

**MINUTES OF THE MEETING OF THE BOARD OF COMMISSIONERS
MULTNOMAH BUILDING, BOARD ROOM 100
501 SE HAWTHORNE BLVD., PORTLAND, OREGON
TUESDAY, MARCH 29, 2016**

BOARD BRIEFINGS

CHAIR DEBORAH KAFOURY CALLED THE MEETING TO ORDER AT 10:07 A.M. WITH VICE-CHAIR LORETTA SMITH, AND COMMISSIONERS JULES BAILEY AND DIANE MCKEEL. COMMISSIONER JUDY SHIPRACK WAS EXCUSED.

ALSO ATTENDING WERE JENNY MADKOUR, COUNTY ATTORNEY, AND LYNDIA GROW, BOARD CLERK.

[ALL CAPS TEXT IS THE BYPRODUCT OF CAPTIONING THIS PROGRAM.]

Health Department – 10:00 am

B.1 10:00 am – Board Briefing on Reproductive Health Issues. Sponsor: Commissioner Loretta Smith, D-2. Presenters: Tricia Tillman, Kim Toevs, Se-ah-dom Edmo, Mariotta Gary-Smith, Carina Guzman, Andrea Zeikis, and Emily Lai – BRAVE Coalition Representatives.

CHAIR KAFOURY: ALL RIGHT, EVERYONE, WE'D LIKE TO GET STARTED. IF YOU COULD QUIET DOWN, IF YOU WANT TO TALK, PLEASE TAKE YOUR CONVERSATIONS OUTSIDE, QUIET DOWN, HAVE A SEAT. WE LIKE TO GET READY, WE'VE GOT A FULL AGENDA TODAY. WELCOME TO THE MULTNOMAH COUNTY BOARD OF COMMISSIONERS AT OUR TUESDAY BOARD BRIEFING. WE HAVE FIRST ON THE AGENDA TODAY, A BOARD BRIEFING ON REPRODUCTIVE HEALTH ISSUES, AND I THINK TRICIA TILLMAN IS GOING TO KICK IT OFF.

MS. TILLMAN: GOOD MORNING. MY NAME IS TRICIA TILLMAN, THE PUBLIC HEALTH DIRECTOR FOR MULTNOMAH COUNTY. THIS IS KIM TOEVES. KIM AND I ARE GOING TO JUST SET SOME CONTEXT FOR THE PRESENTATION TODAY.

CHAIR KAFOURY: THANK YOU.

MS. TILLMAN: AND HERE IS WHAT WE'RE GOING TO TRY AND DO. OUR OBJECTIVES ARE TO SHARE AN OVERVIEW OF SOME DATA, RELEVANT TO THE REPRODUCTIVE HEALTH CONVERSATION, TALK ABOUT LGBT, DATA EQUITY WORK, WHICH IS A NEED IN OUR COUNTY, IN OUR COMMUNITY. KIM WILL COVER SOME OF THE WORK THAT'S HAPPENING IN HER PROGRAM, WHICH IS THE HIV/STD ADOLESCENT HEALTH PROGRAM RELATED TO THE INTERESTS OF THE BRAVE COALITION, AND WE'LL SHARE JUST A LITTLE BIT OF INFORMATION ABOUT WHAT WE'RE CURRENTLY DOING IN MATERNAL CHILD AND HEALTH FAMILY PROGRAM AS IT RELATES TO THE LGBTQ COMMUNITY. ONE OF OUR CORE PUBLIC HEALTH FUNCTIONS IS TO SHARE POPULATION

LEVEL DATA, AND ANOTHER IS TO CONVENE AND SUPPORT COMMUNITY PARTNERS AS THEY ENGAGE COMMUNITIES AND PLANNING COMMUNITY LEVEL SOLUTIONS TO POPULATION LEVEL PROBLEMS. AND THIS ALSO FALLS IN LINE WITH THE WORK THAT WE DO ON THE INDIVIDUAL SERVICE DELIVERY LEVEL.

MS. TILLMAN: AS PART OF THAT WORK, AS PART OF OUR SUPPORT FOR THE BRAVE COALITION, I JUST WANT TO MENTION THAT ONE OF OUR FEARLESS HEALTH EDUCATORS, MARIOTTA GARY-SMITH, IS A MEMBER OF THE BRAVE COALITION, AND WE'RE REALLY HAPPY THAT SHE'S SERVING IN THAT ROLE AS A BRIDGE BETWEEN THE COUNTY AND THE COMMUNITY. AND THEN OUR MATERNAL CHILD HEALTH EPIDEMIOLOGY HAS ALSO BEEN A RESOURCE TO THE BRAVE COALITION FOR DATA REQUESTS. SO JUST VERY HAPPY TO SERVE IN THAT SUPPORTIVE ROLE. I'M JUST GOING TO SHARE A LITTLE BIT OF DATA THAT YOU'VE ALREADY SEEN, ACTUALLY, THIS IS POLLS FROM OUR MATERNAL HEALTH DATA BOOK. WE'LL SHARE A LITTLE OVER A YEAR AGO, AND IT'S JUST SOME KEY DATA POINTS RELATED TO REPRODUCTIVE HEALTH. SO -- AND I'LL PULL OUT SOME OF THE EQUITY ISSUES RELATED TO MATERNAL CHILD HEALTH OUTCOMES. SO THE FIRST DATA POINT IS PREGNANCY INTENTION.

ONE OF THE THINGS THAT WE KNOW IS THAT FOUR OUT OF 10 PREGNANCIES RESULTING IN A LIVE BIRTH IN MULTNOMAH COUNTY WERE UNPLANNED. AND ABOUT 62% OF RECENT MOTHERS REPORTED THAT THEIR PREGNANCIES WERE INTENDED. THIS DATA, THOUGH, DOES NOT INCLUDE INFORMATION RELATED TO PEOPLE WHO CHOSE TO TERMINATE THEIR PREGNANCIES. SO THIS ONLY REPRESENTS DATA FROM WOMEN WHO CARRIED THEIR PREGNANCY OUT THROUGH HAVING THE BABIES. SO IF YOU FACTOR IN TERMINATION TERMINATIONS, THEN THE NUMBER OF UNINTENDED PREGNANCIES IS CLOSER TO 52%. THIS IS HOW THIS DATA BREAKS OUT. WHEN WE LOOK AT DIFFERENT SOCIAL AND ECONOMIC GROUPS, SO YOUNGER WOMEN, WOMEN WITH LESS EDUCATION, UNMARRIED MOTHERS, ARE SIGNIFICANTLY LESS LIKELY TO HAVE AN INTENDED PREGNANCY RESULTING IN A LIVE BIRTH COMPARED TO THEIR COUNTERPARTS. WOMEN OF COLOR ALSO LESS LIKELY -- DISPROPORTIONATELY REPRESENTED IN RATES OF UNINTENDED PREGNANCY.

ALSO ONCE A WOMAN BECOMES PREGNANT, HER HEALTH AND WELL-BEING HAVE A SIGNIFICANT EFFECT ON THE HEALTH OF HER DEVELOPING FETUS. HEALTHY BEHAVIORS DURING PREGNANCY CONTRIBUTE TO POSITIVE OUTCOMES DURING BIRTH FOR BOTH THE MOTHER AND HER BABY. AND AS IMPORTANT AS WE KNOW PRENATAL CARE IS, ONLY SEVEN OUT OF 10, OR 70% OF RECENT MOTHERS IN MULTNOMAH COUNTY RECEIVED ADEQUATE PRENATAL CARE. IN THE HEALTHY PEOPLE 2020 TARGET IS 77.6%. SO CLOSER TO 78%. WOMEN WITH LOWER INCOME, FOREIGN-BORN WOMEN, YOUNGER WOMEN, AND WOMEN OF COLOR ARE ALL LESS LIKELY TO

REVERELY AND ADEQUATE PRENATAL CARE. WE HAVE A LOT OF WORK TO DO SO WE'RE ALSO IN PUBLIC HEALTH VERY CONCERNED WITH EARLY CHILDHOOD AND BIRTH OUTCOMES. AND THIS SLIDE SHOWS A COMBINATION OF MORBIDITY AND MORTALITY DATA, WHICH INCLUDES THE INDICATORS SUCH AS PRETERM BIRTH, LOW BIRTH WEIGHT, AND INFANT MORTALITY. SO ABOUT 15% OF BABIES IN MULTNOMAH COUNTY ARE BORN WITH A HEALTH ISSUE, SO DELIVERED AT LOW BIRTH WEIGHT, OR BORN TOO SOON, OR WITH A CONDITION OR CONGENITAL ANOMALY, OR WERE ADMITTED TO THE NEONATAL INTENSIVE CARE UNIT.

MS. TILLMAN: AND AGAIN, THERE ARE DISPARITIES IN COMMUNITIES OF COLOR, WITH WOMEN OF COLOR HAVING HIGHER RATES OF BIRTH WITH ONE OF THESE POORER OUTCOMES. A LITTLE OVER 21% OF BLACK OR AFRICAN-AMERICAN RECENT MOTHERS EXPERIENCE POOR OUTCOMES. THAT'S MORE THAN ONE OUT OF EVERY FIVE MOMS IN THE AFRICAN-AMERICAN COMMUNITY. SO AFRICAN-AMERICAN OR BLACK RECENT MOTHERS HAVE HIGH PROPORTION OF LOW BIRTH WEIGHT BABIES IN PRETERM BIRTHS, AND AS YOU KNOW, OUR WORK WITH THE HEALTHY BIRTH INITIATIVES IS REALLY FOCUSED ON ADDRESSING THAT DISPARITY. THE AMERICAN INDIAN AND ALASKAN NATIVE RECENT MOTHERS, ALONG WITH BLACK AND AFRICAN-AMERICAN RECENT MOTHERS HAVE ABOUT TWO TIMES THE LIKELIHOOD THAT THEIR INFANTS WILL DIE WITHIN THE FIRST YEAR OF LIFE. SO THAT'S A TRAGIC OUTCOME. SO THE OTHER AREA THAT WE'RE FOCUSED ON IS BREASTFEEDING INITIATION.

AS A REALLY IMPORTANT COMPONENT OF BOTH MATERNAL HEALTH, POST-PARTUM, AND FOR INFANT DEVELOPMENT, HEALTHY INFANT DEVELOPMENT. BUT WE ALSO ARE LEARNING ABOUT ALL THE MYRIAD OF BENEFITS THAT INFANTS WHO ARE BREAST FED FOR A LONG TIME, INCLUDING THE PREVENTION OF CHRONIC DISEASE, BREASTFEEDING IS A GREAT CHRONIC DISEASE PREVENTION STRATEGY. AND FOR EVERY DEMOGRAPHIC GROUP -- THIS IS GOOD NEWS -- FOR EVERY DEMOGRAPHIC GROUP ACROSS AGE, INCOME, ETHNICITY, AND EDUCATION, IN MULTNOMAH COUNTY WE EXCEED THE HEALTHY PEOPLE 2020 TARGET FOR BREASTFEEDING INITIATION. SO THAT'S REALLY GREAT. WE'RE AT A 96% INITIATION RATE IN THE COUNTY OVERALL VERSUS THE 82% GOAL FOR HEALTHY PEOPLE 2020. THE WORLD HEALTH ORGANIZATION RECOMMENDS THAT MOTHERS WORLDWIDE EXCLUSIVELY BREASTFEED INFANTS FOR THEIR FIRST SIX MONTHS TO ACHIEVE OPTIMAL GROWTH DEVELOPMENT AND HEALTH. AND THE AMERICAN ACADEMY OF PEDIATRICS ALSO RECOMMENDS THAT BABIES BE EXCLUSIVELY BREAST FED FOR ABOUT THE SIX MONTHS OF LIFE. BUT OUR DATA BOOK DOES NOT ADDRESS DURATION OR EXCLUSIVITY OF BREASTFEEDING, AND WE KNOW IT DOES DROP OFF SIGNIFICANTLY OVER TIME.

SO THOSE ARE THE BRIEF DATA POINTS THAT I WANTED TO HIGHLIGHT IN TERMS OF REPRODUCTIVE HEALTH AND EARLY CHILDHOOD HEALTH. WE'RE

REALLY ENCOURAGE AND JUST WANT TO SAY BY THE BRAVE'S COALITION FOCUS ON REPRODUCTIVE HEALTH AND REPRODUCTIVE JUSTICE, THEIR WORK HELPS US ADDRESS INEQUITIES WE KNOW ABOUT WITHIN COMMUNITIES OF COLOR. WE HAVE QUITE A BIT OF DATA, COMMUNITIES OF COLOR, EVEN THOUGH WE WOULD BENEFIT FROM MORE GRANULAR RACE AND ETHNICITY DATA. SO JUST ACKNOWLEDGING THERE'S STILL HIDDEN DECISION PARITIES WITHIN THE DATA WE HAVE. AND THE BRAVE COALITION ALSO RAISES SERIOUS QUESTIONS ABOUT HEALTH AND EQUITY -- HEALTH INEQUITIES EXPERIENCED BY THE LGBTQ COMMUNITY, MANY OF WHICH WE DON'T KNOW ABOUT, DUE TO AN ALMOST COMPLETE LACK OF DATABASE ON GENDER IDENTITY AND SEXUAL ORIENTATION. TO TALK ABOUT THE WAYS THE COUNTY IS ADDRESSING THIS I'M GOING TO TURN THIS OVER TO KIM WHO WILL SHARE ABOUT HOW OUR PROGRAMS ARE ADDRESSING REPRODUCTIVE HEALTH EQUITY LOIG I HAVE A --

COMMISSIONER SMITH: I HAVE A QUICK QUESTION, IN TERMS OF THE MINORITY INFANTS THAT YOU SAY DIE WITHIN A YEAR, WHAT ARE THOSE CAUSES OF DEATH THAT THEY'RE EXPERIENCING?

