



COVID-19 After Action Review Task Force Meeting Summary

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

Attendees are included in Attachment A.

Opening Remarks & Review of Agenda:

Phyllis Shulman welcomed the Task Force to the meeting. She reviewed the agenda and shared the following announcements:

- The Equity Discussion has been rescheduled for Thursday, August 4th.
- The Center will be convening gatherings focused on equity. One of the gatherings will be in Spanish, and another one of the gatherings will be in ASL.
- Two ASL interpreters are joining today's meeting.

Kevin Harris reviewed the following prompts for the meeting's presenters:

- How were your organizations able to respond throughout the pandemic? What key lessons were learned? What important partnerships were formed?
- What key recommendations do you have for the state?

COVID Response Impacts on the Hospitality Industry:

Samantha Louderback, Washington Hospitality Association:

- The Washington Hospitality Association represents anyone who sells food or promotes fun. Small businesses make up 86% of the hospitality industry.
- The first official shutdown occurred on March 16th, 2020. The second official shutdown occurred on November 18th, 2020. The hospitality industry pivoted immediately. The Governmental Affairs Team worked to ensure that people could operate their businesses while keeping others safe.
- During the first year of the pandemic, the hospitality industry lost \$5.4 billion. A total of 3,335 restaurants closed. Some restaurants could serve food to-go. Regulatory relief included a "cocktails to-go" allowance, which the Washington Hospitality Association would like to continue.
- On average, a full-service restaurant has accumulated \$160,000 in debt since the beginning of the pandemic. To pay off the debt, a restaurant manager would not be able



to take a paycheck for three years. Some of our favorite restaurants haven't been able to open fully.

- The lodging sector was hit harder than the restaurant sector. Statewide lodging is still down 14%, while Seattle lodging is still down 40%. Seattle lodging relies on conventions and in-person events.
- Hotels were included in the eviction moratorium, so owners could not ask people to leave their hotels. 41% of hotels were impacted. This was an unintended consequence.
- For every \$100 spent on a hotel, \$222 is spent on a local community. About 2/3 of hotels are women-owned or BIPOC-owned. It's important to support hotels.
- The strengths of the COVID response include pivoting priorities, building coalitions, community support, and Target Zero and other groups. The opportunities of the COVID response include connecting the community to resources, putting trust in our teams, and considering the bigger picture when making decisions. The bigger picture is important.
- The hospitality industry lost 24,200 employees. The unseen challenges of the hospitality industry include debt, booking events, the workforce shortage, the supplier shortage, and the cost of goods. It's difficult to open fully.

Discussion:

- Kevin Baker: I'm wondering if you have data (surrounding BIPOC-owned and women-owned businesses) disaggregated. When we say "BIPOC and women," it's very broad.
 - Samantha Louderback: I don't have this today. I'll check with my team.
- Nari Heshmati: Do you feel the hospitality industry is better prepared?
 - Samantha Louderback: We are better prepared. It depends on the situation. Decisions were made that were out of our control.
- Darcy Jaffe: Restaurants and hotels were supposed to check vaccine cards. Is there a process to make this easier?
 - Samantha Louderback: Front-of-house staff were enforcing these rules. There are opportunities for technology to remove this burden.
- Kevin Harris: Do you have specific recommendations for the state or other parties?



- Samantha Louderback: Having a system that attempts to make things (information) equitable in all counties. Some counties don't have the resources or abilities to get information out. Having a written plan is important.

COVID Response Impacts on CBOs & Nonprofits:

Ariele Belo & Lindsay Klarman, Hearing, Speech & Deaf Center:

- When the pandemic began, services became virtual. People had technology limitations. People didn't have internet access. HSDC wanted to provide services in person.
- Masks can make it difficult for people to communicate. When the governor mandated masks, deaf and hard-of-hearing people were allowed to remove their masks. Many people weren't aware of this. HSDC tried to communicate with interpreters and the DOH.
- HSDC developed ASL videos to help educate the deaf community. The videos have been shared for two years. There are no federal ASL communications.
- HSDC partnered with Swedish to provide vaccines. HSDC wanted every member of the deaf community (and every interpreter) to have access to vaccines.
- The state shouldn't make assumptions about the needs of the deaf community. Access to appropriate communication is an issue for the community. English isn't always the best form of communication.
- Everyone knows someone with a hearing aid, someone who is deaf, or someone who uses ASL. People needed to remove their masks, but this was difficult. Many deaf and hard-of-hearing people didn't leave their homes.
- HSDC could pay for things up front. Not every nonprofit could do this. It's important to access funds ahead of time (instead of being reimbursed later).

