

ALEXANDRIA HUMAN RIGHTS COMMISSION
MINUTES OF THE MEETING OF TUESDAY, NOVEMBER 17, 2020
7:00 p.m.
VIRTUAL (Zoom)

Members Present

Lisl Brunner, Vice Chair
Michelle Cho
Janeka Cogdell
Kevin Edwards, Vice Chair
Matt Harris, Chair
Susan Kellom
Elizabeth "PJ" Palmer Johnson
David Rigsby
Scott Schwartz

Staff Present

Jean Kelleher, Director
Miladis Martinez Gutierrez

Members Excused

Alex Howe
Michael Kreps

Guests

Dr. Anne Gaddy, Natalie Talis
Alexandria Health Department

1. Call to Order/Introductions by Chair, Matt Harris

Chair Harris called the meeting to order at 7:02 p.m. Chair Harris welcomed everyone and also introduced Janeka Cogdell, the new Economic Opportunity Commission (EOC) Representative.

2. Dr. Anne Gaddy, Natalie Talis; Alexandria Health Department

Chair Harris welcomed and thanked Ms. Natalie Talis and Doctor Anne Gaddy for coming before the Commission. He stated that at last week's Executive Committee meeting, the issue of COVID-19 came up. Commissioner Rigsby and Commissioner Palmer Johnson raised the issue. Chair Harris said that Commissioner P. J. reached out to Doctor Gaddy and Ms. Talis and invited them to do a presentation for the Commission.

Chair Harris said that, obviously we know the ramifications of Covid on the city and its residents. He also stated that, what we all know is, that Covid disproportionately impacts black and brown communities. Chair Harris stated that the Commission applauded the Health Department's efforts and is really just interested in knowing what the City, particularly the Health Department is doing during this pandemic.

Natalie Talis thanked the Commission for inviting them and for giving them this opportunity to talk to them because they know that public health and health in general is very closely connected to human rights.

Ms. Talis introduced herself and said that she is the Population Health Manager at the city's Health Department, and essentially her role is to work with community partners and stakeholders to assess what is going on in the community, especially in regard to health inequities. Ms. Talis works with those groups to develop policy and system solutions to deal with those concerns. During the pandemic, she is also serving as the department's public

information officer. She is helping with education, so that people know what important steps to take right now and how to protect themselves and their loved ones.

Dr. Anne Gaddy introduced herself and stated that she is the Deputy Health Director, so she is part of the General Leadership Team at the Health Department and that, in her normal duties, she oversees the epidemiology team as well as the public health emergency management team. Obviously, those are two of the teams that are most intimately involved in this Covid-19 response.

She said that she has become the department's Internal Operations Section Chief and so she basically has been overseeing a lot of the contact tracing and facilitating testing and the various kind of internal operations that they have put together to address the response. Dr. Gaddy stated that recently, she is starting to focus more on the vaccine response, and how to vaccinate the population when the vaccine is available.

Ms. Talis started the presentation by sharing a few slides that illustrated what the current stats are right now, and said that as of November 16 Alexandria has had almost 4,700 cases of Covid-19. This also includes 341 hospitalizations and, unfortunately, 76 deaths. She said that right now one out of every 13 people who have Covid in our community end up having to be hospitalized. She offered to send the slides to the Commission for those who were participating by phone. She added that this information is available on the city's website.

She stated that we had really reached a very high number in May and April, and things were a little quieter over the summer where we were still not fully out of Covid, but now the numbers are ramping back up. She stated that in the summer, we were at what is called low community transmission, as far as our rates, however, recently we have moved up to moderate community transmission, and we are even approaching to what looks like substantial community transmission. She said that what is really concerning is that with more cases, there are more hospitalizations, more usage of ventilators, and potentially more deaths, and this is really concerning for them. She stated that these numbers are not unique to Alexandria, the region as a whole, is experiencing these higher transmission rates, as well as the state, as well as the country, and the world.

