

COVID-19 After Action Review Task Force Meeting Summary

April 28, 2022 | 9:00 AM – 12:00 PM | Virtual

(Attendees are noted in Attachment A)

Opening remarks & review of Agenda:

- Adam Wasserman welcomed the Task Force to the meeting. He announced Representative Donaghy as a new member of the Task Force. He also introduced 2 new staff members: Erik Riske, and Kerstyn Dolack.
- Phyllis Shulman reviewed the agenda, which included identifying key principles of responses to COVID and presentations from representatives of the Department of Health, Commerce, and the Military Department describing their organization's response to COVID. The presentations will be followed by large-group discussions.
 - Phyllis also announced that Task Force members will be contacted for individual interviews to gather in depth feedback.

Small group discussion

- Phyllis asked each group to discuss the principles or questions you would like to keep in mind when watching the presentations, and questions that they might want to ask the agency representatives.

Multi-agency panel perspective: What happened? <Note: The Multi-agency panel slides will be made accessible on the AAR website>.

The agency presenters introduced themselves: David Shannon from DSHS, Robert Ezelle from Washington Military Department Emergency Management Division (EMD), Nate Weed from the Department of Health. Nate Weed described the overall timeline of the pandemic and associated responses, with each presenter describing agency-specific response activities.

- A pandemic is a worldwide event, and all areas are affected. It is novel, so there is no existing natural immunity or treatments. It spreads quickly, resulting in high levels of death and hospital use. Historically pandemics occur every 100 years.

- Pandemic response plans existed, but the length and extent of the impacts required innovation.
- Washington State had some of the first cases in the US and had to develop interventions that were then shared with other states.
- EMD supports response activities of the state government. EMD worked with the Governor's Office to develop the initial emergency proclamation, administered federal assistance through the Stafford Act, worked to support the integrity of the supply chain, health system, and public information sharing.
- Washington went into Unified Command on March 17, 2020.
- There were 4 "centers of gravity" in response efforts.
 - Health care system
 - Medical supply chain
 - Public information
 - Protecting vulnerable populations
- The pandemic can be broken down in to 8 phases
 - Phase 1: December 2019 – March 2020
 - Learn more about virus, develop interventions.
 - First death and first outbreak in a long-term care facility
 - Phase 2: March 2020 – August 2020
 - Implement Unified Command
 - Moved from investigation to response
 - Stay Home - Stay healthy
 - Phase 3: August 2020 – December 2020
 - Increase in disease rates, lots of pressure to get people back in-person.
 - Phase 4: December 2020 – Feb 2021
 - Vaccine is available
 - Phase 5: February 2021 – June 2021
 - Targeting resources and response efforts where they are most effective
 - Phase 6: June 2021 – July 2021
 - Looked like it was over
 - Phase 7: July 2021 – December 2021

- Delta Wave
 - Health care system was heavily impacted
- Phase 8: December 2021 – March 2022
 - Omicron wave
 - Health care system neared the point of rationing care
- DSHS helped to support long-term care facilities, including securing federal waivers, and how to manage CDC and Medicare requirements. A website and app were developed for family members.
- The National Guard were instrumental in response efforts
- The focus of EMD was never only on COVID response. There were other issues, including four disaster declarations for winter storms; fires in 2020 and 2021 (second and third worst fire seasons in state history); Civil unrest; cyber-attacks, and cyber-attack preparation.
- How did Washington do in response to COVID-19?
 - Had one of the lower death rates in the country.
 - Never had to declare crisis status in the health care system.
 - Overall, metrics suggest that Washington did well.
 - But looking at specific groups, some did much better than others.
 - There was disparity in impacts on segments of the population

Large group discussion and questions

- Angie Hinojos: How is data collection happening during a pandemic? How is it analyzed and shared?
 - Nate Weed: There is disease reporting, which had to be expanded during the pandemic. Collection is done at the local level and rolled up to the state.
 - Some local systems could not handle the load of collection and reporting and had to be expanded. We still do not have a product that works everywhere.
 - Hospitals have systems that collect data.
 - There are other data collection systems related to social services.
 - All systems were not ready for the demand put on them during the pandemic and moving everything to remote or online collection.

