

**Transcript of the Board of Commissioners  
Multnomah Building, Board Room 100  
501 SE Hawthorne Blvd., Portland, Oregon  
Thursday, October 16, 2014**

**REGULAR MEETING**

Chair Deborah Kafoury called the meeting to order at 9:37 a.m. with Vice-Chair Diane McKeel and Commissioner Loretta Smith present. Commissioners Jules Bailey and Judy Shiprack were excused.

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

**[THE FOLLOWING TEXT IS THE BYPRODUCT OF THE CLOSED CAPTIONING OF THIS PROGRAM.]**

>> Chair Kafoury: GOOD MORNING AND WELCOME TO THE BOARD OF COUNTY COMMISSIONERS. MAY I HAVE A MOTION ON THE CONSENT CALENDAR?

>> SO MOVED.

>> SECOND.

>> Chair Kafoury: MOVED AND SECONDED, APPROVAL OF THE CONSENT CALENDAR. ALL IN FAVOR? [CHORUS OF AYES] CONSENT CALENDAR IS APPROVED.

>> OPPORTUNITY FOR PUBLIC COMMENT ON NONAGENDA MATTERS. TESTIMONY LIMITED TO THREE MINUTES PER PERSON. THIS IS THE TIME FOR THE BOARD TO HEAR PUBLIC TESTIMONY, NOT FOR BOARD DELIBERATION. WE HAVE THREE PEOPLE SIGNED UP. PLEASE COME FORWARD WHEN I CALL YOUR NAME.

>> Chair Kafoury: GO AHEAD, MR. PHILLIPS.

>> YES, I'M PAUL PHILLIPS. TODAY'S SUBJECT IS NOVEMBER 15th, 2010, OHSU MISTAKE. NOW, NOVEMBER 15th, 2010, I WAS TAKEN BY -- I FELL AFTER SEVEN DOG ATTACKS, THIS WAS THE SEVENTH ONE ON THAT DAY, IN THE LOBBY OF MY APARTMENT BUILDING THAT'S OWNED BY THE CITY OF PENDLETON, HOME FORWARD IS WHAT IT'S ADDRESSED AS NOW. WHEN I HAD FALLEN, THE WOMAN HAD JUST SIMPLY PICKED UP HER DOG AND WALKED AWAY, AND I WAS LEFT THERE ON THE FLOOR WITH MY SERVICE ANIMAL, AND AFTER A WHILE I TRIED TO REMOVE MY COAT, I WAS ABLE TO GET ONE SLEEVE OFF, AND AFTER ABOUT 15 OR SOME-ODD MINUTES I HEARD SOMEBODY COME THROUGH THE BACK DOOR, AND IT HAPPENED TO BE A TOTALLY BLIND MAN.

HE IS HALF MY AGE, I'D SAY, HIS NAME WAS AARON IS ALL I CAN REMEMBER HIS FIRST NAME WAS. I YELLED FOR HIM TO CALL 9-1-1, AND AFTER A WHILE THE PARAMEDICS CAME, AND I TOLD THEM AS I FELL I'D HEARD MY BACK CRACK TWICE, AND I COULDN'T MOVE. I EXPLAINED -- I TRIED TO TAKE OFF MY COAT AND GOT ONE SLEEVE OFF, SO THEY PUT ME IN A BACK BRACE, AND THEY PUT ME ON A GURNEY STRETCHER, AND THEN THEY SAID THAT MY SERVICE ANIMAL WAS AGITATED. I EXPLAINED IT WAS THE SEVENTH DOG ATTACK BY THAT SAME DOG, AND OF COURSE I WAS THE ONE THAT WAS INJURED THIS TIME, EVEN THOUGH HE'D BEEN INJURED TWICE BEFORE FROM THE DOG SEVERELY. AND THEY SAID HE WAS AGITATED, AND THEY DID -- MYSELF -- LOAD MYSELF AND MY SERVICE ANIMAL IN THE AMBULANCE, AND WE WENT TO THE HOSPITAL. AND I TOLD THEM AT THE HOSPITAL, OHSU HAS GOT 14,000 STATE EMPLOYEES, THERE'S A SECOND LARGEST -- THEY'RE THE SECOND LARGEST EMPLOYEE OF THE STATE, I'M -- AFTER FOUR HOURS BEING UP THERE, THEY SAID THAT THEY WERE GOING TO DISCHARGE ME WITH A PAIR OF CRUTCHES. I SAID, OK, I CAN'T USE CRUTCHES, BECAUSE OF MY BAD RIGHT HAND, BUT I CAN'T MOVE. THEN THEY DECIDED THEY WANTED TO TAKE MORE X-RAYS. AND THEY DID THAT.

>> Chair Kafoury: THANK YOU, SIR.

>> BENJAMIN H. PICKERING, I'D LIKE TO TALK ABOUT HEALTH AND ENCOURAGING PEOPLE. NOW, WE GOT SOME WEATHER COMING UP -- WHICH IF WINTER, AND ROUGH TIMES, WHICH IS, YOU KNOW, DOWNPOURS, AND ANYWAY, MOIST BRINGS MOLD, SO IT'S BREATHING, WE'VE GOT TO BE ALERT FOR, THAT BUT NOT ONLY THE SICK NECESSARIES, THERE'S A LOT OF THINGS, LIKE WHEN SOMETHING HITS, LIKE BRONCHITIS, OR A SICKNESS, IT TENDS TO SPREAD RAPIDLY. I WANT TO ENCOURAGE PEOPLE, LIKE, THEY GOT THE ALCOHOL FOR YOUR HAND AND STUFF, LIKE -- DOORKNOBS AND STUFF, PEOPLE FOR EVERY FACILITY AND EVERY PLACE OUT THERE LISTENING, AND TO WIPE DOWN DOORKNOBS. YOU SEE HOW MANY PEOPLE GO IN AND OUT OF THOSE PLACES. TO KEEP DOORKNOBS, ENCOURAGE PEOPLE TO BE MORE CLEANER, AND I LIKE THE WAY THE CITY HAS GOT THE PEOPLE OUT THERE WORKING AT NIGHT, AND THEY ARE SPRAYING DOWN THE ROADS AND SPRAYING DOWN THE CITY AND KEEPING IT CLEAN, THEY'RE DOING A FINE JOB. IT'S A LOT OF WORK TO MAINTAIN THE TRUCKS THEY GOT OUT THERE, ENVIRONMENTALISTS, BUT -- I GIVE GRATITUDE -- I LIKE THE WAY THEY MAKE THE DOORS THAT OPEN UP, WHEN YOU WALK THROUGH AND YOU DON'T HAVE TO TOUCH THE DOOR. THOSE ARE WAY NICE AND THEY MAKE THOSE. AND ALSO, YEAH, THE PEOPLE OUT HERE, THERE'S A LOT OF STUFF THAT THEY HAVE THAT IS A CHEMICAL IMBALANCE, IT'S LIKE -- WHETHER THEY'RE HURTING FOR CERTAIN THINGS OR THEY NEED MORE -- FOR EXAMPLE, I WALKED ACROSS THE STEEL BRIDGE JUST LAST NIGHT AND THIS LADY WAS SITTING THERE DRINKING AN ALCOHOL BEVERAGE. SHE WAS BY HERSELF. AND I'M LIKE, THIS IS A LITTLE GIRL BY HERSELF, SHE MUST HAVE BEEN 25, I'M NOT SURE. SHE'S STANDING RIGHT THERE, AND I WAS LIKE,

HEY, IS EVERYTHING ALL RIGHT? SHE HAD HER HEAD DUCKED DOWN IN A LITTLE PAPER BAG. SHE HAD A STRAW IN A CAN OR SOMETHING. SHE SECOND DEGREE -- I SAID IS EVERYTHING ALL RIGHT? AND SHE SAID I WANT TO JUMP OFF THE BRIDGE. I SAID OH, I DON'T EVEN KNOW YOU, BUT I LOVE YOU AS A PERSON, AND I WOULDN'T WANT TO SEE THAT. SO I TOOK 30 MINUTES OF MY TIME AND SAT THERE AND HAD A LONG CONVERSATION WITH HER TO WHERE WE WALKED ALL THE WAY ON THE OTHER SIDE OF THE ROAD WHERE WE GOT OFF THE ROAD AND SHE WENT HER OWN WAY. SO I FELT A LITTLE BETTER I HAD TALKED TO HER, BUT IT'S LIKE LITTLE THINGS THAT PEOPLE ARE UPSET ABOUT, OR THEIR NEEDS, THEY'RE JUST NOT SATISFIED OR THE WAY THEY FEEL THEY'VE BEEN TREATED, OR BADLY, OR THIS AND THAT. IT GOES BOTH WAYS, THERE'S SO MUCH TO TALK ABOUT, AND PEOPLE -- THESE BAD WEATHER AND DIFFERENT THINGS COMING UP, THEY KNOW THIS, THE PEOPLE OUT THERE, AND I'VE TALKED TO A FEW PEOPLE OUT WALKING, AND IT'S A STRUGGLE OUT THERE. SO THE MAIN THING I REALLY WANT, I'M HERE TO TALK ABOUT IS HEALTH AND THOSE PEOPLE THAT WOULD BE A LITTLE WORKED WITH AND UNDERSTAND A LITTLE MORE AND GET A LITTLE CLOSE IN TO THEM, AND BE LIKE, HEY, AND WORK WITH THEM. THAT'S ALL I HAVE TO SAY.

>> Chair Kafoury: THANK YOU. GOOD MORNING.

>> GOOD MORNING. NAME IS LIGHTNING. I REPRESENT LIGHTNING HEALING MAN SANCTUARIES, CREATING IDEAS, CREATING SOLUTIONS FOR ENDING CHRONIC HOMELESSNESS. ONE OF THE ISSUES I HAVE IS OVER AT CITY HALL, THEY'RE DEVELOPING A PARK CALLED BEACH PARK PROJECT, IT'S APPROXIMATELY 15 ACRES. I TALKED TO COMMISSIONER FRITZ ON THIS, AND ONE OF THE THINGS I ALWAYS WANT TO TRY TO IMPLEMENT IS THAT WHETHER WE HAVE NEW BUSINESSES COMING INTO THE AREA, DEVELOPING NEW PARKS IN VARIOUS PROJECTS, WE HAVE TO START LOOKING AT AN OVERALL PLAN JUST NOT FOR THE PARK ITSELF, BUT ALSO WHAT I CALL THE HOMELESS FRIENDLY PLAN TO BE PUT INTO PLACE, AND WHAT I WANT TO STRESS IS THEY'RE GOING TO HAVE COMMITTEES AND THEY'RE STILL IN DESIGN PHASE ON THIS, AND I WANT THE COMMITTEES TO START TO DEVELOP HOMELESS FRIENDLY PLANS AT THIS PARK, BECAUSE IT'S ABOUT A 15-ACRE PARK, AND I WANT TO HAVE THE INPUT FROM THE COMMITTEES ON EXACTLY WHAT ARE YOU GOING TO DO TO BENEFIT THE HOMELESS COMMUNITY THAT ARE CURRENTLY OUT THERE? AND CAN THESE PARKS ACTUALLY FROM THE STARTING POINT BE SET UP TO WHERE CERTAIN AREAS OF THE PARKING ACTUALLY BE DEVELOPED OUT, SAY, LET'S JUST SAY CERTAIN HOOK-UPS TO WHERE PEOPLE CAN ACTUALLY IF THEY NEED TO, STAY IN A TENT, CAN STAY THERE, AND TO MAKE THESE PARKS MORE HOMELESS FRIENDLY. BECAUSE WE HAVE TO UNDERSTAND, IF WE CAN'T CURRENTLY PROVIDE ENOUGH HOUSING TO GET THE PEOPLE OFF THE SIDEWALKS, OUT OF THE DOORWAYS INTO HOUSING, IF WE'RE BUILDING THESE TYPE OF PARKS ON 15 ACRES, AND THEY'RE GOING TO SPEND

ANYWHERE FROM \$7 MILLION-12 MILLION, IS THERE A WAY TO MAKE THIS MORE HOMELESS FRIENDLY TO WHERE PEOPLE DON'T HAVE TO BE ON THE SIDEWALKS IN FRONT OF BUSINESSES, AND THEY'RE ALLOWED TO DO THAT THROUGHOUT THE CITY AT CERTAIN TIMES, BUT CAN WE DEVELOP SOMETHING THAT MIGHT BE MORE BENEFICIAL ON THESE NEW PARKS THAT ARE CURRENTLY BEING DEVELOPED TO BE MORE HOMELESS FRIENDLY TO UNDERSTAND THERE'S KIND OF A TRANSITION, MAYBE FROM THE SIDEWALKS, FROM CERTAIN LOCATIONS INTO HOUSING THAT MIGHT TAKE LONGER, BUT WE HAVE TO ALSO UNDERSTAND WE'RE PUTTING A FREQUENT AMOUNT OF MONEY, DO WE WANT TO PLACE IT IN A NEW PARK, HAVE THAT DEVELOPED, OR DO WE WANT TO GET A TREMENDOUS AMOUNT OF PEOPLE OFF THE SIDEWALKS, OR CAN WE WORK TOGETHER TO CREATE PLANS THAT CAN BENEFIT ALL PARTIES INVOLVED UNTIL THAT TRANSITION DOES TAKE PLACE FROM THE SIDEWALKS INTO HOUSING? AND THAT'S WHAT I WANT TO START LOOKING AT, AND I FEEL IF THEY DO THIS PROPERLY IT WILL BENEFIT THE BUSINESS OWNERS, THEY CREATE MORE REVENUE, MORE TAX, MORE PAY TO THE SOCIAL SERVICES, AND WE HAVE TO LOOK AT THE OVERALL PICTURE, THE ULTIMATE GOAL IS TO GET THE HOMELESS OFF THE SIDEWALKS, THE DOORWAYS, INTO SOME FORM OF HOUSING, AND CREATE A MORE HOMELESS FRIENDLY PLAN FOR THEM. WE DON'T WANT TO BE CONFRONTATIONAL, WE KNOW A 15-ACRE PARK, THERE WILL BE PEOPLE WANTING TO STAY THERE. LET'S START WORKING ON THAT PLAN TO SEE IF WE CAN'T WORK TOGETHER WITH THE NEIGHBORHOODS AND DEVELOP SOMETHING THAT IS MORE HOMELESS FRIENDLY TOWARD THE PEOPLE OUT THERE. THANK YOU.

>> Chair Kafoury: THANK YOU.

>> THANK YOU.

>> Chair Kafoury: BEFORE WE GET TO OUR NEXT ITEM I WANT TO LET EVERYONE KNOW WE WILL BE PARTICIPATING IN A STATEWIDE DISASTER DRILL DURING TODAY'S MEETING. THE GREAT SHAKEOUT IS AN ANNUAL EARTHQUAKE DRILL THAT THOUSANDS OF OREGON SCHOOLS AND WORKPLACES WILL BE PARTICIPATING IN TODAY AT 10:16 A.M. AT THAT TIME WE'LL HEAR AN ANNOUNCEMENT OVER THE P.A. ANNOUNCING THE DRILL AND DIRECTING US TO DROP, COVER, AND HOLD ON FOR ONE MINUTE. WE ASK YOU AND THE AUDIENCE TO PARTICIPATE WITH US IN THIS DRILL. MOVE AWAY FROM THE WINDOWS AND AWAY FROM OVERHEAD ITEMS THAT COULD FALL, SUCH AS THE OVERHEAD PROJECTOR. YOU CAN CROUCH BY AN INTERIOR WALL OR COLUMN OR COVER YOUR NECK AND HEAD WITH YOUR HANDS. IF YOU'RE NOT SITTING NEAR THE WINDOWS CROUCH IN FRONT OF YOUR CHAIR AND COVER YOUR HEAD WITH YOUR HANDS. WE HAVE A HANDOUT AT THE FRONT DESK WITH INSTRUCTIONS FOR PEOPLE IN WHEELCHAIRS AND INSTRUCTIONS IF YOU ARE IN A DIFFERENT LOCATION WHEN AN EARTHQUAKE STRIKES. OUR APOLOGIES TODAY FOR INTERRUPTING THE

MEETING, AND THE NEXT MONTH WE'LL HAVE TWO BOARD BRIEFINGS ABOUT SEISMIC RISKS IN OUR COMMUNITY, SO WE BELIEVE IT IS IMPORTANT TO PRACTICE THIS DISASTER DRILL TODAY. THANK YOU FOR TAKING PART.

>> R1. BOARD BRIEFING ON OPTIMIZING THE ROLE OF LOCAL BOARD OF HEALTH.

>> Chair Kafoury: GOOD MORNING, WELCOME, THANK YOU FOR COMING TODAY.

>> GOOD MORNING, JOANNE FULLER, YOUR HEALTH DEPARTMENT DIRECTOR. I HAVE WITH ME A DISTINGUISHED PANEL THAT I'LL LET INTRODUCE THEMSELVES WHO ARE GOING TO TALK TO YOU ABOUT THE ROLE OF THE LOCAL BOARD OF HEALTH, WHICH HAPPENS TO BE YOU. [LAUGHTER] SO WHAT WE WANTED TO DO WAS AS WE LOOK AT OPPORTUNITIES TO REALLY ACTIVATE YOUR ROLE AS THE BOARD OF HEALTH, WE WANTED TO SPEND A FEW MINUTES WITH YOU THIS MORNING TO MAKE SURE THAT YOU FULLY UNDERSTOOD WHAT THAT ROLE IS, AND HOW YOU CAN CONVEY AS THE BOARD OF HEALTH AND GIVE YOU SOME EXAMPLES OF WAYS THAT BOARDS OF HEALTH IN OTHER LOCAL COMMUNITIES HAVE BEEN EFFECTIVE AT HELPING TO MOVE FORWARD HEALTH GOALS FOR THEIR COMMUNITY. SO I'M GOING TO TURN IT OVER TO THE PANEL AND HAVE THEM INTRODUCE THEMSELVES, AND THEN HAVE THEM PROCEED TO TALK WITH YOU.

