

**Minutes of the Board of Commissioners
Multnomah Building, Board Room 100
501 SE Hawthorne Blvd., Portland, Oregon
Thursday, August 23, 2018**

REGULAR MEETING

Chair Deborah Kafoury called the meeting to order at 9:40 a.m. with Commissioner Jessica Vega Pederson and Sharon Meieran present. Vice-Chair Lori Stegmann was excused. Commissioner Loretta Smith arrived at 9:52 a.m. and was excused at 10:25 a.m.

Also attending were, Jenny Madkour, County Attorney and Taja Nelson, Assistant Board Clerk.

Chair Kafoury: WELCOME TO OUR BOARD MEETING, TODAY IS AUGUST 23. WE ARE HAPPY TO HAVE YOU HERE WITH US THIS MORNING.

CONSENT AGENDA – 9:30 a.m.

- C.1 BUDGET MODIFICATION # DCM-04-19: Reclassification of a Finance Specialist 2 to a Finance Specialist Senior.

- C.2 BUDGET MODIFICATION # DCHS-03-19: Reclassifying a Position in Intellectual & Developmental Disabilities Services Division of DCHS.

Chair Kafoury: DO WE HAVE A MOTION ON THE CONSENT CALENDAR? COMMISSIONER VEGA PEDERSON MOVES, COMMISSIONER MEIERAN SECONDS. ALL THOSE IN FAVOR VOTE AYE. [UNANIMOUS AYES] THE CONSENT CALENDAR IS APPROVED.

PUBLIC COMMENT – 9:30 a.m.

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: WE HAVE SIX PEOPLE SIGNED UP. I WILL CALL UP FOUR PEOPLE AT A TIME. [READS NAMES]

Jason Renaud: GOOD MORNING COMMISSIONERS. THANKS FOR HAVING US. I AM JASON RENAUD, AND MY FRIEND IS BECKY CHILD. AND BECKY AND I ARE HERE TODAY TO SPEAK ABOUT THE SAFETY OF THOUSANDS OF PATIENTS AT THE UNITY CENTER. AND DOZENS OF OTHER HOSPITALS, CLINICS, ALCOHOL AND DRUG TREATMENT CENTERS, NURSING HOMES, AND JAILS AND DAYCARE CENTERS, SCHOOLS, RESIDENTIAL CARE FACILITIES, MENTAL HEALTH TREATMENT CENTERS, THAT ASSIST VULNERABLE POPULATION THIS IS MULTNOMAH COUNTY. AS BEST WE CAN UNDERSTAND IT DUE TO A MISCOMMUNICATION BETWEEN COUNTY AND STATE SAFE, FEW IF ANY PATIENT ABUSE INVESTIGATIONS HAVE OCCURRED OR BEEN COMPLETED IN MULTNOMAH COUNTY IN 2018. THIS MISCOMMUNICATION IS UNACCEPTABLE, AND WE COMMEND THE COUNTY'S QUICK RESPONSE TO INVESTIGATE THE PROBLEM.

Jason Renaud: IN GENERAL, WE TRUST LICENSED CLINICIANS. THEY HAVE EDUCATION AND TRAINING, AND EXPERIENCE AND SUPERVISION, AND PURE STANDING AND LEGAL RESPONSIBILITIES TO GUIDE THEIR WORK. BUT COUNTIES ADD AN ADDITIONAL LAYER OF AUTHORITY AND REASSURANCE BY RECEIVING COMPLAINS OF PATIENT ABUSE BY MANDATORY REPORTERS. THOROUGHLY INVESTIGATING THE COMPLAINTS SETTING UP THE FACTS OF THE COMPLAINT, AND MAKING RECOMMENDATIONS FOR THE FUTURE ACTION. THIS SOMETIMES TEDIOUS PROCESS PROVIDES AN IMPARTIAL AND PUBLIC ACCOUNTING AND RESOLUTION. IT'S THE ONLY LAYER OF INDEPENDENT OF THE CLINICIAN AND THE AGENCY THAT EMPLOYS THEM. IT'S INDEPENDENT, IT'S AUTHORITATIVE, AND IT'S IMPARTIAL. THE LEGAL ABILITY TO INVESTIGATE AND FORCE ACTIONS KEEPS PATIENTS SAFE AND SECURE. KNOWING THE CLINICAL SERVICES ARE A SAFE SANCTUARY OF HEALTH AND HEALING. BUT THE MESSAGE WAS RECEIVED BY THE COUNTY TO CEASE THE INVESTIGATIONS. SOME HOW. THAT ALONE SHOULD HAVE SET OFF SIRENS, NOT JUST, NOT JUST A RED FLAG DIRECTLY TO YOUR OFFICES. IT TOOK DOZENS OF MESSAGES FROM ONE ALERT EMPLOYEE AND FINALLY A DOZEN NEWSPAPER ARTICLES TO GET YOUR ATTENTION, AND THE COMMENDABLE RESPONSE.

Beckie Child: GOOD MORNING. SO WE HAVE SOME RECOMMENDATIONS, AND OUR RECOMMENDATIONS.

Chair Kafoury: YOU NEED TO STATE YOUR NAME.

Beckie Child: BECKIE CHILD. OUR RECOMMENDATIONS ARE ALL COUNTY AGENCIES AND PERSONNEL WHO INTERACT WITH A VULNERABLE POPULATIONS BY -- IDENTIFY A SPECIFIC -- THERE NEEDS TO BE A PROCESS FOR REPORTING ABUSE. I ALSO TEACH AT THE SCHOOL SOCIAL WORK AT PORTLAND STATE AND I HAVE A STUDENT WHO WORKED AT UNITY THIS YEAR, AND I ASKED HER ABOUT ABUSE REPORTING, AND SHE SAID I AM JUST SUPPOSED TO TALK TO MY SUPERVISOR ABOUT IT. SHE DID NOT HAVE ANY IDEA THAT THERE WERE STATUTES THAT REQUIRED HER TO REPORT, AND I SAID WHAT HAPPENS IF YOU ARE, IF YOUR SUPERVISOR IS THE PERSON YOU HAVE TO REPORT, AND SHE REALLY DIDN'T KNOW WHAT TO DO. THAT'S NOT HER FAULT. THAT TELLS ME THAT WE HAVE A SYSTEM THAT'S NOT SET UP ACCURATELY. AND SO WE HAVE RECOMMENDATIONS FOR THAT. WE BELIEVE THAT THERE IS NEW ADMINISTRATIVE RULES THAT JUST TOOK EFFECT AUGUST 15. THE STATE IS WORKING ON TRAININGS TO GET PEOPLE TRAINED AND HOW TO USE THOSE ADMINISTRATIVE RULES. WE RECOMMEND THAT ALL COUNTY EMPLOYEES WHO INTERACT WITH VULNERABLE POPULATIONS BE TRAINED AND THE COUNTY COMMIT TO HAVING EVERYBODY TRAINED WITHIN A SIX MONTH PERIOD OF TIME AND AN ANNUAL REFRESHER COURSE. AND ONBOARDING FOR NEW EMPLOYEES. IT DOES NOT MAKE ANY SENSE THAT THIS IS NOT A REGULAR SYSTEMIC THING THAT HAPPENS. ADDITIONALLY IN YOUR CONTRACT LANGUAGE THAT YOU REQUIRE ALL OF YOUR CONTRACTORS WHO INTERACT WITH VULNERABLE EMPLOYEES.

Jason Renaud: WE TALKED TO SEVERAL OF THOSE THIS WEEK, AND IT IS A STANDARD PROCESS THERE, BUT THAT SHOULD BE MANDATORY.

Beckie Child: AND THEN THE OTHER THING THAT I WOULD JUST SAY IS I USE THE REDACTED REPORTS OF ABUSE INVESTIGATIONS TO KIND OF CHECK AND SEE WHAT'S HAPPENING IN OUR SYSTEM. AND I JUST CAN'T TELL YOU HOW ALARMED I WAS WHEN I ASKED FOR THE ABUSE REPORTS, THE SUBSTANTIATED AND CONCLUSIVE ABUSE REPORTS FROM UNITY, FROM THE TIME IT OPENED UNTIL JULY OF THIS YEAR, AND THERE WAS ONE. THAT WAS NOT SUBSTANTIATED. AND I KNOW OF SEVERAL INCIDENTS THAT SHOULD HAVE BEEN REPORTED. SO I JUST WOULD COMMEND THAT YOU DEVELOP A POLICY AND A PROCEDURE FOR MAKING SURE THAT THIS GETS ADDRESSED QUICKLY.

Chair Kafoury: THANK YOU. THANKS FOR COMING TODAY.

Jon Gramstad: I HAVE THREE THINGS TODAY, I AM SORRY, JON GRAMSTAD, GIMMIE SHELTER PORTLAND. THREE THINGS, ONE DO NOT THINK THAT WE WILL GIVE UP AND GO AWAY. WE EXPECT NOTHING OF THIS COMMISSION ANY MORE AS IT HAS FAILED MISERABLY TO LIVE UP TO ITS OBLIGATIONS AS IT SEEMS TO PREFER PRETENSE OVER PERFORMANCE. AND/OR AS WARREN BUFFETT FAMOUSLY SAID QUOTE, "THOSE ENTRUSTED WITH THE FUNDS OF OTHERS SHOULD ESTABLISH PERFORMANCE GOALS, LACKING SUCH STANDARDS, MANAGEMENT, TO SHOOT THE ARROW OF PERFORMANCE AND PAINT THE BULL'S EYE AROUND WHEREVER IT LANDS," UNQUOTE. TWO THE FUNDAMENTAL OBLIGATIONS OF SHELTER, ANIMAL CARE ARE MEETING THE BASIC ANIMAL NEEDS, WHICH INCLUDE FOOD, CLEANLINESS, HUMAN INTERACTION, BEHAVIORAL TRAINING AND RETURNING PETS TO THEIR OWNERS. SUBSEQUENTLY THE TWO MOST BASIC FUNCTIONS OF SHELTER MANAGERS ARE PROPER STAFFING AND ACCURATE RECORD-KEEPING. HOW IS IT THEN THAT THE COUNTY AUDITOR WHO IS TRAINING IS ASSESSING AND ANALYZING THE NUMBERS AND OVERALL OPERATIONAL PERFORMANCE HAS BECOME THE DE FACTO OVERSEER OF THE COUNTY ANIMAL CONTROL SHOWING MORE INTEREST AND EXPERTISE IN BASIC SHELTER MANAGEMENT THAN THE SERVICE DIRECTOR, AND NOW EVEN THE MEMBERS OF THIS COMMISSION. IN HIS 2016 ANIMAL SERVICES AUDIT, HE STATES, "OVER THE YEARS, THERE SEEMS TO BE A SORT OF BENIGN NEGLECT OF MCAS BY THE COUNTY." WE CONSIDER THIS A SERIOUS UNDERSTATEMENT. GIVEN THE COMPLETE LACK OF OVERSIGHT AND NONSENSICAL EXCUSES, AS TAXPAYERS WE NOW FEAR MCAS IS THE EPIC FAIL POSTERCHILD FOR ALL COUNTY BUREAUS AND AGENCIES.

ISSUE THREE, ON AUGUST 1ST, 2018, THE CURRENT DIRECTOR OF MCAS PUBLISHED AND SUBMITTED A RESPONSE TO THE COUNTY AUDITOR'S REPORT. HER INTRODUCTION CLAIMS THE AUDITOR QUOTE, "ACKNOWLEDGES THE PROGRESS THE SHELTERS MADE AND INCLUDING SIGNIFICANT IMPROVEMENTS TO THE LAYOUT OF THE ANIMAL SHELTER, COOLING UNITS IN THE DOG KENNELS, AND NEW HOUSING UNITS FOR CATS." WE'LL ADDRESS THESE "IMPROVEMENT" INDIVIDUALLY, SO AS TO PROVIDE YOU THE BACKGROUND INFORMATION YOU NEED TO ADJUDICATE THE VERACITY OF HER RESPONSE. WE WILL BEGIN WITH THE COOLING UNITS. HINT, THIS IS THE ONLY TIME THEY ARE MENTIONED IN MS. ROSE'S RESPONSE. THERE ARE MANY REASONS FOR THAT, BUT MOSTLY BECAUSE SHE SIMPLY DOESN'T THINK IT'S NEEDED. THEY ARE, AFTER ALL, ONLY DOGS. BARBARA.

Barbara Spears: I'M BARBARA SPEARS. I BROUGHT A FULL PAGE AD, WE PROVIDED YOU WITH A COPY OF THIS AD IN OUR WRITTEN TESTIMONY THAT WE SUBMITTED TO THE CLERK. I INVITE YOU TO STUDY IT CAREFULLY. WE RAN IT IN WILLAMETTE WEEK SEPTEMBER 9, 2015. IN IT YOU'LL SEE THE OPEN LETTER WE WROTE TO THE COUNTY COMMISSIONERS CONCERNING THE BRUTAL CONDITIONS WE, AND OTHERS, WITNESSED IN THE DOG KENNELS AT MCAS THAT SUMMER WHEN THE TEMPERATURE IN THE KENNELS WAS 95 DEGREES. EQUAL TO THAT OUTSIDE. TO READ FROM OUR LETTER, WE SAW: DOGS EXHIBITING SIGNS OF HEAT EXHAUSTION; DOGS IN DIRE NEED OF BATHING AND GROOMING; THE KENNEL AREA VACATED BY STAFF AND PUBLIC TRYING TO AVOID THE HEAD; THE ABSENCE OF A MANAGER OR DIRECTOR. THE REASON? THE SHELTER HAD AIR CONDITIONING EVERYWHERE EXCEPT THE DOG KENNELS. DOGS HAD BEEN SUFFERING IN SUMMER HEAT FOR YEARS.

THAT SUMMER, THE TEMPERATURE ROSE ABOVE 90 DEGREES FOR 24 DAYS. WHEN WE APPEALED TO ANYONE AND EVERYONE WHO MIGHT BE ABLE TO HELP NOTHING WAS DONE. WE RAN OUR FULL PAGE AD, BUT NOTHING WAS DONE. WE BROUGHT IT TO THE ATTENTION OF THE AUDITOR, STEVE MARCH, WHO INCLUDED THE FAILURE IN HIS FEBRUARY 2016 PERFORMANCE AUDIT. STILL, IT TOOK A YEAR TO GET A COOLING SYSTEM INSTALLED IN THE KENNELS. NOW THE MCAS DIRECTOR IS USING A SWAMP COOLER AS THE CENTERPIECE OF THE AGENCY'S CROWNING ACHIEVEMENTS. EXACTLY WHAT DOES IT TAKE TO MAKE JUST ONE CHANGE FOR THE BETTER AT MCAS? FIRST, THE PUBLIC MUST NOTICE AND REPORT THE PROBLEM BECAUSE MANAGEMENT ISN'T PAYING ATTENTION. SECOND, CITIZENS MUST APPEAL EN MASSE TO COUNTY OFFICIALS. THIRD, CITIZENS MUST SPEND \$2,217 TO RUN A FULL PAGE PRINT AD. FOURTH, CITIZENS MUST MAKE THEIR CASE TO THE AUDITOR AND HOPE THAT HE TAKES THEM SERIOUSLY. THEN, A YEAR LATER, CHANGES MAY OR MAY NOT BE MADE.