Ms. Talis also talked about who is being impacted, and she showed a slide on what is going on with cases by age group and this is as of yesterday's data. She said that based on the chart, the age groups of 20 to 29 and 42 to 49 have more cases than they would have assumed based on the population in our community. She said that it actually has been a trend for the last number of months that the 22 to 29 age group has had a more significant increase in cases and a higher number of cases compared to the other age groups.

She showed a slide of disparities by race and ethnicity and said that, it is pretty prominent. She said that from the beginning they have seen that our Latino and Hispanic community members are disproportionately burdened by Covid-19 cases. She added that, as far as these numbers from the Latino members of our community represent 44.7% of our Covid-19 cases, but they are actually only about, 17% of our population, so that is a really significant disparity.

She said that when looking at cases by Black residents, it is fairly on par with representation and far as our population in Alexandria and those who are White are underrepresented in that kind of case percentage in the chart.

She said that they are often asked, why is this happening, what does this look like? Actually, this very strong disproportionality is actually an improvement from a few months ago, where Latino residents actually made up a higher percentage of the overall cases closer to 50%. She said that a lot of it is really based on systemic issues and what leads has led to, this. She said that the racist systems that cause people to not have the same access to jobs that allow you work remotely, and to have paid sick leave. This sometimes forces people into overcrowded housing, which make things like physical distancing, and staying home when you are ill, really hard to do.

She stated that a lot of those sorts of community conditions, systems, and policies that unfortunately are exposing people more often to the virus, because Covid-19 does not discriminate. It will infect anyone who it is available, so it is really just about, who is in that position where they might be exposed to it more often. She said that when looking at the information by race and ethnicity data, and then looking at it by hospitalizations, we see a different story. She said that in the chart by cases, the Black community was proportionate compared to the population. When we look at hospitalizations, that is not the case; they are overrepresented in hospitalizations. She stated that partially this is due to kind of long-standing concerns about health inequities in our community. She added that unfortunately, they knew that the Black and African-American community disproportionately have those underlying health conditions that can lead to more severe illness and unfortunately lead to hospitalization. She stated that they are also seeing the over-representation of our Latino community members in hospitalizations.

She stated their current concerns are what is causing the increase of cases, what are they looking at, and where we are moving regionally into these different phases of transmission. She added that we are also entering flu season, and the flu looks an awful a lot like Covid-19 in a lot of ways. It has many of the same symptoms and it is actually possible for people to have both Covid-19 and the flu at the same time. She also said that they are concerned about holiday gatherings, and Thanksgiving is coming up, which is concerning because travel is one of the big hallmarks of Thanksgiving. People are going to see loved ones, there is often a lot of intergenerational gatherings, which might have people who are older, who are at higher risk for severe diseases interacting with younger people who they may not have seen for a while, possibly, increasing the risk of spread.

She stated that even though there is an increase in our cases locally; there are other parts of the country that have much higher case rates than we do, and for example, there are places in the Midwest that have standing up field hospitals in parking lots to deal with the overflow of hospital beds. She added that people are sick of listening to them give the same guidance over and over. People are sick of us saying to wear a mask and to stay six feet apart and to wash their hands.

She stated that they recently did some research and did some surveying of the folks that they called when people are positive with Covid-19. They found that, of the people who were positive, about 44% of them had someone in their immediate household who was positive with

Covid-19, so they were likely exposed in that way. They also found that about 25% of the people that they talked to had physically gone into a workplace in the 14 days preceding being ill, and about 10% of people had been a part of a social or public gathering and of that 10% most of them were indoors. They recommend if people have to have gatherings to do them outdoors, outdoors is better than indoors due to increased ventilation.

She said that when they see this sort of information, it really helps to guide their thinking about what sort of additional education do they need to do to help people stay safe in these situations and lower that sort of risk. She mentioned this is flu season and to encourage people to get their flu shots. She stated that the state has put in place new additional restrictions over the weekend, which include changing the gathering limit to 25 people. She also mentioned that the mask requirement was expanded to age five and over.