>> BERNADETTE NUNLEY, ASSISTANT COUNTY ATTORNEY.

>> DR. JENNIFER VINES, DEPUTY HEALTH OFFICER.

>> CAREIE McFARLAND, COMMUNITY WELLNESS AND PREVENTION PROGRAM.

>> I'LL WALK YOU THROUGH THE STATUTORY AUTHORITY, ALL OF THE BOARD OF HEALTH AUTHORITY IS LAID OUT IN OREGON STATUTE. AND I'LL TALK ABOUT THE BOARD OF HEALTH'S AUTHORITY AND ALSO THE LOCAL PUBLIC HEALTH AUTHORITY AND TALK ABOUT THE DIFFERENCES BETWEEN THOSE TWO, BECAUSE THEY'RE TERMS THAT COME UP THAT SOME PEOPLE DON'T UNDERSTAND. THE FIRST LIKE JOANNE SAID THE BOARD OF COUNTY COMMISSIONERS IS THE BOARD OF HEALTH. YOU DON'T HAVE TO DO ANYTHING TO BE THE BOARD OF HEALTH, THAT'S JUST PART OF YOUR ROLE AS COMMISSIONERS. THE BOARD OF HEALTH IS A POLICY MAKING BODY. AND THE POLICY MAKING RELATES TO IMPLEMENTING THE DUTIES OF LOCAL DEPARTMENTS OF HEALTH. AS FAR AS POLICY MAKING, THAT INCLUDES BROAD PRINCIPLES RELATED TO THE HEALTH OF OUR COMMUNITY, AND ONE IMPORTANT PIECE TO KEEP IN MIND IS THAT THE BOARD OF HEALTH AUTHORITY COVERS THE ENTIRE COUNTY. SO THE JURISDICTION OF THE BOARD OF HEALTH IS OVER THE ENTIRE COUNTY. IN COUNTY HISTORY, THE BOARD OF COUNTY COMMISSIONERS HAS TYPICALLY COVERED THIS ROLE

EXCEPT IN TWO INSTANCES, YOU MIGHT REMEMBER, WE HAD MANY LABELING AND WE ALSO HAD THE BPA EFFORT. AND THE BOARD OF HEALTH SAT AND IMPLEMENTED THOSE POLICIES. ANOTHER WAY THE BOARD OF HEALTH CAN WORK AS FAR AS POLICY MAKING IS TO SIT SO THAT YOU AS THE BOARD OF COUNTY COMMISSIONERS CAN EDUCATE YOUR SEVENTH ON HEALTH MATTERS, AND USE THE FORM OF THE BOARD OF HEALTH TO INDICATE THE PUBLIC AS WELL. ANOTHER ROLE THAT THE BOARD OF HEALTH CARRIES IS TO ADOPT RULES NECESSARY TO CARRY OUT ITS POLICIES. SO THAT IS BASICALLY THE BOARD OF HEALTH WITH WOULD SET POLICY AND IF THERE ARE ANY RULES CONNECTED TO THAT POLICY THE BOARD OF HEALTH WOULD ADOPT THOSE AS WELL. AND FINALLY, WITH THE BOARD OF COUNTY COMMISSIONERS PERMISSION, THE BOARD OF HEALTH MAY ALSO ADOPT FEES TO -- THAT WOULD ASSIST IN IMPLEMENTING PUBLIC HEALTH SERVICES. ANY LEGISLATIVE ACTIONS SUCH AS PASSING ORDINANCES WOULD CONTINUE TO BE THE WORK OF THE BOARD OF COUNTY COMMISSIONERS. SO THAT'S THE DIFFERENCE HERE THAT I WANT TO MAKE SURE YOU UNDERSTAND. THE SECOND ROLE I'D LIKE TO TALK ABOUT IS THE LOCAL PUBLIC HEALTH AUTHORITY, WHICH MEANS THE COUNTY, THE COUNTY GOVERNMENT. THE LOCAL PUBLIC HEALTH AUTHORITY'S ROLE IS TO ADMINISTER AND ENFORCE ITS RULES IN THE PUBLIC HEALTH LAWS AND RULES OF THE OREGON HEALTH AUTHORITY. SO THIS IS SOMETHING YOU'LL LIKELY BE VERY FAMILIAR WITH. THERE ARE CERTAIN REQUIREMENTS THAT THE COUNTY MUST FOLLOW AND MAKE SURE THAT WE'RE AT THE COUNTY WE'RE ASSURING THEIR ACTIVITIES IN PLACE THAT ARE NECESSARY FOR THE PRESERVATION OF HEALTH OR THE PREVENTION OF GUESS EASE. SO YOU'LL SEE THIS IN THE EPIDEMIOLOGY THAT THE HEALTH DEPARTMENT DOES, CONTROL OF PREVENTABLE DISEASES, AND DISORDERS, OUR CLINICS AND PARENT CHILD HEALTH SERVICES, INCLUDING FAMILY PLANNING CLINIC, COLLECTION AND REPORTING OF HEALTH STATISTICS, HEALTH INFORMATION AND REFERRAL SERVICES, AND FINALLY, ENVIRONMENTAL HEALTH SERVICES. SO AS YOU'RE THINKING ABOUT WHAT'S ALREADY IN PLAY, THOSE ARE SOME OF THE ROLES THAT THE HEALTH DEPARTMENT FILLS AND THE SERVICES THAT THE HEALTH DEPARTMENT OFFERS TO THE COMMUNITY. I'LL TURN IT OVER TO DR. VINES TO TALK ABOUT THE HEALTH OFFICERS' AUTHORITY.

>> DR. PALOUSE AND I BASICALLY SERVE AS YOUR MEDICAL AND PUBLIC HEALTH ADVISORS, ESSENTIALLY AS AN EXTENSION OF YOUR AUTHORITY AS BOARD OF COUNTY COMMISSIONER AND BOARD OF HEALTH. WE HAVE SOME AUTHORITIES IN STATUTE SPECIFICALLY AROUND COMMUNICABLE DISEASE PREVENTION AND PUBLIC SAFETY, THESE HAVE TO DO WITH LEGAL ORDERS FOR TESTING MEDICAL EXAMINATIONS OR TREATMENT. WE ALSO HAVE LIMITED AUTHORITY AROUND ISOLATION AND QUARANTINE. IT GOES WITHOUT SAYING THESE ARE MEASURES OF LAST RESORT, AND THE REVISED STATUTES ARE CLEAR THAT ALL ATTEMPTS AT VOLUNTARY COMPLIANCE MUST BE EXHAUSTED AND THE -- IN THE REAL WORLD THIS IS

HOW WE FUNCTION AND WE ALMOST NEVER INVOKE HEALTH OFFICE AUTHORITY AROUND COMMUNICABLE DISEASE PREVENTION. WE HAVE -- THIS AUTHORITY SPEAKS TO OUR ROLE IN RESPONDING TO PUBLIC HEALTH EMERGENCIES, COORDINATING WITH THE STATE AND OUR HEALTH CARE FACILITIES ACROSS DISCIPLINE AND WHERE FACILITIES AND DISCIPLINES NEED TO WORK TOGETHER IN A COORDINATED RESPONSE. I ALSO WANTED TO COMMENT BRIEFLY THAT MY PAST EXPERIENCE AS A HEALTH OFFICER WAS WORKING IN SOUTHWEST WASHINGTON STATE, SO FOR CLARK, SKAMANIA, AND COWLITZ COUNTIES, AND AS YOU MAY KNOW WASHINGTON STATE HAS A ROBUST ESTABLISHED SYSTEM OF BOARDS OF HEALTH WHICH MEET REGULARLY, AND THAT WAS VERY MUCH THE EXPECTATION OF ME AS HEALTH OFFICER WAS TO MEET FACE-TO-FACE WITH MY BOARD OF HEALTH MONTHLY, NOT ONLY FOR MORE PROACTIVE ACTIVITIES, BUT ALSO AROUND OUR COMMUNICABLE DISEASE RESPONSE AND THAT RELATIONSHIP BECAME ESSENTIAL, IF YOU REMEMBER THE H1N1 CRISIS WHEN WE HAD TO MAKE VERY DELIBERATE, CAREFUL DECISIONS AROUND DISTRIBUTION OF A LIMITED VACCINE SUPPLY AND WE REALLY BENEFITED FROM THE BOARD OF HEALTH PERSPECTIVE NOT JUST BRINGING THEIR CONSTITUENTS PERSPECTIVE, BUT ALSO THEIR CROSS COUNTY GOVERNMENT PERSPECTIVES TO US AS A HEALTH DEPARTMENT.

>> CARRIE MCFARLAND WITH THE COMMUNITY WELLNESS AND PREVENTION PROGRAM. I HAVE THE HUNT TO SHARE A FEW OF THE EXAMPLES OF WHAT BOARDS OF HEALTH DO FROM ACROSS THE COUNTRY. BOARDS OF HEALTH GOVERN APPROXIMATELY 70% OF THE 2,744 BOARDS OF HEALTH. AS WE JUST HEARD THE INDIVIDUAL STATE LAW DICTATES THEY'RE VARIOUS INSTITUTIONAL STRUCTURES, PROCEDURES, AND AUTHORITIES. BUT SOME OF THESE EXAMPLES WILL GIVE YOU THE RANGE OF ISSUES AND THAT BOARDS OF HEALTH HAVE DEALT WITH IN PROTECTING AND PROMOTING THE PUBLIC'S HEALTH. TO ADDRESS THE BUSINESS OF PUBLIC HEALTH SANITATION, OUR NEIGHBOR TO THE NORTH, KING COUNTY SEATTLE WASHINGTON'S BOARD OF HEALTH ACTED WITHIN THEIR ADMINISTRATIVE AUTHORITY BY ESTABLISHING A NEW FEE STRUCTURE THAT RAISED THE COST OF FARMERS' MARKET PERMITS IN ORDER TO COVER PROGRAM COSTS SUCH AS PLAN REVIEW, TRAINING, INSPECTIONS TO ENSURE COMPLIANCE WITH FACILITY HEALTH STANDARDS AND SAFE FOOD HANDLING AT 58 FARMERS' MARKETS. TO PROTECT THE PUBLIC'S SAFETY AND HEALTH, LOOKING AT A COUNTY ON THE OTHER END OF THE COUNTRY -- THE COUNTRY, IN PENNSYLVANIA, THE CHESTER COUNTY BOARD OF HEALTH BANNED RESIDENCY OF ALL EXOTIC ANIMALS. INCLUDING BUT NOT LIMITED TO BEARS, LIONS, TIGERS, CHIMPANZEES, AND VENOMOUS SNAKES. THEY DID --

>> Chair Kafoury: MAKES THE BEES SOUND BORING.

>> THEY DID HAVE EXEMPTED CATEGORIES SUCH AS ZOO AND PETTING ZOOS AND CIRCUSES AS WELL AS STATE LICENSED BREEDERS. MORE

RELEVANT TO OUR ISSUES IN MULTNOMAH COUNTY. TO ADDRESS HEALTH DISPARITIES, MOVING TO THE EAST COAST, THE BOSTON BOARD OF HEALTH REQUESTED A BRIEFING ON THE MOST ALARMING RACIAL AND ETHNIC HEALTH DISPARITIES FACING THEIR COMMUNITY. THE BOARD OF HEALTH WORKED WITH THE HEALTH DEPARTMENT TO ESTABLISH SPECIFIC REDUCTION TARGETS SUCH AS REDUCING THE GAP OF LOW-WEIGHT BIRTH BETWEEN BLACK AND WHITE WOMEN BY 25% OVER FIVE YEARS. THE BOARD OF HEALTH KEPT THE HEALTH DEPARTMENT ACCOUNTABLE TO THIS TARGET BY CONTINUING TO REQUEST ROUTINE UPDATES ON ACTIONS NEEDED RESOURCES, AND PROGRESS TO DATE. TO ADDRESS OBESITY, THE -- IN CHICAGO AS PART OF THE HEALTHY CHICAGO PLAN, THE BOARD OF HEALTH ENACTED AND IMPLEMENTED NEW DAY CARE CENTER STANDARDS TO IMPROVE NUTRITION, INCREASE DAILY PHYSICAL ACTIVITY, AND DECREASE SCREEN TIME FOR ALL CHILDREN IN CARE. THE CHICAGO BOARD OF HEALTH HAS ALSO WORKED IN COORDINATION WITH OTHER POLICY MAKING BODIES TO PROMOTE A HEALTH IN ALL POLICIES APPROACH, SUCH AS PARTNERING WITH THE BOARD OF EDUCATION TO ENACT AND IMPLEMENT A COMPREHENSIVE SEXUAL AND RELATIONSHIP HEALTH POLICY FOR ALL CHICAGO PUBLIC SCHOOL STUDENTS. WE SHARE THESE EXAMPLES TO INFORM HOW YOU, THE BOARD OF COUNTY COMMISSIONERS MIGHT THINK ABOUT THE ROLE OF THE BOARD OF HEALTH HERE IN MULTNOMAH COUNTY IN SETTING POLICY WHEN HEALTH ISSUES SUCH AS THESE ARISE AND HOW WE AT THE HEALTH DEPARTMENT CAN SUPPORT YOU IN PROTECTING AND PROMOTING THE PUBLIC'S HEALTH. WE THANK YOU FOR YOUR CONTINUED LEADERSHIP IN MOVING FORWARD THE HEALTH OF OUR COUNTY. THANK YOU.

>> Chair Kafoury: THANK YOU.

>> SO THAT REALLY CONCLUDES OUR BRIEFING FOR YOU. WE JUST WANTED TO VERY -- BE VERY QUICK TODAY TO LET YOU KNOW WHAT THE FRAMEWORK IS SINCE MULTNOMAH COUNTY HASN'T NECESSARILY USED THIS TOOL AS MUCH AS SOME OTHER CONSTITUENCIES HAVE. ONE OF THE THINGS THAT WE ARE GOING TO BE WORKING WITH YOU AND YOUR STAFF AROUND IS WHAT INTEREST THERE IS IN THE BOARD OF COUNTY COMMISSIONERS CONVENING AS THE BOARD OF HEALTH ON A REGULAR BASIS TO USE THAT PLATFORM TO BOTH TALK ABOUT -- AS DR. VINES WAS SAYING, REALLY USE THAT PLATFORM TO PROMOTE THE PUBLIC'S KNOWLEDGE OF PARTICULAR HEALTH ISSUES, AND THEN CONTEMPLATE ACTIONS THAT ARE APPROPRIATE FOR THE BOARD OF HEALTH, MAKE RECOMMENDATIONS TO YOURSELVES IN THE ROLE OF BOARD COUNSEL -- BOARD OF COUNTY COMMISSIONERS ABOUT THE RULE MAKING AUTHORITY. IF YOU HAVE ANY QUESTIONS FOR US WE'RE HAPPY TO ANSWER THEM. WE'RE ALSO HAPPY TO MEET INDIVIDUALLY WITH COMMISSIONERS IF THERE ARE PARTICULAR ISSUES YOU'RE INTERESTED IN HEARING MORE ABOUT.

>> Chair Kafoury: QUESTIONS?

>> Commissioner Smith: I HAVE A QUESTION. GOING BACK TO THE BOARD OF HEALTH, AND YOU -- THANK YOU FOR COMING BEFORE US TODAY, YOU HAD INDICATED YOU WANTED TO COME BEFORE US EVERY 30 DAYS.

>> I'M SORRY, THAT'S HOW THE WASHINGTON STATE COUNTIES ARE STRUCTURED. BUT I THINK IT'S WHATEVER YOUR PLEASURE IS AS FAR AS THE TIMING.

>> Commissioner Smith: OK. AND JOANNE YOU'RE SUGGESTING WE MEET IN COUNCIL MEETING, OR IN PRIVATE MEETINGS?

>> IN COUNCIL MEETING. SO WE'RE HAPPY TO -- WE'RE HAPE TO COME AND TALK INDIVIDUALLY WITH COMMISSIONERS ABOUT WHAT MIGHT BE ON YOUR AGENDA TO POTENTIALLY MEET AS THE BOARD OF HEALTH, BUT I THINK WHAT WE'RE RECOMMENDING IS THAT WHATEVER IS KIND OF A REGULAR SCHEDULE THAT MAKES SENSE TO THE CHAIR AND THE OTHER COMMISSIONERS, BUT THAT WE USE THE TOOL OF MEETING AS THE BOARD OF HEALTH PUBLICLY IN A MORE REGULAR WAY TO TALK ABOUT HEALTH ISSUES THAT ARE EMERGING IN THE COMMUNITY.