- Phyllis Shulman: Were the data systems able to talk to each other?
 - Nate Weed: At first no. The state worked with Amazon and Microsoft to develop an interconnected system.
 - The system in place at the start of the pandemic was old and had been scheduled to be replaced. Some additions were rolled out during the pandemic. There are efforts underway to develop a system that can provide a whole-system picture.
- Samantha Louderback: Does DOH have a report card or data on how the community fared on complete health, including mental health and other measurements of health?
 - Nate Weed: At the state level, there is not currently a system that collects that data.
 - Washington has a decentralized health system, and local jurisdictions may have more data on that.
 - Theresa Adkinson: Many local health agencies normally collect community health assessments but did not have the capacity during the pandemic. We are scrambling to do so now.
 - Samantha Louderback: Is that via a standardized survey, or is the data collected different for each group?
 - Theresa Adkinson: It is unique for each. There is a statewide plan that may help to combine them. Some groups are trying to regionalize and standardize.
- Alison Eisinger: I suggest that we refine the information in this presentation to include the eviction moratorium and rental assistance programs. They were part of the response and had a great impact on health, economy, and society.
 - Nate Weed: Thank you for that.
- Christine Rolfes: Who were the economists that were present when you were making these kinds of decisions, and are there trained economists on this team that will be able to dig into effects of things like the eviction moratorium? What are we doing now on the analysis of the economics?
 - Robert Ezeell: For the unified command, there was not an economist at the table. The Department of Commerce's actions might have been framed or influenced by economists.

- Nate Weed: We had two on my team, but they were focused on the health side of things rather than broader economic analysis.
- Phyllis Shulman: The second part of the question was how are we doing this now?
- Nate Weed: That may be one principle that we take out of this effort. How do we want to respond better in the future? Maybe we include economists as one of our principal participants.
- Senator Wilson: There was a decision that non-emergency procedures would not happen, and the Cancer Society know that there are cancers that were not caught early due to that decision. That should be included in analysis of collateral damage for this event. I know we have been graded in several areas; I would like to have access to that report. We need to compare states that did different things.
- Senator Wilson: The Immigrant Relief Fund was not spent at the start of March. Why is that the case? It was supposed to help in the midst of the pandemic, but now how does it help? I guess we need to measure whether we helped the people we were trying to help.
 - David Shannon: I will follow up on this with my team.
 - Christine Rolfes: There were two rounds of funding, the first one was spent, but the second one has not been to the best of our knowledge.
- Fernando Martinez: How do we compare ourselves to other states on how the economy has been impacted? My interest is focused on how this has impacted businesses owned by people of color. The data is so siloed. We are focusing today on the medical response, but we need to also look at the economic impact.
 - Nate Weed: This is a great way to evaluate our response. There have been so many impacts, and though we are looking at medical now in this presentation, it provides us a jumping off point for looking at intersections with economics and education. This speaks to the point of why we are gathered for these additional discussions.
- Phyllis Shulman: How were the phases defined?
 - Nate Weed: I defined them. They were shaped by events that impacted our response. Phases in other states may not have the same timeline, because we had some of the first cases. Events were not unfolding everywhere the same way. The waves of the pandemic itself are pretty agreed upon.

Phyllis Shulman asked whether there were any questions based on the previous small group discussions.

- Fernando Martinez: What does it really mean when we say we should look through an equity lens? What are the definitions that we have to all understand and operate under, so we don't talk around each other?
- Fernando Martinez: Our communities and businesses and medical system had to develop and display resilience during this event; how do we apply those lessons to other industries and learn from them to respond in the future to different events?
- Melanie Bacon: We talked about need of every entity to provide services in a response situation, and we need robust SOPs. What I am hoping to get out of this task force is a playbook that all counties can use in future events, that says this is what we will do. Every entity needs to be prepared.
 - Nari Heshmati: The solutions developed during the pandemic were organic and varied. Pilots have a handbook.
- Angie Hinojos: I think it is important to keep the experience of different communities separate, because it affected different groups in different ways. For example, access to PPE, being an essential worker, and vaccination rates, were different for the Latino community than for the community as a whole. Another example was that the focused support for elder care in long-term facilities did not help a lot of people in Latino community because many care for their elders at home.
- Angie Hinojos: We also have a huge network of nonprofits and community organizations that had so much data, information, and capability, but we couldn't find anyone that could take advantage of this resource. We should provide funding and capacity to do that.
 - Phyllis Shulman: I wonder what kind of documentation is available to examine the different impacts on the non-profits and community organizations.
 - Angie Hinojos: A lot of the organizations used up their reserves, they asked for volunteers and did a lot of work without being funded for it. It is not ethical; it is not right to not provide funding for that effort.
 - Nate Weed: You are spot on that community organizations do a lot of work in supporting health systems, businesses, etc. They provide that communication

conduit on what is happening and provide a channel to get the word out about interventions. So that is something we need to explore on this task force.

