOW THE RUG TO BE PULLED OUT FROM UNDER THEM. AMERICA HAS PROTECTED THE HEALTH AND SECURITY OF OUR NATION'S MOST VULNERABLE PEOPLE FOR MORE THAN FIVE DECADES. AFTER SO

MUCH PROGRESS, WE SHOULD NOT TURN THE CLOCK BACK NOW SO THIS IS SO IMPORTANT FOR PEOPLE TO STAND UP FOR THE RIGHTS OF OUR MOST VULNERABLE HAVING HEALTHCARE AND KEEP STANDING UP AND MAKE SURE WE HEAR YOU LOUD AND CLEAR.

Chair Kafoury: THANK YOU.

Commissioner Stegmann: THANK YOU, CHAIR. IT IS SO AMAZING TO HAVE A DOCTOR [LAUGHTER] ON OUR BOARD. I GOT TO TELL YOU, COMMISSIONER MEIERAN, REALLY, THANK YOU SO MUCH FOR HIGHLIGHTING TWO VERY IMPORTANT ISSUES TODAY. AND MANY OF US WERE AT A POINT WHERE OUR PARENTS -- I'M DEALING WITH MY MOTHER, WHO HAS SOME HEALTH ISSUES AND IS 85. AND, IT'S STILL CHALLENGING. BUT WITHOUT SOME OF THESE SERVICES, IT WOULD NOT EVEN BE POSSIBLE. SO, I AGREE, HEALTHCARE SHOULD NOT BE A PRIVILEGE. IT SHOULD BE A RIGHT FOR EVERYONE THAT LIVES IN OUR COUNTRY AND I WANT TO THANK YOU FOR YOU SHARING YOUR STORY AND THE WORK YOU DO. WE HAVE JUST GOT TO DO BETTER. AND, I'M JUST GRATEFUL THAT YOU'RE GETTING THE HEALTH CARE -- OH, MY GOSH, THREE YEARS? THAT'S INSANE FOR A BROKEN HAND. I'M HAPPY TO HELP CELEBRATE THE IMPORTANCE OF MEDICARE AND MEDICAID AND GLAD YOU'RE GETTING THE TREATMENT AND CARE THAT YOU DESERVE, THAT WE ALL DESERVE. THANK YOU.

Vice-Chair Vega Pederson: THANK YOU SO MUCH FOR COMING HERE TODAY. AND THANK YOU FOR ALL YOUR WORK AND ADVOCACY FOR THIS ISSUE. THIS IS YET ANOTHER ISSUE THAT WE CONTINUE TO HAVE TO BE VIGILANT AT THE LOCAL LEVEL AND I WANT TO THANK COMMISSIONER MEIERAN AGAIN FOR BRINGING THIS FORWARD AND LETTING US USE OUR VOICES FOR PROCLAMATIONS FOR THINGS LIKE THIS SO THE IMPORTANCE OF HEALTHCARE FOR EVERYONE IS RECOGNIZED, HOW IT AFFECTS PEOPLE IN REALLY A FUNDAMENTAL WAY AND IT SHOULD BE A RIGHT JUST LIKE ANYTHING ELSE IS BECAUSE WE'RE LOSING NOT JUST THE SUFFERING THAT PEOPLE HAVE TO GO THROUGH, BUT THE HUMAN POTENTIAL OF PEOPLE HAVING TO SUFFER NEEDLESSLY. SO, THANKS AGAIN FOR SHARING YOUR STORY. I'M SO GLAD TO SUPPORT THIS TODAY.

Chair Kafoury: YOU WANT TO QUICKLY READ THE PROCLAMATION?

Commissioner Meieran: I'VE GOT IT. IT'S BASICALLY, EVERYTHING THAT WE HAVE SAID, I KNOW WE'RE SO FAR OVER TIME. IT IS BASICALLY SUPPORTING TALKING ABOUT HOW WONDERFUL MEDICARE AND MEDICAID. MEDICAID MEDICARE, HAVE PROMOTED THE HEALTH OF OREGONIANS, THE RESIDENTS ARE ENCOURAGED TO CELEBRATE THE 52ND ON JULY 30, 2017. THE MULTNOMAH COUNTY COMMISSIONERS PROCLAIMS HAPPY 52ND BIRTHDAY TO MEDICARE AND MEDICAID. YAY!

Chair Kafoury: DO WE HAVE ANYBODY WHO'S GOING TO SING? [LAUGHTER] LATER. NOT WHEN WE'RE ON CAMERA. [LAUGHTER] THANK YOU, ALL, FOR COMING AND THIS IS A REALLY MONUMENTAL DAY HERE FOR US AT MULTNOMAH COUNTY. ALL THOSE IN FAVOR, VOTE AYE. [UNANIMOUS AYES] THE PROCLAMATION'S ADOPTED. YAY! [APPLAUSE] AND BEFORE WE HAVE CAKE, WE HAVE COME TO THE END OF OUR AGENDA. SO, DO WE HAVE ANY ISSUES FOR NON-AGENDA ITEMS THAT PEOPLE WANT TO BRING UP?

Vice-Chair Vega Pederson: I JUST HAVE ONE. AND I JUST WANTED TO TAKE A MOMENT JUST TO TALK ABOUT HOW WE'VE SEEN THE PRESIDENT DEMONIZE AND DISCRIMINATE OUR VULNERABLE COMMUNITIES. WE'VE SEEN IT WITH OUR IMMIGRANT COMMUNITIES AND WE'RE SEEING IT WITH OUR LGBTQ COMMUNITIES. AND TRUMP ANNOUNCED VIA TWITTER THAT THE MILITARY WILL NO LONGER ALLOW TRANSGENDER TO SERVE IN UNIFORM. PEOPLE AREN'T EVEN CONSIDERING IT A POLICY. IT'S LITERALLY TRYING TO GOVERN BY TWEET, WHICH IS RIDICULOUS. IT'S ALSO VERY WRONG. THERE ARE THOUSANDS OF TRANS INDIVIDUALS SERVING. JUST AS THEY HAVE BEEN SINCE THE FOUNDING OF OUR COUNTRY AND THEY DESERVE BETTER THAN THIS FROM OUR COMMANDER IN CHIEF. AND SO I WANT TO SAY TO ALL THE MEMBERS OF OUR TRANS COMMUNITY, WE ARE PROUD OF YOU. WE ARE PROUD OF YOU FOR STEPPING UP TO MAKE THIS COMMITMENT TO SERVE OUR COUNTRY. WE WILL SUPPORT YOU NO MATTER WHAT.

Chair Kafoury: THANK YOU, COMMISSIONER. VERY IMPORTANT MESSAGE. ANY OTHER ISSUES WE WANT TO SHARE? ALL RIGHT. SEEING NO FURTHER BUSINESS, WE ARE ADJOURNED. [GAVEL]

**ADJOURNMENT – 12:24 p.m.**

[CAPTIONS PROVIDED BY LNS CAPTIONING AND MAY INCLUDE INACCURATE WORDS OR PHRASES DUE TO SOUND QUALITY, OTHER TECHNICAL DIFFICULTIES AND/OR SOFTWARE ERRORS.]

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