>> Commissioner Smith: THANK YOU. THAT'S GREAT. I KNOW YOUR OFFICE IS GOING TO BE PUTTING ON A BRIEFING ON THE NOVEMBER 4th IN REGARDS TO PEDESTRIAN SAFETY, AND MY SENSE HAS BEEN ALL ALONG THAT IS ORDINARY BOARD OF HEALTH ISSUE, AND AS YOU SEE IN THE PAPER LAST WEEK, WE HAD AN ELDERLY MAN WHO WAS STRUCK BY THE MAX OUT IN EAST COUNTY, AND THEN WE HAD ANOTHER INCIDENT A COUPLE DAYS AGO WITH THE MAX WITH SOMEONE CRASHING INTO THE MAX. AND I THINK THAT IS A REALLY SERIOUS PUBLIC HEALTH ISSUE, THE NUMBER I THINK OF 35 IS WHAT COMES TO ME THAT I READ ABOUT, 35 FOLKS WHO HAVE BEEN KILLED AS A RESULT OF THE MAX. SO I THINK BEING ABLE TO TALK ABOUT THOSE THINGS, TRYING TO FIGURE OUT OUR ROLE IN HOW WE CAN MAKE IT BETTER FOR PEOPLE IN MULTNOMAH COUNTY, IS SOMETHING I WOULD TRULY LIKE TO DISCUSS WITH THE -- YOU KNOW, WITH YOUR OFFICE.

>> THANK YOU, COMMISSIONER. ABSOLUTELY.

>> Chair Kafoury: THANK YOU, CHAIR.

>> Commissioner McKeel: THANK YOU FOR COMING FORWARD TODAY. IT'S ALWAYS IMPORTANT WE KNOW WHAT OUR ROLE IS. WE APPRECIATE THAT INFORMATION VERY MUCH. DOCTOR, I THINK YOU SAID IN THE STATE OF WASHINGTON IT'S A STATE LAW THAT THE BOARD MET ONCE A MONTH? AM I CORRECT? DID I HEAR THAT CORRECTLY?

>> I DON'T KNOW THAT IT'S STATE LAW. THAT WAS A PRACTICE OF WHAT -- THAT WAS THE LOCAL PRACTICE.

>> Commissioner McKeel: THANK YOU. COULD WE GET SOME MORE SPECIFIC INFORMATION ON SOME OF THESE OTHER EFFORTS THAT YOU BROUGHT FORWARD AS EXAMPLES? THERE'S A COUPLE I WOULD BE INTERESTED IN KNOWING.

>> ABSOLUTELY. I WOULD BE HAPPY TO COME BY AND TALK ABOUT IT.

>> Commissioner McKeel: THANK YOU VERY MUCH.

>> Chair Kafoury: ALONG THE SAME LINES AS COMMISSIONER MCKEEL TALKED ABOUT, IT WOULD BE NICE IF THERE WAS SOME WAY TO SEE WHAT SOME OF THE OTHER PRESCRIBED ACTIVITIES OF THE BOARD OF HEALTH AND OTHER COMMUNITIES TO GIVE US A MENU TO LOOK AT WHAT MIGHT FEEL RIGHT FOR US HERE IN MULTNOMAH COUNTY. BECAUSE IT SEEMS TO ME A LOT OF THE WORK WE DO AS THE BOARD OF COUNTY COMMISSIONERS ACTUALLY COULD BE BOARD OF HEALTH, AND IT MIGHT BE A GOOD IDEA FOR US TO GET USED TO HAVING MORE REGULARLY -- MORE MEETINGS REGULARLY AS BOARD OF HEALTH WHEN WE'RE HEARING JUST HEARING A PRESENTATION ON, FOR EXAMPLE, HEALTH DISPARITIES AS WAS TALKED ABOUT IN BOSTON. SO JUST GETTING MORE INTO THE HABIT OF DOING THINGS AS A BOARD OF HEALTH, WILL HELP US FEEL MORE COMFORTABLE IN THAT ROLE, THE DUAL ROLE -- ACTUALLY WE HAVE MORE THAN THAT.

>> YOU'RE MANY ROLES.

>> Chair Kafoury: MANY ROLES, MANY HATS. THIS HAS BEEN REALLY INTERESTING. I AGREE WITH COMMISSIONER MCKEEL, SOMETHING MORE SPECIFICS ON WHAT OTHER COMMUNITIES HAVE DONE AS THE BOARD OF HEALTH WOULD BE INTERESTING FOR US. GREAT.

>> THANK YOU.

>> Chair Kafoury: THANKS. AND I NOTICE YOU RAN THROUGH VERY QUICKLY SO YOU WERE NOT ON AT 10:16 DURING THE GREAT SHAKEOUT. DON'T THINK I DIDN'T NOTICE THAT.

>> I HAVE A FEELING OUR NEXT GROUP MIGHT BE.

>> Commissioner McKeel: IS EVERYONE TRYING TO YOU A VOID THAT?

>> GOOD MORNING, I'M PAUL LEWIS, HEALTH OFFICER, AND THIS IS --

>> DR. AMY SULLIVAN, MANAGER OF COMMUNICABLE DISEASE SERVICES.

>> THANK YOU MADAM CHAIR AND COMMISSIONERS FOR HAVING US HERE THIS MORNING. OUR PLAN IS TO GIVE YOU BACKGROUND, IT'S HARD TO NOT HAVE SOME BACKGROUND JUST BY LOOKING AT THE PAPER, ON TV, BUT A LITTLE BACKGROUND ABOUT THE CURRENT SITUATION. OUR PLANS THAT ARE EVOLVING TO ADDRESS IT, AND SORT OF AN ACKNOWLEDGMENT OF GREAT WORK YOUR STAFF DID YESTERDAY IN RESPONDING TO NOT AN EVENT, BUT YOU DON'T KNOW THAT UNTIL YOU GET THERE. SO IN RETROSPECT IT LOOKS LIKE THE CURRENT AFRICAN OUTBREAK OF EBOLA PROBABLY BEGAN MAYBE A YEAR AGO OR, MAYBE DECEMBER OF LAST YEAR, BUT WASN'T WIDELY RECOGNIZED UNTIL THE SPRING AND DIDN'T START HITTING OUR AIRWAVES UNTIL SUMMERTIME. AND EBOLA IS A STRANGE VIRUS. WE DON'T KNOW A LOT ABOUT IT. IT WAS DISCOVERED IN 1976 OR PROBABLY OUTBREAKS BEFORE THAT THAT HAD BURNED OUT ON THEIR OWN. AGAIN, THERE'S LOTS OF THINGS THAT CAN MAKE YOU SICK. VIRUSES ARE THINGS LIKE THE COMMON COLD, CHICKEN POX, LIKE MEASLES, ETC. EBOLA IS DIFFERENT FOR A COUPLE OF WAYS. ONE IS IT'S NOT REALLY A HUMAN DISEASE. IT PROBABLY SPENDS MOST TIME IN ANIMALS, MAYBE PRIME MATES, BATS. OCCASIONALLY JUMPS TO PEOPLE. AND TYPICALLY THEY DON'T LAST THAT LONG IN HUMANS, EVEN THOUGH THIS IS A BAD OUTBREAK IT DOESN'T LAST THAT LONG IN HUMANS, IT DOESN'T -- ISN'T ACTUALLY TRANSMITTED THAT WELL DESPITE WHAT WE'VE BEEN --

>> Chair Kafoury: CAN YOU EXPLAIN BY WHAT YOU MEAN BY DOESN'T LAST THAT LONG?

>> MOST OUTBREAKS LAST WEEKS TO MONTHS. FOR EXAMPLE THE OUTBREAK IN NIGERIA THAT HAPPENED MID- TO LATE SUMMER, I DON'T KNOW IF IT WENT MUCH MORE THAN A MONTH, DEMOCRATIC REPUBLIC OF CONGO IS QUITE LIMITED, ACTUALLY. AND I THINK MAYBE THE DIFFERENCE HERE IS WE'LL FIND OUT WHEN THE BOOKS ARE WRITTEN ON THIS, IT WAS INTRODUCED FROM RELATIVELY ISOLATED RURAL AREAS INTO LARGE CROWDED AFRICAN CAPITAL CITIES. THAT'S A DIFFERENCE. POTENTIALLY MORE RESOURCES, BUT A TON MORE PEOPLE POTENTIALLY TO GET INTO CONTACT.

>> Commissioner Smith: I HAVE A QUESTION. IF IT DOESN'T LAST THAT LONG WHY ARE PEOPLE DYING FROM THIS?

>> MY POINT WAS THAT THESE DISEASES THAT ARE REALLY ANIMAL DISEASES, THEY'RE NOT PARTICULARLY WELL ADAPTED TO PEOPLE, THINGS LIKE THE FLU AND THE COMMON COLD, YOU KNOW, ALMOST EVERYBODY GETS EVERY YEAR. EBOLA IS NOT LIKE THAT. IT REALLY REQUIRES BEING REALLY NEXT TO A SICK OR DYING -- TAKING CARE OF A SICK OR DYING PERSON TO BECOME ILL.

>> Commissioner Smith: THANK YOU.

>> YOU DON'T SEEM -- WE'LL TALK -- WE'LL GET TO A LITTLE BIT MORE AROUND THAT. HOW DOES IT GET TO PEOPLE? IT PROBABLY STARTS WITH HUNTING. ONCE IT IS IN PEOPLE'S FAMILY MEMBERS AND CAREGIVERS CAN BECOME ILL AS WELL. RIGHT NOW IT'S GETTING SIERRA LEONE AND LIBERIA, AND I MENTIONED A BRIEFER OUTBREAK IN NIGERIA. THE ESTIMATES RIGHT NOW ARE CONSIDERED TO BE GROSS UNDERESTIMATES. THE CURRENT ESTIMATE IS 8,000 CASES IN AT LEAST 4,000 DEATHS. AND THE GLOBAL BURDEN OF SUFFERING IS REALLY IN THOSE THREE COUNTRIES. THERE'S A LOT OF HYSTERIA ALSO WHERE, BUT THAT IS WHERE ALL OF THE SUFFERING IS. INDIVIDUALS SUFFERING THROUGH ILLNESS AND DYING, THEIR FAMILIES BEING DISRUPTED, SOCIAL LIFE BEING DISRUPTED, ECONOMIC AND TRADE, TRAVEL, EVERYTHING BEING DISRUPTED. THAT IS REALLY WHERE THE PROBLEM IS, AND I THINK WHERE OUR THOUGHTS SHOULD BE, WHERE OUR RESOURCES SHOULD BE. AND BY DOING THE RIGHT THING THERE, WE WILL ACTUALLY ELIMINATE THE RISK HERE BECAUSE THE RISK HERE IS VERY, VERY LOW, BUT IT WON'T BE ZERO UNTIL THE OUTBREAK IN AUSTIN WILLIAM VANHAGEN IS CONTAINED -- WEST AFRICA IS CONTAINED. THAT'S ULTIMATELY THE FOCUS. DESPITE, THAT OUR MEDIA HAS FOCUSED ON THIS TINY NUMBER OF WESTERNERS THAT HAVE BECOME ILL. AND THEY HAVE ILLUSTRATED SOME CHALLENGES THAT WE DO HAVE TO DEAL WITH LOCALLY. ONE IS THAT THIS IS A VERY SEVERE ILLNESS. THERE'S ALMOST NO ILLNESS THAT KILLS MORE THAN HALF OF ITS VICTIMS. IT'S VERY, VERY SEVERE. AND WE'VE HAD PEOPLE DIE OF IT BOTH IN SPAIN AND IN THE U.S. SO IT'S NOT THAT AFRICANS DON'T KNOW HOW TO TAKE CARE OF IT, IT'S A REALLY, REALLY BAD ILLNESS. OUR ASSUMPTIONS ABOUT HOW TO PREVENT THE SPREAD WHEN YOU'RE TAKING CARE OF PEOPLE HAVE BEEN CHALLENGED REALLY SEVERELY, BOTH WITH NOW THREE HEALTH CARE WORKERS, ONE IN SPAIN AND TWO IN THE U.S. HAVING BECOME ILL, SO THAT'S AGAIN DAMAGED THE CREDIBILITY OF SOME OF THE RECOMMENDATIONS AND CERTAINLY DAMAGED THE CONFIDENCE OF HEALTH CARE WORKERS. THE COUNTY, THE REGION, THE STATE, THE COUNTRY ALL INVOLVED IN PLANNING ON HOW TO BEST DEAL WITH THIS. AGAIN, EVEN THOUGH THE RISK IS LOW, WE NEED TO BE VIGILANT AS WE KNOW, THERE CAN -- EVEN SMALL MISTAKES CAN LEAD TO A LOT OF CONSEQUENCES. IN SOME WAYS WE WANT TO TRY TO BRIDGE TO HOW OUR RESPONSE TO EBOLA IS SIMILAR TO HOW WE DEAL WITH A LOT OF DIFFERENT THINGS. WITH MOST DISEASES WE TRY TO DEFINE WHO'S AT RISK FOR THE DISEASE AND WHAT THE SYMPTOMS ARE, WE'VE DONE THAT FOR EBOLA, WE TRY TO MAKE SURE THE HEALTH CARE COMMUNITY KNOWS ABOUT THAT, WE'VE BEEN DISTRIBUTING INFORMATION ABOUT THAT SINCE JULY. WE WANT TO MAKE SURE PEOPLE CAN GET IN TOUCH WITH US, THERE'S SOME UNIQUE PUBLIC HEALTH ROLES I'LL TOUCH ON BRIEFLY ABOUT EBOLA. ONE OF THOSE IS WE'RE HEARING A LOT ABOUT, WHEN THERE ARE PEOPLE WITH CONTAGIOUS DISEASES, AS A RELATIVELY SHORT LIST OF THEM, THOSE MUST BE REPORTED TO THE COUNTY HEALTH DEPARTMENT.

AND THEN DEPENDING ON THE DISEASE, WE TAKE CERTAIN ACTIONS TO PREVENT FURTHER SPREAD. SOMETIMES IT'S THINGS WE CAN DO LIKE GIVING VACCINES OR ANTIBIOTICS TO PREVENT SPREAD, UNFORTUNATELY THOSE AREN'T OPTIONS WITH EBOLA. THERE IS NO KNOWN TREATMENT AND NO VACCINE. SORT OF THE OLD FASHIONED PUBLIC HEALTH METHOD IS CONTACT TRACING. YOU FIND OUT WHO IS AT RISK FOR DISEASE BY HAVING CARED FOR OR LIVED WITH THE PERSON, AND THEN YOU KEEP AN EYE ON THEM FOR AS LONG AS IT TAKES FOR THEM TO BECOME ILL. THE LONGEST POSSIBLE TIME IT COULD BE FOR SOMEONE TO BECOME ILL, THAT'S BEEN THE THREE WEEKS, NOW PEOPLE ARE CHALLENGING THAT WHETHER IT NEEDS TO BE LONGER. BUT WE DO THIS FOR OTHER DISEASES FOR MEASLES, FOR CHICKEN POX, FOR TUBERCULOSIS, ETC. THIS IS A DISEASE THAT'S DIFFERENT BECAUSE IT'S INCREASED SEVERITY AND THE HIGH AMOUNT OF SCRUTINY. ANOTHER UNIQUE ROLE OF THE LOCAL HEALTH AUTHORITY IS TO REQUEST, REQUIRE, AND ENFORCE ISOLATION OF PEOPLE WHO ARE ILL AND QUARANTINE, WHICH IS A DIFFERENT TECH IDEA, WHICH IS YOU'RE NOT ACTUALLY SICK, BUT YOU'RE EXPOSED TO SOMEONE WHO IS SICK. AND SO WE WANT YOU TO STAY HOME OR NOT GO TO WORK OR NOT GO TO SCHOOL OR SOMETHING. WE WOULD ONLY DO THIS WITH THE ADVICE OF THE COUNTY ATTORNEY AND BY OREGON LAW, IT HAS TO BE DONE BY AS DR. VINES MENTIONED THE LEAST RESTRICTIVE METHOD POSSIBLE. ANOTHER ROLE WE DO PLAY IS TRYING TO COORDINATE AMONG THE MANY SECTORS, FACILITIES AGENCY AND INTERESTED PARTIES THAT MIGHT BE INVOLVED IN DEALING WITH A SUSPECTED CASE. AND AGAIN, WE FEEL A SUSPECTED CASE IS A FAR MORE LIKELY SCENARIO THAN A TRUE CASE. BUT UNTIL WE KNOW THAT, WE NEED TO DEAL WITH THOSE AS IF THEY ARE THE REAL THING. WE CAN'T GO BACK IN TIME AND PUT OUR GLOVES ON IN RETROSPECT. SO AS EARLY AS JULY, WE WERE TALKING WITH THE COUNTY ATTORNEY, AND THE STATE PUBLIC HEALTH ATTORNEY ABOUT THIS BECAUSE OF CONCERN ABOUT RETURNING TRAVELER. WE DEVELOPED SOME PRELIMINARY PLANS IN AUGUST, WE HELD A SUMMIT IN SEPTEMBER THAT WAS ATTENDED BY OVER 70 PEOPLE FROM THE REGION FROM MULTIPLE AGENCIES, AND AS WE SPEAK, DR. SULLIVAN AND I STEPPED AWAY FROM A MEETING THAT WE CONVENED THAT INCLUDES THE STATE PUBLIC HEALTH DEPARTMENT, SIX LOCAL COUNTIES AND MULTIPLE OTHER GOVERNMENT AND NONGOVERNMENTAL AGENCIES TRYING TO DEAL WITH THE ALMOST DAILY NEWS THAT REQUIRES US TO ADJUST WHAT WE THOUGHT WE WERE GOING TO DO AROUND THIS. AND THEN FINALLY FOR THE -- TO PRAISE YOUR STAFF, THERE WAS A CALL ABOUT 10:00 YESTERDAY THAT THERE WAS A VOMITING CHILD FROM THE AFFECTED AREA ON AN AIRPLANE INCOMING IN 90 MINUTES TO PDX. SO THERE WERE PLANS IN PLACE FOR THIS, THEY'VE BEEN TRAINED, AND TESTED REPEATEDLY AND THE EMS MEDICAL DIRECTOR JUST IMMEDIATELY WENT OUT TO THE AIRPORT TO FIND OUT WHAT WAS ACTUALLY GOING ON. BEFORE THE PLANE LANDED WE HAD SOME REASSURING INFORMATION THAT IN FACT THE CHILD WAS FROM A NEARBY COUNTRY BUT NOT AN AFFECTED COUNTRY, AND THEY

WEREN'T THAT SICK, AND THEY WOULD BE SCREENED IN ATLANTA, BUT AT THE TIME WE DIDN'T HAVE THAT INFORMATION, AND WE RAPIDLY COORDINATED BOTH WITH THE COUNTY ATTORNEY AROUND WHAT MEASURES WE MIGHT NEED TO TAKE FOR THE OTHER PASSENGERS IF ANY, AND WITH TWO LOCAL HOSPITALS TO TAKE CARE OF CHILDREN TO PRETTY MUCH DRAW STRAWS, LIKE WHERE ARE WE GOING TO SEND THIS CHILD IF THEY NEED TO GO SOMEWHERE. THAT WAS AN AWKWARD CONVERSATION OBVIOUSLY BUT BOTH INSTITUTIONS STEPPED UP AND WE HAD OPTIONS FOR WHAT TO DO IF NECESSARY. SO I DO WANT TO LET YOU KNOW YOU HAVE VERY CONFIDENT, HARD WORKING STAFF THAT ARE ABLE TO RESPOND TO THINGS. WE WILL NOT DO IT PERFECTLY BUT WE'LL DO IT BETTER EACH TIME WE HAVE THE OPPORTUNITY.