BY THE WAY, ANIMALS TODAY ARE STILL NOT GETTING GROOMED, SOME DOGS WITH MEDICAL CONDITIONS STILL REMAIN UNTREATED AND MANAGERS AND DIRECTORS ARE STILL ABSENT. AND THE LITTLE DOG IN THE PHOTO? PLEASE READ ABOUT THE CONDITIONS HE WAS SUFFERING. WE ADOPTED HIM AND FOUND HIM A HOME. ONLY THEN DID HE GET THE MEDICAL ATTENTION, GROOMING AND CARE HE SO DESPERATELY NEEDED. PUBLIC AND TAXPAYER DISRESPECT, DISDAIN AND DISTRUST OF GOVERNMENT BUREAUCRACY ARE AT AN ALL TIME HIGH. YOUR REFUSAL TO ACT TO REFORM MCAS, IS ONE OF THE REASONS WHY.

Chair Kafoury: THANK YOU FOR COMING.

Board Clerk: [READS NAMES]

Lightning: GOOD MORNING, MY NAME IS LIGHTNING. I REPRESENT LIGHTNING SUPER DISRUPT WATCHDOG. I APPRECIATE THE PREVIOUS SPEAKERS ON ADDRESSING THE ISSUES ON ANIMALS ARE, TRULY THE VOICELESS THAT YOU DON'T HEAR. THEY WANT TO BE TAKEN CARE OF IN A HUMANE MANNER. SUCH AS ANY OF YOU THAT HAVE ANIMALS. I KNOW YOU DO THAT, SO THERE IS NO REASON YOU WON'T MAKE THIS YOUR TOP PRIORITY. ON MAKING SURE THAT THE ANIMALS ARE TAKEN CARE OF IN A HUMANE, PROPER WAY. IT'S NOT COMPLICATED, BUT IT HAS TO BE LOOKED AT VERY CLOSE, CERTAIN GUIDELINES PUT INTO PLACE, AND THE SAME

THING THAT WE WERE TALKING ABOUT ON THE MOVIE INDUSTRY OR PEOPLE TRANSPORTING ANIMALS, TO DO IT IN A HUMANE AND PROPER WAY. NOW MOVING ONTO MY ISSUE IS THAT I WANT TO HAVE A VISION ZERO ON FORECLOSURES IN ANY AND ALL MUNICIPALITIES. I DO NOT THINK THAT YOU NEED TO BE FORECLOSING ON PROPERTIES, PRIVATE PROPERTIES OF OWNERS, ESPECIALLY ON NUISANCE LIENS, BACK TAXES OR ANYTHING ELSE LIKE THAT. THERE ARE PROGRAMS PUT INTO PLACE TO PREVENT THAT FROM HAPPENING. THERE IS FUND ANYTHING PLACE TO PREVENT THAT FROM HAPPENING, BUT YET AT THE CITY OF PORTLAND, THEY DECIDED TO FORECLOSE ON ANOTHER THREE OR FOUR PROPERTIES OF AN INDIVIDUAL BY THE NAME OF NORMAN YEE. HE'S A SENIOR CITIZEN THAT HAS NO DEBT ON A HIS PROPERTY. THEY DEGRADE MR. YEE, WHO IS A SENIOR CITIZEN, A VETERAN ASKING FOR ASSISTANCE, IS SAYING THAT I DON'T WANT TO HAVE MY HOME FORECLOSED ON. PLEASE DON'T DO IT TO ME.

Lightning: I AM A PRIVATE PROPERTY OWNER. I FEEL THAT I HAVE RIGHTS. THEY ARE GOING TO DO IT ANYWAY. THE REALITY IS THIS, IF WE DON'T TAKE CARE OF OUR SENIOR CITIZENS WHEN THEY ARE IN NEED, AND WE FORCE THEM, FORCE THEM TO SELL THEIR PROPERTIES BY PILING ON NUISANCE LIENS, PILING ON OTHER FORMS OF LIENS, AND BY THE WAY, FOR THE AUDIENCE IN THIS ROOM, IS IF YOU PULL UP NORMAN YEE, THE CITY OF PORTLAND HAS ASSESSED HIM OVER 500,000 OF LIENS. IT IS APPALLING. AMNESTY FOR MR. YEE, SHOW SOME COMPASSION FOR MR. YEE. DO NOT LOOK AT THE DOLLAR SIGNS AND DESTROY HIS REPUTATION AND CALL HIM A ZOMBIE HOMEOWNER, WHICH WHY WOULD ANYONE LABEL A SENIOR CITIZEN IN NEED A ZOMBIE OWNER, WHICH MEANS DEATH, DEAD, WHY WOULD YOU EVEN INTIMIDATE, AND FORCE HIM TO GO INTO HIDING AND NOT HAVE COMMUNICATION WITH HIM?

Chair Kafoury: THANK YOU.

Lightning: I AM APPALLED. APPALLED, AND WHAT YOU ARE DOING WITH THE ANIMALS, I AM GLAD THAT THIS IS COMING TO THE SURFACE, ALSO.

Chair Kafoury: THANKS FOR COMING THIS MORNING. GOOD MORNING JOE.

Joe Walsh: GOOD MORNING, I AM JOE WALSH. I REPRESENT INDIVIDUALS FOR JUSTICE. LAST YEAR THERE WERE 20 JOURNALISTS THAT WERE MURDERED. THERE WERE 120 PLUS THROWN INTO PRISONS. ANY REPUBLIC HAS TO HAVE THE FREEDOM OF THE PRESS. WE HAVE A CRIMINAL IN THE WHITE HOUSE. A CRIMINAL. WHO SAYS THAT THE PRESS IS THE ENEMY OF THE PEOPLE. THINK ABOUT THAT. UNDER THE FIRST AMENDMENT, ALL FOUNDING FATHERS DIDN'T PUT IN THE TENTH AMENDMENT, THEY PUT IT IN THE FIRST AMENDMENT BECAUSE THEY KNEW HOW IMPORTANT IT WAS TO HAVE A FREEDOM OF THE PRESS, AND INDIVIDUALS FOR JUSTICE HAS A RUNNING BATTLE WITH THE PRESS BECAUSE WE DON'T LIKE THE WAY THEY DO SOME OF THEIR STORIES. WE WILL DEFEND THEIR RIGHT TO PRINT THEM. EVERYWHERE. THIS IS IMPORTANT STUFF. IT MAY BE JUST A BYLINE TO SOME PEOPLE, BUT THIS IS THE VERY FOUNDATION OF A REPUBLIC. YOU CANNOT HAVE A REPUBLIC WITHOUT IT SOMEBODY WRITING THEIR OPINION OF WHAT IS GOING ON. AND NOT BE MURDERED. NOT BE THROWN IN JAIL, AND WE DO THAT IN THE UNITED STATES OF AMERICA. WE THROW THEM IN JAIL. IT'S HAPPENED HERE IN PORTLAND.

Joe Walsh: THEY HAVE BEEN ARRESTED. IN PROTESTS. EVEN THOUGH THEY WERE WEARING IDENTIFICATIONS. SO WE ARE NOT IMMUNE TO THIS. IT'S NOT SOME CRAZY COUNTRY THAT WE DON'T KNOW WHERE IT IS. IT'S HERE. WE HAVE THE PRESIDENT OF THE UNITED STATES SAYING, THE PRESS IS THE ENEMY. YOU HAVE TO SAY SOMETHING. I HAVE SAID IT. INDIVIDUALS FOR JUSTICE SAYS IT. AND YOU HAVE TO SAY SOMETHING. AT THE END OF THE DAY TODAY YOU HAVE A CHANCE TO SAY SOMETHING. SAY SOMETHING, SAY WE LOVE THE PRESS EVEN THOUGH YOU DON'T AGREE WITH THEM. I CAN'T BELIEVE THAT I HAVE SENT DEBORAH, YOU TWO EMAILS, MADE A PHONE CALL ABOUT THIS, AND GOT NO RESPONSE. NONE! ZERO! NADA. SO WE ARE ALL WITH OUR REPRESENTATIVES, ARE YOU SO AFRAID THAT YOU CAN'T STAND AND SAY, FREEDOM OF THE PRESS IS A VERY FOUNDATION OF OUR DEMOCRACY?

Chair Kafoury: THANK YOU. THANKS FOR COMING THIS MORNING.

REGULAR AGENDA – 9:40 a.m.

R.1 BUDGET MODIFICATION # DCS-02-19: Increase 0.50 FTE to 1.00 FTE for OA Senior Position. Presenter: Tom Hansell, Business Services Manager.

Chair Kafoury: COMMISSIONER VEGA PEDERSON MOVES. COMMISSIONER MEIERAN SECONDS APPROVAL OF R.1. GOOD MORNING.

Tom Hansell: GOOD MORNING COMMISSIONERS. TOM HANSELL, DEPARTMENT OF COMMUNITY SERVICES. HERE TODAY ASKING FOR YOUR APPROVAL AND SUPPORT OF A BUDGET MODIFICATION TO CHANGE THIS OA SENIOR FROM A HALF TIME FTE TO A FULL-TIME FTE. UNDER COUNTY POLICY, A CHANGE IN FTE OR OPERATING FUNDS REQUIRES BOARD APPROVAL. THIS IS A NEW POSITION THAT WAS REQUESTED IN THE 2019 BUDGET AT A 0.50 FTE BUT AS THE PROGRAM BEGAN TO GO THROUGH RECRUITMENT AMBULANCE, IT BECAME MORE APPARENT THAT THE OPERATIONAL SUPPORTS AND NEEDS OF THE TRANSPORTATION DIVISION WERE, WERE GROWING, AND JUST THE RIGORS OF KEEPING UP WITH THE LOCAL AREA CERTIFICATION WORK THAT TRANSPORTATION CAPITAL PROJECTS DEMANDS, THEY ARE JUSTIFYING THE NEED FOR THE FTE. THE FUNDS ARE AVAILABLE IN THE TRANSPORTATION FUND. TRANSPORTATION WAS FORTUNATE TO RECEIVE SOME ADDITIONAL REVENUES COMING OUT OF THE 2017 LEGISLATURE. AND THIS IS SUPPORTING MUCH OF THE CAPITAL WORK THAT THIS POSITION WILL BE SUPPORTING. THE DEPOSITION IS GOING TO BE A SHARED RESOURCE AMOUNT, THE ROAD SERVICES DIVISION SO THIS WOULD BE SUPPORTING THE LEADERSHIP IN THE ROAD MAINTENANCE, ROAD ENGINEERING, AND TRANSPORTATION PLANNING AND DEVELOPMENT AS WELL AS IAN'S OFFICE, THE DIRECTOR'S OFFICE. THE GENERAL FUND WILL SEE A CHANGE IN OPERATING FUND THROUGH THE INDIRECTS THAT WILL BE ASSESSED ON THIS POSITION AS WELL AS THE COUNTY'S RISK FUND WILL SEE NOMINAL CHANGES RESULTING FROM A CHANGE IN THE HEALTH CARE COST WITH THE CHANGE IN FTE, AS WELL. I AM AVAILABLE TO ANSWER ANY QUESTIONS REGARDING THIS REQUEST.

Chair Kafoury: QUESTIONS?

Commissioner Smith: MADAM CHAIR, I HAVE A QUESTION. THANK YOU FOR COMING BEFORE US. IF TRANSPORTATION AND OTHER GENERAL FUND DOLLARS ARE GOING TO PAY FOR THIS, WHY DIDN'T YOU PUT IT IN WHEN TO BEGIN WITH?

Tom Hansell: SO THE POSITION, THE COUNTY'S BUDGET PROCESS REQUIRES US TO FORECAST WHERE WE ARE GOING TO BE IN THE FUTURE FISCAL YEAR. SIX MONTHS AHEAD, SO AT THAT TIME TRANSMISSION WAS DEVELOPING A WORK PLAN. THIS IS THE NEW POSITION COMING ONBOARD. THERE WAS AN ADDITION, A RETIREMENT OF A CONTRACT POSITION. JUST THIS PAST MONTH, ABOUT TWO MONTHS AGO, AND THEY STARTED TO EVALUATE HOW TO BEST FILL THAT POSITION, WHO WAS ALSO PROVIDING SOME ADMINISTRATIVE SUPPORT. THE DEMANDS OF THE CONTRACTING AROUND THE ODOT PROJECTS HAS BEEN INCREASED AS WE HAVE TAKEN ON MORE OF THE CONTRACT OVERSIGHT. IN THE PAST THAT'S BEEN AWARDED THROUGH THE ODOT AWARDED THE CONTRACTORS. THE SHIFT TO THE LOCAL AREA CERTIFICATION PROJECT IS REQUIRING THE LOCAL ENTITIES TO DO CONTRACT OVERSIGHT. SO THE COMBINATION OF SIX MONTHS PRIOR, FORECASTING WHAT THAT NEED WAS, A RETIREMENT COMING ONLINE. OPTIMIZING THE RESOURCES AS WE THOUGHT ABOUT WHAT WE NEEDED WITH THAT CONTRACT POSITION, IT KIND OF MADE SENSE FROM A PROGRAM NEED TO SAY MORE, SOME OF THE PORTION OF THE WORK BEING PROVIDED FOR THE CONTRACT POSITION WAS ADMINISTRATIVE RELATED, SO THEY ARE MAKING THAT CONTRACTED, WHOLLY CONTRACT AND THAT ADMINISTRATIVE WORK, THE CONTRACT POSITION WAS ADDED ONTO THIS 0.5 FTE.

Commissioner Smith: IS THIS GOING TO BE A LIMITED DURATION?

Tom Hansell: NO, COMMISSIONER. THIS WILL BE AN ONGOING REQUEST IN THE ROAD FUND BUDGET AND FUTURE BUDGET CYCLES.

Commissioner Smith: SO GOING FORWARD YOU WILL GET THE TRANSPORTATION FUNDS TO PAY FOR IT?

Tom Hansell: THERE IS NO FUNDS SUPPORTING THIS POSITION. THE GENERAL FUND RECEIVES INDIRECT PROCEEDS AS A RESULT OF THE STATE HIGHWAY FUND REVENUES COMING INTO THE COUNTY, IT'S AN ELIGIBLE COST THROUGH THE COUNTY'S COST ALLOCATION PLAN. THOSE FUNDS WILL BEAR COUNTY AND DIRECT AS WELL AS DEPARTMENT AND DIRECT.

Chair Kafoury: ANY OTHER QUESTIONS FOR TOM? ALL RIGHT, ALL THOSE IN FAVOR VOTE AYE. [UNANIMOUS AYES] THE BUDGET MODIFICATION IS APPROVED. THANK YOU.