Angie Hinojos, Centro Cultural Mexicano:

- Centro Cultural Mexicano serves many people, including Latinos, Spanish-speakers, immigrants, and undocumented individuals. Everything is bilingual.



- Centro Cultural Mexicano distributed \$23 million in rental assistance to the BIPOC community. Centro Cultural Mexicano also distributed thousands of COVID test kits and administered tens of thousands of vaccines.
- The Latino community was impacted by a lack of childcare and eldercare. Business owners and teens were especially impacted. Someone needed to stay home to care for family members.
- Nonprofits, churches, and government agencies helped distribute food. Information was not provided in Spanish, even by government agencies. If someone spoke a language other than English (or didn't have internet access), they didn't know about food boxes or other resources.
- There were systemic inequities, including the vaccine phasing plan. The plan didn't include restaurant workers. Getting vaccines to elders was difficult. Communities of color often care for their elders at home.
- The Latino community needs improved clarity, proper nonprofit funding, accessible tests and vaccines, and disaggregated data. Perpetuating myths is dangerous. It's a myth that Latinos don't want to get vaccinated.

Faatima Lawrence, Catholic Community Services of Western Washington:

- When people in shelters tested positive for COVID, they had to be separated from others. Some people stayed in the county's isolation centers. The county's rules changed many times. Many people didn't qualify for the isolation centers because of addictions, disabilities, or mental health issues. These people were left out.
- Isolation centers were not created to serve the homeless population. CCSWW worked with another organization to place people in isolation centers. People of color, the elderly, and the homeless were the last to receive services. These people should be the first to receive services.
- Tests and vaccines were brought to shelters. Until November or December, CCSWW offered monthly vaccines. Next month, vaccines will be offered again.

Stacy Dym, The Arc of Washington State:

- About 120,000 people in Washington have developmental disabilities. The majority of these people live with their families. Caregivers are often over the age of 65.



- Children with disabilities were impacted by school closures. Children with disabilities face higher discipline rates and report being bullied at school. These inequities existed before the pandemic.
- The COVID infection rate is higher for people with disabilities. The effects of isolation can cause crises. The workforce is strained and doesn't receive the same protections as healthcare workers.
- Data should be disaggregated by disability. Washington should treat care providers as healthcare workers. Washington should also recognize that the majority of people with developmental disabilities live with their families (not in facilities).

Joseph Seia, Pacific Islander Community Association of Washington:

- We are on indigenous soil. The displacement of Pacific Islanders is rooted in the same forces that resulted in the genocide of indigenous peoples.
- PICA provides advocacy and services to Pacific Islanders. During the pandemic, Pacific Islanders faced a death rate that was six times higher than average.
- Pacific Islanders face systemic violence in healthcare (and from police). Pacific Islanders are the sickest people in the country. This is because of U.S. colonialism.
- There is no consideration around the consequences of displacement. Many Pacific Islanders don't trust the external healthcare system. The external healthcare system doesn't reflect their values and cannot heal them.
- PICA would like to establish a partnership with healthcare providers. The partnership would employ Pacific Islanders who practice traditional medicine.
- It was thought that the Pacific Islander community would have a low vaccination rate. However, the Pacific Islander community has the highest vaccination rate in King County.
- When healthcare providers honor lived experience, positive change occurs. Healthcare isn't culturally sensitive. Pacific Islanders honor cultural power.

Janice Greene, NAACP Snohomish County:

- NAACP Snohomish County is dedicated to social justice. During the pandemic, social justice was lacking.



- The BIPOC community was disproportionately impacted by the pandemic. Many people in the BIPOC community have essential, low-wage jobs. Services were not provided to these people.
- Children attended school virtually. This was challenging because people were still working. Some people didn't have access to a computer or smartphone. A lack of resources significantly impacted the BIPOC community.
- Communications are dependent on trusted resources. NAACP Snohomish County worked with Providence and Homage Senior Services to contact Black seniors and provide vaccines. Black seniors were isolated and missed out on services.
- Community relationships were the key to success. NAACP Snohomish County received funds for community outreach. Donors allowed the funds to be used as NAACP Snohomish County saw fit.
- Collaboration is needed at the state level. Local decisions are valuable.
- The state needs to address the digital divide. Some people cannot access online resources. Additionally, the state needs to be representative of the people it serves.
- Data needs to be disaggregated. When people are lumped together, the state loses the ability to serve them. State funding needs to flow down equitably.