>> Commissioner Smith: I HAVE A QUICK QUESTION. CAN YOU TELL ME THE PROCESS, YOU SAY YOU GO TO THE COUNTY ATTORNEY'S OFFICE, AT WHAT POINT DO YOU NOTIFY THE BOARD OF COUNTY COMMISSIONERS ABOUT SOMETHING LIKE THIS?

>> SO AGAIN, IF PEOPLE -- I TAKE RESPONSIBILITY FOR THAT, WE WERE WORKING EXTREMELY QUICKLY AND -- BOTH WITH THE HOSPITALS AND WITH THE ATTORNEY'S OFFICE, AND TRYING TO TAKE IT UP OUR CHAIN AS RAPIDLY AS POSSIBLE. FORTUNATELY PROBABLY BY THE TIME WORD COULD HAVE GOTTEN WE WERE ALREADY RAMPING BACK DOWN INTO, WE NEED TO INFORM THE PUBLIC NOTHING HAPPENED.

>> Commissioner Smith: BEING NICE, IF YOU INFORM THE BOARD OF COUNTY COMMISSIONERS BEFORE YOU INFORM THE PUBLIC, SO WE'RE NOT CAUGHT OFF GUARD, IT -- I DIDN'T KNOW ABOUT IT.

>> I APOLOGIZE, I ACTUALLY KNEW ABOUT IT, I WAS TALKING TO THE CHAIR'S OFFICE ABOUT IT AND WE'LL MAKE SURE WE HAVE PLANS IN PLACE TO MAKE SURE COMMISSIONERS KNOW ABOUT IT. ONCE -- BECAUSE THE -- THESE FOLKS ON THE GROUND DOING THE WORK LET ME KNOW WHAT'S GOING ON, AND THEN IT'S REALLY MY RESPONSIBILITY TO MAKE SURE THE CHAIR'S OFFICE KNOWS AND I'LL MAKE SURE THAT YOU ALL KNOW.

>> Commissioner Smith: DO WE HAVE TO VOTE ON QUARANTINING FOLKS?

>> I'LL REFER TO THE COUNTY ATTORNEY.

>> THAT'S DONE BY A JUDGE ORDER.

>> Commissioner Smith: THANK YOU.

>> Chair Kafoury: CERTAINLY BY THE TIME WE WERE ASKING FOR ANY SUCH ORDER THERE WOULD BE COMMUNICATION TO THE BOARD OF COUNTY COMMISSIONERS.

>> AGAIN, I AND JOANNE ACCEPT FULL RESPONSIBILITY FOR LAPSES IN COMMUNICATION. AND ALREADY WE'VE ASKED OUR PARTNERS WHAT WENT WELL, WHAT WENT BADLY COMMUNICATION. IT'S JUST -- AND A TIME PRESSURED SITUATION, I -- WE DO APOLOGIZE, AND I THINK SINCE THE PUBLIC AFFAIRS OFFICE WAS INVOLVED, WE CAN ALWAYS DO BETTER AND FIGURE OUT A WAY --

>> Commissioner Smith: THE PUBLIC AFFAIRS DEPARTMENT? OUR COMMUNICATIONS DEPARTMENT?

>> YES. THEY WERE ACTUALLY OPERATIONAL AND WORKING WITH MULTIPLE COUNTIES AND PARTNERS, BUT AGAIN, WE KNOW WE CAN ALWAYS DO BETTER ESPECIALLY AROUND COMMUNICATION, AND HAD WE KNOWN MORE ABOUT WHAT HAD ALREADY HAPPENED AT INTERNATIONAL RIVAL IN ATLANTA, WHICH WAS NOT SHARED --

>> WE ARE ABOUT TO BEGIN OUR EARTHQUAKE DRILL.

>> SAVED BY THE DRILL. [LAUGHTER]

>> THIS IS THE GREAT SHAKEUP.

>> Chair Kafoury: RANDY, AWAY FROM THE WINDOWS. AWAY FROM THE WINDOWS.

>> DUCK AND COVER. I'M A CHILD OF CALIFORNIA.

>> Chair Kafoury: THAT WAS FUN.

>> I FELT PRETTY PROTECTED.

>> Chair Kafoury: COMMISSIONER MCKEEL WOULD LIKE TO ASSURE THE PUBLIC NO BUSINESS WAS DISCUSSED UNDER THE DESK DURING THE BREAK. WE FOLLOWED ALL PROTOCOL. THANK YOU. NOW WE CAN CONTINUE.

>> I'M GOING TO ASK DR. SULLIVAN TO TALK ABOUT OUR GENERAL RESPONSIBILITIES AND OBLIGATIONS FOR COMMUNICABLE DISEASE AND THEN WE'LL CONTINUE TAKING QUESTION AND ANSWER ABOUT ALL OF THIS CONTENT.

>> Chair Kafoury: THANK YOU.

>> HI. I ACTUALLY WORKED REALLY LONG AND HARD ON THIS SERIES OF NOTES TO TALK ABOUT. WHAT YOUR COMMUNICABLE DISEASE PROGRAM DOES. AND BRING IT BACK TO TALKING ABOUT EBOLA AND THE EBOLA RESPONSE. I'M GOING TO CLOSE MY NOTEBOOK FOR A MINUTE HERE, AND TALK ABOUT WHY I'M REALLY CONCERNED ABOUT HOW WE'RE RESOURCED RIGHT NOW AND WHY THAT IS AND HOW I TAKE THE EBOLA THING A LITTLE BIT PERSONALLY. MANY YEARS AGO, 25 YEARS AGO OR SO NOW, I WAS A PEACE CORPS VOLUNTEER IN SIERRA LEONE AND WORKED IN THE HOSPITAL THERE, WHICH IS ONE OF THE SIERRA LEONE EPICENTERS. LET ME TRY TO GET THROUGH THIS PART WITHOUT GETTING EMOTIONAL. I'VE BEEN WORKING WITH OUR LIBERIAN COMMUNITY QUITE A BIT, SINCE THIS HAS BEEN COMING UP, AND RECOGNIZING THAT THIS WAS A REALLY SERIOUS PROBLEM. SIERRA LEONE WHEN I WAS LEAVING, WE ALMOST GOT PULLED OUT A COUPLE TIMES IN PEACE CORPS BECAUSE IT WAS THE EARLY DAYS AFTER CIVIL WAR AND IT WAS VERY BRUTAL. AND I WAS TALKING TO A GENTLEMAN LAST NIGHT OR TWO NIGHTS AGO I GUESS, FROM SIERRA LEONE, AND WE'RE TALKING ABOUT LIKE HOW AFTER THAT CIVIL WAR SIERRA LEONE WAS FINALLY RECOVERING. JUST FINALLY GETTING BACK ON ITS FEET. AND LIBERIA WAS AFFECTED THE SAME BY A CIVIL WAR THERE. AND MANY PEOPLE IN OUR SIERRA LEONE AND LIBERIAN COMMUNITIES CAME HERE TO ESCAPE THAT CIVIL WAR. AND THEY STILL HAVE FAMILY THERE, AND NOW EBOLA HAS HIT AND EBOLA IS TERRIBLE. AND IT IS KILLING THEIR FAMILIES AND THEIR FRIENDS -- SORRY. AND IT MAKES IT VERY PERSONAL FOR PEOPLE IN OUR COMMUNITY. AND I THINK IT MAKES IT VERY PERSONAL FOR US BECAUSE OF THAT. NOW I'M GOING TO OPEN MY NOTEBOOK AGAIN AND TAKE A DEEP BREATH AND SEE IF I CAN BE A LITTLE LESS EMOTIONAL AND MORE YOUR SCIENTIFIC AND MANAGERIAL LEAD ON ALL OF THIS. ANYWAY, YOUR COMMUNICABLE DISEASE SERVICES PROGRAM DOES MANY OF THE THINGS YOU'VE HEARD ABOUT THIS MORNING RELATING TO STATUTE, THE ACTIVITIES DR. LEWIS DISCUSSED, AND WE'VE BEEN DOING THAT RIGHT UP TO THE ENOF OUR CAPACITY IN THE LAST SEVERAL YEARS. THE LAST SEVERAL MONTHS HAVE REALLY CHANGED THE DYNAMIC FOR US. STARTING SEVERAL MONTHS AGO WE GOT A SECOND AND A THIRD CASE OF MULTIDRUG RESISTANT TUBERCULOSIS. THESE CASES TAKE INTENSIVE FOLLOW-UP, ESPECIALLY WITH THE NUMBERS OF CONTACTS RELATED TO THEM TO MAKE SURE THOSE CONTACTS CONTINUE TO TAKE A VERY COMPLEX REGIMEN OF TREATMENT OVER SEVERAL MONTHS WHEN THEY FEEL PERFECTLY HEALTHY AND MAY NOT EVEN UNDERSTAND WHY THEY'RE HAVING TO TAKE THESE DRUGS. IT'S VERY IMPORTANT THAT THEY FINISH THOSE DRUGS BECAUSE WE DON'T WANT THEM TO BREAK DOWN AND HAVE MULTIPLE DRUG RESISTANT T.P. AND PERPETUATE THAT IN OUR POPULATION. WE'VE HAD THE ARRIVAL OF NEW INFECTIOUS DISEASES, MERS, THERE'S ALWAYS NEW STRAINS OF INFLUENZA, AND THESE CREATE A LOT OF COMPLICATED RESPONSE NEEDS, PLANNING NEEDS, COMMUNITY OUTREACH NEEDS. EVEN BEFORE EBOLA WHEN DR. JUSTIN DENNY WAS HERE WITH THE MERS WORK WE WERE WORKING TO EDUCATE PEOPLE GOING BACK AND

FORTH ON HAJ, AND DOING SOME WORK ARRIVAL AROUND THAT. THERE'S ALSO WHEN THESE NEW DISEASES COME UP WHETHER IT'S THE EBOLA SITUATION OR A MERS CASE, OF HOW TO EVEN DECIDE IF SOMEBODY IS A SUSPECT CASE. THESE ARE NEW DISEASES, PEOPLE ARE UNFAMILIAR WITH THE CASE DEFINITIONS, ABOUT WHO NEEDS TO BE FOLLOWED UP, AND WHAT THAT FOLLOW-UP LOOKS LIKE, HOW TO WALK THROUGH THE STEPS. WE'RE PRETTY GOOD WITH SOMETHING LIKE PERTUSSIS. WE GET A LOT OF THOSE CASES EVERY YEAR. IT'S ROUTINE, WE HAVE A LETTER READY TO GO OUT TO THE SCHOOLS, WE KNOW WHAT TESTS TO TAKE, THE DOCTORS KNOW HOW TO SEND THEM. BUT WHEN SOMEBODY WHO YOU THINK MIGHT HAVE MERS WALKS INTO YOUR EMERGENCY DEPARTMENT, YOU REALLY WANT TO CALL PUBLIC HEALTH AND FIGURE OUT DO I NEED TO TEST THIS PERSON, WHAT LAB DOES THE TEST, HOW DO WE GET THIS TO THERE? AND I CAN SAY IN OUR CURRENT STAFFING CAPACITY WE HAD THAT HAPPEN A FEW WEEKS AGO. A YOUNG ADULT WALKED INTO THE OREGON -- OHSU EMERGENCY DEPARTMENT BECAUSE THEY'VE BEEN DOING A GREAT JOB ASKING TRAVEL HISTORIES BECAUSE OF EBOLA, THEY DISCOVERED THAT THIS GENTLEMAN WITH FLULIKE SYMPTOMS WAS FROM AN AREA WHERE MERS WAS CIRCULATING. THE PROVIDER -- THE INFECTION CONTROL PRACTITIONERS FROM THAT HOSPITAL PICKED UP THE PHONE TO CALL US. OUR ONLY NURSE AVAILABLE TO PICK UP THE PHONE WAS ON ANOTHER CALL WORKING HER OWN CASE LOAD OF OTHER CASES THAT WE ALREADY HAVE, HE GOT SENT TO VOICEMAIL. IT WASN'T LONG UNTIL THAT VOICEMAIL GOT PICKED UP, FIVE, 10 MINUTES. BUT WE DON'T EVEN REALLY QUITE HAVE ENOUGH PEOPLE TO PICK UP THE PHONE WHEN SOMEBODY NEEDS 20 CALL AND ASK WHAT TO DO ABOUT A MERS CASE. IN THIS CASE -- ONE OF THE SILVER LINING, BECAUSE I'M ALWAYS TRYING TO BE AN OPTIMIST, AND WE HAVE -- IS WE HAVE BEEN WORKING MUCH MORE CLOSELY WITH THE STATE AS OUR RESOURCES HAVE BECOME REALLY STRETCHED. DR. TOWNS CALLED THE STATE, THE STATE CALLED US, WE GOT THE LOOP CLOSED, IT WAS OK, WE WERE ON IT, WE ADDRESSED IT AND WE WERE WORKING WITH DR. TOWNS, I CAN DESCRIBE SOME OF THE FOLLOW-UP WORK THAT WAS ALSO REQUIRED WHEN WE DECIDED WE NEEDED TO TEST THIS PERSON AND THEN DETERMINE HOW TO HOUSE THEM, HOW TO GET THEM FROM THE EMERGENCY DEPARTMENT DOWN THE HILL TO SOME PLACE WHERE THEY COULD STAY, WHO WOULD TAKE CARE OF THEM BECAUSE THEY WERE SICK. A NUMBER OF OTHER THINGS. SO THESE THINGS ALL PUT A LOT OF PRESSURE, WHETHER IT'S SOMETHING LIKE MULTIDRUG RESISTANT T.B., WHICH IS A GLOBAL PROBLEM WHICH IS BEGINNING TO SURFACE MORE AND MORE HERE, OR OTHER GLOBAL PROBLEMS LIKE MERS SHOWING UP IN OUR EMERGENCY DEPARTMENTS AND NOW EBOLA ON TOP OF ALL OF THAT. THE EBOLA EFFORTS THAT WE HAVE BEEN ENGAGED IN FOR QUITE A WHILE NOW INCLUDE OUTREACH WORKING WITH LIBERIAN COMMUNITY, WE DO HAVE A COMMUNITY LIAISON WHO HAS BEEN IN CLOSE CONTACT, WE'VE HAD AT LEAST A COUPLE MEETINGS WITH THAT GROUP, I'VE GOT ANOTHER MEETING WITH THEM SATURDAY, AND IT'S A FANTASTIC GROUP OF PEOPLE. AND THIS

REALLY DOES GET TO OUR ROLE THEN GAUGING THE COMMUNITY. WE HAVE PEOPLE OUT THERE WHO ARE REALLY COMMITTED, THERE'S THIS ONE WOMAN WHO IS AMAZING, SHE'S GOT FRIENDS COMING TO VISIT FROM LIBERIA, THEY'RE NOT HIGH-RISK PEOPLE, THEY HAVEN'T BEEN IN ANY OF THESE HIGH-RISK SETTINGS, BUT SHE INSISTS ON FOLLOWING THE CDC GUIDELINES, SHE'S CHECKING THEIR TEMPERATURES EVERY DAY, SHE'S WRITING IT IN THE LOGBOOK AND SHE HAS OUR PHONE NUMBER. SO WE REALLY DO HAVE GREAT PEOPLE OUT IN THE COMMUNITY, AND THAT'S WHAT IT'S GOING TO TAKE. BECAUSE IF YOU IMAGINE A WORLD WHERE THERE IS NO COMMUNICABLE DISEASE CAPACITY, JUST IMAGINE WEST AFRICA RIGHT NOW WITH EBOLA. BEFORE THERE WAS A BREAKDOWN IN PUBLIC HEALTH -- IN HEALTH CARE SERVICES, THERE WAS A COMPLETE ABSENCE OF A FUNCTIONING PUBLIC HEALTH INFRASTRUCTURE THAT DID THIS KIND OF WORKDAY IN AND DAY OUT. AND THAT'S WHAT YOU'RE SEEING NOW. AND THAT'S WHY IT IS SO DEVASTATING IN THOSE COUNTRIES. I THINK THAT'S ALL FOR NOW.