MS. TILLMAN: ASO WE'VE DONE QUITE A BIT OF RESEARCH ON THIS OVER THE YEARS, AND THERE ARE MANY DRIVERS. SO SOME OF THE MAIN FACTORS ARE SUDDEN INFANT DEATH SYNDROME, THE CONGENITAL ANOMALIES OR BIRTH DEFECTS, PRETERM BIRTH, LOW BIRTH WEIGHT, ALL OF THOSE MAKE BABIES VERY VULNERABLE TO DYING WITHIN THE FIRST YEAR. BUT WHEN WE DID THE RESEARCH, PARTICULARLY LOOKING AT VERY LOW BIRTH WEIGHT BABIES, VERY PRETERM BABIES, A LOT OF THAT HAS TO DO WITH HEALTH OF THE MOTHER, EVEN BEFORE SHE GETS PREGNANT.

COMMISSIONER SMITH: OKAY. THANK YOU.

COMMISSIONER MCKEEL: I NOTICED YOUR DATA IS FROM 2009-2010. IS THERE ANY MORE RECENT DATA ON WHAT'S HAPPENING?

MS. TILLMAN: THERE LIKELY IS MORE RECENT DATA. THERE'S DEFINITELY SOME LAG TIME IN TERMS OF, LIKE, A LOT OF THE DATA COMES FROM THE PRAM SURVEY, WHICH IS A TELEPHONE SURVEY OF MOTHERS, SO THERE'S JUST LAG TIME BETWEEN WHEN THAT DATA IS COLLECTED, WHEN IT'S ANALYZED AT A STATE LEVEL WHEN WE GET IT AT THE COUNTY LEVEL. AND THEN WHEN WE CAN ACTUALLY PULL IT TOGETHER AND PRODUCE IT. SO THE DATA BOOK WAS PRODUCED LAST YEAR, AND WE ARE LOOKING AT WHAT OUR TIME LINE WILL BE FOR UPDATING THEM ON A CONTINUOUS BASIS.

COMMISSIONER MCKEEL: HOW OFTEN DO THEY DO THAT SURVEY WORK?

MS. TILLMAN: I'M NOT SURE.

COMMISSIONER MCKEEL: OKAY.

MS. TILLMAN: I'M NOT SURE IF IT'S EVERY YEAR OR EVERY OTHER YEAR.

COMMISSIONER MCKEEL: THANK YOU.

CHAIR KAFOURY: ANY OTHER QUESTIONS FOR TRISHA? -- TRICIA.

KIM TOVES: MY NAME IS KIM TOEVS, I'M THE DIRECTOR OF HIV, STD AND THE ADOLESCENT HEALTH EQUITY PROGRAMS. I'LL SPEAK BRIEFLY ABOUT A COUPLE DIFFERENT THINGS WE'RE WORKING ON WITH COMMUNITY MEMBERS AND WITH THE BRAVE COALITION MEMBERS SPECIFICALLY. THE FIRST IS A COUNTYWIDE DATA EQUITY PROJECT. IT'S BEEN A GREAT COLLABORATIVE SO FAR OF COUNTY AND COMMUNITY PARTNERS, WE HAD A DATA EQUITY SUMMIT YESTERDAY, THAT WAS VERY EXCITING TO GET LOTS OF PEOPLE TOGETHER TO LOOK AT WHAT WE'VE COME UP WITH SO FAR. THE GOAL OF THE DATA EQUITY INITIATIVE IS TO EXPAND MORE ACCURATE AND USEFUL RACE AND ETHNICITY CATEGORIES OF DATA COLLECTION ABOUT THE FOLKS IN OUR COMMUNITY, THE FOLKS RECEIVING COUNTY SERVICES, AS WELL AS TO EXPAND GENDER IDENTITY AND EXPAND OR ACTUALLY HAVE ANY DATA AT ALL ABOUT SEXUAL ORIENTATION.

WHICH IS PROBABLY THE MOST LACKING RIGHT NOW. WE'VE GOT EFFORTS AT THE STATE LEVEL, EFFORTS AT THE COUNTY LEVEL, THERE ARE NATIONAL EFFORTS, THERE'S SOME BEST PRACTICES EMERGING FROM OTHER STATES IN ALL OF THOSE DIFFERENT ARENAS. AND SO ONE OF THE THINGS THAT WE'RE TRYING TO DO IS LOOK AT STARTING SOME SMALL PILOTS WHERE WE CAN IMPLEMENT SOME BEST PRACTICE AND SEE WHAT THE LOCAL LEARNINGS ARE. SO ONE OF THE SMALL PILOTS THAT WE'RE WORKING ON BRAINSTORMING RIGHT NOW IS IN THE MATERNAL CHILD HEALTH REALM OF OUR PUBLIC HEALTH DIVISION. SO WE'VE GOT DATA ANALYSTS AND PROGRAM MANAGERS, AND I HAVE MET AND WILL BE MEETING AGAIN. WE'RE IN THE VERY BEGINNING STAGES OF LOOKING AT WHAT WOULD BE THE BEST OF THE MULTIPLE DATA SYSTEMS WE USE TO CHANGE AND WHAT WOULD BE THE RIGHT SCALE OF A PILOT. I THINK WE'RE INTERESTED ALSO IN THE IDEA THAT WHILE THERE IS SOME BEST PRACTICE EMERGING SPECIFICALLY IN TERMS OF COLLECTING GENDER IDENTITY AND SEXUAL ORIENTATION DATA FOR INDIVIDUALS, THERE'S A LOT LESS IN THE LITERATURE OR IN PRACTICE NATIONALLY ABOUT HOW TO IDENTIFY NEW YOUNG FAMILIES SPECIFICALLY WITHIN THAT REALM OF HAVING A SEXUAL OR GENDER MINORITY SET OF PARENTS, AND WHETHER THE UNIQUE NEEDS OF THOSE FAMILIES.

SO I THINK AS WE LOOK AT THAT PILOT IN PARTICULAR, WE MAY BE REALLY ON THE CUTTING EDGE OF SOME LEARNINGS THERE IN TERMS OF THINKING ABOUT OUR FAMILIES WE'RE SERVING, AND NOT JUST THE INDIVIDUAL. SO WE'LL JUST BE STARTING TO DEVELOP THAT THIS THING, AND I THINK THAT

WILL BE GREAT TO SEE IN THE NEXT SIX TO 12 MONTHS. WE HAVE REACHED OUT TO OTHER MATERNAL AND CHILD HEALTH PROGRAMS IN LOCAL AND STATE HEALTH DEPARTMENTS NATIONALLY TO SEE IF THERE IS OTHER INPUT FROM US, AND SO FAR THERE'S NOT -- WE'RE NOT BEHIND THE CURVE. THERE'S A BIG VACUUM OF OPPORTUNITY, HOW ABOUT THAT, THAT WE ALL HAVE TO FILL WITH THIS EXPERIENCE. I ALSO JUST WANT TO SPEAK BRIEFLY ABOUT THE ADOLESCENT SEXUAL HEALTH EQUITY PROGRAM. BOTH TO THE COMMISSIONER AND TO FOLKS IN THE ROOM, I THINK THE MOST FOLKS ARE AWARE WE HAVE A LARGE NEW SOURCE OF FUNDING FROM THE FEDERAL GOVERNMENT TO DO SOME NEW WORK ON COMPREHENSIVE SEXUAL EDUCATION IN THE SCHOOL DISTRICTS, AND WITH OUR CULTURALLY SPECIFIC COMMUNITY PARTNERS. IT'S TEEN PREGNANCY SPECIFICALLY, BUT WE'RE USING A MORE HOLISTIC AND HEALTH PROMOTION MODEL.

THE FOCUS OF IT IS TO LOOK AT RACIAL AND ETHNIC DISPARITIES IN UNINTENDED PREGNANCY FOR TEENAGERS, BUT WE'RE ALSO TRYING TO MOVE THE DIAL ON SEXUALLY TRANSMITTED INFECTIONS, RELATIONSHIP SKILLS, RESILIENCE, POSITIVE YOUTH DEVELOPMENT, A NUMBER OF DIFFERENT THINGS. SO WE HAVE CURRENT CURRICULA THAT WE ARE USING IN JUVENILE JUSTICE AND SOME ALTERNATIVE HIGH SCHOOLS THAT DEFINITELY HAS A PRETTY SIGNIFICANT BUILT-OUT COMPONENT WHERE WE USE REPRODUCTIVE JUSTICE LENS TO EXPLORE DECISION MAKING WITH YOUNG PEOPLE AROUND DIFFICULT DECISIONS. AND WE SPEND A LOT OF TIME TALKING ABOUT PREGNANCY OPTIONS WITHIN THAT SPECIFICALLY, IF SOMEONE DOES HAVE A PREGNANCY, HOW TO ACCESS HEALTH CARE, INCLUDING FOR TERMINATING THE PREGNANCY, HOW TO COMMUNICATE, HOW TO SPEAK SUPPORT FROM ADULTS ABOUT MAKING SOME OF THOSE IMPORTANT DECISIONS. AND THEN THROUGH OUR OTHER CURRICULA THAT WE'RE DEVELOPING THROUGH THIS GRANT RIGHT NOW, WE ARE JUST IN THE PLACE OF LOOKING AT ADAPTATIONS TO EVIDENCE-BASED CURRICULA TO MAKE SURE THAT ADAPTATIONS MAKE THE CURRICULUM MORE LGBT INCLUSIVE, AND ALSO TO USE A REAL REPRODUCTIVE JUSTICE LENS, SO ONE OF THE PIECES WE'RE LOOKING AT IS HOW A ABORTION BEING DISCUSSED, HOW ARE PREGNANCY OPTION AND PREGNANCY DECISION MAKING, IF AN UNINTENDED PREGNANCY OR INTENDED PREGNANCY DOES HAPPEN, WHAT IS THAT LIKE FOR YOUNG PEOPLE? SO WE HAVE COMMUNITY PARTNERS WITH PLANNED PARENTHOOD OF COLUMBIA-WILLAMETTE, AS WELL AS SEI AND LATINA NETWORK AND NAYA, AND WE HAVE AN EXTENSIVE COMMUNITY ADVISORY GROUP THAT'S HELPING US WITH SOME OF THE ADAPTATIONS. THE BRAVE COALITION WILL BE A MEMBER OF THIS NEW COMMUNITY ADVISORY GROUP, WE HAVE WORKING WITH US TO LOOK AT HOW WE DO THAT REPRODUCTIVE JUSTICE WORK THROUGH THE EDUCATION COMPONENTS OF WHAT WE DO WITH OUR YOUTH.

MS. TILLMAN: I WANT TO JUST BRIEFLY CLOSE OUT BY TALKING A ALSO BIT ABOUT THE MATERNAL CHILD AND FAMILY HEALTH PROGRAM.

AS YOU KNOW, WE DO A LOT OF WORK IN TERMS OF HOME VISITING FOR YOUNG FAMILIES. IN TERMS OF THE WAYS THE PROGRAM IS RESPONSIVE TO THE NEEDS OF THE LGBTQ COMMUNITY, CULTURAL COMPETENCE IS AN EXPECTATION OF ALL THE STAFF WHO ARE DOING HOME VISITING. HOWEVER, WE CURRENTLY DO NOT HAVE ANY POSITIONS THAT HAVE SPECIFIC KSAS FOR -- KNOWLEDGE, SKILLS, AND ABILITIES REQUIRED FOR WORKING EFFECTIVELY WITH THE LGBTQ COMMUNITY. STAFF DO TAKE ADVANTAGE OF TRAININGS OFFERED INTERNALLY IN & COMMUNITYWIDE TO DEEPEN THEIR LEVEL OF COME PE TENSE AT WORKING WITH THE COMMUNITY, BUT WE COULD DEFINITELY DO A BETTER JOB AT ASSESSING THE NEEDS OF THE LGBTQ FAMILIES THAT WE SERVE, AND TAILORING OUR WORK TO PROVIDE MORE CULTURALLY COMPETENT SERVICE. AS YOU KNOW, THE MATERNAL CHILD HEALTH WORK REALLY HAS GROWN OUT OF A MODEL OF TWO-PARENT FAMILY -- TWO-PARENT HETEROSEXUAL FAMILY FOCUSED OFTEN ON THE HOME VISITING MODEL ASSUMES THAT MOTHERS ARE STAYING AT HOME, AND NOT WORKING MOTHERS. AND WITH VULNERABLE FAMILIES BEING MORE SINGLE-PARENT FOCUSED. SO THERE'S A HISTORY THAT INFORMS THE SYSTEM THAT WE'RE OPERATING WITHIN AND TRYING TO ADAPT AND ADVANCE NOW.