Rich Robinson, Homage Senior Services:

- The pandemic made things particularly challenging. Things that are intuitive for younger adults can be difficult for seniors. Technology issues have come to light.
- Funding was tightly controlled. COVID-specific funding hasn't shifted with community needs.
- Homage Seniors Services runs a multicultural center. Homage Senior Services hadn't done a great job serving Black seniors. There is now stable funding for outreach for Black seniors.

Aaron Czyzewski, Food Lifeline:

- Food Lifeline's business model was disrupted. The supply of donated food dried up. Donated food had to be replaced with purchased food. Volunteers and staff members were lost.



- The state's COVID response was treated as a disaster response. Led by the governor's office, Food Lifeline brought together key parties. The parties had regular calls to discuss needs.
- The National Guard kept the state afloat. More than 600 National Guard members were deployed to food banks across the state. Government agencies (OSPI, DSHS, and WSDA) displayed great effort.
- The nation's stockpile of emergency food was inadequate. Food Lifeline doubled the amount of food distributed. 88 million pounds of food have been distributed.
- Other crises, such as climate change, will impact food security. The state should recognize the reality of this moment. The state should also consider equity.
- Food insecurity doubled. We don't need perfect food banks. We need to ensure that people no longer need food banks.

Q&A/Discussion:

- Aaron Czyzewski: The state produces agriculture in abundance. In the early stages of the pandemic, we relied on slow federal assistance. We should have access to fresh, local produce. We should invest in ourselves.
- Nari Heshmati: There are similarities between different groups. There are also unique challenges. We handled healthcare through public-private partnerships. We should expand these partnerships.
- Alison Eisinger: Tremendous work was done to respond to sheltered people. Almost nothing was done to respond to the thousands of unsheltered people. We were unable to receive assistance from the National Guard. Specifically, we requested assistance to expand safe shelter capacity. How can the state be more responsive to emergency requests from networks that are insufficiently resourced?
- Angie Hinojos: For partnerships to work, we need trust and respect. Nonprofits are asked to share data and information, but the process isn't reciprocal. We never stopped working directly with communities. We could see trends that weren't being discussed. If more respect was paid to people working directly with communities, there could have been earlier solutions and direct impacts.
- Joseph Seia: Before the pandemic, our food systems had already been hijacked by white food banks. Communities face a paternalistic experience at food banks. White food is pushed on Black and Brown communities. What does it mean for food



distributors to listen to these communities? Family and household sizes should be considered. I'm grateful for Food Lifeline and Northwest Harvest. These organizations moved beyond white Christian saviorism and asked for input from Black and Brown people. We should encourage BIPOC communities to think about farming. It's healing for these communities to reconnect with food sources. We can't give bad food without expecting people to spend their paychecks on food they can actually eat.

- Nomi Peaks: Have the panelists identified any pharmaceutical care challenges?
- Ariele Belo: Pharmacies are still online. Many people don't have access to a laptop or computer. If websites are not mobile friendly, people can't order prescriptions online. We should make sure that websites are mobile friendly.
- Winona Hollins-Hauge: I'm excited about the nuances we've heard from today's panel. I would like to thank Dr. Janice Greene from the NAACP. I'm a member of the NAACP and the niece of Jacquie Jones Walsh. We have a responsibility to ensure our communities are at the table earlier, rather than later. We were an afterthought during the pandemic. We're going to hold you accountable. I want to see you talk about data. What can we use the next time something like this happens? The pandemic only pulled off the band-aid; the wound was already gaping. The pandemic revealed the soreness in our communities. I want to thank the panelists for being honest. I hope people are listening with the intention of doing something. I received an award from the American Baptist Women's Foundation for the work we did with church communities. We gave away "educated, motivated, vaccinated" shirts. We vaccinated over 5,000 people. We started a phone line for people to call in. Nobody funded us; we did these things on our own. On Tuesdays and Thursdays, people could receive healthy food from the church. We received food from Food Lifeline and other organizations. We need real food in high quantities.
- Janice Greene: BIPOC communities had to come together. We partnered with others and formed coalitions. This benefitted all of us. The state should rely on our wisdom and lived experiences. It's time for the state to stop telling us what we need. Foundations have learned to trust our judgement. We have made positive impacts in education and healthcare. When the state sends funding, it doesn't trickle down. The state isn't held accountable for that. Municipalities should be held accountable.
- Angie Hinojos: Communities of color came together because we had to. There was a point where we said, "Help is not coming." We started organizing statewide. We offered our networks to the state, but the state didn't want to engage. Our networks were already doing incredible work. When we talk about this work, where is the funding coming from? Panelists are not representative of the communities that the



funding is meant to serve. If I have a culturally-specific idea, panelists might not understand that idea. When grants are reimbursable, organizations are excluded. When are state agencies going to tell us who they're serving with grants? We don't know if grants are being spread out. Example: Poor outreach in Spanish. There needs to be transparency. Where is the funding going? The funding didn't do its job.