>> QUESTIONS FOR US?

>> Commissioner Smith: COMMENT. JUST GOING BACK TO EARLIER CONVERSATIONS ARRIVALROUND WHAT EBOLA IS AND WHAT IT'S NOT, I JUST WANT TO MAKE CLEAR THIS IS A VERY SERIOUS DISEASE, IT HAS SOME VERY SERIOUS OUTCOMES, AND IS THERE A TELEPHONE NUMBER THAT FOR FOLKS WHO ARE WATCHING THIS ON TELEVISION, DO WE HAVE A TELEPHONE NUMBER THAT WE CAN GIVE THEM RIGHT NOW IF THEY NEED TO TALK TO SOMEONE FROM OUR COUNTY HEALTH DEPARTMENT? THAT WE CAN GIVE TO THEM?

>> SO WE HAVE BEEN DOING TARGETED WORK. OUR COMMUNICABLE DISEASE SERVICES PROGRAM, OUR NUMBERS, IT'S IN THE PHONE BOOK, WE DO HAVE INFORMATION ON OUR WEBSITE AND PEOPLE KNOW HOW TO FIND US. WE HAVE NOT ACTUALLY BEEN GETTING A LOT OF GENERAL CALLS FROM THE PUBLIC ON EBOLA.

>> Commissioner Smith: I IMAGINE THAT'S GOING TO CHANGE. DID YOU SEE THE NEWS LAST NIGHT ABOUT SALEM? I IMAGINE THAT WHOLE THING IS GOING TO CHANGE FAIRLY QUICKLY, AND WHAT I NEED IS A TELEPHONE NUMBER S. THERE ANYBODY HERE FROM THE HEALTH DEPARTMENT THAT CAN GIVE ME A TELEPHONE NUMBER OF A PLACE THAT PEOPLE CAN ACTUALLY CALL RIGHT NOW, OR I CAN LOOK IT UP, I JUST WANT TO BE ABLE TO TELL PEOPLE, HERE'S THE NUMBER TO MULTNOMAH COUNTY HEALTH DEPARTMENT THAT IF THERE ARE ANY, YOU KNOW, CONCERNS, YOU CAN CALL THIS NUMBER. I JUST DON'T THINK THAT -- I CAN TELL YOU I'M VERY FRUSTRATED RIGHT NOW, AND MY SENSE IS THAT YOU ALL ARE NOT TAKING THIS SERIOUSLY.

>> THAT IS OUR COMMUNICABLE DISEASE LINE FOR NOW. AND WE DO HAVE PLANS WHERE IF THAT LINE DOES GET TOO BUSY, WE SCALE UP AND WE WORK WITH OUR P.O.s TO DEVELOP ANOTHER NUMBER.

>> Chair Kafoury: I THINK THE IMPORTANT PART OF THIS CONVERSATION, THOUGH, IS TO ALSO TALK ABOUT THE RISKS, AND THE REALITY, WHILE IT IS A VERY SERIOUS DISEASE, THE RISKS THAT ANYBODY IN OUR COMMUNITY IS INFECT SECOND DEGREE EXTREMELY SLIM. AND WHAT WE DON'T WANT TO DO TODAY IS CREATE HYSTERIA AND HAVE PEOPLE PHONING BECAUSE THEIR CHILD HAS A FLU. WHICH IS VERY LIKELY TO HAPPEN THE MORE WE ELEVATE -- I THINK THE IMPORTANT THING IS TO KEEP THE CONVERSATION NOW AT A POINT WHERE OUR FOLKS ARE TAKING THIS VERY SERIOUSLY. I BELIEVE PEOPLE WORKING FOR THE HEALTH DEPARTMENT IN OUR MEDICAL OFFICES ARE TAKING THIS EXTREMELY SERIOUSLY, AND THEY ALSO KNOW THAT CREATING HYSTERIA IN THE COMMUNITY IS NOT GOING TO HELP IN ANY WAY, SHAPE, OR FORM. IN FACT, BY TYING UP THE LINES AT THE COMMUNICABLE DISEASE DEPARTMENT MEANS THAT WHEN A DOCTOR HAS A CASE OF MERS AT OHSU, WHICH IS ALSO VERY SERIOUS, THEY CAN'T GET THROUGH. SO I THINK EVERYBODY TAKING A DEEP BREATH AND REALIZING WHILE, YES, THIS IS VERY SERIOUS AND THERE ARE PARTS OF OUR WORLD THAT ARE BEING DEVASTATED AS HAS BEEN DISCUSSED, CURRENTLY THIS IS A BRIEFING.

>> Commissioner Smith: THIS IS NOT TO PROMOTE HYSTERIA. THIS IS TO EDUCATE THE PUBLIC ON A TELEPHONE NUMBER IN WHICH THEY CAN CALL. AND SO MY SENSE IS IT'S NOT I DON'T THINK YOU'RE TAKING THE WHOLE ISSUE SERIOUSLY, BUT IN TERMS OF ENGAGING AND EDUCATING THE PUBLIC ABOUT WHAT EBOLA IS, AND WHAT EBOLA IS NOT, TO KIND OF CALM DOWN THE HYSTERIA. THAT'S WHAT I'M TALKING ABOUT.

>> Chair Kafoury: JULIE SULLIVAN, WOULD YOU COME UP -- DO WE HAVE SOMETHING ON THE WEBSITE THAT TALKS ABOUT EBOLA, A PAGE ON OUR WEBSITE --

>> YES. SO IF I MAY, JULIE SULLIVAN -- GOOD MORNING, COMMISSIONERS, THANK YOU FOR TALKING ABOUT THIS INCREDIBLY IMPORTANT SUBJECT. SO SINCE AUGUST, WE HAVE HAD A STANDING EBOLA PAGE WHICH HAS VERY -- IN ENGLISH AND FRENCH, BECAUSE OF THE COMMUNITIES AFFECTED, THERE HAVE BEEN COMMUNITY OUTREACH LED BY DR. VINES AND DR. AMY SULLIVAN TO THE OREGON ASSOCIATION OF LIBERIA. THERE IS ON OUR MAIN COUNTY WEBSITE ON THE HOME PAGE, THERE IS AN EBOLA UPDATE, YOU'LL SEE TODAY ARRIVALROUND WHAT HAPPENED YESTERDAY. IN ADDITION TO THAT, THE COMMUNICABLE DISEASE LINE IS SHARED WITH PEOPLE. DO YOU WANT TO SHARE THAT?

>> IT IS FITCH 03-988-3406.

>> Commissioner Smith: YOU DO KNOW A TELEPHONE NUMBER! THAT'S GREAT!

>> ABSOLUTELY. AND THE OTHER THING I JUST WANTED TO POINT OUT IS ONE OF THE THINGS THAT HAS REALLY KEPT OUR HEALTH OFFICERS AND OUR COMMUNICABLE DISEASE SERVICE MANAGERS SO BUSY IS CONSTANT COMMUNITY OUTREACH ON TUESDAY DR. LEWIS ADDRESSED WAS REALLY THE STAR OF A CITY CLUB FORUM ON EBOLA, YESTERDAY HE WAS DOING AN HOUR-LONG LIVE CHAT WITH OREGON LIVE WHILE THIS INCIDENT WAS UNFOLDING. THERE WAS A MAJOR PRESS CONFERENCE WITH ALL PRESS AT 3:00, IT WAS UPDATED THIS MORNING WITH LIVE RADIO INTERVIEWS BEFORE 7:00 A.M. WITH DR. LEWIS. AND WE'RE PLANNING FURTHER UPDATES THIS AFTERNOON. SO WE ARE TRYING TO KEEP THE COMMUNITY INFORMED AND WE'RE DEFINITELY TRYING TO LOOK AT EACH RIPPLE OF AUDIENCE. YOUR INPUT IS VALUABLE FOR US TO KNOW, AND TO GIVE US ANY IDEAS OF HOW TO DO OUR JOB BETTER. THANK YOU.

>> Chair Kafoury: OTHER QUESTIONS OR COMMENTS?

>> Commissioner McKeel: THANK YOU. THANK YOU SO MUCH. THIS IS A REALLY SO TIMELY. I'M HEARING ON THE NEWS ALL THE TIME ABOUT WHAT IS HAPPENING IN OTHER PARTS OF THE COUNTRY, AND WHAT -- AND DR. LEWIS I SAW YOU ON TV. AT YOUR PRESS CONFERENCE. AND I THINK IT'S IMPORTANT NOT TO CAUSE HYSTERIA ABOUT THIS, BUT I THINK AS EACH SORT OF PIECE OF NEWS DRIBBLES OUT, IT'S IMPORTANT TO -- THIS MORNING WE HAD A NURSE FROM THE HOSPITAL IN DALLAS TALKING ABOUT THE BREACH IN PROTOCOLS THERE. AND I HEARD SOMEONE FROM DALLAS INTERVIEWED ON THE RADIO, AND I'M NOT -- I DON'T REMEMBER EXACTLY WHO THIS PERSON WAS, BUT THEY WERE SAYING YOU CAN'T GO TO A RESTAURANT OR ANY PLACE IN DALLAS THAT THEY'RE NOT TALKING ABOUT EBOLA. AND SO I THINK THEY HAVEN'T HAD A LOT OF CASES THERE YET, BUT IT IS TOP OF PEOPLE'S MINDS DEFINITELY. AND SO I THINK -- AND I DO HAVE A QUESTION ABOUT OUR HOSPITALS. I DID HEAR THAT THE SALEM HOSPITAL FELT THEIR PROTOCOLS WERE CORRECT, AND WHEN THEY HAD THE CASE IN -- YESTERDAY OR WHENEVER THAT WAS. AND I DON'T KNOW, CAN YOU TALK A LITTLE BIT ABOUT HOSPITALS AND WHAT PROTOCOLS ARE GOING ON THERE?

>> I THINK CIVIL OF THE TOPICS RIGHT NOW ARE ARRIVALROUND COMMUNICATION. AND JULIE SULLIVAN ADDRESSED THAT A LITTLE BIT AS DID THE CHAIR ARRIVALROUND THIS BALANCE BETWEEN OVERREACTING AND UNDERREACTING AND HAVING AN APPROPRIATE LEVEL OF CONCERN. IT IS AN ALMOST IMPOSSIBLE BALANCE TO REACH. AND THEN THE OTHER THING THAT'S BEEN PRETTY OBVIOUS, UNLESS YOU'RE NOT LOOKING AT ANY PHOTOGRAPHS, IS THAT WHAT YOU'RE SEEING IN THE PHOTOGRAPHS THAT GET WIDELY DISTRIBUTED AND WHAT THE ACTUAL RECOMMENDATIONS ARE ARE PRETTY DIFFERENT. THE RECOMMENDATIONS IF YOU'VE BEEN TO A

PROP ARE SIMILAR, PEOPLE PUT ON THESE, YOU KNOW, VERY THIN BUT WATERPROOF GOWNS AND GLOVES AND MASKS, ETC., BUT THE PICTURES YOU SEE ARE PEOPLE IN CLOSE TO SPACE SUITS. AND SO EMPLOYEES AND HOSPITAL ADMINISTRATORS ARE THINKING, SO WHAT'S THE TRUTH HERE? AND THAT WAS KIND OF OK UNTIL THE TWO DALLAS HEALTH CARE WORKER CASES. SO RIGHT NOW I WOULD SAY THERE'S CONCERN BORDERING ON CONFUSION OVER WHAT THE RIGHT THING TO DO IS. AND AGAIN, WE'RE ANTICIPATING A NUMBER OF ANNOUNCEMENTS FROM THE CDC, THEY'RE UNDER INCREDIBLE PRESSURE TO, QUOTE, DO SOMETHING DIFFERENT. AND HOPEFULLY THAT WILL BE SOME CLARIFICATION. IF YOU REMEMBER BACK TO 2009, THERE WAS A LOT OF CONTROVERSY OVER WHAT COLOR MASK YOU WORE AND HOW TIGHTLY IT FIT ARRIVALROUND YOUR FACE. AND IT WASN'T A REALLY CLEAR YES-OR-NO ANSWER. IT TURNS OUT WE COULDN'T GET A WHOLE LOT OF THE REALLY TIGHT-FITTING ONES. THEY LITERALLY DIDN'T EXIST. SIMILARLY WITH THOSE SINCE WE -- SINCE HOSPITALS DON'T ROUTINELY USE THE MORE FULL-BODY SINGLE PIECE COVERING, I DON'T HAVE NUMBERS, BUT IT MIGHT BE SINGLE DIGITS THAT HOSPITALS ARE REALLY -- AND BACK ORDERED TILL DECEMBER, MAYBE MARCH. SORT OF THING. SO THERE ARE ACTUAL PRAGMATIC ISSUES. WE WERE TENSE YESTERDAY. WE THOUGHT WE ACTUALLY HAVE A CHILD, SO NOW WE DON'T HAVE 17 HOSPITALS, WE HAVE 2 1/2, MAYBE, THAT ARE EVEN OPTIONS. AND THEY'RE ALL RAMPING UP THEIR TRAINING AND SAYING, WHAT WE TAUGHT YOU LAST WEEK MIGHT NOT BE GOOD ENOUGH. SO I WOULD SAY THERE'S A -- DESPITE THE LOW RISK, THE DIFFERENCE HERE IS THAT THE AMAZING SEVERITY OF THE DISEASE THAT KILLS MORE THAN HALF ITS VICTIMS, SO EVEN WITH A SUSPECT CASE, THE LEVEL OF ANXIETY IN OUR DESIRE TO PERFORM WELL LEADS TO TENSION, BECAUSE YOU CAN'T ACTUALLY GO TO THE STORE AND BUY THE THING YOU WANT TO GIVE TO YOUR EMPLOYEES. SO IT'S -- WE'RE IN A VERY AWKWARD PERIOD RIGHT NOW. AND THIS IS GOING TO PERSIST BECAUSE MOST PEOPLE THINK WE'VE GOT AT LEAST SIX MONTHS OF TROUBLE, AND ONGOING ILLNESS IN WEST AFRICA. UNTIL THAT IS COMPLETELY CONTAINED AND ELIMINATED, THERE WILL ALWAYS BE A DEGREE OF RISK.

>> Commissioner Smith: MADAM CHAIR, I HAVE A QUESTION. WALK ME THROUGH THIS, DOCTOR F SOMEONE WALKS INTO ONE OF OUR COUNTY HEALTH CLINICS AND THEY HAVE SOME OF THE SYMPTOMS, CAN YOU TELL ME FROM A TO Z WHAT WOULD HAPPEN AND WHAT OUR RESPONSE WOULD BE?

>> SO WE DO HAVE A VERY SORT OF SIMPLIFIED RECOMMENDATION FOR ALPHA SILTS. AND IT'S JUST ASK, ISOLATE, AND CALL. SO ASK THE QUESTIONS, PEOPLE IN DIFFERENT CLINICS ARE TRYING TO INCORPORATE THAT INTO THEIR STANDARD THING. ARE YOU SICK, AND HAVE YOU BEEN SIERRA LEONE, GUINEA, LIBERIA. IF YES, YOU'RE DONE FOR NOW, GO STRAIGHT TO A ROOM, CLOSE THE DOOR AND NO ONE ENTERS UNLESS

THEY'VE GOT THE BEST POSSIBLE PROTECTIVE EQUIPMENT. THEN CALL -- EXCUSE ME. THERE'S A STATEWIDE ALERT GOING ON FOR PRACTICE RIGHT NOW. [CELL PHONE RINGING] THEN CALL US, IT'S THE COUNTY HEALTH DEPARTMENT NUMBERS PLUS MY CELL PHONE NUMBER, SO THE IDEA -- AND THEN ONCE WE GOT THAT INFORMATION, WE WOULD GO THROUGH THE PROCESS, I TOLD YOU WHERE WE DO OUR BEST TO VERIFY THE INFORMATION, ESTABLISH SAFE TREATMENT FOR THE PATIENT IF THEY'RE VERY, VERY ILL, OUR EMS PROVIDERS WILL GO NON DESPITE THE DANGER AND MOVE THEM. THEY NEED TO HAVE A DESTINATION, ALL OF THE HOSPITALS ARE WILLING TO ACCEPT PATIENTS, THERE'S A LOT OF DISCUSSION ABOUT WHETHER THERE SHOULD BE A SPECIAL DESTINATION WHERE PEOPLE ARE MORE PREPARED, AND THEN THEY'RE ABLE TO PROVIDE A HIGHER DEGREE OF ISOLATION, THEY HAVE ROOMS WHERE WHEN YOU CLOSE THE DOOR AIR ONLY FLOWS IN SO NO AIR CAN COME OUT. THERE'S A FILTER BEFORE IT EXITS THE ROOM AND THEY DO HAVE ACCESS TO, YOU KNOW, STICKER LAYERS OF PROTECTIVE EQUIPMENT AND A LIMITED SUPPLY OF THOSE THINGS. AT THAT POINT THE PATIENT WOULD NEED WHATEVER CARE THEY WOULD NEED, AND HOSPITALS ARE WORKING ON WHO ARE THE VOLUNTEERS THAT WOULD PROVIDE THAT CARE, WHERE IT WOULD OCCUR, HOW YOU WOULD LIMIT OTHER ACCESS. WE WOULD BE WORKING WITH THE STATE AND THE CDC TO PROMPTLY TRY TO MAKE THE DIAGNOSIS. YOU HEARD HOW QUICKLY IT HAPPENED IN DALLAS WITHIN HOURS. WE DON'T HAVE QUITE THAT LUXURY. OUR STATE PUBLIC HEALTH LABS IN HILLSBORO DOESN'T HAVE THE TEST RIGHT NOW, THE STATE OF WASHINGTON NEAR SEATTLE DOES, AS DOES THE CDC. AND THE PLAN AS OF THIS MORNING, LIKE LITERALLY DIFFERENT THAN YESTERDAY MORNING, IS THAT WE WOULD GET TWO SPECIMENS, ONE WE WOULD GET TO SEATTLE AS QUICKLY AS POSSIBLE, AND THE OTHER WOULD GET ON A PLANE AND GO TO ATLANTA.