R.2 1st Reading of Ordinance Amending MCC Chapters 37 and 38 - Adding Procedures Relating to Type I Permit Applications. Presenters: Mike Cerbone, Planning Director & Kevin Cook, Senior Planner.

Chair Kafoury: COMMISSIONER MEIERAN MOVES. COMMISSIONER VEGA PEDERSON SECONDS APPROVAL OF R.2.

Kevin Cook: GOOD MORNING CHAIR KAFOURY. GOOD MORNING COMMISSIONERS. FOR THE RECORD I AM KEVIN COOK, SENIOR PLANNER FOR THE DEPARTMENT OF COMMUNITY SERVICES. TODAY'S HEARING IS BRINGING PROCEDURES TO OUR TYPE 1 APPLICATIONS. SO TYPE 1 APPLICATIONS ARE TECHNICAL PERMITS THAT USE OBJECTIVE, NON-DISCRETIONARY CRITERIA, SO NON-DISCRETIONARY CRITERIA DO NOT REQUIRE INTERPRETATION OR THE EXERCISE OF POLICY OR LEGAL JUDGMENT. SO AN EXAMPLE IS OUR GRADING AND EROSION CONTROL PERMITS. WHERE ONE TURNS IN AN APPLICATION WITH THE SITE PLAN SHOWING BEST MANAGEMENT PRACTICES, AND ESSENTIALLY, CHECKING THE BOXES THAT THEY ARE GOING TO TAKE CARE OF GRADING MEASURES PER THE CODE. SO THE PURPOSE OF THIS ORDINANCE IS TO ADD TIME LINES AND PROCEDURES TO THE TYPE ONE APPLICATIONS THAT ARE THE SAME OR SIMILAR TO THE TIMELINES FOR THE OTHER TYPES OF LAND USE PERMITS. THE PROPOSED PROCEDURES PROVIDE CLARITY TO APPLICANTS AND STAFF, AND WOULD ALSO SHORTEN THE TIME LINES FOR PROCESSING.

SO THE PROCEDURES WOULD INCLUDE ADDING A COMPLETENESS REVIEW PROCEDURE, WHICH ADDRESSES THE GOAL OF PROVIDING TIMELY COMMUNICATION TO APPLICANTS, WHO HAVE NOT PROVIDED ALL OF THE INFORMATION REQUIRED TO MAKE AN APPLICATION COMPLETE. WOULD GIVE APPLICANTS UP TO 180 DAYS TO PROVIDE ANY MISSING INFORMATION IN THEIR APPLICATION. IN ORDER TO MAKE THE APPLICATION COMPLETE. WOULD ALSO ALLOW APPLICANTS WHO CURRENTLY HAVE INCOMPLETE APPLICATIONS A FULL 180 DAYS FROM THE EFFECTIVE DATE OF THIS ORDINANCE TO MAKE THEIR APPLICATIONS COMPLETE. THE PROVISIONS ENSURE THAT APPLICATIONS WOULD BE REVIEWED UNDER THE CODE THAT IS IN EFFECT AS OF THE DATE THAT THE APPLICATION IS SUBMITTED, SO ESSENTIALLY NOT CHANGING THE RULES MID STREAM. AND FINALLY, PROVIDES A SIX-YEAR TIME FRAME TO ESTABLISH THE USE OR THE DEVELOPMENT FOR WHICH THE APPLICATION HAS BEEN MADE UNDER. WOULD FINALLY, TYPE 1 PERMITS WOULD ALSO BE ADDED TO THE LIST OF PERMIT TYPES THAT COULD BE REVOKED IF A CONDITION IS NOT BEING MET. THIS OPTION WOULD REQUIRE A HEARING AND PUBLIC NOTICE. AND WITH THAT IF YOU HAVE ANY QUESTIONS, I AM HAPPY TO ANSWER THEM.

Chair Kafoury: QUESTIONS OR COMMENTS FROM THE BOARD? SOUNDS GOOD, THANK YOU FOR COMING IN AND EXPLAINING THAT. WE APPRECIATE THE WORK ON THIS AND ALL THE WORK YOU DO. ALL THOSE IN FAVOR VOTE AYE. [UNANIMOUS AYES] THE FIRST READING IS ADOPTED AND THE SECOND READING WILL BE THURSDAY, AUGUST 30.

R.3 Informational Board Briefing on Reproductive Health and Justice issues in Multnomah County. Presenters: LaRisha Baker, Maternal Child Family Health Director; Aileen Duldulao, Maternal & Child Health Epidemiologist; Charlene Maxwell, Deputy Nurse Practitioner Director from MCHD; Zeenia Junkeer, ND, Director, Oregon Health Equity Alliance; Cherie Martin, Advocacy Director, NARAL Pro-Choice Oregon; William Miller, Future Generations Collaborative Policy Advisor, Native American Youth & Family Center; Kelly Gonzales, Asst. Professor, OHSU-PSU School of Public Health; Jillene Joseph, Exec Director, Native Wellness Institute.

Chair Kafoury: GOOD MORNING AND WELCOME. COMMISSIONER MEIERAN WILL KICK THINGS OFF.

Commissioner Meieran: YES, AS OUR WONDERFUL PANEL IS COMING UP, I WANT TO THANK ALL OF YOU SO MUCH FOR BEING HERE TODAY TO GIVE US A BRIEFING ON REPRODUCTIVE HEALTH AND JUSTICE ISSUES IN MULTNOMAH COUNTY. I ALSO WANT TO THANK COMMISSIONER VEGA PEDERSON FOR WORKING TOGETHER TO BRING THIS REALLY IMPORTANT CONVERSATION TO THE BOARD THIS MORNING. I REMEMBER LAST YEAR IN APRIL IT SEEMS LIKE JUST YESTERDAY WHEN THIS ROOM WAS FULL OF ADVOCATES AND COMMUNITY MEMBERS AND PEOPLE SHARING THEIR STORIES. IN SUCH A POWERFUL WAY. AND THAT WAS ONLY PASSED THE PROCLAMATION IN SUPPORT OF ACCESS TO SAFE, AFFORDABLE, AND COMPREHENSIVE REPRODUCTIVE HEALTH CARE SERVICES. A COUPLE OF MONTHS LATER IN JULY THE LEGISLATURE PASSED HOUSE BILL 3391, THE REPRODUCTIVE HEALTH EQUITY ACT, YEAH, THAT FOR ME WAS SUCH A POWERFUL MOMENT FOR OUR STATE, AND ESPECIALLY IN THE MIDST OF WHAT WE HAVE SEEN OF ALL OF OUR FEDERAL POLICIES AND A LANDSCAPE RIGHT NOW THAT NATIONALLY IS REALLY HOSTILE TO REPRODUCTIVE HEALTH AND JUSTICE. IT FEELS LIKE THERE ARE COUNTLESS ISSUES SWIRLING AROUND. I WAS JUST TALKING TO SOME FRIENDS ABOUT THIS YESTERDAY. WHO WERE FACING SOME ISSUES THEMSELVES. HERE IN OREGON. AND TALKING ABOUT HOW THANKFUL THAT WE ARE THAT WE, OUR DAUGHTERS, ARE GROWING UP IN OREGON BECAUSE THERE IS SO MUCH GOING ON IN THE REST OF THE COUNTRY. THERE ARE COUNTLESS ISSUES SWIRLING, AND I SEE THIS BRIEFING AS A CRITICAL OPPORTUNITY FOR US TO LEARN ABOUT ALL OF YOUR WORK AND MAKE SURE THAT WE CONTINUED TO ATTEND TO AND TO UNDERSTAND THESE CRITICAL ISSUES AS A BOARD. THANK YOU FOR BEING HERE.

Commissioner Vega Pederson: I HAVE SOME COMMENTS, TOO. THIS IS SUCH AN IMPORTANT ISSUE. IT COULD NOT JUST BE ONE COMMISSIONER WORKING ON THIS. WE HAD TO HAVE TWO. SO THIS COMMISSIONER CAME AT THE REQUEST OF COMMISSIONER MEIERAN AND I AFTER WE HEARD FROM COMMUNITY PARTNERS ABOUT THE DESIRE TO REALLY CELEBRATE THE ONE-YEAR VOLUNTARY OF THE REPRODUCTIVE HEALTH EQUITY ACT PASSAGE, AND TO TALK ABOUT THE IMPLEMENTATION, BUT I THINK THAT IT'S ALSO YOU KNOW, A REALLY GOOD OPPORTUNITY, WHILE WE ACKNOWLEDGE THE FACT THAT THE PASSAGE WAS A HUGE WIN FOR REPRODUCTIVE JUSTICE, AND INCREASING ACCESS TO FREE REPRODUCTIVE HEALTH SERVICES AND ACKNOWLEDGING THAT'S TRUE FOR THE MOST VULNERABLE POPULATION, FOR THE IMMIGRANT COMMUNITY AND THE TRANS COMMUNITY WHO EXPERIENCED BARRIERS TO HEALTH CARE AND ESPECIALLY REPRODUCTIVE HEALTH CARE.

Chair Kafoury: GOOD MORNING.

Larisha Baker: GOOD MORNING CHAIR AND COMMISSIONER, I AM LARISHA BAKER.

Dr. Aileen Duldulao: I AM DR. AILEEN DULDULAE, THE EPIDEMIOLOGIST FOR THE HEALTH DEPARTMENT.

Charlene Maxwell: I AM CHARLENE MAXWELL, THE DEPUTY NURSE PRACTITIONER, DIRECTOR FOR THE HEALTH DEPARTMENT, INTEGRATED CLINICAL SERVICE AND I ALSO SERVE AS THE REPRODUCTIVE HEALTH COORDINATOR.

Chair Kafoury: WONDERFUL.

Larisha Baker: THANK YOU FOR HAVING US THIS MORNING TO SHARE IN THIS HEALTH EQUITY BRIEFING WITH YOU ALL TODAY. I HAVE INFORMATION TO SHARE IN TERMS OF OVERVIEW OF THE PROCLAMATION PASSED LAST YEAR. BASICALLY, SUPPORTING THE ACCESS TO THE SAFE AND AFFORDABLE AND COMPREHENSIVE REPRODUCTIVE HEALTH CARE SERVICES, THE PROCLAMATION WAS ADOPTED PRIOR TO THE RAMIREZ IN JULY OF 2017, AND OUR NEXT GROUP OF PANEL I WILL GO INTO MORE DETAIL ABOUT THAT MEASURE AND THE IMPLICATION. THIS IS ABOUT THE COMPREHENSIVE REPRODUCTIVE HEALTH CARE SERVICES AS A BASIC HUMAN RIGHT, AND VITAL TO THE WOMEN, TRANSGENDER AND GENDER NON-CONFORMING INDIVIDUALS WHO BECOME PREGNANT, AND SUPPORTING EVERY INDIVIDUAL HAVING ACCESS TO SAFE, AFFORDABLE, AND COMPREHENSIVE REPRODUCTIVE HEALTH CARE SERVICES, EVERY PERSON HAVING A RIGHT TO FULL RANGE OF REPRODUCTIVE HEALTH CARE OPTIONS REGARDLESS OF INCOME, RACE, SEXUAL OR, GENDER IDENTITY, AND ABILITY, AGE, IMMIGRATION STATUS, CRIMINAL HISTORY, GEOGRAPHY, AND INSURANCE TYPE OR COVERAGE. ALSO ACKNOWLEDGING EXISTING INEQUITIES IN HEALTH CARE LEAD TO INEQUITABLE OUTCOMES FOR PARENTS AND CHILDREN IMPACTING IN PARTICULAR LOW INCOME WOMEN, WOMEN OF COLOR, AND IMMIGRANT AND UNDOCUMENTED WOMEN, YOUNG WOMEN, SURVIVORS OF DOMESTIC VIOLENCE, AND TRANSGENDER AND GENDER NON-CONFORMING INDIVIDUALS.

I CAN SAY PERSONALLY THAT I AM PROUD TO LIVE AND WORK IN A COUNTY THAT SUPPORTS THIS COMPREHENSIVE HEALTH CARE. SO IMPACTS ON OUR CLIENTS AND SERVICES. WHILE WE ARE IN THE EARLY STAGES OF THIS IMPLEMENTATION, [INAUDIBLE] RELATED TO CLIENT SERVICE IMPACTS. THERE IS, HOWEVER, POSITIVE ASPECTS THAT WE CAN LOOK FORWARD TO, AND AS AN EXAMPLE, THIS GOES BEYOND THE DELIVERY OF PREGNANCY. THIS DOES NOT HAVE A BEARING ON HOW WE PROVIDE CARE, REGARDLESS OF INSURANCE STATUS WE CONTINUE TO PROVIDE SERVICE, POST-PARTUM TO MOM AND BABY, WHAT THIS DOES IS OPEN UP A 60-DAY WINDOW TO BILL FOR THOSE SERVICES SO THAT'S JUST ONE EXAMPLE. OPPORTUNITIES AND CHALLENGES WE'RE FACING. THERE ARE VARIOUS WAYS TO ENGAGE IN THE LIFE COURSE APPROACH. THE CHILD FAMILY HEALTH APPROACH TO FAMILY PLANNING AND CULTURALLY APPROPRIATE FAMILY PLANNING IS CLIENT CENTERED. OUR APPROACH IS TO BEGIN WITH THE RELATIONSHIP BUILDING. THE DEVELOPING OF A RELATIONSHIP WITH THE CLIENT IS VERY IMPORTANT. FAMILY PLANNING CONVERSATIONS START DURING THE PRENATAL PERIOD AND CONTINUE THROUGH THE POST PARTUM AND AS NEEDED. THESE CONVERSATIONS ARE CENTERED AROUND LIFE PLANNING VERSUS JUST BIRTH CONTROL. THROUGH CONVERSATIONS AND THE QUESTION OF WHEN WOULD YOU LIKE TO HAVE OR HAVE MORE CHILDREN IS INTRODUCED.

Larisha Baker: THIS QUESTION IS TIED TO THE LIFE PLANNING, EXPANDING THE CONVERSATION, QUESTIONS AND PLANNING TO INCLUDE WHAT ARE YOUR LIFE GOALS AND ASPIRATIONS? WHAT SIZE OF A FAMILY DO YOU WANT? HOW CLOSE IN AGE WOULD YOU LIKE TO HAVE YOUR CHILDREN? AND THEN PROVIDERS ARE ABLE TO MOVE TOWARDS DISCUSSING BIRTH CONTROL OPTIONS. IF BIRTH CONTROL IS NOT SOMETHING THAT THE CLIENT IS INTERESTED IN, THEN THEY DISCUSS OTHER OPTIONS. ASKING THE CLIENT THEIR DESIRE AND CONNECTING BACK TO THEIR LIFE GOALS AND MEETING THE CLIENT WHERE THEY ARE. OUR HEALTHY BIRTH INITIATIVE PROGRAM IS FOCUSED ON FATHER INVOLVEMENT, INCLUDING FATHERS IN THE FAMILY PLANNING AND THE LIFE COURSE APPROACH. IN PUBLIC HEALTH TO MACK MIC THE IMPACT, THERE IS ALSO PUBLIC EDUCATION COMPONENTS. OUR YOUTH, SEXUAL HEALTH EQUITY TEAM, PARTICIPATED IN STATE MEETINGS TO ENSURE THAT SCHOOL TEACHERS GIVE ACCURATE INFORMATION WHEN TEACHING COMPREHENSIVE SEX ED ABOUT THE AVAILABILITY OF HEALTH SERVICES. AND OUR CULTURALLY SPECIFIC PROJECT WITH PAPERS AND TEENS TO HELP THEM TO UNDERSTAND ACCESSIBLE HEALTH SERVICE OPTIONS AND HOW TO SUPPORT THEIR YOUTH TO ACCESS THOSE SERVICES. I WILL TURN IT OVER TO DR. DULDULAO TO TALK ABOUT HER DATA.