- Samantha Louderback: Our experience with the first shutdown was we had food that needed to get distributed. We were a resource, but we couldn't connect to others that could help us to get this resource where it was needed. Angie, what would your suggestion be for where and how to make those connections?
- Angie Hinojos: There are existing networks, we just need to identify them. We also need to value the input of these organizations by acting on their input.
- Carina Elsenboss: On the data issue - our systems were not robust, and they were not speaking to each other pre-pandemic. That is an issue we have been trying to address. For local public health agencies, when we try and learn what is happening at a local or group level, disaggregation is an issue that we are trying to do better at. There are so many ways that local public health is staffed across the state, the ability to do this data collection and analysis will look different in different regions. We do have a data report that we were pulling from to create a data dashboard in King County. We would like to be able to see how different groups are doing. There is a lot more that needs to be done.
- Lou Schmitz: Is there value in documenting a library or directory of best practices that supported equity. Not just the entities. What were the strategies that made a difference, so we don't forget them? And quantify from a budgetary standpoint what the cost of those strategies are.
- Winona: I am commenting on a webinar that I attended that was CDC funded. It was a post-pandemic response review. One of the conclusions of that national meeting, was that many people expressed that they can't wait to get back to 'normal'. The black community was saying that 'normal' was not working for their community in the first place [before the pandemic]. We [the black community] had to fall back on our own resources. There should be a sustained organization that is equitable, instead of waiting for the federal government to bring in money or mandate it. There are already upstream problems that are here, that we need to work on before an event like this happens.

Phyllis suggested that it was time to move on to the next presentation.

Department of Commerce: Agency AAR perspective – Kendrick Stewart and Tristan Allen
presented on behalf of Commerce

- Presenters provided a brief overview of Commerce’s duties
- Commerce conducted an after-action review and wrote a report in response to the request for written contribution for the task force.
- The review had five different topic areas
 - Continuity of operations
 - Emergency shelter and housing
 - Support to local and tribal government.
 - Supporting small businesses – Joint information center answering questions of small businesses.
 - PPE manufacturing and procurement – retooling and purchasing.
- The review revealed 18 areas of strength in response, and 35 areas for improvement
 - Internal strengths:
 - Ease of transition to remote work
 - Adaptability of program delivery
 - Maintaining neutrality with business sector to be a resource
 - Internal areas for improvement
 - There is a need to be interoperable with other state agencies and relevant to be applicable to all our duties.
 - We need to adopt software that helps with communication and remote work (Office 365).
 - External strengths:
 - We provided leadership in our areas of expertise.
 - We were able to adapt our program delivery.
 - We maintained neutrality with businesses and were able to be a partner with businesses to help them adjust to the situation.
 - External areas for improvement:
 - Need to support grantee capacity.
 - Creating a standard system for all counties.

- In PPE acquisition, we were working with private companies to retool and manufacture PPE, but there was not a clear way that we could purchase the produced PPE.
- The task force has been given the detailed report, and it can be shared again.
- For this task force, Commerce has agreed to provide leadership in two areas:
 - a. emergency response planning to support businesses and workers during a pandemic
 - b. Standards regarding flexible rent
- The presenters then asked for input from the task force on these two topics

Large group discussion – Phyllis Shulman then asked the task force if they had any questions for the Commerce representatives.

- Alison Eisinger – I think the language for b. includes the eviction moratorium, and I would love to give further input on that topic. Please comment on emergency shelter and housing efforts and whether that is included in b. as well.
 - Kendrick Stewart: Yes, that is one of our responsibilities
 - Tristan Allen: We can expand the scope of b. to include what we all find important and relevant. We also would like to include external stakeholder groups to be part of that discussion. Please bring them in.
 - Alison Eisinger: We would also like to include external stakeholders to be involved in discussions of a.. Specifically surrounding essential workers and housing.
- Angie Hinojos: What about loans that people took out to cover rent? Have you seen a need for loan repayment services for those people?
 - Kendrick Stewart: We don't have that answer.
 - Tristan Allen: We do not know everything about these issues, and you might have just pointed out an important aspect for consideration.
- Samantha: This is more of a comment. Commerce has been a great partner for our industry [hospitality] during the pandemic in releasing grants. We appreciate that partnership. Thank you.
 - Kendrick Stewart: We appreciate that.