She gave a quick overview of some of the things that the health department is doing in a response. She said that one is they spend a lot of time working with businesses. They have their ALX promise program, which is something that the health department created in partnership with Visit Alexandria and several business associations. She said that it initially started for businesses, but that nonprofits, houses of worship, daycares other organizations said that they want to do this too and got involved. It is training, it is one-on-one guidance from our environmental health specialists on how to be safer for their employees and customers. She said that they have also spent a significant amount of resources supporting facilities that care for our most vulnerable populations which include those in long term care facilities, congregate living homes, and other residential facilities. She said that they have also been doing a lot of focus support, and have been reviewing reopening plans for schools, daycares, and other organizations that have been opening up their doors again; as well as coordinating testing. She reported that the Health Department and neighborhood health have been offering free Covid-19 testing every week.

Dr. Gaddy stated that vaccine effort is going to be a really huge effort and as it shown on the slides there are still a lot of unknowns, but that they are trying to plan as much as they can with what they do know. She said that they think that the health department will basically be taking the lead or be the kind of the primary source of vaccine for probably about 35% of the population, meaning that they will likely be some of the first ones to be able to provide the vaccine and then pharmacies, hospitals, and other clinics.

Dr. Gaddy stated that is a little unclear on how long the health department might be the primary source of vaccine, versus other healthcare infrastructure, a lot of that will have to do with some of the vaccines and storage requirements. She said that the first vaccine that is expected to be approved is easily stored at negative 70 degrees celsius, which is obviously not easy for a primary care practice to just say, oh, I am going to get this ultra-cold freezer and start dealing with dry ice and storing vaccines. There is a lot of considerations that go into the logistics of being able to get a vaccine out there. She said that they think that for what that is going to be for the health department is that they may be doing from three to four of what they call pods points of distribution per week. They would basically be essentially stand-up vaccine clinics in various areas of the community and running up to 2000 people through per day, so that is vaccinating

about 62 people every 15 minutes. She said that this is a big effort, it takes probably 80 to 90 staff members per-shift to be able to coordinate all the stuff that needs to happen to do that.

She said that throughout that effort, one of the things that is important to them is prioritizing their transparency, and fair and ethical distribution of the vaccine. The National Academy of Science, Engineering and Medicine actually wrote a framework for equitable allocation of the Covid-19 vaccine. She said that it is about 100-page document and the purpose of that document is really to provide guidance to federal agencies, the CDC, the American College of Immunization Practices so that they would have a framework with which to work to help figure out what the prioritizations are, who is getting this vaccine first. She said that obviously, it takes a while for the manufacturers to ramp up the amount of vaccine there is and so how is it going to be allocated to everybody.

Dr. Gaddy stated that it is expected that a lot of the first vaccine may be prioritized for keeping the healthcare workers safe, so that they are then able to provide care to others. She stated that people like healthcare workers, first responder's critical infrastructure workers may be among the first people prioritize for the vaccine. Then also prioritized, would be vulnerable populations like long term care facility residents and other congregate settings like group homes, and detention centers. Then you get to other vulnerable groups like people with multiple health risk factors, people living in crowded housing. She said that there is a general idea of who these vulnerable populations are, and they are expecting that the health care workers will likely be the first group prioritize, but that they are awaiting what the prioritization guidance will be.

She said that there are certainly ways within those privatizations to ensure equity, so one is where the vaccine is offered, so if for instance, if healthcare workers are being prioritized, perhaps, a lot of those people are employed to the point that they either own or have access to transportation and so having one pod site within the city that people can drive through or even, drive up to; may work fairly well. She added that it is going to be important to have sites of distribution that are in multiple places in the city so that people can access it regardless of transportation and if they find that there are still vulnerable populations that they are not being able to serve with those sites, that perhaps they are converting just sort of smaller mobile pods that will go out to specific areas of the community to bring the vaccine to those smaller communities. She said that she thinks another consideration is how it is presented to people to make the decision to get the vaccine. She said that this is obviously a very new vaccine people have questions about it and making sure that information gets out in various languages and at the correct reading level, and that is disseminated into all the various communities that make up Alexandria.