SO AS KIM MENTIONED, THE MATERNAL CHILD AND FAMILY HEALTH PROGRAM HAS OFFERED TO BE A PILOT SITE FOR DATA EQUITY WORK TO HELP INFORM HOW WE DO CONTINUOUS IMPROVEMENT RELATED TO COMMUNITIES THAT HAVE SPECIFIC NEEDS. AND THERE IS EFFORT TO WORK WITH CITY MATCH, WHICH IS THE CITY MATERNAL AND CHILD HEALTH ORGANIZATION THAT TAKES MORE AFTER LOOK AT PUBLIC HEALTH FROM AN URBAN FOCUS. JESSICA AND HER TEAM ARE ALSO LOOKING AT DEVELOPING A SUPPLEMENTAL DATA REPORT FOR EQUITY AND MATERNAL AND CHILD HEALTH BASED ON WHERE WE DO HAVE DEMOGRAPHIC DATA. AND WITHIN THE MATERNAL CHILD AND FAMILY HEALTH SIMILAR TO WITHIN KIM'S PROGRAM, WE DO QUITE A BIT OF DISCUSSION, CONVERSATION AROUND PREGNANCY OPTIONS, AS WELL AS CONVERSATION WITH MOM WHO'S WANT TO TALK ABOUT THE IMPACT OF PAST TERMINATIONS, WHETHER IT'S ABORTION, MISCARRIAGE, OR EVEN PAST INVOLVEMENT WITH CHILD WELFARE SERVICES. AND THEN WHEN THERE'S AN ISSUE, MAKE REFERRALS TO MENTAL HEALTH PROFESSIONALS BASED ON THOSE ASSESSMENTS AT INTAKE. WHEN I WAS TALKING WITH JESSICA, SHE DID SAY THAT THERE ARE VERY LIMITED MENTAL HEALTH OPTIONS FOR THE LGBTQ COMMUNITY, PARTICULARLY WHEN IT COMES TO TALKING ABOUT EARLY CHILDHOOD PARENTING, AND THAT'S MORE OF A FAMILY-FOCUS. SO THERE'S DEFINITELY A NEED AND SIGNIFICANT OPPORTUNITIES TO FILL GAPS IN SERVICES.

WE'RE CONTINUING TO WORK WITH THE BRAVE COALITION TO IDENTIFY OPPORTUNITIES BOTH TO EVALUATE OUR CULTURAL RESPONSIVENESS AND OUR PROGRAMS AND TO IDENTIFY GAPS AND STRENGTHS, I THINK THERE

ARE A LOT OF STRENGTHS OF OUR WORK WE CAN CONTINUE TO BUILD ON, AND TO MAKE IMPROVEMENTS AND IDENTIFY PARTNERS WHO CAN ASSIST WITH THE WORK. SO WE DON'T HAVE TO DO IT ALL WITHIN THE COUNTY GOVERNMENT. THERE'S MANY, MANY COMMUNITY PARTNERS THAT WE CAN SUPPORT DEVELOPING THEIR CAPACITY TO TAKE ON MORE OF THIS WORK AS WELL. SO I THINK AT THIS POINT I'M GOING TO TURN IT OVER TO SOMEBODY. [LAUGHTER]

COMMISSIONER MCKEEL: CHAIR, ONE MORE QUESTION. AND THIS EFFORT WILL BE COUNTYWIDE. CORRECT?

MS. TILLMAN: COUNTYWIDE.

COMMISSIONER MCKEEL: OKAY.

MS. TILLMAN: THANK YOU, COMMISSIONER MCKEEL.

COMMISSIONER SMITH: I JUST WANT TO SAY TO TRICIA AND KIM, THANK YOU FOR INCLUDING BRAVE IN SOME OF OUR EFFORTS THAT WE HAVE GOING ON, BECAUSE I THINK IT'S IMPORTANT TO HAVE ALL OF OUR COMMUNITY, AND HAVE EVERYBODY TO BE A PART OF THIS, AND SINCE WE DID GET THAT NEW MONEY, IT WILL HELP US BE BETTER INFORMED WHEN WE HAVE DIFFERENT PARTNERS AT THE TABLE. SO THANK YOU SO MUCH FOR YOUR ENERGY AND LEADERSHIP ON THIS.

[APPLAUSE]

CHAIR KAFOURY: I THINK THE PANEL MEMBERS WHO ARE SPEAKING CAN COME UP NEXT, PLEASE. GOOD MORNING, THANK YOU SO MUCH FOR COMING TODAY. WHO WANTS TO START?

MARIOTTA GARY-SMITH: GOOD MORNING, CHAIR KAFOURY, FELLOW COMMISSIONERS. MY COLLEAGUES, PRESENTERS, AND COMMUNITY MEMBERS. MY NAME IS MARIOTTA GARY-SMITH, I'M A SECOND GENERATION PORTLAND NATIVE, AND A CURRENT RESIDENT. I APPRECIATE THE OPPORTUNITY TO SHARE WITH YOU THIS MORNING MY PERSPECTIVE AND EXPERIENCES AND ENCOURAGEMENT FOR THE COUNTY TO CONTINUE TO WORK WITH OUR COMMUNITIES IN WAYS THAT LIFT UP THE NEED FOR REPRODUCTIVE JUSTICE VALUES. I'VE BEEN ASKED TO SHARE WITH YOU TODAY AS A COMMUNITY MEMBER AND AN ADVOCATE. I IDENTIFY AS A WOMAN, A PERSON OF COLOR, AND AN EDUCATED PERSON. SOMEONE WHO HAS HAD THE OPPORTUNITY TO LEAD A LIFE THAT'S BEEN BUILT ON THE BELIEF THAT I HAVE A RIGHT TO CHOOSE HOW MY OUTCOMES WILL LOOK, AND HOW TO MAKE DECISIONS ABOUT HOW I LIVE AND LOVE. I AM ALSO A BOARD MEMBER OF WESTERN STATE CENTER. AND IN THAT ROLE, I'M PROUD TO HAVE HELPED FOUND A PROGRAM THAT IS KNOWN AS BRAVE, WHICH IS

BUILDING REPRODUCTIVE AUTONOMY AND VOICES FOR EQUITY. SEVERAL YEARS AGO.

MS. GARY-SMITH: BRAVE IS A PROGRAM THAT FOCUSES ON BUILDING THE REPRODUCTIVE JUSTICE ANALYSIS OF ORGANIZATIONS AND LEADERS OF COLOR TO ADVOCATE FOR REPRODUCTIVE HEALTH CARE. CENTERING THE NEEDS OF MARGINALIZED COMMUNITIES WHO CAN BE LEFT OUT OF MAINSTREAM REPRODUCTIVE RIGHTS WORK. BRAVE BEGAN IN 2013. AND TO DATE HAS WORKED WITH SEVEN ORGANIZATIONS WITH MORE THAN 30 INDIVIDUAL LEADERS AND HUNDREDS OF VOLUNTEERS AND ADVOCATES TO ADVOCATE IN SALEM FOR COMPREHENSIVE REPRODUCTIVE CARE FOR ALL, AND TO BUILD VISIBLE MEANINGFUL SUPPORT FOR REPRODUCTIVE JUSTICE WITHIN OUR OWN COMMUNITIES. I'M JOINED TODAY BY MY PARTNERS IN BRAVE, WE'VE WORN PURPLE TO SHOW SOLIDARITY. A CORE GROUP OF LEADERS FROM BRAVE WITH THE LEADERSHIP OF ORGANIZATIONS SUCH AS APONO, THE ASIAN PACIFIC AMERICAN NETWORK OF OREGON, HAVE BEEN WORKING HARD TO GET TO US WHERE WE ARE TODAY. WE'RE INVESTED IN MAKING SURE THAT ALL PEOPLE, ESPECIALLY WOMEN AND TRANSGENDER PEOPLE OF COLOR, HAVE ACCESS TO QUALITY REPRODUCTIVE HEALTH CARE SERVICES HERE IN OREGON. BUILDING SUPPORT AND SOLIDARITY AMONG OUR COMMUNITY ASSIST CRITICAL TO THE REDUCTION OF VARIOUS HEALTH DISPARITIES AS OUTLINED PREVIOUSLY, WHICH INCLUDES INFANT MORTALITY, STI INFECTION RATES AND REPRODUCTIVE HEALTH OUTCOMES.

BRAVE IS A WAY WE'RE ABLE TO CONNECT THE HEART OF THE ISSUE WITH POLICY EDUCATION, ADVOCACY, AND IMPLEMENTATION. UNDERSTANDING HOW VARIOUS POLICIES REALLY DO IMPACT OUR COMMUNITIES, HOW TO ENGAGE ELECTED OFFICIALS LIKE YOURSELF, AND PROVIDING A PLATFORM THAT INCLUDES ALL COMMUNITIES IS CRUCIAL TO LIFTING UP THOSE WHO ARE MOST VULNERABLE. BRAVE TEACHES THE IMPORTANCE OF BREAKING DOWN STIGMA BY HUMANIZING TOUGH OR CONTROVERSIAL ISSUES TO PEOPLE TELLING THEIR OWN STORIES. IN MY OWN LIFE AND HISTORY I HAVE EXPERIENCED THE POWER OF BEING TAUGHT THAT MY BODY IS WORTHY OF THE BEST CARE AND TREATMENT, AND THAT I GET TO DECIDE WHAT THAT LOOKS LIKE FOR MYSELF. THE SUMMER I TURNED 16 MY MOTHER TURNED 40. SHE AND I SPENT TIME THAT SUMMER TALKING ABOUT MY FUTURE AND HOW I SAW MYSELF. SHE RELAYED HER FEAR AND HER HOPES FOR ME, SHE TALKED ABOUT WHY SHE WORKED SO HARD ABOUT THE KIND OF LIFE SHE WANTED ME TO HAVE, A LIFE THAT I HAD THE RIGHT TO EXPECT UNENDING POTENTIAL POSSIBILITY AND PROMISE. SHE TALKED ABOUT MY RIGHT TO CHOOSE AND THE KINDS OF CHOICES I WOULD MAKE.

AND HOW I WOULD MAKE THEM AND WITH WHOM I WOULD MAKE THEM. OUR RELATIONSHIP HAS BEEN BUILT ON OPEN AND HONEST CONVERSATION WHICH IS SOMETIMES DIFFICULT, ESPECIALLY WHEN WE'RE TALKING ABOUT SEXUAL EXPALT REPRODUCTIVE HEALTH, AND IN MY OWN HISTORY AS AN

AFRICAN-AMERICAN WOMAN IN THIS COUNTRY. IT'S IMPORTANT THAT WE UNDERSTOOD WHAT WE WERE TALKING ABOUT. A LOT OF OUR CONVERSATION TALKED ABOUT AUTONOMY, MY BODILY AUTONOMY. WE TALKED ABOUT HOW I'D HAVE TO MAKE COMPLEX DECISIONS ABOUT MY HEALTH AND MY LIFE. SO IT'S IMPORTANT TO KNOW HOW TO ADVOCATE FOR YOURSELF AND FOR OTHERS, AND BRAVE PROVIDES OPPORTUNITIES FOR THAT. A LOT OF MY FRIENDS WHEN I WAS GROWING UP DIDN'T HAVE THESE SPACES IN THEIR HOMES OR FAMILIES OR RELATIONSHIPS TO HAVE THESE CONVERSATIONS.

MS. GARY-SMITH: THEY DIDN'T HAVE ACCESS TO INFORMATION ABOUT VARIOUS REPRODUCTIVE HEALTH OPTIONS AVAILABLE TO THEM, WHICH INCLUDED PREGNANCY OR PRENATAL CARE, CONTRACEPTION, ABORTION, AFTER-CARE, OR SUPPORT SERVICES. DURING MY COLLEGE YEARS I WORKED AS REPRODUCTIVE HEALTH CLINIC THAT PROVIDED COMPREHENSIVE REPRODUCTIVE HEALTH SERVICES INCLUDING ABORTION. THE MISSION WAS TO PROVIDE QUALITY COMPASSIONATE CARE TO THE PATIENTS AND THEIR FAMILIES OR PARTNERS. IT WAS ONE OF THE HARTFORDEST EXPERIENCES I CAN REMEMBER, BUT I WOULD DO IT ALL AGAIN, BECAUSE THE IMPORTANCE OF MAKING SURE THAT PEOPLE HAVE THE RIGHT TO MAKE DECISIONS AS THEY SEE FIT IN THE SCOPE OF THEIR OWN LIVES IS MOST IMPORTANT. I EXPECT THAT FOR MYSELF. PROVIDING ACCESS TO COMPREHENSIVE REPRODUCTIVE HEALTH CARE IS A POWERFUL WAY TO PROVIDE RESIDENTS WITH THE ABILITY TO MAKE DECISIONS AND CHOICES AS THEY SEE FIT.