Dr. Aileen Duldulao: THANK YOU LARISHA. I WANTED TO PROVIDE A LITTLE CONTEXT AS TO THE DATA, THE DATA LANDSCAPE AS WE GO INTO THE IMPLEMENTATION OF THIS. WE CONTINUE TO BUILD ON THE SIGNATURE PROGRESS MADE BY THE HEALTH DEPARTMENT, AND IN PARTNERSHIP WITH THE CULTURALLY-BASED TRAUMA INFORMED AND COLONIZING WORK WITH OUR COMMUNITY PARTNERS, SOME OF WHOM ARE HERE TODAY, WHO HAVE ENGAGED IN FOR AT LEAST THE LAST TEN YEARS. AND WHILE IT'S TOO EARLY TO MEASURE THE IMPACT OF THIS, BUT IT IS DUE TO TREMENDOUS EFFORTS IN THE PAST TO INCREASE ACCESS TO ABORTION AND TO CAN'T SENSITIVE AND SEX EDUCATION, THAT THE DATA SHOWS ABORTION AND PREGNANCY RATES IN THE COUNTY HAVE DROPPED OVER THE LAST TEN YEARS SO WE ARE DOING A REALLY GOOD JOB. WE CAN DO BETTER. AND I THINK THAT THIS OFFERS US THE OPPORTUNITY TO DO BETTER. ABORTION RATES ACROSS ALL AGES IN THE COUNTY HAVE DECREASED BY 36%, AND WE HAVE SEEN A 60% DECREASE IN THE PREGNANCY AND ABORTION RATES AMONG YOUNG WOMEN 19 AND OTHER, THE RESEARCH CONSISTENTLY SHOWS THAT THE HIGH RATES OF UNPLANNED PREGNANCIES ARE ASSOCIATED WITH HIGH RATES OF ABORTION AND IS EQUITABLE ACCESS TO CONTRACEPTION AND COMPREHENSIVE SEX EDUCATION INCREASE, UNPLANNED PREGNANCIES AND ABORTIONS DECREASE SO THESE TRENDS SHOULD ACTUALLY CONTINUE AND ACCELERATE AS WE CAN FURTHER IMPLEMENT RHEA.

THE NEXT SLIDE ACTUALLY JUST SHOWS YOU THE PREGNANCY RATED AND THE ABORTION RATE AMONG FEMALES 19 YEARS AND OLDER IN MULTNOMAH COUNTY FROM 2007 TO 2016. AND THE BLUE LINE SHOWS THE ABORTION RATE AND THE YELLOW LINE SHOWS THE PREGNANCY RATE, AND AS YOU CAN SEE AS THE PREGNANCY RATE DROPS, AND FOR THIS AGE RANGE THAT'S MOSTLY UNPLANNED PREGNANCIES, THE ABORTION RATE ALSO DROPS. AND IN LARGE PART THIS IS AGAIN DUE TO THE WORK THAT THE COUNTY HAS DONE IN OUR COMMUNITY PARTNERS HAVE DONE, IT INCREASES THE ACCESS TO CONTRACEPTION AND ALSO INCREASING THE COMPREHENSIVE SEX EDUCATION. SO NEXT DATA STEPS IS TO, OF COURSE, TO CREATE

MORE DATA AND DO MORE ANALYSIS. WE WILL CONTINUE TRACKING PREGNANCY AND ABORTION RATES WITH AN EYE TOWARDS EQUITY AND EXAMINING THE DIFFERENCES BY RACE AND ETHNICITY AND LOW INCOME STATUS. WE WILL ALSO BE TRACKING ACCESS TO POST-PARTUM CARE AND VISITS, WHICH I KNOW IS A HUGE PART OF THE RHEA POLICIES TO INCREASE ACCESS TO POST PARTUM CARE, AND I WILL ALSO BE CONTINUING TO WORK WITH THE CCO AND COMMUNITY PARTNERS TO ACCESS RELEVANT DATA BUT ALSO TO UNDERSTAND WHAT THE DATA MEANS AND THE CONTEXT OF THE COMMUNITIES THAT WE WORK WITH, AND THEIR LIVED EXPERIENCES. THANK YOU.

Chair Kafoury: THANK YOU. FASCINATING.

Charlene Maxwell: I AM HERE TO TALK ABOUT HOW THE MULTNOMAH COUNTY HEALTH DEPARTMENT HAS IMPLEMENTED RHEA. THE FIRST THING EVERYONE SHOULD KNOW IS WITH THE PASSAGE OF RHEA THE STATE RECONFIGURED THE REPRODUCTIVE HEALTH PROGRAM, AND NOW IT'S ONE PROGRAM WHICH INCLUDES RHEA, TITLE 10 AND C-CARE FUNDING. WITH THAT CAME A NEW PROGRAM THAT WE HAVE IMPLEMENTED. THE NICE BENEFIT OF THIS NEW PROGRAM IS THAT IT'S NOT ON THE GRANTEES, AND WE ARE ONE OF THEM TO FIGURE OUT WHICH FUNDING STREAM IS GOING TO PAY FOR THIS OR COVER THE SERVICES THAT WE PROVIDE. THAT BURDEN IS NOW ON THE STATE TO FIGURE OUT WHO IS PAYING FOR WHAT, AND THE PROVIDERS JUST NEED TO WORRY ABOUT PROVIDING THE CARE, AND MAKING SURE THAT THE ACCESS IS THERE, SO WHAT IS STAYING THE SAME? WE ALWAYS HAVE PROVIDER, COMMUNITY HEALTH CENTERS HAVE ALWAYS PROVIDED A BROAD SCOPE OF REPRODUCTIVE HEALTH SERVICES. THEY ARE INCLUDING STRICT LANGUAGE THAT CAN BE USED TO DISCUSS ABORTION, REFERRALS TO ABORTION PROVIDES, OR ANY TYPE OF DISCUSSION AROUND ABORTION. THIS A DOMESTIC GAG RULE BECAUSE IT RESTRICTS THE LANGUAGE THAT CAN BE USED BETWEEN A CLIENT AND A PROVIDER VISIT WHICH ETHICALLY IS CONCERNING. IT ALSO INCLUDES STRICTER REPORTING REQUIREMENTS THAT ARE ALSO GOING TO BE VERY DIFFICULT.

IN TERMS OF UNCERTAINTY AROUND THE STATE REPRODUCTIVE HEALTH PROGRAM, IF YOU WILL REMEMBER I MENTIONED THAT AS OF APRIL 1 THE STATE RECONFIGURED THE PROGRAM TO BE ONE UMBRELLA PROGRAM WITH THE THREE DIFFERENT FUNDING STREAMS, AND AS PROVIDERS, SINCE WE DON'T, WE ARE NOT INVOLVED IN KNOWING WHICH STREAM PAYS FOR WHICH CLIENT SERVICES, IT WOULD BE REALLY DIFFICULT FOR US TO FIGURE OUT WHICH CLIENT IS A TITLE 10 RECIPIENT, AND THEREFORE, HAVE TO CHANGE WHATEVER LANGUAGE WE USE OR CARE THAT WE PROVIDE. SO THAT WOULD BE A REALLY BIG CHALLENGE. AND ADDITIONALLY GOVERNOR KATE BROWN DID PLEDGE TO WITHDRAW OREGON FROM TITLE 10, IF THESE PROPOSED MEASURES PASSED, SO THERE ALSO WOULD BE SOME CONCERN AROUND THE FUNDING IF WE WERE TO WITHDRAW, THAT WOULD DECREASE SOME FUNDING. I THINK THAT THESE ARE ALL REALLY IMPORTANT ISSUES, AND I AM SO EXCITED THAT YOU ALL ARE INVOLVED IN FINDING THIS IMPORTANT, TOO, SO WE ARE LOOKING FORWARD TO THE PARTNERSHIPS.

Chair Kafoury: THANK YOU, DO WE HAVE QUESTIONS FOR THIS SET OF PANELISTS BEFORE? QUESTIONS OR COMMENTS?

Commissioner Smith: JUST CURIOUS, ARE THERE ANY OTHER THINGS THAT WE CAN BE DOING TO BE HELPFUL AND TO BE A BETTER PARTNER IN THE COMMUNITY?

Charlene Maxwell: I WOULD SAY, THE BIGGEST ISSUE IS ACCESS TO SERVICES IN TERMS OF TRYING TO GET PEOPLE ENROLLED. SO I THINK JUST SPREADING THE NEWS OR PUBLICIZING THAT WE HAVE THESE SERVICES AND MAKING SURE THAT EVERYBODY IS AWARE OF THAT IS REALLY HELPFUL, AND ALSO PLEDGING SUPPORT FOR REPRODUCTIVE HEALTH AS YOU ARE DOING. THERE ARE A LOT OF THREATS AS I MENTIONED, AND BRINGING THAT TO THE LEGISLATIVE BODIES WOULD BE REALLY HELPFUL.

Larisha Baker: AND I WOULD SECOND THAT, TOO, THE EDUCATION PIECE IN TERMS OF PEOPLE UNDERSTANDING WHAT'S AVAILABLE AND ALSO THE INFORMATION THAT'S BEING GIVEN TO THE COMMUNITY THAT THE PEOPLE THAT ARE GIVEN THAT INFORMATION ARE AWARE OF WHAT'S AVAILABLE.

Commissioner Smith: THANK YOU, THANK YOU.

Chair Kafoury: I THINK THAT'S ONE OF THE IMPORTANT ASPECTS OF TODAY'S BRIEFING BECAUSE WHEN SOMETHING HAPPENS, THE PRONOUNCEMENTS OUT OF WASHINGTON D.C., PEOPLE THINK THAT IT'S HAPPENED. ARE UNSURE AS TO WHETHER THAT DIRECTION HAS JUST BEEN GIVEN OR WHETHER IT'S BEEN TAKEN, AND SO CONTINUING TO ENFORCE IT, WE ARE STILL, BUSINESS AS USUAL HERE, AND WE WANT TO CONTINUE TO HAVE BUSINESS AS USUAL BECAUSE WE LIKE THE DIRECTION THAT WE ARE HEADED. AND WE WOULD LIKE THE ABILITY FOR OUR CLIENTS TO HAVE THE SERVICES, TO GET THE SERVICES THAT THEY NEED SO GETTING OUT THE WORD YOU CAN GET THE SERVICES AT MULTNOMAH COUNTY. ALL RIGHT, WHO IS THE NEXT PANELIST? THANK YOU.

Commissioner Vega Pederson: SO THE NEXT PANELIST IS KEY PARTNER ORGANIZATIONS WHO ARE HERE TO TALK ABOUT THE WORK OF RHEA AND WHAT THE CURRENT LANDSCAPE LOOKS LIKE. AND I THINK THAT WE HAVE FIVE, SO WE MAY NEED ONE MORE CHAIR. OR SOMEBODY CAN SIT BEHIND.

William Miller: GOOD MORNING CHAIR KAFOURY AND FELLOW COMMISSIONERS. FOR THE RECORD I AM WILLIAM MILLER, AND I AM THE FUTURE GENERATIONS COLLABORATIVE POLICY COORDINATOR AT THE NATIVE AMERICAN YOUTH AND FAMILY CENTER, BUT TO KICK THIS OFF, AS TO HOW THIS PANEL WILL OPERATE, CHERIE WILL TALK ABOUT THE IMPLICATIONS AND GIVE AN OVERVIEW OF HOW THIS IS PLAYED OUT IN MULTNOMAH COUNTY AND WE WILL GO INTO TALKING ABOUT COLONIZATION AND HOW TO DECOLONIZE REPRODUCTIVE HEALTH WITHIN THE COUNTY AND THE STATE AS A WHOLE, AND PROVIDE SOME LANDSCAPE PERSPECTIVE ON THAT WITH THE TRAVEL HOPE PERSPECTIVE. AND SO WE HAVE A LOT OF COMMUNITY PARTNERS HERE TO TALK ABOUT THIS GREAT WORK, AND I WOULD LOVE FOR CHERIE TO KICK IT OFF.

Cherie Martin: GOOD MORNING. I AM CHERIE MARTIN, THE ADVOCATE FOR OREGON, SO WE ARE A YEAR OUT FROM THE PASSAGE OF THE REPRODUCTIVE HEALTH EQUITY ACT WHICH FOR THE RECORD IS THE NATION'S MOST PROGRESSIVE REPRODUCTIVE HEALTH CARE POLICY. THIS IS AN EFFORT LED BY THE PRO CHOICE COALITION OF OREGON, WHICH IS A DIVERSE STATEWIDE COALITION LED BY THE ACLU OF OREGON, FAMILY FORWARD OREGON, AND NARAL PRO CHOICE OREGON, THE OREGON LATINO HEALTH ORGANIZATION AND PLANNED PARENT ADVOCATES AND THE WESTERN STATE CENTER. ON AUGUST 17, 2017, GOVERNOR KATE BROWN SIGNED THE REPRODUCTIVE HEALTH EQUITY ACT INTO LAW INSURING THAT THE OREGONIANS RECEIVE THE FULL RANGE OF PREVENTATIVE REPRODUCTIVE HEALTH CARE SERVICES AT ZERO OUT-OF-POCKET COST. THIS FILLED GAPS IN THE HEALTH COVERAGE FOR THOSE CATEGORICALLY EXCLUDED DUE TO THEIR CITIZENSHIP STATUS AND PROHIBITED DISCRIMINATION IN REPRODUCTIVE HEALTH CARE, AND I WILL PASS IT TO ZEENIA JUNKEER TO DISCUSS THE IMPLEMENTATION.