She stated that another part of the equity in vaccine distribution that comes up is kind of part of the bigger picture, which is when is this vaccine being distributed in relation to the trials and the testing and the safety information that is out there about it. She said that she thinks some people have concerns, about distributing this before we should, and vaccine safety. She stated that she thinks the answer to that is yes, we do want to know more about the effects of the vaccine and the safety. That is why when it is released, there will be a number of monitoring systems in place for people to be able to import anything that seems to be an undesirable effect of the vaccine. But we need to act on the information that we have now, so we have a vaccine, if the

safety data that is out there folds up that the manufacturers are saying if this vaccine is 90-95% effective, and has been shown to go through all of the safety trials without showing any serious harmful effects; that the FDA basically has a protocol in place to be able to sort of approved earlier in the pipeline, than it might otherwise a therapeutic to address a health threat, so basically this vaccine has made it to the point where there are no red flags to suggest that it has any serious effects. It has been tested on a number of people that is thought to be appropriate number to show any very common serious adverse effects and it is at the point where holding it from the population would actually be considered unethical.

People are dying, parts of the economy are collapsing this is causing an undue burden to people of color, people of certain occupations and so it seems the appropriate thing to do to put the vaccine out there as the benefit to society is expected to be greater than any drawbacks. She stated that they are thinking that all of this may happen as early as December. The first vaccine that is expected to be approved in the pipeline, is maybe approved as early as the first or second week in December. She said that then there is a second one in the pipeline that may get approved by the end of December for use.

Chair Harris asked if they keep track of City employee rates, and if so, do the demographics of folks who are contracted it in the City mirror those in the general population in terms of, you know, the same amount of Black or Brown or Latino folks. Ms. Talis stated that they don't keep track separately of kind of City employee information and kind of those separate charts, and actually, many City employees live elsewhere, they don't live in the City of Alexandria, and while they do get involved with investigations relating to workplaces in the City of Alexandria, they also make sure that they are sharing that information with the employees home jurisdiction for that health department to work on that case also.

Director Kelleher stated that, because she has worked closely with Natalie on the equity initiative, they have for many months had a rapid response team. She said that every Thursday they are connecting with key individuals in the City of Alexandria, who deal with vulnerable populations and the intent is to determine whether the messaging that the City was putting out was actually getting to reach those populations, and if not, why not; what are the barriers, and Natalie has been phenomenal in just really taking the lead with Jacqueline Tucker and then responding to those individuals who have questions or concerns or going out to the communities and following up with individuals. She said that from the human rights perspective, she just thanks that the entire staff; Natalie with what she is doing in the community. It has just been an outstanding effort and she is most impressed.

Commissioner Palmer Johnson complimented the Alexandria health department on their data. She also asked they if the Health Department is following on readmission rate base on the hospitalization rates they provided. Ms. Talis stated that she does not think that they specifically look at, individuals that are re-hospitalized, although the hospitalization number is a cumulative number.

Commissioner Palmer Johnson inquired about concerning the common sources of exposure, what was the population there, what was the end. Ms. Talis stated that it was 428 for that one-month period and the way that they capture that information is part of their normal case

investigation works, so anytime any resident is positive with Covid-19 in the city. They get a call from the health department, and they talked through a number of things. It is not to get them in trouble or, do anything like that. It is really one to get a sense of can we help them stay home successfully during their whole infectious period. She added that they help coordinate grocery delivery need cleaning supplies, other things like that again so that they can stay home. Then we talked to them about where they have been over the last few weeks to try to get a sense of potential exposures. She said that then they also ask them about who they have been around to figure out who their close contacts were so that way they can call those people and give them guidance about staying home. She said that, that data was over the course of one month 420 people that they talked to, it is part of their normal investigation work, but they have been refining a survey tool, to really get a better idea of where people are being exposed. She said that this was that first month of data that they felt like the data was strong enough that they could share that with the public and will continue to do this on a monthly basis.

Commissioner Palmer Johnson asked what the cost of the testing is, if any, and is insurance a factor in the testing. Ms. Talis stated that it depends where they go. The testing that the city and the health department and neighborhood develop do every single week now, at least twice a week is free. People do not need insurance; they don't even need to show proof of residency now Alexandria so completely free. If the person has health insurance and they are going to their doctor or urgent care, it depends on the insurance provider, but for the most insurance is covering completely the cost of the test.