- Joseph Seia: BIPOC communities were neglected by the state (people who are paid to resource us). We experienced paternalism around funding. We were expected to perform for funding, which should have been given without question. Contract monitors are white supremacists who are gatekeeping resources from our communities. BIPOC communities are doing more work than everyone else to prove that we need resources. We are not taking state funding that is reimbursable; we need 50% up front. Otherwise, it's indentured servitude. Money is attached to white paternalism. We have to work for the same money that is handed to other communities. This is an inhumane process. I will credit the DOH, because the DOH went through a third party that removed some paternalism. Pacific Islanders have experienced high rates of housing insecurity. It's hard to access services. When you think about housing insecurity, you need resources and support networks. Our people will not access resources in downtown Seattle.
- Kevin Baker: I appreciate what's been said around cultural responsiveness. We see READEI-B work as outside of ourselves. People aren't ready to do personal work. When people say, "our society," they are talking about white society and not the multicultural society that we live in. There are multiple worldviews and ways of living that we have to raise up. We have worked in systems of competition, instead of systems of interdependence. We have to personalize the work around READEI-B. Nothing changes unless we change ourselves.
- Winona Hollins-Hauge: I want to make sure there is transparency. I don't see negative comments about the state being captured in real time. The trickle down of federal funding. The lack of coverage for the homeless. The DOH did come through. The DOH was able to feature real people from our communities. We have to develop the technology piece. We have to get resources to our communities ahead of time.
- Janice Greene: The state should look at organizations such as Modern Family Solutions. These organizations are doing beneficial things for BIPOC communities. I'm not sure if the state funds these organizations.
<https://www.modestfamilysolutions.org/>



Closing Remarks:

Kevin Harris thanked the Task Force for its participation. He reminded the Task Force that the Equity Discussion has been rescheduled for Thursday, August 4th.

The next Task Force Meeting will take place on Thursday, August 25th from 9:00 – 12:00. The meeting will focus on tribal experiences and food insecurity.



Attachment A: Attendees

Last Name	First Name	Organization
Belo	Ariele	Hearing, Speech & Deaf Center
Corry	Chris	Washington State House of Representatives
Czyzewski	Aaron	Food Lifeline
Dolack	Kerstyn	Washington Military Department
Dym	Stacy	The Arc of Washington State
Eisinger	Alison	Seattle/King County Coalition on Homelessness
Elsenboss	Carina	King County Public Health
Greene	Janice	NAACP Snohomish County
Heshmati	Nari	Everett Clinic
Hinojos	Angie	Centro Cultural Mexicano
Hollins-Hauge	Winona	Central Area Senior Center
Hopkins	Jane	Service Employees International Union
Jaffe	Darcy	Washington State Hospital Association
Klarman	Lindsay	Hearing, Speech & Deaf Center
Lawrence	Faatima	Catholic Community Services of Western Washington
Louderback	Samantha	Washington Hospitality Association
Mueller	Martin	Washington Office of Superintendent of Public Instruction
Nichols	Travis	Washington State Department of Health
Oberoi	Sudhir	Washington State Department of Labor and Industries
Ockerlander	Amy	City of Duvall
Peaks	Nomi	Washington State Department of Health
Probasco	Brianne	Washington Association for Community Health
Riske	Erik	Washington Military Department
Robinson	Rich	Homage Senior Services
Schmitz	Lou	American Indian Health Commission
Seia	Joseph	Pacific Islander Community Association of Washington
Wallace	Sharon	Washington Emergency Management Division
Weed	Nate	Washington State Department of Health

Facilitators:

Kevin Baker, Kevin Baker Consulting
Kevin Harris, The William D. Ruckelshaus Center
Phyllis Shulman, The William D. Ruckelshaus Center

ASL Interpreters:

Madison Chester, HSDC Interpreting Services
Tamara Moxham, HSDC Interpreting Services