Dr. Zeenia Junkeer: GOOD MORNING CHAIR, COMMISSIONERS. I AM DR. ZEENIA JUNKEER, THE DIRECTOR OF THE OREGON HEALTH EQUITY ALLIANCE. WE ARE ONE OF FOUR REGIONAL HEALTH EQUITY COALITIONS ACROSS THE STATE WORKING ON HEALTH EQUITY THROUGH A RACIAL JUSTICE FRAMEWORK. WE ARE LED BY SIX STEERING COMMITTEE ORGANIZATIONS, SMALL HANDFUL OF THOSE ARE ORGANIZATIONS CHERIE MENTIONED PART OF THE PRO CHOICE COALITION. EVERY LEGISLATIVE SESSION, WE HOST A POLICY AGENDA AND HEALTH EQUITY WAS ONE OF OUR MAIN POLICY PIECES ON THE 2017 AGENDA. SO FOR US IT WAS REALLY IMPORTANT TO NOT ONLY UPLIFT THIS WORK, BUT TO CONTINUE TO HAVE A HAND IN IMPLEMENTATION OF THE REPRODUCTIVE HEALTH EQUITY POLICY. I THINK THAT POLICY AND ADVOCACY ONLY GOES SO FAR IF YOU ARE NOT REALLY FOLLOWING THROUGH WITH IMPLEMENTATION, SO I JUST WANTED TO TAKE A STEP BACK. CHERIE IS A FORMER COLLEAGUE OF MINE AT NARAL, AND ONE OF THE THINGS WE USED TO TALK ABOUT WHEN WE WERE IN THE PROCESS OF GETTING RHEA PASSED WAS HOW IMPORTANT IT WAS FOR RHEA TO BE ON NOT ONLY THE AGENDA BUT ALSO THE FAIR SHOT AGENDA.

THIS GAVE US AN OPPORTUNITY TO HAVE CONVERSATIONS WITH FOLKS WHO WERE NOT NECESSARILY HAVING CONVERSATIONS ABOUT REPRODUCTIVE HEALTH, FOLKS THAT WERE REALLY DEEPLY ROOTED IN ECONOMIC JUSTICE AND RACIAL JUSTICE, COMMUNITIES WHO MAY BE HAVEN'T NECESSARILY BEEN OUTREACHED TO OR FOR WHOM DEEP HISTORICAL IMPLICATIONS AROUND REPRODUCTIVE HEALTH AND THE VIOLENCE THAT, THAT HAS BEEN AFFLICTED ON THEM BY REPRODUCTIVE HEALTH SYSTEMS IN GENERAL IS VERY REAL, SO I JUST WANT TO TAKE A MOMENT TO SAY THAT IT'S REALLY IMPORTANT, AND IT WAS IMPORTANT FOR US TO HAVE REPRODUCTIVE HEALTH EQUITY NOT ONLY UPLIFTED BY COMMUNITIES OF COLOR BUT TO REALLY HAVE OUR MESSAGING ALIGNED WITH COMMUNITY VALUES AND TO BE HAVING THESE CONVERSATIONS AND COMMUNITIES, SO WHERE ARE WE TODAY? LARISHA MENTIONED THE PROCLAMATION LANGUAGE SO I WON'T GO THROUGH AND READ THAT AGAIN BUT SPECIFICALLY, EXCUSE ME, AUGUST 15 OF LAST YEAR THE NON-DISCRIMINATION CLAUSE WENT INTO EFFECT OF REPRODUCTIVE HEALTH EQUITY ACT JANUARY 1, 2018, AND COVERAGE FOR ABORTION FOR ALL OREGONIANS WENT INTO EFFECT, AND APRIL 1, 2018, WOMEN ENROLLED IN [INAUDIBLE] AND FOLKS WHO CAN BECOME PREGNANT, ENROLLED IN

THIS, BECAME ELIGIBLE FOR TWO MONTHS OF POST-PARTUM CARE FOR A LOT OF US, I THINK THAT THIS WAS ONE OF THE BIGGEST PIECES OF THE REPRODUCTIVE HEALTH EQUITY ACT THAT WE FOUGHT HARD FOR TO MAKE SURE THAT THE POPULATIONS WERE NOT LEFT BEHIND AND THAT WE WERE REALLY AGAIN PROVIDING COMPREHENSIVE REPRODUCTIVE HEALTH SERVICES AND ACCESS.

Dr. Zeenia Junkeer: AT THIS POINT IN TIME, THE OREGON HEALTH EQUITY ALLIANCE ALONG WITH THE SMALL HANDFUL OF COMMUNITY PARTNERS AND OHA'S REPRODUCTIVE HEALTH TEAM ARE WORKING ON IMPLEMENTATION, WHAT THAT LOOKS LIKE IS CREATING SOME MESSAGING, SOME TOOL KITS AND COMMUNICATIONS MATERIALS TO MAKE SURE THAT COMMUNITIES AND COMMUNITY-BASED ORGANIZATIONS HAVE ACCESS TO THE INFORMATION ABOUT EXPANDED SERVICES, AND THERE WAS NO OUTREACH AND ENGAGEMENT BUDGET IN OUR PIECE OF LEGISLATION, WHICH MEANT THAT ORGANIZATIONS LIKE NARAL, PLANNED PARENTHOOD, OTHER STOKES WITH A STAKE IN THIS WERE LEFT TO EITHER TRY TO YOU KNOW, DO THIS WORK WITHOUT IT FUNDING, TO TRY TO ORGANIZE COMMUNITY PARTNERS TO DO THIS WORK WITHOUT IT FUNDING, AND SO THE REPRODUCTIVE HEALTH TEAM TO THE OHA'S PUBLIC HEALTH DEPARTMENT WAS REALLY, REALLY INTEGRAL IN CREATING A COMMUNITY PARTNERSHIP'S GROUP, AND THAT GROUP, I WANT TO SAY THAT THEY DID A REALLY GOOD JOB ON THE FRONT END OF TRYING TO ENGAGE COMMUNITY PARTNERS. I THINK THAT THERE HAVE BEEN TONS OF CHALLENGES, WHICH ARE KIND OF THE SAME CHALLENGES THAT WE SEE IN ENGAGING COMMUNITIES, LACK OF CAPACITY, AND LACK OF STIPEND, AND LACK OF SUPPORT FOR, YOU KNOW, ENGAGING IN THESE PARTICULAR MEETINGS, AND PRIORITIZATION, HAVING OTHER THINGS IN YOUR COMMUNITY THAT ARE MAYBE KIND OF HIGHER-UP ON THE RADAR. BUT I DO THINK THAT ONE THING THAT I CERTAINLY APPRECIATE ABOUT THE REPRODUCTIVE HEALTH TEAM IS THAT THEY REALLY PRIORITIZED AND KEPT ASKING WHO IS NOT AT THE TABLE? LET'S TRY TO GET FOLKS AT THE TABLE.

SO AT THIS POINT IN TIME OREGON HEALTH EQUITY ALLIANCE AND THE WESTERN STATE CENTER WITH TWO OF THE REPRODUCTIVE JUSTICE FELLOWS ARE WORKING ON A TOOL KIT, WE HOPE THAT THIS KIT WILL LIVE ELECTRONICALLY AND WE ARE NOT SURE WHERE. WE KNOW IT WILL LIVE ELECTRONICALLY SOMEWHERE, JUST NOT SURE EXACTLY WHERE. AND WE ARE EXCITED TO HAVE IT BE INTERACTIVE AND BE A WAY FOR FOLKS TO NOT ONLY GET INFORMATION LIKE ONE PAGERS, AND FAX SHEETS AND INFORMATION THAT THEY CAN SHARE WITH THEIR PROVIDERS, BUT ALSO THAT THEY CAN SHARE WITH THEIR COMMUNITY MEMBERS. I THINK THAT AGAIN, WE ALWAYS ARE TRYING TO THINK ABOUT, AND MITIGATE FOR SOME OF THE CHALLENGES THAT ARE OCCURRING AND CERTAINLY GIVEN THE CURRENT LANDSCAPE, THE CHALLENGES AROUND FOLKS FEELING SAFE TO ACCESS HEALTH CARE SERVICES IS REAL, AND WE ARE SEEING IT IN ACCESS TO REPRODUCTIVE HEALTH, EQUITY, WE ARE SEEING IT IN NOT ONLY RHEA, ACCESS BUT ALSO COVER ALL KIDS ACCESS, AND I THINK THAT WE ARE HAVING TO HAVE THOSE CONVERSATIONS INTERNALLY AS COMMUNITY-BASED ORGANIZATIONS ABOUT HOW WE PROVIDE OBJECTIVE INFORMATION WHEN WE CANNOT PROMISE THAT DATA WILL NOT BE SHARE MORE BROADLY THAN WHERE WE CAPTURE IT HERE

IN OUR FORUMS, AND I THINK THAT, AGAIN, CONTINUES TO BE AN ISSUE JUST ACROSS THE BOARD, WHEN ACCESSING HEALTH SERVICES.

Dr. Zeenia Junkeer: SO THE TOOL KIT WILL HOPEFULLY HELP TO PROVIDE INFORMATION ABOUT SERVICES THAT FOLKS CAN ACCESS, AND OBJECTIVE INFORMATION ABOUT SOME OF THE INFORMATION REGARDING WHO IS GETTING ACCESS TO YOUR INFORMATION ONCE YOU SHARE IT. SO YOU KNOW, AS FAR AS THE NEXT STEPS, I JUST THINK THAT IT'S REALLY IMPORTANT, AND I WANTED TO THANK YOU ALL COMMISSIONERS AND CHAIR, CERTAINLY, IN YOUR WORK IN MULTNOMAH COUNTY, CERTAINLY WORK LIKE FUTURE GENERATIONS COLLABORATIVE AND HEALTHY BURST INITIATIVE AND CULTURALLY SPECIFIC REPRODUCTIVE HEALTH, LIFE COURSE PLANNING AND FAMILY PLANNING AND PROGRAMMING IS SO INCREDIBLY IMPORTANT.

WE ARE NOW UP AGAINST A MEASURE THAT COULD POTENTIALLY REMOVE THE FUNDING FOR ABORTION SERVICES, AND ONE OF THE CHALLENGING THINGS IS TALKING TO OUR COMMUNITIES ABOUT THIS MEASURE BECAUSE WE STILL HAVE NOT NECESSARILY BUILT THOSE RELATIONSHIPS TO HAVE CONVERSATIONS IN COMMUNITIES, AND NOT NECESSARILY JUST WE HAVE NOT BUILT THE RELATIONSHIPS BUT IT'S HARD TO HAVE THESE CONVERSATIONS, THE MORE THAT WE HAVE CULTURALLY RESPONSIVE PROGRAMMING, THE EASIER I THINK THAT IT IS TO NOT ONLY BUILD TRUST BETWEEN COMMUNITY MEMBERS AND COMMUNITY-BASED ORGANIZATIONS AND GOVERNMENTAL ORGANIZATIONS, BUT ALSO FOLKS THAT ARE PROVIDING THE SERVICES AND FOLKS THAT ARE RECEIVING THE SERVICES, SO YOU KNOW, WE ARE CERTAINLY SUPPORTIVE OF ANY CULTURALLY RESPONSIVE PROGRAMMING AND ANYTHING THAT UPLIFTS THE COMMUNITY WITH SOME COMMUNITY EXPERTISE, AND CONTINUED ENGAGEMENT WITH THE COMMUNITY MEMBERS, IN A MEANINGFUL WAY. THANK YOU.

Chair Kafoury: THANK YOU.

Jillene Joseph: GOOD MORNING. THANK YOU FOR YOUR SERVICE. AS A COMMISSIONER, IN REPRODUCTIVE HEALTH AND INITIATIVE IMPORTANCE TO WARRANT THIS BRIEFING TODAY. AND THANK YOU IN ADVANCE FOR INTENTLY LISTENING AND FOR CONSIDERING TO DECOLONIZE YOUR MINDS FURTHER, AND THE SYSTEM YOU INHERITED AND GOVERNED TODAY. MY NAME IS JILLENE JOSEPH. MY NAME THAT I WAS GIVEN IN MY LANGUAGE IS DONAT WHICH MEANS SMALL WOMAN. I WAS NAMED AFTER ONE OF MY GREAT GRANDMOTHERS. AND I AM HERE TODAY REPRESENTING THE FUTURE GENERATIONS COLLABORATIVE AND BRINGING A TRIBAL LENS TO REPRODUCTIVE HEALTH EQUITY AND INEQUITY. I AM GOING BACK TO GIVE A CONTEXT OF CONSOLIDATION AND IMPACTS OUR PEOPLE TODAY. SO I AM ENROLLED INTO MY TRIBE, THE FEDERAL GOVERNMENT CALLS US GIRL [INAUDIBLE] WHICH IS A FRENCH WORD MEANING BIG BELLY. WE ALL OURSELVES WHITE CLAY, AND IN OUR LANGUAGE, WE CALL OURSELVES [INAUDIBLE] FOR WHITE CLAY PEOPLE FROM OUR CREATION STORIES. AND IN MY LANGUAGE WE HAVE ONLY BEEN LEGALLY TO SPEAK IT SINCE THE 1970S BECAUSE OF THE IMPACTS OF COLONIZATION. MY ENROLLMENT IN MY TRIBE PROVIDES ME

WITH PAPERS PROVING MY BLOOD QUANTUM AND TRIBAL METROPOLITAN FORCING ME TO -
- AND MEMBERSHIP, FORCING ME TO LIVE IN A SYSTEM THAT IS REQUIRED BY MY PEOPLE.

Jillene Joseph: JUST LIKE PEDIGREED DOGS AND HORSES, I, TOO, HAVE PAPERS PROVING MY BLOODLINES WHICH CONTRIBUTES TO HOW SOCIETY DEPICTS MY WORTH AND SENSE OF BELONGING. SADLY MANY OF MY PEOPLE DO NOT HAVE THESE PAPERS OR PROOF AND SPEND A LIFETIME TRYING TO FIND WHERE THEY BELONG. OFTEN LOOKING FOR THAT IN ALL OF THE WRONG PLACES. I AM HOPING TO CONNECT THE DOTS ABOUT HOW, HOW COLONIZATION IS RELATED TO -- HOW COLONIZATION IS RELATED TO WHAT WE ARE TALKING ABOUT TODAY, TO REPRODUCTIVE EQUITY. ON THE FIRST OF THE FOUR VOYAGES OF COLUMBUS, THIS IS WHAT I MEAN BY GOING WAY BACK. [LAUGHTER] ONE OF HIS SHIPS BEACHED ITSELF ON A SANDBAR. THE OTHER TWO SHIPS RETURNED TO EUROPE TO GET ANOTHER SHIP TO COME BACK AND GET THE 40 OR SO MEN THAT WERE LEFT BEHIND. THEY FIRST LANDED IN THE BAHAMAS, COLUMBUS NEVER LANDED ON THIS, WHAT IS NOW CALLED AMERICA. HE KEPT, HE KEPT TRYING TO FIND THE NEW LAND, BUT ANYWAY, HE LANDED IN THE BAHAMAS, AND WHEN THOSE 40 MEN WERE LEFT, THEY MADE THEIR WAY ONTO THE ISLANDS, AND THEY BEGAN RANSOM THE INDIGENOUS WOMEN OF THIS ISLAND, AND THIS WAS THE FIRST TIME THAT THESE INDIGENOUS PEOPLE HAVE EVER SEEN, WITNESSED OR HEARD OF THAT -- OF RAPE AND THE RAPE CULTURE.