Vice Chair Brunner thanked Ms. Talis and Doctor Gaddy for their presentation and for all the great work that they are doing. She said that she thinks about how, at some point, the fact that you are vaccinated is going to control the ability to do more thing, like return to work, return to school, and participate more fully in society. Maybe the number of people that vaccinated is going to determine the extent to which these measures can be lifted, the mask requirements, limitation on gatherings. She also asked how are they thinking about in a situation which some people are going to be afraid to be vaccinated, some people will not be reached by the vaccine, we are in an area where people are coming and going from different regions. What the impact of if you are not vaccinated and you come into contact with someone who is, how badly, could they be impacted.

Ms. Talis stated that one of the most challenging things is that she thinks that a lot of people are hanging their hat on the vaccine saying, well, once we have this vaccine; no more masks or no more physical distance or we are all going to have big parties.

It is really important to remember that, at first there is not going to be a lot of vaccine that people have access to. It is going to be the health care providers, it is going to be some other folks. It is going to take a while for a big chunk of the population to be vaccinated, months.

She stated that they need to keep reminding people about all those preventive measures that go in place with it, vaccines are just kind of one piece of that larger puzzle. She said that, one big piece is that they are going to have a huge campaign about addressing vaccine hesitancy concerns and worries that people have, to even convince them to get a vaccine, and two is also

just reminding people that, no, they can't throw out all their masks yet, it is going to be challenging.

Chair Harris asked they are planning to do like large zoom gatherings maybe to the public, to educate them on the effectiveness in necessity of having a vaccine, if so, if there a way for the Commission to partner with them. Ms. Talis stated that they would love to partner with the Commission and figure out what that looks like. She added that it is definitely going to be a very large-scale communications efforts, maybe one of the biggest communications efforts that has been in the city. Because there are just so many factors to consider, to explain the safety to explain the distribution process and how those priorities work. What that is going to look like how people can access vaccine, encouraging them to even get the shot.

She added that there is going to be a lot of need for communication and they are going to turn to folks like the Commission to carry that message. There might be opportunities where they can actually train grassroots leaders, community leaders like the Commission on kind of the basics of the vaccine and how this will all work so that they all can help be those ambassadors and be those voices in the community to share that accurate information.

Chair Harris thanked Ms. Talis and Doctor Gaddy for their presentation to the Commission.

3. Approval of October Minutes

Upon a motion by Commissioner Rigsby, seconded by Vice Chair Edwards, the Commission approved the minutes of the October meeting with minor changes. All Commissioners present voted aye.

4. Executive Committee / Upcoming Meetings

Chair Harris stated that the Executive Committee met last Monday and said that his was the first meeting of the new Executive Board. He added that it was a very productive meeting and said that one of the first items that was raised by Vice Chair Edwards was discussing the MOU that was recently entered between the schools and the police, including the use of an officer on the premises, which was controversial, the school board passed the new MOU by 6 to 3 vote and there are concerns about the disproportional amount of discipline handed out to Black and Brown kids in the schools. Chair Harris stated that he had reached out to two of the three members of his District, Jacinta Greene and Michelle Rief to see if they would come address their concerns with the Commission. He said that they have agreed to come to the Commission's December meeting.

He added that Commissioner Rigsby raised the Public Health Department issue, and so Commissioner PJ Commissioner Rigsby were responsible for tonight's guests. He said that Commissioner Brunner reached out to him earlier today and it is something the Commission has been talking about for the last couple of months, and that is the use of police facial recognition technology. Our police department says it does not use it directly, but they both agree that there it is susceptible to abuse, and Commissioner Brunner is going to be trying to reach out to folks of the ACLU Georgetown Law Center or with the Brookings Institute, to see if there are specialists that deal with facial recognition technology and come to the Commission as a guest. Vice Chair Brunner said that it might even be helpful to go broader than facial recognition technology and

devote one session to it, because this topic could take up an hour. Director Kelleher asked Commissioner Bruner if she could help direct us for research on facial recognition and other artificial intelligence.