IT'S THE ABILITY FOR THEM TO MAKE CHOICES ABOUT THEIR BODIES, AND THEIR LIVES. AUTONOMY, WHICH IS A KEY VALUE IN REPRODUCTIVE JUSTICE. A REPRODUCTIVE JUSTICE RESOLUTION WOULD IMPACT ME IMMEDIATELY AND AS WELL MY COMMUNITY AND MEMBERS OF VARIOUS OTHER COMMUNITIES. AS NOTED PREVIOUSLY, WOMEN OF COLOR, IMMIGRANT WOMEN, LOW-INCOME WOMEN, AND TRANSGENDER PEOPLE WHO ARE PREGNANT KNOW THAT ACCESS TO REPRODUCTIVE HEALTH SERVICES HAVE MANY ROADBLOCKS. I ASK YOU TO CONSIDER WHAT THESE WELL MAY FACE IF THEY HAVE ISSUES WITH FINANCES, TRANSPORTATION, IMMIGRATION STATUS, NOT HAVING CHILD CARE OR SUPPORT, LITERACY ISSUES, ADDICTION, OR LANGUAGE BARRIERS. ALL OF THESE ISSUES SHAPE THE ABILITY TO BE ABLE TO SEEK OUT QUALITY ACCESS TO CARE, INCLUDING A SAFE AND LEGAL ABORTION IF SO CHOSEN IN A STATE THAT'S CONSIDERED A LEADER IN HEALTH CARE REFORM. THAT IS WHY I PASSED A CITIZENSHIP REALLY IS ABOUT REPRODUCTIVE JUSTICE. EDUCATIONAL EQUITY AND ECONOMIC JUSTICE ARE REALLY ABOUT REPRODUCTIVE JUSTICE. SASS CRIMINAL JUSTICE REFORM. THE LIST IS LONG, YET THEY'RE ALL IMPORTANT. AND DESPITE MY PRIVILEGE, AS YOU HEARD, I'M STILL AT A HIGH RISK TO EXPERIENCE HEALTH DECISION PARITIES. SO IT'S CRUCIAL TO ME THAT I

HAVE THE ABILITY TO SIT HERE AND SPEAK TO YOU TODAY FOR THOSE WHO ARE NOT ABLE TO. THANK YOU.

CHAIR KAFOURY: THANK YOU. NEXT?

MS. LAI: HI. I'M GOING TO GO. GOOD MORNING CHAIR KAFOURY, COUNTY COMMISSIONERS, AND EVERYONE ELSE WHO IS PRESENT TODAY, THANK YOU FOR BEING HERE AND THANK YOU FOR THE OPPORTUNITY FOR ME TO SHARE MY STORY. MY NAME IS EMILY LAI, I GREW UP IN TAIWAN, AND MOVED TO PORTLAND TO ATTEND REED COLLEGE EIGHT YEARS AGO. AND HAVE BEEN HERE EVER SINCE. I LIVE RIGHT DOWN THE STREET NEAR THE HAWTHORNE FOOD CARTS AND I WORK AT MOMENTUM ALLIANCE A. YOUTH-LED SOCIAL JUSTICE NONPROFIT BASED IN NORTH PORTLAND NEAR JEFFERSON HIGH SCHOOL. I HELP COORDINATE A PROGRAM FOR DIVERSE GROUPS OF YOUTH FROM ALL OVER PORTLAND TO EXPLORE TOPICS AROUND GENDER, SEXUALITY, AND SEXUAL HEALTH, AND HOW THESE TOPICS INTERSECT WITH RACE, CLASS, RELIGION, IMMIGRATION, AND ETC.

I HAVE ALSO PARTICIPATED IN THE BRAVE COALITION SINCE 2015. I'M HERE TODAY TO TALK ABOUT HOW REPRODUCTIVE HEALTH ACCESS HAVE IMPACTED MY LIFE. AND SUPPORT THE COUNTY IN TAKING STEPS TO PROACTIVELY AND WHOLEHEARTEDLY ADDRESS THE NEEDS OF ALL COMMUNITIES TO HAVE AFFORDABLE AND MEANINGFUL ACCESS TO SEXUAL HEALTH CARE, AND FOR US TO REALLY EXAMINE WHAT AFFORDABLE AND MEANINGFUL ACCESS REALLY ENTAILS. I CARE ABOUT SEXUAL HEALTH ACCESS BECAUSE I HAVE HERPES, NOT JUST THE ORAL KIND, BUT ALSO THE GENITAL KIND. I HAVE BEEN SEXUALLY ACTIVE SINCE I WAS 18, BUT I DID NOT GET TESTED FOR HERPES UNTIL I WAS 24. BEFORE THAT, I WOULD GET TESTED FOR CHLAMYDIA, GONORRHEA, AND SYPHILIS REGULARLY BECAUSE TESTING FOR THOSE THINGS WAS FREE AT PLANNED PARENTHOOD, UNTIL YOU WERE 25. BUT IF I WANTED TO GET TESTED FOR OTHER STIS, LIKE HERPES AND HIV, I WOULD HAVE TO PAY FOR IT. AND IT WASN'T UNTIL I TURNED 24 THAT I DECIDED TO GET A FULL STI SCREENING. AT THE TIME I DIDN'T HAVE HEALTH INSURANCE, I WAS WORKING A MINIMUM WAGE JOB THAT WOULD ONLY PAY ME 32 HOURS A WEEK. THE COST OF A FULL STI SCREENING AT THE CLINIC I WENT TO WAS AROUND \$150. WHICH WAS 15% OF MY MONTHLY INCOME.

GIVEN THE HIGH COST OF LIVING IN PORTLAND, ESPECIALLY THE HIGH COST OF HOUSING, WAS WIDESPREAD AND FREQUENT RENT INCREASES AND EVICTIONS, 15% OF MY MONTHLY INCOME, WHICH IS \$150, WAS A HUGE FINANCIAL BURDEN FOR ME. IN SPITE OF THAT, I WENT THROUGH WITNESS BECAUSE I REALLY WANTED TO TRY TO BE RESPONSIBLE TO MY BODY AND THE PEOPLE I WAS SHARING MY BODY WITH. IN ORDER TO DO SO, I HAVE TO SACRIFICE OTHER THINGS TO MAKE IT HAPPEN. I HAD TO TAKE TIME OFF OF WORK TO MAKE IT TO THE CLINIC, AND FOR THAT MONTH, I COULDN'T RIDE

THE BUS OR EAT NUTRITIOUS FOOD. PART OF MAKING THE FULL RANGE OF REPRODUCTIVE HEALTH CARE AVAILABLE INCLUDES INCREASING THE ACCESSIBILITY AND AFFORDABILITY OF FULL STI SCREENINGS. FROM MY EXPERIENCE, SPEAKING OPENLY ABOUT STIS AND WORKING WITH YOUNG PEOPLE ON SEXUAL HEALTH ACCESS, I KNOW THAT MANY OF US DON'T GET TESTED FOR STIS. MANY OF US DON'T BECAUSE THE COST OF STI SCREENINGS, THE HOURS OF HEALTH CLINICS, AND THE CULTURE OF SHAME AND SILENCE AROUND STIS.

I ALSO KNOW THAT SOME PEOPLE DON'T ALWAYS TELL OTHERS THAT THEY HAVE AN STI. I'M OPEN ABOUT THE FACT THAT I HAVE GENITAL HERPES, BECAUSE I WANT TO BREAK THE SILENCE AND SHAME AROUND IT. BECAUSE I KNOW THAT THE SILENCE AND SHAME AROUND IT IS A HUGE BARRIER THAT PREVENTS US FROM ACCESSING IMPORTANT SEXUAL HEALTH SERVICES LIKE STI SCREENINGS. WE ARE TAUGHT STIS ARE SCARY AND SHAMEFUL. WE'RE TAUGHT TO BE EMBARRASSED TO TALK ABOUT IT. BUT STIS ARE A PART OF BEING HUMAN. WHICH MEANS STI SCREENINGS SHOULD ALSO BE PART OF BEING HUMAN.

THIS IS WHY I'M SO HAPPY I GOT TESTED AND I WORK TO HELP ENSURE THAT GETTING TESTED CAN BE AN AFFORDABLE AND EDUCATIONAL AND EMPOWERING EXPERIENCE FOR OUR COMMUNITIES. INCLUDING OUR YOUTH. AS A BRAVE LEADER, A YOUTH ADVOCATE, AND A PERSON LIVING WITH AN STI, IT IS POWERFUL TO WITNESS YOUR COMMITMENT TO HEARING OUR STORIES. WE LOOK FORWARD TO WORKING WITH YOU ON NEXT STEPS TO AFFIRM THE FULL RANGE OF REPRODUCTIVE HEALTH CARE, INCLUDING STI TESTING. FOR ALL WHO LIVE IN MULTNOMAH COUNTY. NO MATTER HOW MUCH WE MAKE, NO MATTER WHAT OUR WORK SCHEDULE IS, NO MATTER WHERE WE LIVE, AND NO MATTER WHAT LANGUAGES WE SPEAK, WHAT RACE, ETHNICITY, AGE, GENDER, SEXUALITY, IMMIGRATION, AND DOCUMENTATION STATUS WE HAVE. THANK YOU.

CHAIR KAFOURY: THANK YOU.

GOOD MORNING, COMMITTEE MEMBERS, I'M REALLY EXCITED TO BE HERE TODAY AND ALSO VERY NERVOUS.

CHAIR KAFOURY: YOU'LL BE GREAT.

CARINA GUZMAN: MY NAME IS CARINA GUZMAN, I LIVE IN TROUTDALE, NEXT TO ONE OF OREGON'S MOST BEAUTIFUL PLACES, THE GORGE. I WAS BORN IN & RAISED IN COLOMBIA AND HAVE LIVED IN THE U.S. FOR THE PAST SEVEN YEARS. SINCE THEN PORTLAND HAS SEEN ME BECOME A COLLEGE GRADUATE, AN ADVOCATE, AND A PROFESSIONAL WORKING WITH LATINA SURVIVORS OF SEXUAL ASSAULT. I'M LUCKY TO CALL PORTLAND MY SECOND HOME.

MOVING WASN'T EASY. MOVING TO A DIFFERENT COUNTRY IN MY LATE TEENS WAS ONE OF THE MOST DIFFICULT THINGS -- I HAVE FACED. I WAS EXPOSED TO A NEW LANGUAGE A. NEW CULTURE AND A DIFFERENT WAY OF LIVING. ONE OF THE MOST CHALLENGING THINGS FOR ME WAS NAVIGATING THE SYSTEMS AT FIRST WITH NO HEALTH INSURANCE. I HAD NO INFORMATION, NO KNOWLEDGE, AND NO MONEY TO ACCESS BIRTH CONTROL. THIS WAS A SCARY AND A BIG CHALLENGE FOR ME. I HAD NO IDEA WHERE TO GO, WHO TO TALK TO, AND HOW TO PAY FOR IT.

CARINA GUZMAN: I COULDN'T TALK TO MY PARENTS ABOUT IT. I WAS AFRAID OF THEIR JUDGMENT, AND IT WASN'T SAFE FOR ME TO TALK TO THEM ABOUT MY CHOICES. AFTER MONTHS OF TRYING TO FIND THE WAYS AND RESEARCH TO PAY FOR BIRTH CONTROL, A FRIEND OF MINE INTRODUCED ME TO PLANNED PARENTHOOD FOR THE FIRST TIME. I HESITATED TO CALL, AFTER ALL, I DID NOT HAVE THE PROPER DOCUMENTATION AND HAD NO INSURANCE TO COVER MY VISIT. I WAS SO RELIEVED AND SHOCKED TO HEAR THAT I COULD ACCESS FREE BIRTH CONTROL WITH NO INSURANCE OR DOCUMENTATION NEEDED. I WAS SENT HOME WITH A 12-MONTH SUPPLY OF FREE BIRTH CONTROL. TODAY AS I SIT HERE BEFORE YOU, I'M VERY GRATEFUL FOR THE SUPPORT AND THE INFORMATION I RECEIVED FROM MY FRIEND IN PLANNED PARENTHOOD.