SO IN RESPONSE WHAT THE MEN DID WAS BEGAN RETALIATING AND KILLING COLUMBUS'S MEN TO THE POINT WHERE THEY HAD TO SWIM BACK OUT TO THEIR BEACHED SHIP, BREAK APART THE WOOD, BRING IT BACK ON THE ISLAND, AND BUILD A FORT TO PROTECT THEMSELVES. SO TO PROTECT THEMSELVES WHILE THEY WAITED TO BE RESCUED. AND THEN WE ADVANCED IN HISTORY, EVEN 100 YEARS LATER AND OTHER EXPLORERS CAME TO PRESENT DAY AMERICA AND THE WAVES OF GENOCIDE CONTINUED AGAINST OUR PEOPLE, MASSACRES AND MURDERS AND BOUNTIES ON OUR HITS WERE THE NORM. POSTERS OF THE TIME OUTLINED HOW MUCH MONEY SCALPS WERE WORTH, AND IN MEN AND CHILDREN WERE WORTH A CERTAIN AMOUNT, AND INDIAN WOMEN WERE WORTH A HIGHER AMOUNT. AND THE REASON THAT THEY WERE A HIGHER PRICE IS BECAUSE BY BRINGING IN A FEMALE SCALP, THAT SHOWED THAT SHE WOULD NOT HAVE THE ABILITY TO REPRODUCE, AND TO, TO KEEP THE TRIBAL PEOPLE, YOU KNOW, POPULATING THIS LAND, HOW COULD ONE TELL IF A SCALP WAS MALE OR FEMALE? THROUGH GENITAL MUTILATION. THEY HAD TO BRING IN THE GENITALS TO PROVE IT. AND THE SCALP HAD TO BE FRESH, SO IT HAD TO BE RED, HENCE THE TERM, REDSKIN. AND SO THAT WAS, THAT WAS ANOTHER TACTIC USED, AND IT WAS THE FIRST TIME THAT THE TRIBAL PEOPLE HAD SEEN SUCH A DISREGARD FOR THE SACRED LIFE GIVERS. SO THE MEN WHO CURRENTLY OWN THE NATIONAL SPORTS TEAM THAT REFERS TO THE NAME, REDSKINS, SAY THAT THEY DO IT TO HONOR OUR PEOPLE, BUT THEY, THEMSELVES DON'T KNOW THE TRUE ACCURACY OF THE NAME THAT THEY PROUDLY WEAR AND PROUDLY BOAST.

THIS IS THE POWER OF COLONIZATION AND SYSTEMIC RACISM. THERE ARE PLANE OTHER HISTORIC EXAMPLES OF THE LASTING IMPACTS OF COLONIZATION AND HOW WHITE MEN REFER TO AS THE MATRIARCHY HAVE DISRESPECTED AND RULED AND CONTINUE TO RULE OUR BODIES AND OTHER WOMEN'S BODIES. INCLUDING OUTLINING OUR OWN TRADITIONAL

PRACTICES RELATED TO REPRODUCTIVE REALLY BEING, CURRENT ISSUES SUCH AS MISSING AND MURDERED INDIGENOUS WOMEN, THE DESECRATION OF LAND AND WATER, CONTINUED ERASURE OF OUR PEOPLE, OBJECTIFYING OUR WOMEN AND CULTURE AND OTHERS THAT MY COLLEAGUES WILL ADDRESS, CONTINUE AS EVIDENCE OF THE LASTING AND DEVASTATING IMPACTS OF COLONIZATION. THE HISTORICAL CONTEXT IS IMPORTANT TO SHOW THE GRASP THAT COLONIALISM STILL HAS ON OUR PEOPLE. COLONIALISM IS A VERB. IT JOINS THEIR COUSINS, THE OTHER ISMS. RACISM, SEXISM, AGEISM AND ETC. IN THE WORLD THAT IMPACTS REPRODUCTIVE HEALTH EQUITY. ACKNOWLEDGING THE LAND THAT WE LIVE AND WORK ON TODAY HERE IN PORTLAND, THE TRADITIONAL TERRITORIES OF THE TRIBES OF GRAND RONDE, WARM SPRINGS, AND OTHER TRIBAL NATIONS IS ONE ACT OF DECOLONIZATION, AND I ACKNOWLEDGE AND HONOR THESE LAND STEWARDS TODAY.

Jillene Joseph: THE PASSAGE OF THE REPRODUCTIVE HEALTH EQUITY ACT IS ALSO AN ACT OF DECOLONIZATION, AND BEFORE WE CAN UNDERSTAND DECOLONIZATION, WE HAVE TO UNDERSTAND COLONIZATION AND THE LASTING IMPACTS. HISTORICAL AND INNER GENERATIONAL TRAUMA TOOK US FURTHER AWAY FROM THE WAY OUR ANCESTORS THOUGHT AND LIVED. AND HISTORICAL AND INTER-GENERATIONAL WISDOM, WHAT YOU ARE WITNESSING TODAY, IS HELPING US AS TRIBAL PEOPLE TO DECOLONIZE, HELPING US TO SPEAK OUR TRUTH AND HELPING US TO HELP OTHERS TO DO THE SAME. COLONIZATION IS TRAUMA AND THE ANSWER TO TRAUMA IS HEALING. THE FUTURE GENERATION COLLABORATIVE STRIVES TO REDUCE STABILITY EFFECTIVE PREGNANCIES IN THE NATIVE COMMUNITY, WE DO THIS BY FOCUSING ON FOUR MODES OF OUR WORK. EDUCATION AND TECHNICAL ASSISTANCE. ALCOHOL SPECTRUM DISORDER. POLICY. EVALUATION. AND COMMUNITY ENGAGEMENT. AND WE ARE GREATLY YOU KNOW, THANKFUL FOR YOUR SUPPORT TO THE FUTURE GENERATIONS COLLABORATIVE. BY FOCUSING ON THE POSITIVE AND CASTING OUR NET WIDE WE SEEK OPPORTUNITIES SUCH AS TODAY TO SUPPORT AND PROMOTE REPRODUCTIVE HEALTH EQUITY TO BRING AWARENESS AND HEALING SO WE CAN ALL MOVE FORWARD IN A BETTER WAY AND TRULY EQUITABLE WAY. AND GOING OFF THE SCRIPT I WANT TO SAY WHAT AN HONOR AND PLEASURE AND ABSOLUTE JOY IT IS TO SIT BEFORE AN ALL FEMALE COMMISSION WHO I KNOW IS DECOLONIZING AND SUPPORTING THIS WORK IN OUR CITY.

Chair Kafoury: THANK YOU.

William Miller: CHAIR KAFOURY AND FELLOW COMMISSIONERS AS I SAID BEFORE MY NAME IS WILLIAM AND I SERVE AS THE FUTURE COLLABORATIVE POLICY COORDINATOR AT THE YOUTH AND FAMILY CENTER. I AM CHEROKEE BLACKFEET, AND OUR WORK IS ENTERED AROUND TRAUMA INFORMED APPROACHES TO FETAL ALCOHOL SPECTRUM DISORDER PREVENTION AND INTERVENTION, INDIGENIZED PROCESSES AND REPRODUCTIVE JUSTICE SO THOSE ARE THE PILLARS THAT WE FOCUS ON. AS JILLENE MENTIONED THIS IS NOT JUST USED IN A HISTORICAL CONTEXT. COLONIZATION IS VERY MUCH ALIVE TODAY IN REPRODUCTIVE HEALTH. SOME OF THESE EXAMPLES I WILL GIVE TO YOU NOW. DUE TO THE HISTORICAL AND INTER-GENERATIONAL TRAUMA THERE ARE POWER IMBALANCES BETWEEN NATIVE AMERICAN COMMUNITIES AND HEALTH SYSTEMS THAT LEAD TO BARRIERS AND INEQUITIES. MISTRUST AS A RESULT OF FORCED STERILIZATION, AND WE HAVE ELDERS IN OUR COMMUNITY WITH

STORIES ABOUT BEING STERILIZED BY THE GOVERNMENT HERE IN OREGON. AND IN DECEMBER OF 2002 FORMER GOVERNOR JOHN KITZHABER APOLOGIZED FOR THE STATE'S LAWS THAT LED TO THE STERILIZATION OF THOUSANDS OF OREGONIANS STATING TO THOSE WHO SUFFER, I SAY THAT THE PEOPLE OF OREGON ARE SORRY. OUR HEARTS ARE HEAVY.

William Miller: FOR THE PAIN THAT YOU ENDURED. OUR OWN STATE PRACTICE RACES, TRANS-PHOBIC AND HOMOPHOBIC PRACTICES TO FORCIBLY STERILIZE PEOPLE DEEMED UNDESIRABLE BY THE BOARD OF EUGENICS. THIS PRACTICE WAS IN OPERATION FOR 66 YEARS OF OUR STATE'S HISTORY UNTIL 1983. MANY OF THE PEOPLE SENT TO BOARDING SCHOOLS WERE VICTIMS OF THIS RACIST POLICY. OTHERS, OTHER EXAMPLES ON HOW COLONIZATION IS LIVE, TRADITIONAL BIRTHING PRACTICES ARE RARELY UNDERSTOOD IN WESTERN FOCUSED HEALTH SYSTEMS. PEOPLE OF COLOR AND INDIVIDUALS WITH DISABILITIES ARE DISPROPORTIONATELY IMPACTED BY REPRODUCTIVE HEALTH INEQUITIES, AND ARE ONES LIKELY TO HAVE THEIR RIGHTS TAKEN. THESE PEOPLE WILL BE MOST IMPACTED IF WE DO NOT CONTINUE TO HONOR AND TO UPLIFT REPRODUCTIVE HEALTH. THESE ARE SOME EXAMPLES OF THE INEQUITIES THAT THE NATIVE AMERICAN COMMUNITY AND MANY UNDERREPRESENTED COMMUNITIES HAVE FACED THROUGHOUT OREGON. SAY TIE THESE COMPARISONS TO REPRODUCTIVE HEALTH NOT BECAUSE I WANT TO POINT OUT WHAT HAS GONE WRONG. BUT RATHER, GIVE A BROADER UNDERSTANDING OF WHERE WE'VE BEEN AS A STATE AND THE WORK LEFT TO BE DONE.

THE PASSAGE OF THE REPRODUCTIVE HEALTH EQUITY ACT WAS A GIANT STEP FORWARD IN PROVIDING HEALTH EQUITY AND ACCESS TO ALL PEOPLE REGARDLESS OF RACE, RELIGION, BACKGROUND, AND SEXUAL ORIENTATION OR DOCUMENTATION STATUS. TODAY IT IS CRITICAL THAT WE CONTINUE SUPPORTING REPRODUCTIVE HEALTH WITHIN MULTNOMAH COUNTY, EVEN WHEN THE FEDERAL ADMINISTRATION AND ORGANIZATIONS ARE PUSHING BACK ON REPRODUCTIVE HEALTH ACCESS. THERE IS URGENCY. WE CAN NOT REMAIN STAGNANT IN TIMES WHEN WE HAVE DONE GREAT WORK. WE MUST MOVE FORWARD HAND IN HAND, COMMUNITY BY COMMUNITY. BRIDGING HEALTH EQUITY FOR ALL. I SIT BEFORE YOU TODAY AS AN ALLY UTILIZER AND SUPPORTER OF REPRODUCTIVE HEALTH EQUITY. I SPEAK IN SUPPORT OF MY BROTHERS AND SISTERS, AND AS REPRODUCTIVE HEALTH IS NOT JUST ABOUT BUYING MORE VIAGRA. BUT WHEN THE PATRIARCH IS IN CHARGE THAT'S WHAT IT LOOKS LIKE. THANK YOU.

Chair Kafoury: THANK YOU.

Dr. Kelly Gonzales: THANK YOU. GOOD MORNING. I AM KELLY GONZALES. AND I AM AN ENROLLED MEMBER OF THE CHEROKEE NATION OF OKLAHOMA, BORN AND RAISED IN PORTLAND, OREGON. AS A MIXED RACE URBAN INDIAN. I AM THE FIRST PERSON TO ATTEND AND GRADUATE COLLEGE, AND I AM AN ASSISTANT PROFESSOR AT THE SCHOOL OF PUBLIC HEALTH, THE NEW SCHOOL OF PUBLIC HEALTH AT PSU AND OHSU. I AM THE FIRST NATIVE AMERICAN TO BE EMPLOYED AT THAT SCHOOL TO SERVE AS EDUCATOR AND RESEARCHER AND COMMUNITY ADVOCATE. AND FORGIVE ME, I AM IS A BIT OFF BECAUSE THE TRUTH-TELLING THAT'S BEEN HAPPENING IS -- IT'S DIFFICULT TO BE A TRUTH TELLER, AND TO STANDS TALL IN THE EXPERIENCE. IF YOU DON'T MIND I WOULD LIKE TO JUST REMIND MYSELF THAT I COME

FROM STRONG WOMEN. AND THEY WALKED THE TRAIL OF TEARS AND CARRIED THE BONES OF THEIR ANCESTORS IN THEIR SKIRTS, IN THE HEM OF THEIR SKIRTS. AND THE WORK I DO TODAY IS TO CARRY ON THAT VISION THAT THEY HAD, THE HOPE THAT THEY HAD OF ME AND THE FUTURE GENERATION.

Dr. Kelly Gonzales: THEY DID NOT WANT US TO SUFFER. THEY WANTED US TO LIVE IN A WORLD WHERE WE CAN ALL BE OUR BEST SELVES. AND IN ORDER TO DO THAT, WE HAVE TO BE TRUTH TELLERS. WE HAVE TO BE COURAGEOUS IN SPEAKING TRUTH, EVEN IF IT'S HARD TO HEAR. AND IT IS HARD FOR ME TO HEAR. I KNOW ITS THE OPPORTUNITY TO LAY IT ALL OUT THERE AND BY LAYING IT OUT THERE WE, WE HEAL. AND WE UNDERSTAND. AND WE FIND SOLUTIONS TO MOVE FORWARD IN A GOOD WAY. WHAT EXCITES ME ABOUT THE REPRODUCTIVE HEALTH EQUITY ACT IS THAT NOT ONLY DOES IT GIVE US AN OPPORTUNITY TO ADDRESS THE ISSUES RELATED TO ACCESS, BUT I THINK THAT IF WE APPLY A LENS OF EQUITY THROUGH TRUTH, IT GIVES US AN OPPORTUNITY TO UNDERSTAND WAYS TO IMPROVE THE ACTUAL EXPERIENCES THAT WE ENCOUNTER WITHIN SYSTEMS THAT SERVE US, AND WE GET TO ASK THE QUESTION, ARE THESE SYSTEMS SERVING US IN THE BEST WAY TO MEET OUR IN THE BEST WAY SO WE CAN BE OUR BEST SELVES AND NOT LIVE IN A PLACE OF SUFFERING? IF WE DRAW ON EQUITY THROUGH TRUTH, WE HAVE THE PROMISE TO ADVANCE REPRODUCTIVE HEALTH THROUGH DECOLONIZED, STRENGTH-BASED FRAMEWORK THAT IS DRAW ON THE WISDOM AND EXPERIENCES OF THE COMMUNITY, AND THE POWER OF THESE FRAMEWORKS IS THAT IT'S A PATH THAT IS OFFERED TO US TO MOVE CLOSER TO EQUITY, AND IT REQUIRES COURAGE, RIGHT.