Chair Harris stated that there was another topic that they wanted to discuss, and that was what is the police department policy on officers use of their own social media, because there was an officer, who had posted something that was inflammatory; essentially, calling on civil war, instead of the election process on his social media and then removed it quickly.

Director Kelleher stated that this comes up often in the city, and these are personnel matters. She said that we are not privy to the details of personnel matters. However, there really has been clear guidelines that certainly someone has freedom of expression, but if there is anything that smacks of an identification with serving as a city employee, and it is not just police.

She stated that these are things that come up all the time, and that the city attorney's office is involved, and Human Resources is involved, they are disciplinary matters. You wouldn't find out exactly what happened discipline wise, but, because the city has an ethics and fraud hotline and we also have the disciplinary process, and the Police Department has its own internal investigations. She said that there are lots of different avenues for that to play out, but it is a very real issue that crops up every now and then. She said that there have also been issues in the past, whether it be someone who is no longer employed, there may be a disgruntled employee situation and that person is disseminating a lot of information and making accusations back and forth, and so we just pretty much let that all play out in the disciplinary system within the City Government. Chair Harris stated that he would still like to know what the policy is doing. Director Kelleher will follow up on that, and added that she has asked the Police Department to come to the Executive Committee meeting in January.

Director Kelleher asked the Commission if they want to have the Police Department at the January full Commission Meeting. Chair Harris suggested having the Police Department for the February meeting.

5. Old and New Business

Chair Harris stated that Director Kelleher had shared a copy of the legislative package. Director Kelleher stated that this was a copy of the outline of proposals that she gave to Sarah Taylor, and then she incorporated them into her outline, which then went to the Mayor and Vice Mayor. The public hearing was this past Saturday and then on December 8th the City Package will be presented to City Council formally for adoption.

Equity

Director Kelleher stated that there are three community sessions, which are being held to get input on a draft resolution. The equity initiative is moving forward, the infrastructure is in place; there are core teams being developed in every department within city government. There are co-leads and the co-lead training just occurred Friday as well and it will continue. She said that small departments can team up, so the Human Rights Department is teaming up with the City Attorney's Office. She said that there are representatives from the Human Rights staff and from the City Attorney's office on the Core team.

Equal Justice Initiative

Director Kelleher stated that the Equal Justice Initiative is meeting tomorrow at 5:00 p.m. They are developing programming and she is very excited that on December 9th, as part of the Community Remembrance Project, she will be interviewing Phil Hirschkop who is one of the attorneys who argued the landmark Loving v. Virginia case before the US Supreme Court.

6. Liaison Reports

Commissioner Palmer Johnson stated that at the Commission for Women meeting, Joanna Anderson, City Attorney, was their guest speaker. She stated that Ms. Anderson talked to them about the training for Executive meetings and gave them a guide for liaisons to other Commissions. She said that one of their Commissioners is in support of Delegate Levine bill HB321, it is a proposal for 2021 General Assembly legislative package to increase equitable access to participation in the Boards and Commissions.

7. Announcements /Adjournment

Commissioner Schwartz asked if we got any further information on the library fees. Director Kelleher stated that Rose Dawson and the Library Board are aware of the library fine issue and said that they are in an agreement that they want to do away with the fines, but Rose had said that, given that we have a current \$10 million deficit and we're looking at an FYI 20 to \$40 million deficit in the city general fund and we are all having to cut 10% but that may not be the time to ask for it. Director Kelleher stated that she had said that if we are talking equity, then that is exactly when we need to discuss it.

Commissioner Cho stated that the City of Chicago recently canceled their fees for library books, and they saw 83% increase in books returned. 11,000 people getting their library card back, and 7% growth in books checked out. Commissioner Schwartz stated that Richmond has also cancelled their fees for library books.

MOTION: adjourn the meeting.

Kellom /Schwartz **PASSED** unanimously

The meeting adjourned at 8:38p.m.