>> Commissioner Smith: WHAT CONSTITUTES A SPECIMEN? IS IT BLOOD?

>> IT'S BLOOD. AGAIN, WE TRANSPORT BLOOD ALL THE TIME. OBVIOUSLY THE CONCERN OVER TRANSPORTING A SPECIMEN OF POTENTIALLY INFECTIOUS BLOOD FROM AN EBOLA PATIENT HAS LED TO PROBLEMS WITH TRANSPORTATION, EVEN IRONICALLY FROM EMORY UNIVERSITY ALMOST WALKING -- ALMOST WALKING DISTANCE -- [CELL PHONE RINGING] THIS IS GOING TO GO ON UNTIL THE ALERT IS OVER. THE MACHINE KEEPS CALLING. SO THERE ARE PRACTICAL ISSUES THERE, I DON'T --

>> Commissioner Smith: WE HAVE STEPS IN PLACE AND WHAT I'M CONCERNED ABOUT IS, WHEN YOU SAID THE COUNTY FOLKS WOULD GO IN, SO DO WE HAVE THAT PROTECTIVE GEAR IN OUR CLINICS?

>> ALL CLINICS -- I DON'T KNOW WHAT THEIR PRECISE BRAND AND THINGS IS. ALL CLINICS DO HAVE WHAT WE CALL THE BASICS, WHICH IS GOWN, GLOVES, AND MASKS.

>> Commissioner Smith: YOU KNOW WHAT I'M TALKING ABOUT. THEY'RE SPECIFIC EQUIPMENT WHEN DEALING WITH EBOLA PATIENTS THAT YOU HAVE TO HAVE. DO WE HAVE THAT?

>> RIGHT. SO THE OFFICIAL NATIONAL RECOMMENDATION CURRENTLY, UNLESS IT'S CHANGED SINCE IT WAS ONLINE, IS FOR THE STANDARD STUFF. IT'S A MASK, SOME SORT OF EYE PROTECTION, WE HAVE GOGGLES AND FACE SHIELDS, A COUPLE OF PAIRS OF GLOVES --

>> Commissioner Smith: SO WE DO HAVE IT. OK. I JUST WANTED TO MAKE SURE.

>> IS IT ADEQUATE TO REASSURE OUR PROVIDERS THAT THEY'RE BEING PROTECTED GIVEN WHAT THEY'VE HEARD, AND I THINK THERE'S A REAL -- WE HAVE A SERIOUS CREDIBILITY CHALLENGE RIGHT THIS MINUTE ABOUT THAT.

>> ONE OF THE THINGS I WANT TO CLARIFY IS, THE HEALTH DEPARTMENT REALLY HAS TWO ROLES THAT WE'RE TALKING ABOUT HERE AND THAT YOU'RE ASKING ABOUT, COMMISSIONER SMITH. ONE IS THE DIRECT PATIENT CARE THAT WE PROVIDE IN OUR CLINICAL SYSTEM, AND THEN THE ROLE THAT WE HAVE THAT DR. SULLIVAN, DR. VINES, AND DR. LEWIS ARE RESPONSIBLE FOR, WHICH IS REALLY INTERACTING WITH THE WHOLE COMMUNITY OF PROVIDERS IN OUR COMMUNITY ALL THE HOSPITALS, ALL THE CLINICAL SYSTEMS, TO TRY TO BOTH COORDINATE OUR EMERGENCY RESPONSE TO COMMUNICABLE DISEASE, AND THEN WHAT DR. SULLIVAN WAS TALKING ABOUT, ABOUT WORKING WITH COMMUNITIES TO IDENTIFY POTENTIAL RISKS TO TRACK DOWN, IDENTIFY CASES, AND TO FOLLOW UP IN APPROPRIATE PUBLIC HEALTH MEASURES TO ANY COMMUNICABLE OUTBREAK. SO WE'VE REALLY GOT MULTIPLE ROLES THAT WE'RE TALKING ABOUT HERE THAT CAN SOMETIMES GET OVERLAPPING, BUT WE HAVE, YOU KNOW, A PART OF WHAT WE'RE TRYING TO BE CLEAR ABOUT IS, YOU KNOW F. SOMEONE HAS A HEALTH CARE PROVIDER AND THEY HAVE A HEALTH CARE CONCERN FOR THEMSELVES OR A FAMILY MEMBER, THEY SHOULD BE CALLING THAT HEALTH CARE PROVIDER AND NOT NECESSARILY CALLING THE COMMUNICABLE DISEASE LINE. AND THEN IF THEIR PROVIDER HAS A CONCERN ABOUT WHETHER OR NOT THIS PERSON HAS A COMMUNICABLE DISEASE, THEY WOULD THEN CALL THE COMMUNICABLE DISEASE LINE TO TALK TO THEM ABOUT WHAT THE APPROPRIATE PROCEDURES WERE FOR DEALING WITH THAT PATIENT. SO THAT'S KIND OF THE -- WE'RE NOT THE SORT OF -- WE REALLY WANT PEOPLE, IF THEY HAVE CONCERNS ABOUT THEIR OWN PERSONAL HEALTH, TO BE CONTACTING THEIR HEALTH CARE PROVIDER.

>> Commissioner Smith: CERTAINLY. BUT WE'RE A HEALTH CARE PROVIDER, YES? AND YOU GOING -- THAT'S WHAT I'M TALKING B I'M TRYING TO HELP FOLKS WHO WE SEE --

>> SO ALL OF OUR CLINICS -- THAT WOULD NOT BE THE LINE THAT DR. SULLIVAN WAS TALKING ABOUT.

>> Commissioner Smith: BUT WE ALSO OFFER PUBLIC INFORMATION TO THE PUBLIC ABOUT THINGS THAT WE HAVE, YOU KNOW, EVEN THOUGH THEY MAY NOT BE PATIENTS IN OUR HEALTH CLINICS, BUT IF SOMEONE WANTS TO FIND QUICK INFORMATION, WE SHOULD BE THE FIRST STOP THAT THEY MAKE.

>> AND THAT'S A PART OF WHY WE HAVE SO PROMINENTLY ON THE FRONT PAGE OF THE WEBSITE PUT INFORMATION ABOUT WHAT WE KNOW ABOUT EBOLA PREPAREDNESS AND THE STEPS THAT PEOPLE NEED TO TAKE.

>> Chair Kafoury: I THINK HAVING SOME Q AND A, I DON'T SEE IT THERE NOW, BUT --

>> WE'RE GOING TO MOVE THE Q AND A FROM THE HEALTH DEPARTMENT PAGE TO BASED ON THE LATEST INFORMATION THAT'S GOING OUT.

>> Chair Kafoury: THANK YOU.

>> Commissioner Smith: THAT'S A GOOD IDEA. BECAUSE WHEN YOU CAN'T GET IN CONTACT WITH SOMEONE DO YOU TO Q AND A. NO, THIS IS NOT THE ISSUE. SO -- I REALLY HAVE TO SAY I, LIKE YOU DOCTOR, I AM REALLY CONCERNED ABOUT THIS AND MY CONCERN FOR OUR RESIDENTS IN MULTNOMAH COUNTY AND IN THE STATE OF OREGON IS THAT WE ARE SO PREPARED THAT PEOPLE KNOW AND THAT THEY TRUST US AS THE MULTNOMAH COUNTY HEALTH AUTHORITY, THAT WE KNOW WHAT WE'RE DOING. BECAUSE IF I DON'T KNOW WHAT WE'RE DOING, BECAUSE WE HAVEN'T COMMUNICATED ABOUT IT, HOW CAN WE GET INFORMATION OUT, ENOUGH INFORMATION TO MAKE FOLKS FEEL COMFORTABLE SO THEY'RE NOT HYSTERICAL -- HYSTERICAL ABOUT WHAT'S GOING ON? BECAUSE THAT'S ALL YOU SEE ON CNN, ON ALL THE NEWS STATIONS, THEY'RE JUST TALKING ABOUT THIS OVER AND OVER AGAIN. WE CAN'T STOP THAT KIND OF PUBLICITY. BUT WE CAN KIND OF, WITH SOME INFORMATION, LIKE THE CHAIR IS TALKING ABOUT, Q AND As, WE CAN KEEP SOME THINGS DOWN. AND LET ME TELL YOU, THERE IS A SIZABLE LIBERIAN COMMUNITY HERE, AND I GUARANTEE YOU THAT MY PHONE WILL BE RINGING OFF THE HOOK ABOUT THIS. AND I JUST WANT TO KNOW WHAT'S GOING ON TO BE ABLE TO COMFORT FOLKS.

>> THAT'S A PART OF WHY WE WANTED TO TALK ABOUT THIS TODAY, TO MAKE SURE THAT YOU KNEW WHAT WE CURRENTLY KNOW AT THIS MOMENT AND AS DR. LEWIS HAS BEEN SAYING, THIS IS A RAPIDLY CHANGING SITUATION THAT'S CHANGING REALLY DAY BY DAY. WE WANT TO MAKE SURE THAT YOU HAVE THE INFORMATION SO THAT YOU CAN BE RESPONSIVE TO THE COMMUNITY. I KNOW YOU WANT TO DO THAT, A WILL OF YOU WANT TO

DO THAT, SO WE WILL WORK HARDER TO MAKE SURE YOU'VE GOT THE INFORMATION THAT YOU NEED TO HAVE.

>> Commissioner Smith: THANK YOU.

>> Commissioner McKeel: THANK YOU FOR THIS INFORMATION. I THINK YOUR PHONE, DR. LEWIS, IS TELLING US A STORY HERE TOO ARRIVALROUND WHAT'S HAPPENING. I DO AGREE WITH COMMISSIONER SMITH THAT THE COMMUNICATION PIECE IS SO IMPORTANT, BECAUSE THERE'S FORCES OUTSIDE OF US THAT ARE RAMPING THIS FEAR UP. AND WE NEED TO BE PREPARED TO PRESENT WHAT'S REALISTIC AND WHAT'S RIGHT ABOUT WHAT'S HAPPENING WITH THE EBOLA.

>> PART OF -- OUT OF THIS DISCUSSION I THINK WHAT WOULD I OFFER IS THAT PART OF WHAT WE WILL DO AS I'LL WORK WITH DAVE AUSTIN AND JULIE SULLIVAN TO MAKE SURE -- BECAUSE I NEED THESE PEOPLE TO BE FOCUSED ON THE WORK THEY'RE DOING TO ADDRESS THE POTENTIAL THREAT. AND THEN THEY COMMUNICATE WITH ME AND I'LL MAKE SURE THAT JULIE, DAVE, AND I HAVE A PLAN FOR REGULARLY UPDATING YOU ALL WITH EMAIL OR TEXT OR WHATEVER IS THE CORRECT FORMAT OF COMMUNICATION ABOUT WHAT'S HAPPENING DAY-TO-DAY. SO THAT YOU ARE IN THE LOOP.

>> CAN I ALSO ADD SOMETHING THAT MIGHT NOT BE CLEAR FROM WHERE YOU SIT? AS PART OF THIS PLANNING PROCESS, WE WENT INTO A JOINT INFORMATION CENTER AND THAT MEANS THAT WE ARE THIS PLANNING GROUP THAT DR. LEWIS DESCRIBED, SO WE ARE SITTING DOWN WITH THE PIOs FROM THE STATE PUBLIC HEALTH DIVISION AND FIVE OTHER COUNTIES. WE MEET AND DEVELOP THE MATERIALS AND RESPOND TO ALL OF THIS TOGETHER AS A UNIT SO THAT PEOPLE ARE NOT HEARING MULTNOMAH COUNTY HAS A CENTRAL ROLE IN THAT, I'M THE LEAD PIO FOR THE GROUP WHICH IS WHAT WAS GOING ON YESTERDAY. SO YOU REALLY ARE GOING TO GET THE INFORMATION AS SOON AS EVERYONE ELSE HAS IT, AND WE WILL WORK HARDER. I APPRECIATE YOU BRINGING THAT UP.

>> Chair Kafoury: THANK YOU. AND BECAUSE WE ARE ALL GATHERED HERE TODAY, I THOUGHT I WOULD TAKE THIS OPPORTUNITY TO READ SOMETHING THAT I -- TO MENTION SOMETHING I JUST FOUND ON OREGON ONLINE, WHICH IS RELATED TO THIS IN THAT WHILE WE ARE PREPARING TO TAKE ALL THESE STEPS WE CAN ARRIVALROUND EBOLA, THERE ARE OTHER PRECAUTIONS WE CAN TAKE IN OUR COMMUNITY, LIKE GETTING CHILDREN VACCINATED AND OREGON WAS NAMED ONCE AGAIN THE HIGHEST RATE OF UNVACCINATED CHILDREN IN OUR COMMUNITY FOR DISEASES WE KNOW THAT THERE IS A MUCH, MUCH GREATER THREAT THAT THEY WILL GET. SO I HOPE THAT AS PEOPLE ARE CONCERNED AND PREPARED FOR EBOLA OUTBREAK, THAT MAY OR MAY NOT COME, PEOPLE -- THERE IS SOMETHING WE CAN DO TO

PROTECT OUR CHILDREN TODAY FROM OTHER DISEASES THAT THERE ARE GREAT, GREAT CHANCE THEY WILL GET IF THEY DON'T GET VACCINATED.

>> MADAM CHAIR, TO THAT I'D LIKE TO ADD WASHING YOUR HANDS, COVERING YOUR COUGH AND GETTING YOUR FLU SHOT. BECAUSE THOSE ARE ALSO ALL PRECAUTIONS THAT WE CAN ALL TAKE TO MAKE SURE WE DON'T GET VERY COMMON COMMUNICABLE DISEASES THAT CAN HAVE CONSEQUENCES FOR PEOPLE'S HEALTH.

>> Commissioner McKeel: WHILE WE LOOK AT CHILDREN THERE ARE THINGS FOR ADULTS AS WELL THAT WE NEED TO BE AWARE OF. BECAUSE I'VE HAD THEM ALL. [LAUGHTER]

>> Chair Kafoury: WE'LL TALK ABOUT THAT LATER.

>> BEFORE EBOLA CAME HERE, WE WERE QUITE WORRIED ABOUT OUR MEASLES VACCINATION COVERAGE, AND HOW THERE ARE DEFINITELY GROUPS IN OUR COMMUNITY WHERE THAT'S FALLEN REALLY DANGEROUSLY LOW. AGAIN, MY CONCERN ABOUT OUR BASICALLY CURRENT STAFFING LEVELS AND ABILITY TO RESPOND SHOULD WE EVEN GET MEASLES BEGINNING TO CIRCULATE IN OUR COMMUNITY IS QUITE HIGH.

>> Chair Kafoury: THANK YOU FOR THAT. I APPRECIATE YOU MAKING US AWARE OF THESE IMPORTANT PRESSING ISSUES. AND I DON'T THINK THIS WILL BE THE LAST TIME WE HAVE THIS CONVERSATION.

>> PROBABLY NOT.

>> THANK YOU.

>> SO MOVED.

>> Commissioner Smith: SECOND.

>> Chair Kafoury: MOVED AND SECONDED APPROVAL OF R.3. DO WE HAVE A VISITOR TODAY? GOOD MORNING.

>> MIKE OSWALD WITH ANIMAL SERVICES. I HAVE WITH ME ANN POTTER, WHO IS OUR RECENTLY APPOINTED SHELTER MANAGER.

>> Chair Kafoury: CONGRATULATION S.

>> WE'RE HERE VERY BRIEFLY TO LET YOU KNOW ABOUT A NOTICE OF INTENT FOR A GRANT. ITIES FOR THE PETCO FOUNDATION WHICH IS A PRIVATE FOUNDATION TO HELP US FUND A REALLY REMARKABLE PROGRAM THAT'S RUNNING RIGHT NOW AS A PILOT PROJECT. IT'S DESIGNED TO SAVE

THE LIVES OF KITTENS THAT ENTER THE SHELTER. WHICH ARE, YOU KNOW, THE MOST VULNERABLE KINDS OF ANIMALS IN THE COMMUNITY, AND BY ESTABLISHING A PROGRAM WHERE WE PROVIDE SPECIAL CARE FOR THEM AND GET THEM OUT INTO FOSTER HOMES WE'VE BEEN ABLE TO GET REMARKABLE OUTCOMES. AND SO I'M GOING TO LET ANN TALK A LITTLE BIT ABOUT IT, AND WE DO HAVE A GRADUATE FROM THE PROGRAM. OR TWO, IN FACT.