BUT I WORRY BECAUSE THIS IS NOT EVERYBODY'S REALITY. THE PROGRAM THAT COVERED BY BIRDS CONTROL IS NO LONGER FUNDED. I WORK FOR THE MANY OTHER RESIDENTS IN OUR COUNTY THAT DON'T HAVE ACCESS TO REPRODUCTIVE HEALTH CARE SERVICES AND LIKE ME, DON'T KNOW ABOUT RESOURCES AVAILABLE. I WORRY FOR THE SURVIVORS OF SEXUAL ASSAULT THAT HAVE TO SEEK FOLLOW-UP MEDICAL SERVICES FOR SEXUALLY TRANSMITTED INFECTIONS ON THEIR OWN WITH OR WITHOUT INSURANCE AND COST IS A BIG BARRIER. I WORRY ABOUT THE MANY OTHER TEENS THAT BECAUSE OF SHAME AND LACK OF INFORMATION, ACCESSING SERVICES FOR THEIR REPRODUCTIVE HEALTH IS NOT AN OPTION. SINCE I JOINED BRAVE AS AN INDIVIDUAL LEADER LAST YEAR, I HAVE BEEN ABLE TO ENSURE MY OWN STORY AND CONNECTED WITH A STRUGGLES OF OTHER PEOPLE I KNOW AND THOSE I HAVE MET THROUGH BRAVE. IT HAS BEEN A LIFE-CHANGING EXPERIENCE.

TO LEARN FROM OTHERS IN THIS NETWORK AS WE TOGETHER ENVISION WHAT IT WOULD LOOK LIKE IF ALL OF US AND THOSE WE CARE ABOUT HAD ACCESS TO REPRODUCTIVE HEALTH CARE WE NEED WITHOUT SHAME, FEAR, OR STIGMA. THIS IS PART OF WHY I'M HERE TODAY. THE ABILITY FOR US TO TELL OUR STORIES AND TALK ABOUT OUR BRAVE WORK IS AN INCREDIBLE STEP. WE'RE GRATEFUL FOR YOU TO CREATING THIS SPACE. CONTINUING TO WORK WITH OUR COMMUNITIES TO ADDRESS DISPARITIES IN ACCESS AND OUTCOMES WOULD MEAN THAT PEOPLE IN MY COMMUNITY AND MY YOUNG

SELF WOULD HAVE THE OPTION TO ACCESS REPRODUCTIVE HEALTH CARE SERVICES AT AN AFFORDABLE COST. IT WOULD MEAN FULL ACCESS OF SERVICES FOR SURVIVORS OF SEXUAL ASSAULT THAT NEEDED -- THAT ARE NEEDED FOR THEM TO THRIVE AS ACTIVE MEMBERS OF OUR SOCIETY. I LOOK FORWARD TO SEEING THE COUNTY'S CONTINUED LEADERSHIP TO GIVE EVERY HUMAN THE MEANINGFUL CHOICE OF AFFORDABLE AND ACCESSIBLE REPRODUCTIVE HEALTH CARE, IN ORDER FOR OUR COMMUNITIES TO THRIVE HEALTHY WITH ON YOU TON ME AND DIGNITY. THANK YOU FOR YOUR TIME.

CHAIR KAFOURY: THANK YOU.

ZENIA JUNGKIER: GOOD MORNING. THANK YOU FOR THE OPPORTUNITY TO SPEAK WITH YOU TODAY. MY NAME IS DR. -- I'M ALSO AN INDIVIDUAL LEADER AND A BRAVE COALITION AND THE DIRECTOR OF EQUITY AND COMMUNITY ENGAGEMENT FOR NARAL PRO CHOICE OREGON AND THE OREGON FOUNDATION FOR REPRODUCTIVE HEALTH. BEING PART OF THE BRAVE COALITION CHANGED MY LIFE. IT WAS THE FIRST TIME I HAD BEEN PART OF SUCH A DIVERSE GROUP OF PEOPLE OF COLOR WITH SHARED EXPERIENCES, TALKING ABOUT REPRODUCTIVE JUSTICE, AND THE REPRODUCTIVE RIGHTS WE ALL DESERVE. THIS SPACE WAS NOT ONLY SAFE, BUT EMPOWERING. IT WAS THE FIRST TIME I SHARED ABOUT MY OWN ABORTION EXPERIENCE. AND I LEARNED ABOUT WAYS TO MAKE SURE THAT ALL PEOPLE HAD ACCESS TO THE COMPREHENSIVE RANGE OF SERVICES AND INFORMATION ABOUT THEIR BODIES AND SEXUAL HEALTH. WHEN YOU LOOK AT THE POLITICAL LANDSCAPE AND THE CURRENT ENVIRONMENT IN MULTNOMAH COUNTY, I CANNOT HELP BUT FEEL DISPARITY ON PAPER WE'RE A GRADE A PRO-CHOICE STATE. AND OUR COMMUNITIES WE HAVE MEMBERS WHO FEEL DISCONNECTED AND ARE MISTRUSTING OF THE SYSTEM, PROVIDERS WHO DO NOT REFLECT THE COMMUNITIES THEY SERVE AND ARE UNABLE TO UNDERSTAND THE DEPTH OF THEIR OWN BIASES, WE HAVE INCREDIBLE HEALTH AND EQUITIES IN OUR COMMUNITIES OF COLOR AND OTHER MARGINALIZED COMMUNITIES. SYSTEMIC RACISM, SEX-BASED DISCRIMINATION, GENDER DISCRIMINATION AND TRANSPHOBIA ARE PRESENT AND A REAL PUBLIC HEALTH CONCERN.

THROUGH MY WORK WITH BRAVE I'VE LEARNED TO RECOGNIZE AND CALL OUT THESE DISCRIMINATORY PRACTICES AND HAVE LEARNED TO BE A STRONG ALLY AND CHAMPION. IN KEEPING WITH THE IDEA THAT ALL PEOPLE NEED ACCESS TO ALL FORMS OF REPRODUCTIVE HEALTH CARE TO THRIVE AND SURVIVE, WHICH IS FUNDAMENTAL TO BRAVE WORK, I WOULD LIKE TO SHARE A STORY OF ONE OF OUR COMMUNITY MEMBERS HERE IN MULTNOMAH COUNTY WITH HIS PERMISSION. GRAY WAS BORN AND RAISED AS A FEMALE IN & KNEW HE WAS A MAN. GRAY ACTUALIZING THEIR TRUTH BEGAN TAKING GENDER AFFIRMING HORMONES. AS SELF-IDENTIFIED TRANSGENDER AFRO LATINO GAY MAN, GRAY TRIED TO ACCESS ABORTION CARE IN PORTLAND. LIKE MANY OTHER TRANSGENDER PEOPLE NEEDING

ABORTION, GRAY ENCOUNTERED ENORMOUS CHALLENGES. FACING AN UNINTENDED PREGNANCY AFTER HIS DOCTOR INSISTED HE COULD NOT CONCEIVE AND THEREFORE DID NOT NEED CONTRACEPTION, GRAY WAS COLDLY ASKED TO LEAVE THE CLINIC WHEN HE ASKED FOR INFORMATION ABOUT TERMINATION.

ZENIA JUNGKIER: ANXIOUS AND CONFUSED, GRAY AND HIS HUSBAND HAD TO NAVIGATE A SYSTEM THAT IS NOT SET UP TO ADDRESS THE SPECIFIC REPRODUCTIVE HEALTH CARE NEEDS OF TRANSGENDER PEOPLE. UNFORTUNATELY, THE EXTENT TO WHICH GRAY'S REPRODUCTIVE HEALTH NEEDS AND IDENTITY IMPACT HIS LIFE IS FELT IN THIS ROOM BY HIS ABSENCE AND INABILITY TO SHARE HIS OWN STORY FOR FEAR OF DISCRIMINATORY TREATMENT FROM HIS EMPLOYER BASED ON WHO GRAY IS. I WANT TO TAKE A MOMENT AND RECOGNIZE MY PRIVILEGE. AS A NONTRANSGENDER, ABLE-BODIED, LIGHT-SKINNED FORMALLY EDUCATED WOMAN WITH A FULL-TIME JOB, I HAVE ACCESS MANY OTHERS DO NOT. WHEN I NEEDED AN ABORTION, THOUGH I WAS UNINSURED AND ONLY WORKING PART-TIME, I WAS ABLE TO REACH OUT. FIND THE MONEY I NEEDED FOR THE PROCEDURE, I WAS ABLE TO TALK TO MY PROVIDERS AND CLINICAL STAFF ABOUT MY RIGHTS AND MY EXPECTATIONS. AND I WAS ABLE TO ADVOCATE FOR MY OWN NEEDS.

I WAS ABLE TO MAKE IT TO THE VISIT IN MY OWN CAR, AND HAVE SOMEONE WITH ME WHEN I RETURNED TO THE SAFETY OF MY OWN HOME. AND SUBSEQUENTLY, WHEN I BECAME INSURED, THANKS TO AN EMPLOYER WHO OFFERED TO COVER HALF MY MONTHLY EXPENSES, I WAS ABLE TO HAVE AN IUD PLACED. SOMETHING I WAS NOT ABLE TO ACCESS BEFORE SINCE THE COST AT \$1,000 WAS TOO HIGH FOR ME OUT OF POCKET. I WISH ACCESS TO COMPREHENSIVE FAMILY PLANNING OPTION WERE AVAILABLE FOR ALL UNDER AND UNINSURED PEOPLE OF CHILD BEARING AGE AND ABILITY. MY HOPE FOR THE FUTURE OF REPRODUCTIVE HEALTH SERVICES IN MULTNOMAH COUNTY IS THEY CONTINUE TO BE INCLUSIVE, AND OFFERING UNBIASED CULTURALLY RESPONSIVE COMPASSIONATE SERVICE WAS MINIMAL BARRIERS. I HOPE OUR TRANSGENDER COMMUNITY MEMBERS BEGIN TO FEEL WELCOME AND RESPECTED BY PROVIDERS AND SERVICES THAT ARE IMMIGRANT AND REFUGEE MEMBERS CAN RECEIVE THE CARE THEY DESERVE IN A MANNER THAT FEELS COMFORTABLE, REASSURING AND COMPETENT, AND THAT NO ONE IN OUR COUNTY IS DENIED SERVICES BASED ON THEIR DOCUMENTATION STATUS. MY HOPE IS NOT ONLY THAT I CAN CONTINUE TO USE MY PRIVILEGE AND WHAT I HAVE LEARNED IN THE BRAVE COALITION TO MAKE SURE THAT I RECEIVE THIS THE SERVICE I DESOIRVETION BUT MY FAMILIAR LIRKS COMMUNITY, AND MY FRIENDS CAN ALL RECEIVE THE CARE THEY DESERVE REGARDLESS OF WHO THEY ARE.

WE NEED TO BE BRAVE, LOUD, AND COMPASSIONATE. THANK YOU VERY MUCH FOR YOUR TIME AND DEDICATION TO HELPING US PRESERVE THE BASIC PRINCIPLES OF DIGNITY, EQUITY, AND FREEDOM. I HOPE THAT WE CAN

CONTINUE TO WORK ON THIS WORK TOGETHER, AND THAT WE CAN PARTNER TO HAVE CONVERSATIONS ABOUT A REPRODUCTIVE HEALTH-BASED RESOLUTION. THANK YOU.

CHAIR KAFOURY: THANK YOU. DO WE HAVE OTHER SPEAKERS FROM YOUR PANEL? NO? DO WE HAVE QUESTIONS OR COMMENTS FOR OUR BOARD MEMBERS? FROM THE BOARD? I KNOW WE ALSO HAVE A LARGE STACK OF VERY PERSONAL AND VERY INFORMATIVE LETTERS AND TESTIMONY FROM PEOPLE WHO EITHER DIDN'T FEEL COMFORTABLE SPEAKING TODAY, OR WHO COULDN'T BE HERE OR WHO ARE HERE IN THE AUDIENCE BUT CHOSE TO SEND IN WRITTEN TESTIMONY, WHICH IS WONDERFUL. THANK YOU.

COMMISSIONER SMITH: MADAM CHAIR, I'D LIKE TO GIVE A COMMENT, THANK YOU ALL FOR BEING WILLING TO COME AND TELL YOUR STORY TODAY. I WANT TO THANK THE CHAIR FOR HER SUPPORT OF THIS BOARD BRIEFING WITH THE BRAVE COALITION. AND I THINK IT'S VERY IMPORTANT THAT OUR BOARD OF COUNTY COMMISSIONERS KNOW WHAT YOU'RE DOING, AND KNOW MORE ABOUT THE IMPORTANT COMMUNITY-BASED REPRODUCTIVE HEALTH EQUITY WORK THAT YOU'RE DOING. WE KNOW THAT AS THE PUBLIC HEALTH AUTHORITY THAT WE HAVE A NUMBER OF ISSUES THAT WE CAN ACTUALLY DRIVE.