- Phyllis Shulman: Part of this process is scoping of the items in the Proviso, so this discussion is important.
 - Kendrick Stewart: Yes, the input from this group will help to broaden the scope as needed.

Closing

- Phyllis Shulman - Any other reflections or comments before we close the meeting? The notes and slides will be provided on the website.
- Christine Rolfes: Has the Dept of Health internalized what other pandemics might be coming our way? Is there a list of potential or projected problem diseases we are preparing for? Is there a way to nip them in the bud?
 - Nate Weed: We don't have a list, but we have plans for known pathogens, and pandemics. Stopping an outbreak early is very difficult. You don't learn about them till they are almost an outbreak. I'd be happy to arrange a briefing on those plans.
- Fernando Martinez: For the executive committee- this is our third meeting. What three things have you identified right now or 'ah-ha' moments you have had?
 - Nate Weed: Several intriguing ideas
 - First are the ideas of what needs to be centralized, and what needs to be decentralized.
 - Second are the ideas of resiliency, and what structures do we need to have in place for agencies and systems to be resilient.
 - Third is the equity piece, and who do we need to include in planning and preparation and response to make outcomes equitable.
 - Robert Ezelle: From my perspective:
 - First, how do we organize for success?
 - Second, where are the gaps in our ability to provide services and really help people? This is true for both small and large events.
 - Third, how can we truly build resilience into our society so that we can weather the things that are going to come our way?

- Alison Eisinger: I want to add a theme that I have heard. The need in our work together to think about how to better understand how to bolster government institutions that guide, manage, and plan responses, and how do we track, value and support the undocumented work of community organizations and individuals. We need to include the voice of front-line workers. We did a presentation about trauma for front-line homeless workers yesterday and over 500 people showed up in the middle of the workday. It is important to include the most vulnerable people in our discussion of response.
- Senator Wilson: There were great ideas and input from this discussion. It is just as important to include legislators in a significant way in responses moving forward in any emergency. Legislators should be at the table representing their constituents.
- Fernando Martinez: We seem to have disasters every ten years. I am glad we got this team together. A lot of what we are doing now will help us in the short term. I will be here for the next couple of events, and this will help us with that.

Phyllis Shulman closed the meeting.

Attachment A: Attendees

Last Name	First Name	Organization
Counihan	Maggie	Washington State University
Weed	Nate	Washington State Department of Health
Anderson	Brian	Washington State University
Sanders	Christina	Washington State University
Shannon	David	DSHS
Wasserman	Adam	Emergency Management Division
Eisinger	Alison	King County Coalition for the Homeless
Ockerlander	Amy	City of Duvall
Hinojos	Angie	Centro Cultural Mexicano
McCluskey	Brendan	King County Emergency Management
Probasco	Brianne	Washington Association for Community Health

Elsenboss	Carina	King County Public Health
Fox	Chandra	Spokane County Emergency Management
Rolfes	Christine	Washington State Senate
Riske	Erik	Washington State Department of Health
Lawrence	Faatima	Catholic Community Services of Western Washington
Martinez	Fernando	Northwest Mountain Minority Supplier Development Council
Williamson	Isaac	Washington State Department of Financial Institutions
Dolack	Kerstyn	Washington Military Department
Baker	Kevin	Baker Consulting
Schmit	Lou	American Indian Health Commission
Lovick	John	Washington State Senate
Mueller	Martin	Washington Office of Superintendent of Public Instruction
Stoutenburg	Matt	Washington State Office of Insurance Commissioner
Bacon	Melanie	Island County
Furze	Michael	Department of Commerce
Heshmati	Nari	Everett Clinic
Peaks	Taifa	Washington State Department of Health
Donaghy	Rep.	Washington State House of Representatives
Weaver	Ron	Washington State Department of Health
Louderback	Samantha	Hospitality Association
Wilson	Senator	Washington State Senate
Mena	Sharlett	Immigrant Community
Stewart	Kendrick	Department of Commerce
Oberoi	Sudhir	Washington Department of Labor
Hyppolite	Sybil	Washington State Labor Council

Adkinson	Theresa	Grant County Public Health
Nichols	Travis	Washington State Department of Health

Facilitators:

Phyllis Shulman, The William D. Ruckelshaus Center

Christina Sanders, Division of Governmental Studies and Services