>> THIS IS MY PROP.

>> Chair Kafoury: AWWW.

>> THIS KITTEN DOESN'T HAVE A NAME YET, BUT THIS IS AN EXAMPLE OF THE OUTCOMES OF THE PROGRAM. IN 2012, I MAY HAVE BROUGHT THIS UP BEFORE, BUT THIS IS A REFRESHER. WE BROUGHT IN ALMOST 1300 KITTENS INTO THE ANIMAL SHELTER. AND AT THAT TIME, WE LIKE PRETTY MUCH EVERYBODY ELSE IN THE NATION, DIDN'T HAVE A PLAN OR THE RESOURCES FOR UNDERWEIGHT OR SICK OR FERAL KITTENS. AND AS A RESULT, ALMOST 500 OF THEM WERE EUTHANIZED. WHICH GAVE US A 66% LIVE RELEASE RATE FOR KITTENS, WHICH IS THE MOST ADOPTABLE ANIMAL ON THE PLANET, RIGHT? AND SO WHAT WE DID IS WE SAID, THIS IS ABSOLUTELY UNACCEPTABLE WITH WHAT THE COMMUNITY EXPECTS FROM ANIMAL SERVICES, WHICH IS A VERY PET LOVING COMMUNITY, AND THEY ARE LOOKING TO US TO LEAD THE WAY, AND TO INCREASE OUR LIVE RELEASE RATE. THAT'S BEEN OUR MANDATE THE LAST COUPLE I GUESS THREE OR FOUR YEARS. AND SO WE CAME UP WITH THIS PLAN WHERE WE USED SOME ONE-TIME MONEY FROM MANDY'S GRANT, AND WE TOOK OUR OLD SPAY AND NEUTER TRAILER FROM OUT BACK AND WE CONVERTED IT TO A KITTEN TRIAGE TRAILER. AND WHAT THAT MEANT IS THAT WE COULD TAKE KITTENS RIGHT TO THIS SPECIAL LOCATION, THEY DIDN'T HAVE TO GO INTO THE SHELTER AT ALL, AND WE HIRED TEMPORARY HELP TO COME IN AND HELP US BECAUSE KITTEN SEASON, WE'RE AT CAPACITY AND OUR STAFF IS ALREADY COMPLETELY OVERWHELMED WITH OTHER PETS IN THE SHELTER. AND AS A RESULT, WE COULD -- WE HAD STAFF THAT WAS STANDING THERE THAT COULD TAKE THOSE BOTTLE BABIES AND WARM THEM UP AND GET THEM FED UNTIL WE COULD GET THEM INTO A FOSTER HOME, WHO COULD DO TRIAGE ON KITTENS, WHO COULD DEVOTE ALL THEIR TIME TO KITTENS AND SAVE THEIR LIVES. AS RESULT OF THAT PROGRAM IN 2013, OUR LIVE RELEASE RATE FOR KITTENS, 94%. [APPLAUSE] SO WE WENT FROM 66% TO 94%. AND WE WERE ABLE TO ONCE AGAIN COBBLE TOGETHER MONEY THIS YEAR AND CONTINUE THE PILOT AND AS OF AUGUST 1st WE'RE STILL ON TRACK TO HIT THAT 94% MARK. SO IT'S A REALLY IMPORTANT LIFE SAVING PROGRAM, AND WE WOULD LIKE TO BE ABLE TO CONTINUE DOING IT AND SO WE'VE REACHED OUT TO THE PETCO FOUNDATION FOR A GRANT TO COVER IT NEXT YEAR. AND WE BASICALLY WANTED TO LET YOU KNOW WHAT WE'RE DOING AND WHY WE'RE DOING IT, AND THIS IS REALLY THE EXAMPLE. THIS IS A KITTEN

THAT CAME IN NOT QUITE A BOTTLE BABY, ABOUT FOUR WEEKS OLD, SO HE WAS EATING SLURRY, BUT IF WE DIDN'T HAVE THE RESOURCES TO TAKE CARE OF HIM UNTIL WE COULD GET HIM INTO A FOSTER HOME HE WOULD NOT HAVE MADE IT IN 2012. BUT AFTER JUST A COUPLE WEEKS IN A FOSTER HOME, TOMORROW HE IS ACTUALLY GOING TO BE TRANSFERRED TO ONE OF OUR PARTNERS, WHICH IS THE CAT ADOPTION TEAM IN SHERWOOD, AND I'M SURE WELL ON HIS WAY TO A FINE HOME. I HAVE HIS SISTER IN HERE TOO.

>> Chair Kafoury: HOW MUCH IS THE GRANT YOU'RE APPLYING FOR?

>> \$62,000.

>> KITTEN SEASON RUNS FROM EARLY SUMMER THROUGH ARRIVALROUND OCTOBER. AND SO IT'S AN INTENSIVE TIME WHEN WE SEE A DRAMATIC INCREASE IN THE NUMBER OF KITTENS AND CATS ENTERING THE SHELTER. THIS HAS GIVEN US THE ABILITY TO HAVE A REALLY EFFECTIVE PROGRAM THAT HELPS US SAVE LIVES.

>> Commissioner McKeel: HAVE WE HAD A GRANT FROM PETCO, THE PETCO FOUNDATION BEFORE? OR IS THIS THE FIRST TIME WE'RE APPLYING?

>> COMMISSIONER MCKEEL, WE HAD A GRANT YEARS AGO FOR SOMETHING, BUT WHAT'S REALLY CHANGED I THINK OVER THE LAST FEW YEARS FOR US, WE'VE SET THIS GOAL TO SAVE LIVES. AND SO EVERYTHING WE DO IS LOOKING AT OUR PROGRAMS, WHAT CAN WE BE DOING DIFFERENTLY, HOW DOES IT MOVE THAT OUTCOME IN A DIRECTION WE WANT, AND ONCE WE COME UP WITH THE PROGRAMS, AND ANN CREATED THIS PROGRAM, THAT WE WOULD THEN FIGURE OUT, WHERE DO WE FIND FUNDING FOR IT TO MOVE FORWARD?

>> Commissioner McKeel: THAT'S GREAT.

>> Chair Kafoury: ANY OTHER QUESTIONS? ALL THOSE IN FAVOR? [CHORUS OF AYES] YAY! NOTICE OF INTENT IS APPROVED. DO WE GET A SNUGGLE BEFORE WE -- --

>> THEY CAN COME UP TO THE FRONT YOU KNOW.

>> DO YOU HAVE A MINUTE? I KNOW YOU HAVE IMPORTANT BUSINESS.

>> Chair Kafoury: WE NEED A GOOD STRESS RELEASE. YEAH. WE NEED A LITTLE SNUGGLE. OH, MY DAUGHTER RIGHT NOW IS CRYING SOMEWHERE WANTING A LITTLE KITTY. [LAUGHTER]

>> WE CAN FILL THAT NEED. THEY'RE ABOUT SIX WEEKS OLD.

>> Chair Kafoury: DON'T BE SCARED. THANK YOU FOR BRINGING THEM TODAY. THIS IS REALLY PROFESSIONAL, ISN'T IT?

>> [INAUDIBLE]

>> Chair Kafoury: THANK YOU. THANK YOU.

>> Commissioner Smith: THEY LOOK NOTICEABLY DIFFERENT TO BE BROTHER AND SISTER.

>> Chair Kafoury: THANK YOU.

>> SO MOVED.

>> SECOND.

>> Chair Kafoury: MOVED AND SECOND, APPROVAL OF R.4. GOOD MORNING.

>> GOOD MORNING, I'M ANNIE NEAL, THE PROGRAM MANAGER FOR THE DEPARTMENT OF COUNTY SERVICES DOMESTIC VIOLENCE COORDINATION OFFICE AND I HAVE WITH ME TODAY SEVERAL OF OUR COMMUNITY PARTNERS. THEY WILL BE SHARING HIGHLIGHTS FOR YOU. I HAVE WITH ME MARTHA STRAWN MORRIS, SHE'S THE DIRECTOR OF GATEWAY CENTER, ONE OF OUR NEWEST AND MOST INNOVATIVE PROGRAMS. I HAVE WITH ME ALSO KRIS BILLHARDT WHO IS THE DIRECTOR OF ONE OF OUR OLDEST PROGRAMS THAT CREATED A LOT OF CHANGE SINCE THEY CLOSED THEIR SHELTER IN 1998. THE PROGRAM IS ONE OF THE OLDEST. KRIS IS NOT. YES. AND ASHLEY THIRSTRUP, REPRESENTING VOLUNTEERS OF AMERICA HOME FREE. ASHLEY IS WITH THE NATIVE AMERICAN YOUTH AND FAMILY ASSOCIATION EARLY COLLEGE ACADEMY AND THEY HAVE DONE SOME GREAT WORK BRINGING PREVENTION CURRICULUM TO ALL OF THE STUDENTS IN THEIR PROGRAMS. SO I WANT YOU TO HEAR SOME OF THE WONDERFUL WORK THAT THEY'RE DOING. I ALSO HAVE BACK HERE CAT KELLY WHO IS WITH CATHOLIC CHARITIES, THEY'RE A VERY LARGE AND COMPREHENSIVE DOMESTIC AND SEXUAL VIOLENCE PROGRAM FOR LATINAS IN OUR COMMUNITY. SO I WILL TURN IT OVER SO YOU CAN HEAR FROM OUR PARTNERS.

>> GOOD MORNING. NICE TO SEE YOU. I'M MARTHA STRAWN MORRIS, I'M THE DIRECTOR OF THE GATEWAY CENTER FOR DOMESTIC VIOLENCE SERVICES, AND I'M HERE TO THANK YOU FOR YOUR LEADERSHIP ON BEHALF OF SURVIVORS. [CLOSED CAPTIONING TRANSCRIBER SWITCH]

>>> WITHOUT THE SUPPORT OF MULTNOMAH COUNTY, THERE WOULD BE NO GATEWAY CENTER. THE GATEWAY CENTER IS JUST ONE CAR IN A TRAIN OF AMAZING DOMESTIC VIOLENCE SERVICES SUPPORTED IN VERY VITAL WAYS BY THIS COUNTY. THE UNIQUE DYNAMICS OF DOMESTIC VIOLENCE RESULT IN

A VICTIM BLAMING HERSELF OFTEN FOR THE ABUSE. AND IN TURN, OTHERS BLAME HER BY ASKING WHY SHE STAYS OR WHY SHE GOES BACK. AND IT'S ALSO NOT UNUSUAL TO FIND THE INSTITUTIONS THAT SHOULD BE HELPING HER BLAMING HER, TOO. SHE NEEDS SPECIALISTS TO REFRAME THE STORY AND TO HELP ENSURE THAT THE RIGHT HELP IS AVAILABLE AT THE RIGHT TIME. IN THE FIVE YEARS THAT MY JOB HAS FOCUSED EXCLUSIVELY ON DOMESTIC VIOLENCE, I'VE COME TO APPRECIATE HOW IMPRESSIVE THE CONTINUUM OF DOMESTIC VIOLENCE SERVICES AND BEST PRACTICES WE HAVE HERE, COMPARED TO MANY OTHER COMMUNITIES. THE BEST INTERVENTIONS FOR DOMESTIC VIOLENCE REQUIRE TRUE DOMESTIC VIOLENCE SPECIALIZATION AND EXPERTISE AND THAT'S WHAT WE PROVIDE HERE. WE'RE LUCKY IN OUR PUBLIC SECTOR TO HAVE SPECIAL POLICE OFFICERS, SPECIAL PROSECUTORS, SPECIAL PROBATION OFFICERS, SPECIAL SELF-SUFFICIENCY WORKERS AND, OF COURSE, IN OUR VICTIMS SERVICES AGENCIES, AMAZINGLY DEEP EXPERTISE TO HELP DOMESTIC VIOLENCE SURVIVORS GET THE BEST RESULTS. MULTNOMAH COUNTY WITH LEADERSHIP FROM THE DOMESTIC VIOLENCE COORDINATORS OFFICE HAS INSTITUTED AMAZING BEST PRACTICES LIKE THE FATALITY REVIEW, CULTURALLY SPECIFIC ADVOCACY, SPECIALIZED HOUSING SERVICES, ECONOMIC EMPOWERMENT SERVICES, CHILDREN'S SERVICES, AND, ONCE AGAIN, YOUR SUPPORT IS VITAL TO THE EXISTENCE OF MANY OF THESE SERVICES. AND YOU HAVE A LOT TO BE PROUD OF IN THIS CONTINUUM. THIS YEAR, I'VE WITNESSED THE 12 VICTIM SERVICES AGENCIES COME TOGETHER IN UNPRECEDENTED WAYS TO ENSURE THAT SURVIVORS GET THE ABSOLUTE BEST FROM OUR MULTIAGENCY, MULTIDISCIPLINARY APPROACH AND I'M TRULY EXCITED ABOUT THE POTENTIAL OF THESE LATEST COLLABORATIVE EFFORTS AND I LOOK FORWARD TO REPORTING ON THEIR SUCCESS TO YOU IN THE YEARS TO COME. UNTIL ONE YEAR, WHEN WE WON'T MARK THIS MONTH ANYMORE, BECAUSE DOMESTIC VIOLENCE WILL BE A THING OF THE PAST. BUT UNTIL THEN, WE'LL CONTINUE OUR DEDICATED SPECIALIZED AND COLLABORATIVE BEST PRACTICES TO INTERVENE AND PREVENT DOMESTIC VIOLENCE SO PLEASE KNOW THAT YOUR LEADERSHIP AND SUPPORT ARE SAVING AND CHANGING LIVES EVERY DAY AND FROM THE BOTTOM OF MY HEART, ON BEHALF OF ALL THE SURVIVORS WE SERVE, THANK YOU.

>> THANK YOU.

>> THANK YOU.

>> WE DID DECIDE COLLECTIVELY THAT IT WAS BETTER TO FOLLOW KITTENS THAN EBOLA. [ LAUGHTER ] AND WE HAVE THESE DRIVEN -- [ OVERLAPPING SPEAKERS ]

>> GOOD MORNING, CHAIR KAFOURY AND COMMISSIONERS AND THANK YOU. I WANT TO ADD MY THANKS TO YOUR HONORING DOMESTIC VIOLENCE SURVIVORS WITH THIS PROCLAMATION THIS MORNING. THIS YEAR'S D.V.

AWARENESS MONTH SEEMS ESPECIALLY SIGNIFICANT BECAUSE WE'RE ACTUALLY MARKING 20 YEARS SINCE THE FEDERAL VIOLENCE AGAINST WOMEN ACT BECAME LAW. ITS 1994 PASSAGE WAS REALLY HARD FOUGHT AND MANY YEARS IN THE MAKING, BUT OVER TIME, IT'S REALLY BECOME PART OF THE FABRIC OF OUR WORK AND THE UNDERPINNINGS OF A LOT OF GREAT CHANGE. MAYBE WHAT MADE THE PASSAGE TRULY GROUNDBREAKING IS IT LOUDLY DECLARED OUR BROAD PUBLIC WILL TO END DOMESTIC VIOLENCE AS A NATION. THE FEDS, OF COURSE, HAVE NOTHING ON MULTNOMAH COUNTY. AND WE'RE CELEBRATING SOME VERY LONG ANNIVERSARIES OF OUR OWN. IT'S BEEN 27 YEARS, FOR EXAMPLE, SINCE THE FAMILY VIOLENCE COORDINATING COUNCIL WAS DEVELOPED HERE IN MULTNOMAH COUNTY, ONE OF THE FIRST IN THE NATION. 23 YEARS EACH FOR THE D.V. UNITS OF PROBATION AND PAROLE AND DISTRICT ATTORNEY'S OFFICE AND, IN FACT, OUR CURRENT DISTRICT ATTORNEY WAS THE VERY FIRST DEPUTY D.A. ASSIGNED TO D.V. THE PORTLAND POLICE BUREAU'S DOMESTIC VIOLENCE REDUCTION UNIT IS ALSO 20 YEARS OLD THIS YEAR. AND, OF COURSE, THE MULTNOMAH COUNTY DOMESTIC VIOLENCE COORDINATION OFFICE WHICH WAS A VERY VISIONARY THING AND MANY COMMUNITIES ARE VERY JEALOUS OF US, HAVE SERVED AS A VITAL HUB FOR MANY OF THESE COLLABORATIVE PROJECTS FOR 20 YEARS NOW, AS WELL. OUR LOCAL INITIATIVES AS MARTHA WAS ALLUDING, HAVE EARN US GREAT CRED ACROSS THE COUNTRY. WE HAVE MODEL FAMILY JUSTICE PROGRAMS, WE HAVE THE DEFINITION CHILDHOOD INITIATIVE, WE ARE ONE OF JUST FOUR COMMUNITIES TO BE AWARDED FUNDS FOR THE FAMILY COURT ENHANCEMENT PROJECT, WHICH IS ACTIVE RIGHT NOW AND OVER THE YEARS, WE'VE HAD MANY INNOVATIVE PARTNERSHIPS AND COLLABORATIONS THAT COMMUNITIES AROUND THE COUNTRY WANT TO KNOW ABOUT. ONE EXAMPLE THAT MY PROGRAM, HOME FREE, HAS BEEN HONORED TO BE PART OF IS THE RECOGNITION FOR THE EXPERTISE THAT WE'VE DEVELOPED AROUND THE INTERSECTION BETWEEN DOMESTIC VIOLENCE AND HOMELESSNESS, DUE TO WORK THAT HOME FREE'S WORK THAT WAS BOOSTED BY A STUDY FUNDED BY THE CENTERS FOR DISEASE CONTROL AND CONDUCTED BY THE D.V. COORDINATION OFFICE, THIS YEAR ALONE, I'VE FOUND MYSELF IN WASHINGTON STATE AND WASHINGTON, D.C., CHICAGO AND NEW ORLEANS, JEFFERSON CITY, MISSOURI, AND HARRISBURG, P.A., AND ACTUALLY SKYPED WITH AUSTRALIA, SPREADING THE WORD OF WHAT WE'RE DOING HERE. I'M CURRENTLY CONTRACTED WITH HHS TO WRITE A WHITE PAPER THAT WILL BE PART OF THE EFFORTS TO SHAPE HUD'S GUIDANCE TO LOCAL CONTINUUMS OF CARE AROUND UNIQUE CONSIDERATIONS WHEN HOUSING DOMESTIC VIOLENCE SURVIVORS. SO HUGE CHANGES IN 20 YEARS, YES, BUT OUR WORK IS FAR FROM OVER. PERHAPS ONE OF THE MOST POWERFUL REMINDERS OF THIS FACT IS THE INSANELY DIFFICULT TIME WE HAD WITH VAWA'S LATEST RENEWAL. WHAT HAD GOTTEN TO BE A BIPARTISAN NO-BRAINER TOOK ENORMOUS AND UNRELENTING ADVOCACY TO PASS IN 2013. AND IT WAS SO VERY INTERESTING THAT A LOT OF THE CONTROVERSY WAS AROUND EXTENDING

THE PROTECTIONS TO NATIVE WOMEN ON TRIBAL LANDS AND TO THE LGBTQ COMMUNITY. WE'LL BE KEEPING OUR EYE ON THE BALL. MAYBE THAT BALL SHOULD BE A FOOTBALL. [ LAUGHTER ] AND WITH YOUR ONGOING SUPPORT, WE'LL CONTINUE OUR DEDICATION TO IMPROVING THE SAFETY AND WELLBEING OF SURVIVORS AND OUR VERY COMMUNITY HERE IN MULTNOMAH COUNTY. THANK YOU.