SO WE DON'T SHUT DOWN WHEN WE HEAR THESE TRUTHS OF THE EXPERIENCES. OKAY. SO PLAIN AND EQUITY TRUTH LENS WE SEE WITHIN THE CONTEXT OF AN AMERICAN INDIAN LIVED EXPERIENCE THAT POOR REPRODUCTIVE HEALTH OUTCOMES ARE NOT SIMPLY AN INDIVIDUAL PROBLEM. BASED ON THE CHOICE OR THE, OR SOLVED BY PUBLIC HEALTH APPROACHES. AND HEALTH POLICIES THAT TARGET INDIVIDUALS AND OFTEN THOSE ARE VICTIM-BLAMING. BUT RATHER THEY ARE ALWAYS ROOTED IN COLONIAL TRAUMA AND COLONIAL PRACTICES THAT ARE SOUGHT TO COLONIZE THE SUBJECT AND PERPETUATE GENOCIDE AGAINST THE MARGINALIZED GROUPS OF WOMEN INCLUDING NATIVE AMERICAN WOMEN. WE DON'T SHARE THE TRUTH OF THESE EXPERIENCES AND THE POLICIES AND THE PRACTICES TO GET STUCK IN THE TRAUMA OR TO RUN AWAY FROM IT BUT IT GIVES US THE OPPORTUNITY TO SEE WHERE WE CAN GO NEXT. AND THAT'S WHERE COURAGE COMES IN. IF WE THINK ABOUT DISCRIMINATION AND THE STERILIZATION PRACTICES IN THE UNITED STATES AS WELL AS WITHIN THE OREGON, IT GIVES US A WINDOW TO CONSIDER REPRODUCTIVE HEALTH EQUITY WITHIN A HISTORICAL CONTEXT OF TRAUMA THAT HAS LASTING AND PROFOUND IMPACTS CARRIED ACROSS THE GENERATIONS, AND IT'S NOT JUST CARRIED ACROSS THROUGH OUR EXPERIENCES, BUT IT'S ALSO CARRIED THROUGH THE STORIES THAT WE SHARE AT THE DINNER TABLE. AND IT GIVES US AN UNDERSTANDING OF, IS THAT SYSTEM REALLY SET IN A WAY TO MEET OUR NEEDS IN THE BEST WAY POSSIBLE? DOES IT CONSIDER OUR EXPERIENCES? AND IS IT WILLING TO GO BEYOND WHAT IS SORT OF THE NORM TO COME UP WITH SOLUTIONS THAT PLACE COMMUNITY AND EXPERIENCES AND HEALING AT THE CENTER?

Dr. Kelly Gonzales: ONE OF THE THINGS I WAS ASKED TO DO TODAY IS TO SHARE WITH YOU THE INFORMATION ABOUT THE RESEARCH THAT WE RECENTLY COMPLETED THIS LAST YEAR IN ADDITION TO BEING A TEACHER, I AM ALSO A RESEARCHER. SO IN PARTNERSHIP WITH NARAL, FUTURE GENERATIONS COLLABORATIVE, HEALTHY BIRTH INITIATIVE AND RHEA WE WERE ABLE TO RECRUIT 40 NATIVE AMERICAN WOMEN AND AFRICAN-AMERICAN WOMEN THAT HAVE EXPERIENCES IN REPRODUCTIVE HEALTH CARE HERE IN THE COUNTY. AND THIS RESEARCH IS NOT DIRECTLY TIED TO RHEA, BUT IT PROVIDES GOOD INSIGHT ON THE LIVED EXPERIENCES OF WOMEN MOST LIKELY IMPACTED BY EQUITY-BASED HEALTH POLICIES, AND THROUGH THE FOCUS GROUPS MOST OF THE WOMEN SHARED ABOUT A CYCLE OF VIOLENCE, MISTRUST, AND HISTORICAL AND CONTEMPORARY TRAUMA TO SHAPE THEIR DECISIONS FOR REPRODUCTIVE HEALTH CARE. AND AS WELL AS THEIR ACTUAL EXPERIENCES WITHIN THE REPRODUCTIVE SYSTEM, HEALTH CARE SYSTEM, SO SOME OF THE WOMEN IS, MOST OF THE WOMEN, ACTUALLY, SHARED THEY PERCEIVED BEING NEGATIVELY STEREOTYPED, JUDGED AND MISTREATED DUE TO THEIR PERCEIVED PERCEPTION THAT THEIR PROVIDER HAD BIAS AND MISUNDERSTANDING OF WHO THEY WERE.

SOME STEREOTYPES SHARED WERE DRUNKEN INDIAN OR BROKE BROAD. AND FOR SOME THE THREAT OF BEING STEREOTYPED LED TO CONCERNS ABOUT GETTING INFERIOR CARE, BEING JUDGED AS AN UNFIT MOTHER, AND SUBSEQUENTLY BEING AT RISK OF LOSING THEIR CHILD TO THE SYSTEM, WHICH HAS HISTORICAL SIGNIFICANCE AS WELL AS MANY OF OUR WOMEN HAVE BEEN, HAVE EXPERIENCED THEIR CHILDREN ARE FORCIBLY REMOVED BY THE FOSTER CARE SYSTEM. SO IT SORT OF HEIGHTENS THEIR PERCEPTION THAT THIS SPACE IS A PLACE OF VIOLENCE. AND IMAGINE GOING INTO GETTING REPRODUCTIVE CARE WHILE PREGNANT, AND PERCEIVING THIS SPACE AS A VIOLENT PLACE. YOU PROBABLY ARE NOT GOING TO BE ENGAGING SO WELL WITH YOUR PROVIDER, AND YOU MIGHT BE DEFENSIVE. AND SO I ASKED THE WOMEN WHEN YOU ARE ENTERING A SPACE THAT YOU PER RECEIVER AS VIOLENT, HOW DO YOU TAKE CARE OF YOURSELF IN THAT SPACE? BECAUSE WE STILL NEED THESE SERVICES TO PROMOTE HEALTHY PREGNANCY AND BIRTH OUTCOMES. THEY TALKED ABOUT TRYING TO BE, YOU KNOW, TO STAND TALL, TO BE STRONG, AND NOT TOO STRONG BECAUSE YOU DON'T WANT TO OFFENDER AND SEEM TOO SMART. DON'T BE THREATENING. TO BE COMPLIANT. DON'T ASK TOO MANY QUESTIONS. DON'T ACT LIKE YOU KNOW MORE THAN THE DOCTOR. AND SOME OF THE WOMEN JUST SAID, JUST BE THANKFUL THAT YOU GET SERVICES AT ALL. SO THEY PER RECEIVED THE SITUATION AS UNSAFE EMOTIONALLY, AND FOR MANY, THEY BELIEVE THAT THEIR NEEDS WERE NOT BEING MET IN A GOOD WAY, AND IT EVOKED ANXIETY AND WORRY. AND AGAIN, THE WORD "VIOLENCE" WAS USED BY MANY.

NONE OF THE WOMEN SHARED THAT THEIR PROVIDER OR THE SYSTEM WAS AWARE OF THE TRAUMATIC HISTORY OF REPRODUCTIVE HEALTH CARE. FLORIDA DID THEY SEE ACKNOWLEDGMENT OF THAT HISTORY WITHIN THE CLINIC SETTING, AND THEY THOUGHT THAT SUCH ACKNOWLEDGMENT WOULD BE AN IMPORTANT WAY TO HELP THEM TO UNDERSTAND THAT THEY MATTER AND TO FEEL THAT THEY MATTER. THEY ALSO TALKED ABOUT SOME OF THE IDEAS -- I ASKED THEM ABOUT THE VALUES, THE VALUES THAT THEY SHARE ABOUT BEING A STRONG WOMAN OF COLOR, LIFE GIVER, RIGHT, AND HOW, HOW, HOW OFTEN ARE THEY ENCOUNTERING THAT SORT OF PERCEPTION WITHIN THE REPRODUCTIVE HEALTH CARE

SYSTEM ITSELF? AND IT CONTRASTS, RIGHT, WITH THE IDEA THAT THEY WERE PERCEIVING THESE DEROGATORY STEREOTYPES OF DRUNKEN INDIAN OR BROKE BROAD WHEN REALLY WE KNOW OURSELVES AS LIFE GIVERS AND SACRED. AND HOW WOULD THAT SHIFT OUR EXPERIENCES IF THAT'S WHERE THE PROVIDERS WERE COMING FROM AS WELL?

Dr. Kelly Gonzales: SO WHAT THIS POINTS TO IS AN OPPORTUNITY TO YOU KNOW, CONTINUE TO MOVE FORWARD THE WORK AROUND ACCESS AND EDUCATING THE PUBLIC BUT ALSO TO CONSIDER HOW ARE WE EDUCATING OUR FUTURE PUBLIC HEALTH WORKFORCE AND MEDICAL WORKFORCE? AND DO THEY KNOW THESE STORIES? DO THEY APPRECIATE THESE STORIES? DO THEY USE THESE STORIES TO PROVIDE TRAUMA INFORMED AND CULTURALLY RESPONSIVE AND SAFE HEALTH CARE? SO I THINK THAT THAT'S ALL THAT I WANTED TO SHARE. THANK YOU.

Chair Kafoury: GREAT, THANK YOU, DO WE HAVE OTHER SPEAKERS THIS MORNING? YES. SORRY.

Cherie Martin: AGAIN I AM CHERIE MARTIN. THERE HAS BEEN A TREMENDOUS AMOUNT OF WORK DONE OVER THE LAST YEAR, AND I THINK THAT, YOU KNOW, ONLY A YEAR OUT IT'S OFTENTIMES FEELS LIKE WE ARE LIVING IN A RADICALLY DIFFERENT LANDSCAPE REGARDING ABORTION REPRODUCTIVE HEALTH IN OREGON. THERE IS A HUGE NUMBER OF THREATS TO REPRODUCTIVE HEALTH CARE ACCESS AT EVERY LEVEL OF GOVERNMENT, SO MANY THAT I COULD NOT LIST HERE. BUT I WILL TALK ABOUT A HANDFUL THAT WE ARE WORKING TO ELIMINATE. IN THE COURTS, THREATS OF THE SUPREME COURT COULD IMPACT REPRODUCTIVE ACCESS IN OREGON, AND AN EXAMPLE IS THE DECISION WITH [INAUDIBLE] IN WHICH THE COURT DECIDED IN FAVOR OF THE WOMEN'S HEALTH CENTERS PROVIDING MEDICALLY AND ACCURATE INFORMATION TO THEIR PATIENTS. BEYOND THAT WE CAN CLEARLY SEE THAT OUR SUPREME COURT IS POISED TO CONTINUE TO REDUCE ACCESS TO REPRODUCTIVE HEALTH CARE, TAKING REAL STEPS FORWARD THAT WOULD AFFECT REPRODUCTIVE HEALTH CARE ACCESS EVEN IN OREGON, WHERE OUR LEGISLATURE AND ELECTED LEADERS HAVE TAKEN HUGE STEPS TO PROTECT AND CODIFY THE RIGHT TO ABORTION. ALSO AT THE FEDERAL LEVEL, LAST MONTH, NARAL PARTNERS AND MEMBERS PROVIDED HUNDREDS OF PUBLIC COMMENTS OPPOSING THE RULE CHANGE TO THE TITLE 10 PROGRAM THAT WOULD LIMIT THE FAMILY PLANNING HEALTH CARE PROVIDERS ABILITY TO COMMUNICATED WITH THEIR PATIENTS ABOUT THE COMPLIMENT OF REPRODUCTIVE HEALTH CARE. THIS CHANGE IS A DOMESTIC GAG RULE ON ABORTION.

FOR TWO DECADES TITLE 10 LAW HAS BEEN VERY CLEAR. HEALTH CARE PROVIDERS CANNOT WITHHOLD INFORMATION FROM THEIR PATIENTS ABOUT THEIR PREGNANCY OPTIONS. THIS ROLE WOULD MEAN THAT THEY COULD. SO PUBLIC COMMENTS INCLUDING THOSE SUBMITTED BY NARAL OREGON MEMBERS AND PARTNERS WILL BE REVIEWED BEFORE IT IS DECIDED WHETHER THE RULE WILL GO INTO EFFECT. AND HERE AT HOME EVEN WITH THE HEALTH EQUITY ACT AND LIVING IN A PRO-CHOICE STATE THERE IS POPULATIONS WHOSE COVERAGE IS UNDER ATTACK. MEASURE 106 TARGETS THE MOST VULNERABLE POPULATIONS SEEKING ABORTION, BY LOOKING TO ELIMINATE THE FUNDING OF ABORTION IN OREGON. THIS ALSO AFFECTS THE PUBLIC EMPLOYEES LIKE FIREFIGHTERS AND TEACHERS.

Cherie Martin: ON A BRIGHTER NOTE REGARDLESS OF THE THREATS, NARAL PORTRAYS OREGON AS LOOKING FORWARD TO THE 2019 SESSION WHERE THE LETTING I HAVE PRIORITY IS PAID FAMILY AND MEDICAL LEAVE INSURANCE, AND WILL BE CONTINUING TO WORK TO MOVE THE DIAL FORWARD ON REPRODUCTIVE JUSTICE. PAID FAMILY MEDICAL LEAVE IS A COMPONENT OF REPRODUCTIVE FREEDOM, AND WE BELIEVE THAT EVERYBODY DESERVES THE DIGNITY AND FINANCIAL STABILITY OF A PROGRAM LIKE THIS. WITHOUT IT MOTHERS WOULDN'T HAVE THE TIME THAT THEY NEED TO HEAL FROM THE CHILDBIRTH. FAMILIES DON'T HAVE THE TIME TO BOND WITH THEIR NEW BABIES. AND FAMILIES MAY FACE GREATER CHALLENGES IN CREATE, STABLE AND NURTURING HOMES. AND WE BELIEVE THAT WORKING PEOPLE SHOULD NOT HAVE TO CHOOSE BETWEEN RISKING THEIR LIVELIHOODS CARING FOR SICK OR INJURED FAMILY MEMBERS. AND WE ARE SO GRATEFUL FOR MULTNOMAH COUNTY FOR CONTINUING TO LEAD THE WAY ON PAID FAMILY MEDICAL LEAVE AND REPRODUCTIVE HEALTH EQUITY IN THE COUNTY. AND WITH THAT I WILL KICK IT BACK TO KELLY.