BUT WHEN YOU ALL CAME TO TALK TO ME IN NOVEMBER, IT WAS VERY CLEAR TO ME THAT WE NEEDED TO PAY ATTENTION TO THE WORK THAT YOU WERE DOING. THAT BEING SAID, I WANT TO THANK YOU, BRAVE REPRESENTATIVES FOR JOINING US TODAY. IT'S A VERY IMPORTANT CONVERSATION. AND I WAS LOOKING AROUND THE ROOM, YOU GUYS GET FOLKS OUT, DON'T YOU? AND YOU KNOW, YOU'VE DONE A LOT OF GOOD WORK, YOU DO IT IN THE COMMUNITY, I'VE LONG SUPPORTED COMMUNITY-LED EFFORTS LIKE THIS BECAUSE I KNOW YOU'RE AMONG THE FOLKS WHO ARE DEVOTING TIME AND ENERGY EVERY DAY, AND YOU KNOW FIRSTHAND FOLKS IN THE COMMUNITY NEED. SO THANK YOU, AND ALSO TO THE PUBLIC HEALTH DEPARTMENT, TRICIA AND KIM, AND JOANNE, THANK YOU FOR BEING VERY SUPPORTIVE, GETTING INFORMATION ABOUT THIS, THIS IS REALLY HUGE. BUT I'M CURIOUS, IF YOU CAN TELL THE BOARD SOME OF THE GEOGRAPHIC AREAS YOUR WORK HAS BROUGHT YOU INTO. FROM THE BRAVE COALITION.

MS. GARY-SMITH: AS A WESTERN STATES BOARD MEMBER I CAN SPEAK TO -- WE HAVE OUTREACH AND HAVE DONE OUTREACH STATE WIDE. AND HAVE PROBABLY CROSSED SOME STATE AREAS. WE ARE CERTAINLY WORKING WITHIN THE CITY OF PORTLAND AND OTHER METRO AREA CITIES AS WELL WITH A LOT OF YOUTH AND OTHER ORGANIZATIONS, BUT I KNOW WHEN WE HAVE DAYS DOWN AT THE STATE LEGISLATURE, THERE'S A STATEWIDE EFFORT THAT FOR FOLKS THAT COME TO SUPPORT AND SHARE THEIR STORIES. AND SPEAK TO THE LEGISLATURE AS WELL AS THE COMMUNITY

WORKS THAT'S DONE, THERE ARE DIFFERENT ORGANIZATIONS THAT WORK THROUGH BRAVE INCLUDING MOMENTUM ALLIANCE THAT REPRESENTED HERE THAT SPANS A WIDE SWATH OF LAND AND SPACE HERE IN OREGON. SO IT'S NOT JUST LOCALIZED TO MULTNOMAH COUNTY OR THE CITY OF PORTLAND. THE WORK IT STRETCHES OUT THROUGH THE COMMUNITY WHERE FOLKS ARE LIVING AND WORKING AND NEEDING THE SUPPORT EVERYDAY.

COMMISSIONER SMITH: AND THE GOOD NEWS IS EMILY, YOU GAVE ME ANOTHER TALKING POINT ABOUT HOUSING AND HOUSING AFFORDABILITY AND NOT BEING ABLE TO HAVE THE REPRODUCTIVE HEALTH. I WOULD HAVE NEVER CONNECTED THAT, AND HAD THAT INTERSECTION HAD YOU NOT SAID THAT TODAY ABOUT YOUR STORY, SO THANK YOU SO MUCH FOR TELLING IT.

COMMISSIONER BAILEY: I FEEL SO HONORED TO HAVE YOU ALL HERE TODAY. AND THE BRAVERY THAT YOU'VE SHOWN IN NOT JUST TELLING YOUR OWN STORY, BUT GIVING VOICE TO SO MANY OF THE STORIES THAT ARE IN OUR COMMUNITIES. HONORS US AND HONORS THE COMMUNITY AND THE WORK THAT YOU ARE DOING IT THROUGH THE BRAVE COALITION. AND I THINK IT IS EVIDENCE THAT WE AS A GOVERNMENT OWE IT TO OUR CONSTITUENTS TO BE DIRECTLY ENGAGED AND SUPPORTIVE TO ENSURE THAT WE HAVE EQUITY IN HEALTH CARE AND IN REPRODUCTIVE HEALTH CARE. AND NOT JUST IN PREVENTION, NOT JUST IN TREATMENT, NOT JUST IN INFORMATION, BUT IN ALL SERVICES INCLUDING ACCESS TO A SAFE AND LEGAL ABORTION. AND MAKING SURE THAT FOR THE ENTIRE SPECTRUM OF REPRODUCTIVE HEALTH CARE, THAT WE HAVE -- WE ARE LIFTING SHAME, WE ARE LIFTING STIGMA, AND THAT WE ARE PROVIDING ACCESS, OPENNESS, TRANSPARENCY, FOR ALL MEMBERS OF OUR COMMUNITY. THANK YOU FOR YOUR ADVOCACY IN THAT AND FOR GIVING THAT VOICE.

COMMISSIONER MCKEEL: THANK YOU VERY MUCH. I WELL WANT TO THANK YOU ALL FOR BEING HERE TODAY AND SHARING YOUR STORIES. YOU ALL ARE SO WELL SPOKEN, AND WONDERFUL ADVOCATES. THERE WERE A COUPLE OF THINGS THAT WERE SAID THAT SORT OF RESONATED WITH ME, AND ONE WAS AROUND COMPREHENSIVE FAMILY PLANNING AND DIGNITY EQUITY AND FREEDOM. AND THOSE ARE JUST A COUPLE OF THINGS THAT YOU ALL SAID THAT SORT OF RESONATED, AND I THINK ARE VERY, VERY IMPORTANT. AND CARINA, I LOVED YOUR OPENING, BEING FROM TROUTDALE NEXT TO THE GORGE.

CHAIR KAFOURY: I WANT TO THANK YOU AS WELL FOR COMING TODAY AND ALL OF YOU IN THE AUDIENCE AND THOSE OF YOU WHO AREN'T HERE AS WELL BUT KNOW THEY ARE HERE IN SPIRIT. A COUPLE OF THINGS I WAS TOUCHED BY, MARIOTTA WITH CONVERSATIONS ABOUT YOUR CONVERSATIONS THAT YOU WERE FORTUNATE AND LUCKY ENOUGH TO HAVE WITH YOUR MOTHER ABOUT YOUR ENTIRE WELL-BEING, BUT YOUR

SEXUAL HEALTH AND REPRODUCTIVE HEALTH, AND -- THERE WAS A VERY INTERESTING ARTICLE IN THE "NEW YORK TIMES," I CAN'T REMEMBER IF IT WAS THIS SUNDAY OR LAST SUNDAY, CALLED WHEN DID PORNOGRAPHY BECOME SEX ED? IT'S FASCINATING IF YOU HAVEN'T READ IT YET, ABOUT THE LACK OF CONVERSATION BETWEEN ADULTS AND TEENAGERS WHICH REALLY GETS TO ALL OF WHAT WE'RE TALKING ABOUT TODAY. AND SO MANY YOUNG PEOPLE WE KNOW DON'T HAVE THE KIND OF RELATIONSHIPS THAT YOU AND I ARE FORTUNATE ENOUGH TO HAVE WITH OUR MOTHERS, BUT EVEN WHEN YOU DO HAVE THOSE RELATIONSHIPS, IT'S STILL A REALLY, REALLY TOUCHY UNCOMFORTABLE ISSUE TO OFTEN TALK ABOUT. SO HAVING ADDITIONAL IT JUST MAKES THE WORK THAT YOU ARE ALL DOING SO MUCH MORE IMPORTANT.

AND I WANT TO THANK YOU, AND THEN ALSO ENCOURAGE YOU TO READ THAT ARTICLE IF YOU DIDN'T GET A CHANCE. YOU ALSO WANT TO THANK YOU BECAUSE IT'S SO IMPORTANT FOR US AS GOVERNMENT TO BE NOT ONLY IN TUNE AND AWARE WITH WHAT'S HAPPENING IN THE COMMUNITY, BUT REALLY TO BE DRIVEN BY THE COMMUNITY. AND THE WORK THAT YOU ARE DOING REALLY LEAD CAN THE WAY AND PUSHING GOVERNMENT TO MAKE BETTER DECISIONS AND BETTER CHOICE AND TO REPRESENT ALL OF THE FOLKS IN OUR COMMUNITY, AND NOT JUST THOSE WHO SPEAK THE LOUDEST OR WHO ARE -- ATTEND THE MOST COMMUNITY MEETINGS, BUT THOSE PEOPLE WHO ACTUALLY NEED THE SERVICES THE MOST. SO I WANT TO THANK YOU FOR THAT. AND THIS IS -- I DO BELIEVE YET A BEGINNING OF A CONVERSATION, I KNOW THERE'S A LOT MORE TO DO, AND YOU'VE GIVEN ME A LOT OF FOOD FOR THOUGHT IN AREAS THAT WE CAN IMPROVE, AND SO I WANT TO CONTINUE THIS CONVERSATION. BUT THANK YOU VERY MUCH FOR COMING TODAY. AND THANK YOU, ALL OF YOU.

CHAIR KAFOURY. WE WERE GOING TO GET A PICTURE, SO EVERYONE WHO HAS COME HERE FOR THIS, WE ARE GOING TO TAKE THE PICTURE IN FRONT OF THE DAIS. (MEETING PAUSED FOR PICTURES.)

(MEETING BEGINS AGAIN.)

CHAIR KAFOURY: WE HAVE ANOTHER BOARD BRIEFING. THANK YOU. WE HAVE ANOTHER BOARD BRIEFING. SO IF YOU WANT TO TAKE YOUR CONVERSATIONS OUT IN THE HALLWAY, OR YOU CAN STAY AND LISTEN TO DISASTER PREPAREDNESS, WHICH IS VERY IMPORTANT, I MIGHT ADD. CAN WE HAVE QUIET, PLEASE?

Non-Departmental – 10:45 am

**B.2 Board Briefing of the Disaster Declaration Process and Emergency Powers.
Presenter: Chris Voss, Director, Emergency Management (30 min)**

CHAIR KAFOURY: WE HAVE ANOTHER BRIEFING ON DISASTER PREPAREDNESS. YOU'RE WELCOME TO STAY, BUT IF NOT, PLEASE TAKE YOUR CONVERSATIONS OUT INTO THE HALLWAY.

MR. VOSS: THANK YOU VERY MUCH. GOOD MORNING.

GOOD MORNING. CHRIS VOSS, WITH DIRECTOR OF THE OFFICE OF EMERGENCY MANAGEMENT.

ALICE BUSH, DIVISION CHIEF OF OPERATIONS FOR OFFICE OF EMERGENCY MANAGEMENT.

BEFORE I START, I WANTED TO CONGRATULATE THE OREGON STATE WOMEN'S BASKETBALL TEAM FOR MAKING IT TO THE FINAL FOUR. [APPLAUSE]

CHAIR KAFOURY: THAT IS GOOD NEWS.

NEXT THEY TAKE ON MY ALMA MATER, UCONN.

CHAIR KAFOURY: BOOO. SORRY, YOU KNOW WHICH SIDE WE'RE GOING TO BE ON.

MS. BUSH: I CAN'T LOSE EITHER WAY. WE'RE ACTUALLY GOING TO BRIEFLY TALK ABOUT TWO THINGS TODAY. FIRST, WE'RE GOING TO TALK ABOUT THE DISASTER DECLARATION THAT WE DID GET AS A RESULT OF THE DECEMBER STORMS. THEN WE WANT TO TALK BRIEFLY ABOUT THE MULTNOMAH COUNTY STATE OF EMERGENCY PROCESS AS WELL AS HOW THE STATE AND FEDERAL GOVERNMENT SOMETIMES WORKS THE BEST PRACTICE AS WELL.

MR. VOSS: WE'RE GOING TO START WITH THIS QUOTE FROM MICHAEL BLOOMBERG. THE CRUX OF IT IS SOMETHING THAT IN EMERGENCY MANAGEMENT THAT WE KNOW AND WE VERY MUCH BELIEVE IN, AND THAT IS AT THE END OF THE DAY, ALL EMERGENCIES ARE LOCAL. AND I THINK THAT'S SOMETHING VERY IMPORTANT THAT WE'VE GOT TO REMEMBER. SO WE DID GET A MAJOR DISASTER DECLARATION AS A RESULT OF THE DECEMBER STORMS. A COUPLE THINGS I HIGHLIGHTED IN RED THAT WERE VERY PARTICULAR ABOUT THIS EVENT. ONE, IT RAINED REALLY HARD THAT DECEMBER 7TH, 8TH, AND 9TH. WE WERE FORTUNATE WE GOT A WINDOW THAT EXTENDED ACTUALLY TO DECEMBER 23RD.