>> Chair Kafoury: THANK YOU.

>> HI, GOOD MORNING, COMMISSIONERS, I'M ASHLEY THIRSTRUP WITH NAYA, I WANT TO ECHO MY COLLEAGUES' THANKS FOR ALL YOUR SUPPORT OVER THE YEARS AND AS WE KNOW, DOMESTIC VIOLENCE SUPPORT SERVICES ARE VERY CRUCIAL FOR THE NATIVE WOMEN THAT WE SERVE AND MEN. NATIVE VIOLENCE, VIOLENCE AGAINST NATIVE PEOPLE AND NATIVE WOMEN IN PARTICULAR IS THE HIGHEST REPORTED ANY OF ETHNIC OR RACIAL GROUP WITH 37.5% REPORTING AS SURVIVORS AND INTERNALLY WITHIN NAYA WE DO AN ASSESSMENT WITH ALL THE YOUTH THAT WE WORK WITH AGES 13 TO 24 AND OVER THE PAST FOUR YEARS OF USING IT, WE'VE IDENTIFIED OTHER ALARMING TRENDS. 39% OF OUR YOUTH ARE IN RELATIONSHIPS, ANSWERING THAT THEIR BOYFRIEND OR GIRLFRIEND GETS JEALOUS, HAS SEVERE FITS OF ANGER AND 40% REPORT THAT THEIR PARTNERS CONTROL THEIR DAILY ACTIVITIES. SO THE FINDINGS OF OUR ASSESSMENT HELPED US REALLY PUT THE WHEELS INTO MOTION TO WORK ON THE PREVENTION EDUCATION CURRICULUM WITH OUR EARLY COLLEGE ACADEMY, WHICH IS OUR PRIVATE SCHOOL THAT'S AN ALTERNATIVE ED OPTION. SO ONE OF THE FIRST STEPS WE DID WAS WE CONDUCTED A STRENGTH AND NEEDS ASSESSMENT AND FOUND THAT 71% OF OUR STUDENTS THOUGHT IT WAS DIFFICULT TO LEAVE RELATIONSHIPS AND 46% HAD EXPERIENCED STALKING WITHIN OUR SMALL STUDENT BODY. SO FORTUNATELY, WE WERE ABLE TO GET TO ACTUALLY RECEIVE A FEDERAL GRANT CALLED THE STEP GRANT AND WE WERE ONE OF NINE SITES IN THE COUNTRY PICKED AND MOSTLY THEY PICKED LARGE DISTRICTS SO WE WERE ONE OF THE ONLY COMMUNITY CENTERS THAT GOT IT, THAT WAS ALSO A SMALL SCHOOL AND WE'RE IN OUR LAST YEAR OF THE PROGRAM AND WE'VE BEEN ABLE TO COLLABORATE A LOT WITH MULTNOMAH COUNTY PROVIDERS AND TO BRING THE PROGRAM OUT INTO THE LARGER COMMUNITY. SO OUR GRANTS FOCUSED ON OUR SCHOOL COMMUNITY, BUT WE ACTUALLY HOLD A MONTHLY COORDINATING COUNCIL TO REVIEW PROCEDURES RELATED TO ACCOMMODATIONS FOR SURVIVORS AS WELL AS DISCIPLINARY PROCEDURES FOR YOUTH AGGRESSORS WITHIN OUR SCHOOL THAT WE FIND OUT ABOUT AND THE COUNCIL CONSISTS OF EXPERTS, SCHOOL PERSONNEL, PARENTS, YOUTH AND ELDERS TO MAKE SURE OUR PROCEDURES ARE ALWAYS CULTURALLY APPROPRIATE AS WELL. SO SOME OF THE THINGS THAT WE'VE BEEN ABLE TO DO AS WE'VE BEEN ABLE TO PUT IN PLACE A SURVIVOR-CENTERED POLICY, SAFE-SCHOOLS POLICY, WHERE IT REALLY OUTLINES THE DUTIES OF ALL OF OUR SCHOOL PERSONNEL WHEN SOMEBODY IS REPORTING AN ISSUE OF SEXUAL ASSAULT, DATING VIOLENCE,

DOMESTIC VIOLENCE OR STALKING WITHIN OUR SCHOOL AND ALSO ALLOWS US TO HAVE A FLOW CHART AND NEXT STEPS THAT WE CAN PUT INTO PLACE FOR THE YOUTH. SO SOME OF THE ACCOMMODATIONS THAT WE MIGHT BE ABLE TO MAKE ARE LIKE CHANGING THEIR CLASS SCHEDULE OR GIVING THEM PERMISSION TO LEAVE CLASS OR SPEAK WITH AN ADVOCATE OR TO ACTUALLY TRANSFER OUT OF THE SCHOOL IF THAT'S WHAT THEY NEED TO. AND THEN ALSO THE ABILITY FOR US TO HOLD OUR AGGRESSORS ACCOUNTABLE WITHIN THE PROGRAM IF WE'RE ABLE TO KEEP THEM WITHIN OUR SCHOOL, WE TRY AS MUCH AS WE CAN. AND ANOTHER KEY PIECE IS OUR STUDENT EDUCATION PIECE. SO EVERY YEAR, OUR STUDENTS RECEIVE FOUR WEEKS OF INTENSIVE HEALTHY RELATIONSHIPS CURRICULUM AND OUR TEACHERS AND EVERYBODY FROM OUR COACHES TO OUR CUSTODIANS ALL RECEIVE DOMESTIC VIOLENCE TRAINING AND DATING VIOLENCE TRAINING AND RED FLAGS, THINGS TO LOOK OUT FOR AND HOW TO RESPOND AND ONE OF THE GREAT THINGS THAT'S COME OUT OF OUR COLLABORATION WITH RAFAEL HOUSE IS WE'VE BEEN ABLE TO PUT ON A HEALTHY BREAKUPS SUMMIT AND THIS IS OUR SECOND YEAR THAT WE'RE GOING TO BE DOING IT AND WE'RE LOOKING FOR A LOCATION. IT'S A WAY FOR ALL OF OUR YOUNG PEOPLE TO COME TOGETHER TO LEARN ABOUT HEALTHY RELATIONSHIPS AND HOW TO HAVE CONVERSATIONS IN A HEALTHY WAY SO WE DON'T HAVE TO HAVE 70% OF OUR KIDS AFRAID TO LEAVE OR NOT KNOW HOW TO GET OUT OF RELATIONSHIPS. SO YES, WE APPRECIATE AGAIN ALL THE SUPPORT THAT YOU'VE BEEN ABLE TO PROVIDE FOR US AND THANK YOU FOR SIGNING THE PROCLAMATION TODAY.

>> Chair Kafoury: THANK YOU. DO WE HAVE QUESTIONS OR COMMENTS?

>> Commissioner Smith: JUST A COMMENT. I WANT TO THANK ALL OF YOU FOR COMING BEFORE US TODAY AND THIS IS SO IMPORTANT AND IT'S PROBABLY ONE OF THE MORE CRITICAL PIECES OF WORK THAT WE DO AT MULTNOMAH COUNTY. AND I THINK THIS IS SOMETHING THAT WE SHOULDN'T EVER GET AWAY FROM. FOR THE NAYA PIECE, COULD YOU INVITE ME TO THE HEALTHY BREAKUPS SUMMIT? THAT WOULD BE GREAT. KEEP UP THE GOOD WORK.

>> THANK YOU.

>> Chair Kafoury: THANK YOU. THANK YOU ALL FOR BEING HERE AND ALL OF YOUR WORK BECAUSE YOU HAVE DONE A LOT AND YOU ARE DOING A LOT OF WORK AND I APPRECIATE NAYA BEING ABLE TO WORK WITH THE YOUTH. WHAT AGES ARE YOU WORKING WITH?

>> SO OUR GRANT IS REALLY FOCUSED AROUND OUR HIGH SCHOOL SO WE WORK WITH STUDENTS UP TO AGE 21 ACTUALLY WITHIN OUR SCHOOL, MOST OF THEM ARE HIGH SCHOOL AGE. AND THEN THIS YEAR WE'RE BRANCHING OUT INTO THE LARGER COMMUNITY. SO ALL THE WAY DOWN TO THE LITTLE KIDS AND PARENTS.

>> Commissioner McKeel: RIGHT, RIGHT. I THINK THAT'S SO IMPORTANT TO START WORKING WITH THEM AT A YOUNG AGE AND UNDERSTANDING THOSE RELATIONSHIPS AND WHAT ALL OF THAT MEANS. SO AND SINCE IN MY OFFICE, WE WORK ON ENDING THE COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN, I WILL JUST PUT IN MY WORD ABOUT THAT ISSUE AS WELL WHEN WE'RE TALKING WITH THE YOUNG PEOPLE. SO ANYWAY THANK YOU SO MUCH.

>> THANK YOU. AND MANY OF YOU HAVE HEARD MY STORY ABOUT GROWING UP IN A FAMILY, BEING A DE FACTO DOMESTIC VIOLENCE SHELTER OF OUR HOME AND IT'S REALLY IMPORTANT TO HAVE THESE MOMENTS LIKE OCTOBER TO REFLECT ON HOW FAR WE HAVE COME BUT ALSO TO THINK ABOUT HOW FAR WE HAVE TO GO AND THE RECENT STORIES IN THE PRESS ABOUT WHAT'S HAPPEN IN THE NFL REALLY HIGHLIGHT THAT WHILE WE HAVE COME VERY FAR, WE REALLY -- THERE'S A LOT OF AWARENESS AND EDUCATION THAT NEEDS TO OCCUR IN OUR COMMUNITY AND YOU ALL ARE ON THE FRONT LINES DOING THAT WORK SO I WANT TO SAY THANK YOU. AND ALSO, ANNIE IS GOING TO BE PARTICIPATING WITH OUR D.A. ROD UNDERHILL AT A CELEBRATION AT NOON AT THE STATE CAPITOL IN HONORING AND RECOGNIZING THE 20th ANNIVERSARY OF THE VIOLENCE AGAINST WOMEN ACT AND HOPEFULLY, IT WON'T BE AS DIFFICULT TO PASS NEXT TIME AROUND BECAUSE TALK ABOUT A NO-BRAINER AS KRIS DESCRIBED IT. SO ARE YOU GOING TO READ THE PROCLAMATION?

>> PROCLAIMING OCTOBER 2014 DOMESTIC VIOLENCE AWARENESS MONTH IN MULTNOMAH COUNTY. THE MULTNOMAH COUNTY BOARD OF COMMISSIONERS FINDS: A., DOMESTIC VIOLENCE IS A COMPLEX AND PERVERSIVE PROBLEM IN OUR COMMUNITY, SERIOUS DOMESTIC VIOLENCE AFFECTS 1 IN 4 WOMEN IN AND 1 IN 10 MEN IN THEIR LIFETIMES, WHICH HAS SIGNIFICANT NEGATIVE IMPACTS ON THE SAFETY, HEALTH, MENTAL HEALTH AND STABILITY OF VICTIMS. THESE NEGATIVE CONSEQUENCES ARE AN INDIVIDUAL'S, FAMILY'S AND COMMUNITY'S. 1 IN 15 CHILDREN WITNESS DOMESTIC VIOLENCE EACH YEAR. NATIONAL STUDIES SHOW THAT EXPOSURE TO DOMESTIC VIOLENCE NOT ONLY HARMS CHILDREN, IT ALSO PLACES THEM AT RISK OF EXPERIENCING FURTHER VIOLENCE. C, DOMESTIC VIOLENCE IS A SIGNIFICANT CONTRIBUTING FACTOR TO HOMELESSNESS AND HOUSING INSTABILITY. NEARLY 4 IN 10 WOMEN WHO EXPERIENCE DOMESTIC VIOLENCE WILL BECOME HOMELESS AS A RESULT OF THIS VIOLENCE AND 1 IN 3 WILL EXPERIENCE HOUSING INSTABILITY. ACCESS TO EMERGENCY SHELTER AND SAFE, STABLE HOUSING ARE CRITICAL FOR SURVIVORS SEEKING TO ESTABLISH SAFETY. D., MULTNOMAH COUNTY IS A LEADER IN ADDRESSING DOMESTIC VIOLENCE THROUGH ITS PUBLIC SAFETY, HEALTH AND HUMAN SERVICE PROGRAMS. MULTNOMAH COUNTY IS COMMITTED TO PROMOTING THE SAFETY, DIGNITY AND SELF-DETERMINATION OF THOSE WHO HAVE BEEN HARMED BY DOMESTIC VIOLENCE TO ASSURING THE WELLBEING OF

CHILDREN WHO HAVE BEEN IMPACTED BY VIOLENCE. THE MULTNOMAH COUNTY BOARD OF COMMISSIONERS PROCLAIMS OCTOBER, 2014, TO BE DOMESTIC VIOLENCE AWARENESS MONTH IN MULTNOMAH COUNTY AND WE URGE ALL MULTNOMAH COUNTY RESIDENTS TO TAKE A STAND AGAINST DOMESTIC VIOLENCE BY SUPPORTING VICTIMS, HOLDING PERPETRATORS RESPONSIBLE AND PROMOTING HEALTHY, RESPECTFUL RELATIONSHIPS.

>> Chair Kafoury: THANK YOU. ALL IN FAVOR VOTE AYE -- [ CHORUS OF AYES ] THE PROCLAMATION IS ADOPTED. THANK YOU SO MUCH.

>> REALLY APPRECIATE YOUR LEADERSHIP ON THIS.

>> Chair Kafoury: ALL RIGHT. NOW, WE'VE COME TO THE END OF OUR REGULARLY SCHEDULED MEETING. DO WE HAVE ANY COMMENTS ON NON-AGENDA ITEMS?

>> Commissioner McKeel: SATURDAY IS OUR VETERANS STANDDOWN AT THE CHAPEL ON 282nd AND STARK STREET. WE ENCOURAGE ALL VETERANS TO COME. IT'S FROM 10:00 A.M. TO 3:00 P.M.

>> Commissioner Smith: MADAM CHAIR, THANK YOU. JUST WANT TO ANNOUNCE AGAIN I'M DOING ANOTHER PANCAKE BREAKFAST AT THE HOLLYWOOD SENIOR CENTER ON SATURDAY MORNING FROM 8:00 TO 11:00 AND YOU ALL ARE INVITED! THANK YOU.

>> Chair Kafoury: I HEAR IT WAS VERY SUCCESSFUL LAST TIME. ALL RIGHT, THANK YOU SO MUCH. SEE YOU NEXT WEEK, SAME TIME SAME PLACE. WE ARE ADJOURNED. [ GAVEL ]

### **ADJOURNMENT**

The meeting was adjourned at 11:16 a.m.

This transcript was prepared by LNS Captioning and edited by the Board Clerk's office. For access to the video and/or board packet materials, please view at:  
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Submitted by:

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Marina Baker, Assistant Board Clerk  
Board of County Commissioners  
Multnomah County