Dr. Kelly Gonzales: THANKS. HI AGAIN. SO THANK YOU AGAIN FOR TODAY. OUR INTENT WAS TO SHARE INFORMATION WITH YOU ABOUT OUR EXPERIENCES, BUT TO PROVIDE A HOPEFUL PATH FORWARD. TO NOT GET STUCK IN THE TRAUMA OF THE EXPERIENCES THAT WE OFFERED TODAY, BUT TO REALLY FIND INSPIRATION AND MOMENTUM TO MOVE THE WORK FORWARD TO NEW POSSIBILITIES TO EXPAND THE NATURE OF OUR HEALTH PROGRAMS AND POLICIES, AND EVEN TRAINING, TO CONSIDER THE HISTORICAL CONTEMPORARY CONTEXT AS WELL AS THE LASTING IMPACTS OF COLONIZATION. THE IMPORTANCE OF ENGAGING WITH COMMUNITIES TO INFORM THESE PROGRAMS AND POLICIES AND TO CONSIDER WITH COURAGEOUS DIGNITY THE BENEFIT OF MOVING TOWARDS EQUITY THROUGH TRUTH. IT REALLY IS IMPORTANT TO INCLUDE THE TRUTH IN OUR EQUITY WORK. RHEA DEMONSTRATES THAT WE OREGONIANS AND THOSE OF US IN MULTNOMAH COUNTY SUPPORT NOT ONLY A VISION OF HEALTHY FAMILIES, BUT WE ARE COMMITTED TO PUTTING IN THE HARD WORK NECESSARY TO PUSH FORWARD SYSTEMS OF EQUITY, AND WE DO SO EVEN IN THE FACE OF RESISTANCE.

AS A SERVANT OF MY COMMUNITY I THANK YOU FOR THE OPPORTUNITY TO SHARE WISDOM, AND EXPERIENCES TO LAY DOWN THE POSSIBILITY OF MOVING THE WORK OF HEALING EQUITY THROUGH TRUTH FORWARD, AND AGAIN TO DO SO UNDER THE DECOLONIZED SOCIAL JUSTICE, TRUTH TELLING AND HEALING, BY FOLLOWING THIS PATH FORWARD WE HAVE OPPORTUNITY AS A COLLECTIVE TO CREATE A COMMUNITY WHERE WE ARE ALL OUR BEST SELVES, AND WE ARE SUFFERING IS NOT TOLERATED, AND WE HEAL. FROM THE LASTING IMPACTS OF COLONIZATION, AND COLONIZATION JUST DOES NOT IMPACT MARGINALIZED COMMUNITIES OR NATIVE AMERICAN PEOPLE. IT IMPACTS ALL OF US. AND IT IS MY HOPE THAT YOU RECEIVE TODAY'S INFORMATION WITH AN OPEN HEART AND AN OPEN MIND AND IN OPERATION TO SEE WHERE WE CAN TAKE THIS AWESOME WORK NEXT. THANKS.

Chair Kafoury: THANK YOU. WE HAVE COMMENCE OR QUESTIONS FROM OUR COMMISSIONERS?

Commissioner Vega Pederson: THANK YOU EVERYBODY, TO OUR PANELISTS, THERE AILEEN DULDULAE, THANK YOU VERY MUCH FOR SHOWING WHAT'S HAPPENING IN MULTNOMAH COUNTY IN LIGHT OF RHEA AND TALKING ABOUT THE WORK THAT WE HAVE ALWAYS DONE. THE FACT THAT WE HAVE THE CLIENT-CENTERED MODEL WHERE WE REALLY ARE TRYING TO FIGURE OUT AND IMPROVE EVERY DAY HOW WE CAN PROVIDE BETTER SERVICES, REACH MORE COMMUNITY MEMBERS, AND MAKE SURE THAT THEY HAVE ACCESS TO THE PROGRAMS THAT WE ARE IMPLEMENTING WITH THE POLICIES LIKE RHEA BUT MAKING SURE THAT THEY ARE REACHING THE PEOPLE THAT NEED IT THE MOST. I THINK THAT IS IMPORTANT BECAUSE THIS IS ALL ABOUT GIVING AGENCY TO PEOPLE, MAKING SURE THAT THEY HAVE NOT ONLY THE INFORMATION NEEDED BUT TO MAKE THE DECISIONS ABOUT THEMSELVES BUT ACCESS TO THAT, TRUE ACCESS TO THAT FOR THEIR REPRODUCTIVE HEALTH AND SO MUCH MORE. AND TO DO THAT SO THAT THEY CAN MAKE DECISIONS ABOUT THEIR FAMILIES AND THEMSELVES THAT ARE IMPORTANT. AND THEN I WANT TO THANK OUR SECOND PANEL.

THANK YOU SO MUCH, ALL OF YOU, FOR SHARING STORIES. IT WAS PAINFUL, BUT I THINK THAT'S PART OF THE WORK THAT WE'RE DOING TODAY. IT HAS TO ACKNOWLEDGE THE PAIN THAT'S HAPPENED, BECAUSE THERE'S BEEN TALKING ABOUT IT IN TERMS OF COLONIZATION, IN TERMS OF PATRIARCHY, IN TERMS OF THE WAY THAT THE IDEA OF THE LIFE BRINGER IS REALLY COMPLETELY SUBJUGATED IN A LOT OF THE POLICIES AND THE ORGANIZATION WE SEE ON HOW WE'RE TREATED IN OUR HEALTH CARE SYSTEM, HOW THINGS LIKE CONTROL OF YOUR BODY IS THOUGHT OF, THESE ARE THE REALITIES WE'RE DEALING WITH. AND I THINK IT IS OF VALUE THAT OBVIOUSLY OUR LEGISLATURE HAS IN PASSING RHEA, BUT ALSO THIS COMMISSION HAS IN REALLY TURNING THE TIDE ON THAT AND SAYING WE'RE GOING TO STEP FORWARD INTO A FUTURE THAT RECOGNIZES THOSE THINGS, BUT ACTUALLY IS OVERTURNING THOSE THINGS AND MOVING IN ANY DIRECTION. SO THANK YOU GUYS ALL SO MUCH FOR SHARING THIS TODAY.

Commissioner Meieran: I WANT TO THANK YOU ALL AS WELL. I, AS AN E.R. DOCTOR, REGULARLY SEE THE IMPACT OF LACK OF ACCESS TO SAFE, AFFORDABLE, AND COMPREHENSIVE REPRODUCTIVE HEALTH CARE SERVICES. RHEA AND INCREASED ACCESS IS NOT JUST THE RIGHT THING TO DO FROM A MORAL AND HUMAN STANDPOINT, BUT PEOPLE WILL COME SEE US IN THE EMERGENCY DEPARTMENT REGARDLESS, AND THAT IS NOT THE PLACE TO GET THE KIND OF COMPREHENSIVE APPROPRIATE CARE PEOPLE NEED. THIS IS A PLACE WHERE YOU SEE MUCH WORSE OUTCOMES, WHERE IT COSTS MORE, AND IT JUST MAKES SUCH A DIFFERENCE TO SEE THE BENEFITS OF RHEA AND WHAT IT CAN DO ON INDIVIDUAL PEOPLE. IT'S ALSO CLEARLY AN APPROACH THAT WE'VE SEEN FROM WHAT OUR HEALTH CARE DEPARTMENT HAS PRESENTED THAT THIS IS THE WAY TO APPROACH THINGS FROM AN UPSTREAM PUBLIC HEALTH STANDPOINT, WHERE WE TRULY CAN HAVE AN IMPACT ON INNER GENERATIONAL CYCLES OF POVERTY. WE CAN'T APPROACH THINGS REALLY ANY OTHER WAY. I REALLY DO APPLAUD THE COUNTY'S WORK TO ENSURE THAT EVERYONE HAS ACCESS, AND WORKING IN THE HEALTH CARE SYSTEM, I DO SEE THE IMPACT OF HOW THESE RESOURCES AND HOW FUNDING STREAMS AND FUNDING REIMBURSEMENT WORKS TO DIRECTLY IMPACT IN SUCH A HUGE WAY HOW INDIVIDUAL PEOPLE CAN AVAIL THEMSELVES OF THE BENEFITS OF RHEA. AND I ALSO SEE THAT COUNTER SIDE, WHEN WE SEE WHAT'S HAPPENING WITH THE DEVASTATING IMPACT OF

RESTRICTIONS ON TITLE X FUNDING, HOW THAT CAN INFLUENCE THE TYPES OF SERVICES THAT WE CAN PROVIDE.

Commissioner Meieran: I AM JUST SO PROUD TO BE HERE AT THIS COUNTY, WHERE WE ARE GOING TO PROVIDE THE SERVICES REGARDLESS. BUT WE NEED TO CONTINUE THIS FIGHT AND I'M ALSO JUST HONORED AND PRIVILEGED TO BE HERE WITH MY COLLEAGUES WHO WILL CONTINUE THIS FIGHT WITH YOU ON ALL OF THESE LEVELS. IN TERMS OF JUST EACH OF YOU COMING HERE TODAY, I DO WANT TO THANK OUR TEAM AT THE COUNTY, SO CHARLENE AND AILENE, LARISHA FOR BEING HERE AND TELLING US WHAT'S GOING ON AT THE COUNTY. AND FOR YOU ALL HERE, CHERIE FOR JUST DOING THE AMAZING WORK AND TELLING US ABOUT WHAT'S HAPPENING WITH NARAL, NARAL HAS CARRIED THE TORCH AND LIT THE FIRE FOR SO LONG, AND SO THANK YOU AND FOR SHARING WHAT THE LANDSCAPE IS. AND WILLIE FOR ALL THE WORK YOU DO, I STILL REMEMBER BEING AT THE FUTURE GENERATIONS COLLABORATIVE, THE SUMMIT THAT WAS SO POWERFUL AND MEANINGFUL, AND I WILL NEVER FORGET IT. AND FOR ZEENIA FOR SHARING THE WORDS AND ALL THAT OF THE COMPREHENSIVE WORK AND PROFOUND WORK, THE BREADTH IS SO GREAT AND THE DEPTH IS SO GREAT WITH THE WORK YOU DO, SO THANK YOU FOR SHARING THAT.

AND TO JILLENE, FOR TELLING US POWERFUL TRUTHS AND SHARING THE STORIES OF COLONIZATION AND SYSTEMIC RACISM, AND IT IS IMPORTANT TO CONTINUE HEARING ABOUT THOSE STORIES BACK FROM THE BEGINNING, AND CONTINUING TO HEAR THAT AS WE MOVE ON. AND THEN FINALLY TO YOU, KELLY, YOUR WORK IN PUBLIC HEALTH. IT'S SO WONDERFUL, AND THE PERSPECTIVE YOU BRING, THE RESEARCH YOU'RE DOING IS SO IMPORTANT, AND THEN JUST YOUR WORDS THEMSELVES. WERE SO POWERFUL. AND I WROTE DOWN YOUR -- WHAT YOU SAID, THE QUOTE OF WALKING THE TRAIL OF TEARS AND CARRYING THE BONES OF THEIR ANCESTORS IN THEIR SKIRTS, ABOUT THE WOMEN WHO HAVE PRECEDED YOU, AND JUST WORDS HAVE SUCH MEANING. AND THANK YOU FOR THAT. ONE LAST THANK YOU, I'M SORRY, TO COMMISSIONER VEGA PEDERSON AGAIN, AND HER STAFF, PARTICULARLY FOR WORKING ON THIS PRESENTATION TODAY. AND TO MY POLICY DIRECTOR RENEE, IT TAKES SO MUCH WORK TO BRING THIS ALL TOGETHER, AND EVERYONE HAS COME TOGETHER TODAY IN SUCH A BEAUTIFUL WAY. SO THANK YOU, THANK YOU, THANK YOU.

Commissioner Vega Pederson: I WANT TO THANK YOU TIA AND RENEE AS WELL. I FORGOT TO DO THAT AS SOON AS I STOPPED TALKING. I WANT TO ACKNOWLEDGE THEM FOR ALL OF THEIR WORK.

Chair Kafoury: I REALLY FEEL HOPEFUL AFTER THIS BRIEFING TODAY, AND I WANT TO THANK THE COMMISSIONERS FOR BRINGING THIS FORWARD, BECAUSE IT'S REALLY IMPORTANT WHEN IT FEELS SOMETIMES LIKE EVERYTHING IS GOING TO HELL IN A HAND BASKET, THAT WE CAN LEARN ABOUT ALL THE GREAT WORK THAT'S GOING ON IN OUR COMMUNITY, AND HOW REGARDLESS OF WHAT HAPPENS AT THE FEDERAL LEVEL, WE HAVE A REALLY STRONG POWERFUL TEAM HERE IN MULTNOMAH COUNTY. WE HAVE AMAZING STAFF IN OUR HEALTH DEPARTMENT WHO ARE ON THE FRONT LINES WORKING WITH CLIENTS AND PUSHING THE POLICY SIDE FORWARD, AND THEN WE HAVE OUR AMAZING COMMUNITY MEMBERS WHO ARE

REALLY NOT ONLY HEALING, WORKING TO HEAL THEIR OWN COMMUNITIES, BUT WORKING TO EDUCATE THE BROADER COMMUNITY, BECAUSE AS YOU SAID SO VERY POWERFULLY, ALL OF YOU, THAT REALLY HAVE TO GO BACK, WAY, WAY BACK TO UNDERSTAND HOW WE GOT HERE BEFORE WE CAN MOVE FORWARD AND CHANGE THINGS. YOU ARE ALL COURAGEOUS, YOU ARE ALL TRUTH TELLERS, AND I DO HOPE THAT YOU BELIEVE THAT THIS IS A SAFE SPACE HERE WITH THIS GROUP OF COMMISSIONERS, THAT WE ARE HERE TO LISTEN, WE ARE HERE TO HELP, AND WE ARE HERE TO FOLLOW YOUR LEAD, COMMUNITY'S LEAD, AND WORK IN PARTNERSHIP WITH YOU TO GET THIS WORK DONE. SO THANK YOU VERY MUCH, EVERYONE, FOR COMING TODAY. SHOULD WE JUST GIVE A ROUND OF APPLAUSE FOR EVERYONE? [APPLAUSE]

BOARD COMMENT

BC.1 Opportunity as time allows, for the Commissioners to provide comment on non-agenda items.

Chair Kafoury: WE HAVE NOW COME TO THE END OF OUR BOARD MEETING. BUT WE HAVE A CHANCE FOR COMMISSIONERS TO BRING UP ANY NONAGENDA ITEMS FOR THE GOOD OF THE PUBLIC. DO WE HAVE ANYTHING? NO? ALL RIGHT. THANK YOU ALL FOR COMING TODAY, AND LOOK FORWARD TO SEEING YOU NEXT WEEK. WE ARE ADJOURNED. [GAVEL]

ADJOURNMENT 11:13 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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