SO IT APPEARED TO RAIN ALMOST EVERY DAY IN DECEMBER, SO OTHER ACTIVITIES AND EVENTS AS A RESULT OF SOME OF THAT FLOODING, THE MUDSLIDES, WILL ALL BE REIMBURSABLE FOR THAT ENTIRE WINDOW. NEXT UP I WANTED TO MENTION, THERE'S SO MANY DIFFERENT TYPES OF EMERGENCIES. ONE THING IN PARTICULAR I WANTED TO ACKNOWLEDGE, IS THAT WE RECEIVE PUBLIC ASSISTANCE FOR THIS, AND IN THE WORLD OF PUBLIC ASSISTANCE, THIS COMES IN THREE-RING BINDERS WITH THOUSANDS AND THOUSANDS OF PAGES, AND I SAY THAT BECAUSE OFTEN WE'LL HEAR, PEOPLE COME TO ME ALL THE TIME, I HEARD THERE WAS A DECLARATION, AN EMERGENCY DECLARATION. AND THERE'S SO DIFFERENT TYPES AND SO MANY DIFFERENT NUANCES. ONE OF THE IMPUSES IS WE'RE GOING TO DESCRIBE JUST A FEW OF THEM. AND IN THIS CAUSE WE DID RECEIVE PUBLIC ASSISTANCE AND THAT ALLOWS THE GOVERNMENT TO BE REIMBURSED FOR SOME OF THEIR ELIGIBLE COSTS. AND THAT LAST BULLET YOU'LL SEE AND THIS DOES SOMETIMES CHANGE, IT MEANS THAT UNDER THE STAFFORD ACT WE WILL RECEIVE AT LEAST 75% REIMBURSEMENT FOR ELIGIBLE COSTS, THERE HAVE BEEN EMERGENCIES WHERE THEY HAVE GONE ABOVE THAT.

SO WE HAVE SEEN EMERGENCIES WHERE THERE HAVE BEEN STATES THAT ARE RECEIVED 90 AND 100% UNDER THE STAFFORD ACT AS WELL. I WILL SAY FOR THIS EVENT 75% IS PROBABLY WHERE WE'RE GOING TO END UP BEING. SO FIRST, WHAT IS PUBLIC ASSISTANCE? AND FOR US, THE TWO TYPES OF DAMAGE THAT THE COUNTY SAW THE MOST OF WAS DEBRIS REMOVAL, AND EMERGENCY PROTECTIVE MEASURES, THOSE WERE A LOT OF THE COSTS WE'RE SEEING, AND A LOT OF COSTS THAT OUR PARTNERS ARE SEEING, PROBABLY A LOT OF CITIES THAT ALSO HAVE TO WORK THROUGH US, THEY SAW MORE DAMAGE IN THE WAY OF ROADS AS WELL, SO ROADS AND BRIDGES, WE WILL RECEIVE SOME FUNDS AS WELL, WE DEFINITELY SAW ELIGIBLE PROJECTS THERE. WHAT IT DID NOT INCLUDE UNFORTUNATELY ARE ALL THE ASPECTS OF INDIVIDUAL ASSISTANCE ASSISTANCE. SO WE MAKE A CLAIM FOR ALL THE DIFFERENT TYPES OF ASSISTANCE IN THE GOVERNMENT. THAT WE COULD RECEIVE.

PUBLIC ASSISTANCE WILL HELP US, UNFORTUNATELY INDIVIDUAL ASSISTANCE, WHICH OFTEN HELPS THE CITIZENS WHERE THEY WORK DIRECTLY WITH THE CITIZEN AND THERE'S ACTUALLY SOME FUNDING THAT THE CITIZENS CAN BE PROVIDED DIRECTLY, THIS WAS NOT AWARDED, AND I'LL TALK ABOUT SOME OF THE CATEGORIES AND WHY WE WEREN'T AWARDED THAT, BECAUSE I THINK IT'S IMPORTANT. THE ONE CAVEAT IS, THERE ARE SOME SBA LOANS THAT WERE AWARDED TO THE COUNTIES FOR RESIDENTS THEY WOULD LIKE TO GO THAT ROUTE. BUT MONEY FOR DAMAGED ITEMS, THAT WAS NOT INCLUDED.

COMMISSIONER SMITH: THEY WERE DENIED THE DISASTER GRANTS?

MR.VOSS: THE SBA LOANS, YES, THE GRANTS, NO. SO -- AND MORE IMPORTANTLY, THE DIRECT -- I HAVE ANOTHER SLIDE, I'LL TALK MORE, BUT UNFORTUNATELY WE FOUGHT THAT FOR A WHILE, WE WENT AROUND, WE HAD MULTIPLE TEAMS THAT WENT AROUND THE COUNTY. BUT THE THRESHOLDS ARE A BIT HIGHER. AND WE'LL TALK ABOUT THE DIFFERENCE. HERE IS PART OF THAT PROCESS. WE DON'T MAKE THE CLAIMS, SO INTERESTINGLY ENOUGH, MULTNOMAH COUNTY CAN'T GO TO THE FEDERAL GOVERNMENT AND SAY, WE WANT A DISASTER DECLARATION. ONLY THE STATES CAN. SO WE GO TO THE STATES, THE STATES LOIBT FEDERAL GOVERNMENT, AND THEN THERE'S A PROCESS WHERE IT GOES THROUGH FEMA REGIONS, FEMA HEADQUARTERS, BUT THE BULLET I WANTED EVERYBODY TO GET ON THIS ONE IS VERY, VERY BOTTOM. WHERE IT TALKS ABOUT THE COST THRESHOLD.

UNDER PUBLIC ASSISTANCE THERE'S SOME PRETTY RIGID COST THRESHOLDS, AND VERY OFTEN IF YOU'RE MEETING THESE THRESHOLDS YOU'LL GET A DECLARATION FOR PUBLIC ASSISTANCE. SO I KNOW WE NEED TO GET TO ABOUT 2.7 MILLION DOLLARS OF THE COUNTY, OR \$3.57 FOR EVERY PERSON, AND WE NEED TO GET TO ABOUT 5.7 MILLION FOR THE STATE, OR \$1.41 PER PERSON FOR THE STATE TO REACH ITS THRESHOLD. THE COUNTY UNDER THE INDIVIDUAL ASSISTANCE PROCESS, WE HAD OVER \$5 MILLION OF THE COUNTY, THAT INCLUDES ALL OUR CITIES, AND THE STATE WAS OVER 25 MILLION. SO WE MET THOSE THRESHOLDS, WE KNEW WE WOULD BE IN PRETTY GOOD SHAPE FOR THIS. UNFORTUNATELY, IF YOU LOOK AT THE INDIVIDUAL ASSISTANCE, A COUPLE THINGS. ONE CONCENTRATION OF DAMAGES, WE DID NOT HAVE -- OFTEN WHEN YOU SEE THE TORNADOES, THE HURRICANES, THE ENTIRE COMMUNITIES, WHERE HOMES ARE SIGNIFICANTLY DAMAGED OR DESTROYED. WE DIDN'T QUITE SEE THAT, WE DID HAVE SOME HOMES THAT WERE DESTROYED, THERE WERE A FEW NUMBER, WE DID HAVE HOMES THAT WERE DAMAGED.

WE DIDN'T HAVE THE CONCENTRATION. THE NEXT PIECE I THINK THAT ALSO IMPACTED VERY MUCH OUR CLAIM IS TRAUMA. THERE WAS ONE FATALITY AS A RESULT OF THIS, AND SO WE WERE UNFORTUNATE IN THAT MANNER, BUT ONE WAY IT LOOKS AT SORT OF INJURIES AND FATALITIES, WANT TO SEE A -- YOU TYPICALLY ARE SEEING A LARGER CLUSTER FOR THEM TO CONSIDER INDIVIDUAL ASSISTANCE, AND SO THOSE TWO HURT US. PROBABLY OUR GREATEST CLAIM, AND I IT THIS ONE WE WERE PUSHING THE HARDEST, WERE SPECIAL POPULATIONS BECAUSE OF THE FLOODING AROUND JOHNSON CREEK, THERE WERE AN ENORMOUS -- A VERY, VERY LARGE NUMBERS OF HOMELESS PEOPLE THAT ENDED UP HAVING TO MOVE AND LOST EVERYTHING THAT THEY HAD. AND SO THERE ARE SOME ACCOMMODATIONS THAT FEMA MADE HERE, AND WE SORT OF MADE A PUSH, AND WE ACTUALLY HAD REAL NUMBERS OF PEOPLE THAT WERE SORT OF RELOCATED. AT THE END OF THE DAY THE -- OUR CLAIM WAS DENIED, BUT AS YOU CAN SEE UNDER THIS AND THESE TYPES OF CRITERIA, A LITTLE

DIFFERENT THAN JUST A FINANCIAL NEEDS. WE OFTEN NATIONALLY SEE THESE THRESHOLD ARE TOUGHER TO MEET.

MR. VOSS: WHEN WE TALK ABOUT DECLARATION, I THOUGHT THAT I THINK IT'S IMPORTANT FOR THE COMMISSIONERS TO KNOW AND UNDERSTAND THAT, YES, UNFORTUNATELY WE GOT THE PUBLIC'S PIECE THAT HELP GOVERNMENT, UNFORTUNATELY THE AWARD TO SORT OF DIRECT INDIVIDUALS WAS NOT THERE. IT'S NOT OUR DOING, BUT AT THE END OF THE DAY WE PUSHED, THE STATES PUSHED AND I KNOW ALL THE COUNTIES WORKED TOGETHER TO TRY AND IMPROVE THESE NUMBERS. IT'S A LONG PROCESS. I WON'T SPEND TOO MUCH TIME ON THIS, OTHER THAN TO SAY WE'RE ON BOX FOUR OF ABOUT 10. WE'VE GOT A LOT MORE TO GO. ON THE PLUS SIDE, I KNOW PEOPLE OFTEN COME TO THE BOARD AND ASK FOR FUNDING, OR ASSISTANCE AT THE END OF THE DAY. THIS WILL PROVIDE THE COUNTY FUNDING. SO WE GOT THAT TO LOOK FORWARD TO.

AND THE INDIVIDUAL ASSISTANCE, AND I HAVE TO SORT OF COMMEND DEPARTMENT COMMUNITY SERVICES DCS, THEY DID A TREMENDOUS JOB IN KEEPING TRACK OF COSTS, SO THE INITIAL PIECE HAD THEM I THINK AT ABOUT A QUARTER OF A MILLION DOLLARS, AND I KNOW THEY'LL PROBABLY BE MORE FUNDS THAT WILL BE ELIGIBLE. SO ON THE PLUS SIDE, THE COUNTY WILL SEE FUNDS HERE. THERE ARE A LOT OF STATE DECLARATION AND THERE'S ACTUALLY A LOT MORE THAN WE HAVE HERE IN THE COUNTY. SO I JUST WANT EVERYBODY TO BE AWARE OF THE MANY -- BUT THE STATE OF EMERGENCY IS WHERE WE'RE FOCUSING, AND THAT IS THE BIG ONE, IT HAS THE MOST ALL-ENCOMPASSING. I WANTED TO HIGHLIGHT THIS SLIDE FOR SORT OF TWO REASONS. ONE, WE ACTUALLY HAVE THE SAME DEFINITION, WE USE THE SAME DEFINITION OF EMERGENCY. THE CITIES MUST COME THROUGH US, AND SOME OF YOU MAY HAVE HEARD THAT ACTUALLY PORTLAND'S ACTUALLY CHANGED THEIR DEFINITION OF EMERGENCY TO SUPPORT SORT OF THE HOMELESS SITUATION IN THE CITY.

SO NOW WE DO SEE DIFFERENCES, SO WE HAVE THIS POSSIBILITY WHERE YOU COULD ACTUALLY HAVE A SITUATION WHERE A DECLARATION EXISTS IN ONE OF OUR CITIES, BUT THERE'S A POSSIBILITY WE WOULD POTENTIALLY NOT BE ABLE TO SORT OF PASS IT THROUGH TO THE STATE SIMPLY BECAUSE IT DOESN'T MEET OUR DEFINITION OR THE STATE'S DEFINITION, WHICH IS SORT OF VERY MUCH THE SAME. THAT IS SORT OF AN INTERESTING NUANCE. ALL OF THESE ARE CAPTURED IN CHAPTER 25, SO I'M NOT GOING TO GO THROUGH ALL OF THESE, BUT I DO WANT TO HIT ONE OR TWO PIECES. SUCCESSION AUTHORITY. I OFTEN START OUT, BIG EXERCISE, WE TALK WHO'S IN CHARGE. AND IT'S THE CHAIR. AT THE END OF THE DAY UNDER A STATE OF EMERGENCY, THE CHAIR IS IN CHARGE.

NUMBER TWO IS THE SECOND PERSON IN CHARGE, IF THE CHAIR IS NOT HERE OR UNAVAILABLE, IT GOES TO THE BOARD MEMBER WITH THE MOST

SENIOR BOARD MEMBER, BUT IN THE EVENT OF A TIE, IT GOES BY THE LOWEST DISTRICT NUMBER. SO IN THIS CASE HERE, COMMISSIONER SHIPRACK WOULD ACTUALLY BE THE COMMISSIONER WITH THE MOST SENIORITY.

MR. VOSS: SO THAT IS THE LINE, I OFTEN START -- WE START, WHO IS IN CHARGE? AND THAT'S -- AND WE HAVE TO HAVE CLARITY THERE. ONE OF THE OTHER INTERESTING PARTS ABOUT WORKING WITH THE STATE IS, OREGON ACTUALLY REQUIRES QUITE A BIT TO SORT OF GO INTO OUR DECLARATION LEVEL. AND I'VE HAD CONVERSATIONS WITH THIS STATE, DURING SMALL EMERGENCIES, THEY WANT TO KNOW, HEY, WHAT EQUIPMENT DO YOU NEED, THEY NEED ALL THIS INFORMATION. WHENEVER WE TALK BIG EMERGENCIES LIKE CASCADIA, NOT SO MUCH NECESSARY.

WE'D HATE TO THINK THIS IS GETTING IN THE WAY OF SORT OF A STATE DECLARATION. OUR DECLARATION PROCESS IS A LITTLE BIT EASIER. TWO THINGS IMPORTANT FOR THE COMMISSIONERS TO BE AWARE OF, ONE THAT ACTUALLY THEY DO NEED TO REAPPROVE THAT DECLARATION IF IT NEEDS TO EXTEND BEYOND 30 DAYS, SO THAT'S AN IMPORTANT PIECE, AND IT CAN SORT OF STOP AT ANY POINT BY A TERMINATION OF THE BOARD. SO THERE IS SOME CONTROL THERE. AT THE END OF THE DAY, THE CHAIR WOULD DECLARE, BUT THE BOARD HAS CONTROL OF HOW LONG IT EXTENDS AND IF IT TERMINATES. ONCE AGAIN, A WHOLE LOT -- I WANT TO HIGHLIGHT TWO THINGS. THE TWO QUESTIONS I'M ASKED MOST, ONE, THE CHAIR UNDER STATE OF EMERGENCY DOES HAVE THE AUTHORITY TO REALLOCATE COUNTY EMPLOYEE WHAT'S THEY DO AND WHAT THEIR JOB IS.

AND SO IF WE NEED TO CHANGE WHAT SOMEONE IS DOING DURING A STATE OF EMERGENCY TO SUPPORT THAT EMERGENCY, THAT AUTHORITY EXISTS. IT EXIST WAS COUNTY EMPLOYEES. WE ALSO HAVE THE ABILITY TO COMMANDEER. BUT WE CAN COMMANDEER STUFF. WE CAN'T COMMANDEER PEOPLE. SO AN INTERESTING CARVE YACHT, UNDER STATE OF EMERGENCY, LET'S SAY WE HAD TASKS THAT NEEDED A VERY LARGE NUMBER OF PEOPLE TO SUPPORT IT. WE CAN USE COUNTY FOLKS, LET'S SAY IF WE WANTED TO COMMANDEER SPACE OR SCHOOLS TO SUPPORT THOSE ACTIVITIES, WE COULD TAKE THE SCHOOLS, WE DON'T QUITE HAVE THE ABILITY TO COMMANDEER SORT OF THE TEACHERS AND/OR THE STAFF IN THOSE FACILITIES.

SO THIS BECOMES MORE OF A COLLABORATIVE EFFORT. I ALSO WANT TO HIGHLIGHT THIS, BECAUSE THE NEXT SLIDE WHICH IS SORT OF INTERESTING, UNDER THE GOVERNOR'S RULES AND THE GOVERNOR'S POWERS, THE GOVERNOR DOES HAVE THE ABILITY TO COMMANDEER STAFF. AND SPECIFICALLY LAW ENFORCEMENT. SO OUR SHERIFF AND OUR SHERIFF'S OFFICE CAN FALL UNDER THE GOVERNOR DURING AN EMERGENCY UNDER THEIR POWERS. SO THESE NUANCES ARE IMPORTANT. THE OTHER THING I'LL

SAY ABOUT EMERGENCY POWERS THAT EXIST AT SORT OF THE, WHETHER YOU'RE A MAYOR OF ONE OF OUR CITIES, WHETHER YOU'RE THE GOVERNOR OR THE CHAIR, UNLIKE THE WAY WE SOMETIMES LOOKED AT ROADS AND OTHER POWERS WHERE WE MAY CONTROL THE BRIDGE, AND PORTLAND MAY CONTROL THE ROADS, AND THERE'S A CITY HIGHWAY, WE ALL OVERLAP WITH THESE POWERS. SO AT THE END OF THE DAY THE ABILITY EXISTS FOR ALL THREE ENTITIES, OR IF THE FEDS WANT TO GET, FOUR ENTITIES, TO MAKE A DECISION THAT SOMETIMES IT DOESN'T LOOK WELL COLLABORATED.

MR. VOSS: SO THE ABILITY TO DETERMINE WHEN A CURFEW S. THE ABILITY TO CLOSE A ROAD EXISTS UNDER ALL OF THOSE EMERGENCIES. SO YOU COULD SEE HOW IT'S IMPORTANT THAT ALL OF THOSE PARTIES WORK TOGETHER. BECAUSE AT THE END OF THE DAY, THAT DIVISION OF POWERS DOESN'T EXIST, THE POWER UNDER A STATE FAIR EMERGENCY IS SO EXHAUSTIVE, IT ALLOWS ALL OF THOSE ENTITIES TO DO ALMOST ANYTHING THEY NEED TO DO TO PROTECT THE COMMUNITY. BUT IT ALSO MEANS THEY COULD DO SOMETIMES THAT COULD IMPACT EACH OTHERS' ABILITY TO PROTECT THE COMMUNITY. I WON'T GO TOO MUCH DOWN IN PRICE GOUGING. IT'S SOMETHING I'M ASKED A LOT ABOUT, AFTER EVERY EMERGENCY PEOPLE SEAT PRICE OF GAS GO UP, OR COMMODITIES ON THE SHELVES. WE HAVEV THIS BUILT IN OUR CHARTER SO IT'S SOMETHING WE CAN ADDRESS.

BUT I DID WANT TO SORT OF END ON THE MONEY SLOT. AND SORT OF THE -- WE HAVE THIS SMALL EMERGENCY WE'RE DEALING WITH NOW, AND WE WILL ACCRUES SOME DOLLARS. BUT AT THE END OF THE DAY, DECLARATIONS HAVE BECOME AN INTERESTING THING IN THIS COUNTRY. ONE, THERE ARE A LOT MORE FEDERAL DECLARATIONS THAN THERE HAD BEEN DECADES AGO. WE'VE BEEN SEEING THIS TREND INCREASE MORE AND MORE. AND TWO, WE'VE BEEN SEEING A TREMENDOUS AMOUNT OF MORE DOLLARS. AND I PUT THAT BOX IN THE FAR RIGHT AS SORT OF I THINK VERY TELLING.

FROM 2011-2013, THE FEDERAL GOVERNMENT SPENT \$136 BILLION HANDING THAT OUT TO JURISDICTIONS THAT WERE IMPACTED, OBVIOUSLY A LOT OF THOSE WERE MAJOR DISASTER, BUT THAT'S \$400 FOR EVERY HOUSEHOLD EVERY YEAR. I THINK THE UNFORTUNATE THING HERE IS THE FEDERAL GOVERNMENT FOCUSED A LOT ON RESPONSE, AND MAYBE NOT SO MUCH ON PREVENTION AND MITIGATION. BUT AS WE BUILD THESE PROGRAMS AND WE BUILD THEM FOR THINGS SUCH AS MAJOR DISASTERS, INCLUDING SOMETHING LIKE A CASCADE YA SUBDUCTION ZONE, WE GOT TO UNDERSTAND THAT OUR FOUNDATION WILL ALSO ALLOW US TO RECEIVE BILLIONS AND BILLIONS OF DOLLARS IN SUPPORT. AND I THINK THE LAST NUMBERS I SAW FROM KATRINA ALONE WAS THE FEDERAL GOVERNMENT PROVIDED SOME \$73 BILLION. WE KNOW NEW YORK AND NEW JERSEY RECEIVED APPROXIMATELY \$60 BILLION DURING SUPER STORM SANDY, SO BIG, BIG DOLLARS AT THE END OF THE DAY TO SUPPORT THESE

EMERGENCIES. AND LIKE I SAID, THAT TREND TENDS TO CONTINUE. SO THAT IS ALL I HAVE. ANY QUESTIONS?

CHAIR KAFOURY: QUESTIONS, COMMENTS?

COMMISSIONER SMITH: IN TERMS OF ESTABLISHING AN EMERGENCY, WHAT WOULD ACTUALLY THE CHAIR DO, THEY WOULD CALL THE STATE AND ASK THE STATE TO DECLARE WITH THE FEDERAL GOVERNMENT? IS THAT --

MR. VOSS: SO BASICALLY IN THIS CASE HERE WE HAVE TEMPLATE LETTERS THAT WE CAN QUICKLY SORT OF SIGN, CHANGE, THE CHAIR WOULD SIGN IT OR IN THE CHAIR'S ABSENCE WE WORK DOWN THE SUCCESS. THEY WOULD SORT OF SIGN THAT LETTER, AND THEN WE WOULD ACTUALLY SEND IT UP TO THE STATE DEPARTMENT OF OFFICE OF EMERGENCY MANAGEMENT AND THEN THE GOVERNOR WOULD SORT OF SAY, YES, NO, THEY CAN DEPENDING ON THE EXTENT OF THE EMERGENCY, THEY MIGHT PUSH BACK AND SAY, WE'D LIKE YOU TO SEE IF YOU CAN SUPPORT SOME EMERGENCY THROUGH -- THROUGH YOUR NEIGHBORS OR OTHER ACTIVITIES. THEY COULD SAY, YES, NO, OR MAYBE. DEPENDING ON THE LEVEL OF EMERGENCY, I THINK THAT -- AND WE'VE HAD THIS CONVERSATION I THINK THAT DURING BIG, BIG EMERGENCIES THEY'VE ASSURED US THAT THIS IS SOMETHING THAT WILL HAPPEN VERY QUICK. AND THEY DON'T EVEN NEED OURS. AT THE END OF THE DAY WITH SOMETHING LIKE CASCADIA, THEY'LL PROBABLY DECLARE A STATE OF EMERGENCY POTENTIALLY BEFORE THEY'RE EVEN GETTING LETTERS FROM THE LOCAL JURISDICTIONS TO DECLARE AN EMERGENCY.

COMMISSIONER SMITH: THANK YOU.

CHAIR KAFOURY: ANY OTHER QUESTIONS? COMMISSIONER MCKEEL?

COMMISSIONER MCKEEL: I JUST HAVE A COMMENT. THANK YOU FOR THIS PRESENTATION. THIS IS FASCINATING, REALLY. AND I THINK IT'S ALWAYS, I FEEL IT'S REALLY IMPORTANT THAT WE'RE VERY CLEAR ON WHAT IT IS, THE EXPECTATION FOR US DURING AN EMERGENCY. AND FOR THE REST OF THE COUNTY DEPARTMENTS AS WELL. BUT THANK YOU SO MUCH.

MR. VOSS: I KNOW WE DON'T HAVE THE SAME NUMBER OF SUPPORTERS AS THAT LAST --

CHAIR KAFOURY: I THOUGHT FOR SURE SOME PEOPLE WOULD STICK AROUND.

MR. VOSS: OUR GROUP PICTURE WILL BE SMALLER. [LAUGHTER]

CHAIR KAFOURY: COMMISSIONER BAILEY?

COMMISSIONER BAILEY: I JUST WANT TO THANK YOU AS WELL. IT IS SO WONDERFUL AND REFRESHING, I FEEL SO MUCH MORE ASSURED HAVING YOU, CHRIS, AND ELLIS, AND -- IN CHARGE AND AT THE HELM, BECAUSE I KNOW YOUR EXPERIENCE, YOUR EXPERTISE IN THIS AREA IS REALLY SOMETHING THAT NOT ONLY THE BOARD, BUT MULTNOMAH COUNTY RESIDENTS SHOULD FEEL COMFORTABLE KNOWING THAT WE'VE GOT PEOPLE WHO ARE SMART AND KNOW WHAT THEY'RE DOING IN CHARGE. SO THANK YOU.

MR. VOSS: AND MYSELF AND ALICE ARE HERE, BUT WE'VE GOT A TREMENDOUS TEAM, NOT JUST WITHIN OUR OFFICE, BUT OUR PARTNERS, I KNOW, HEALTH DEPARTMENT, THEIR EMERGENCY MANAGER, HUMAN SERVICES EMERGENCY MANAGER, ALL THOSE FOLKS ARE PART OF THE TEAM. SO THANK YOU VERY MUCH. I WILL TAKE THAT BACK TO THE TEAM THAT ULTIMATELY DAY-TO-DAY DOES PROBABLY MORE OF THE WORK. SO THANK YOU.

CHAIR KAFOURY: THANK YOU. ALL RIGHT. SEEING NO FURTHER BUSINESS, WE'RE ADJOURNED.

ADJOURNMENT – 11:16 A.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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Submitted by:
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Board of County Commissioners
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