



"Stop Killing Our Kids"



To: The Alameda County Board of Supervisors

cc: Erica Pan, MD, Interim Health Officer
Colleen Chawla, Director, Health Care Services Agency

Dear Honorable Board of Supervisors:

Alameda County appears to be on the verge of reopening its places of commerce, leisure and worship even though the best available data indicates that the spread of COVID-19 is quickening and expanding in several of the county's most vulnerable neighborhoods. Because marginalized communities suffer compromised health even in the best of times, it appears inevitable that the County's Black and brown residents and workers will disproportionately bear the brunt of new infections, and increased morbidity and mortality.

Because Black lives do matter, we write to pose some essential questions, the answers to which will reflect the degree to which the elected leaders of this County are willing and prepared to take the steps necessary to protect the well-being of some of the most vulnerable among us. The choices the County makes with respect to COVID-19 cannot be divorced from the demands for justice that are sweeping the nation for the simple fact that the health vulnerabilities of our communities of color can, in many instances, be traced back to and are deeply rooted in generations of unjust oppression, unequal access to opportunity, and undeniable neglect at the hands of both the public and private sectors.

To be sure, actions this Spring by County officials are to be commended. Early shelter in place orders saved thousands of lives, and courageously modeled for an entire nation principles of self-sacrifice and patterns of selflessness upon which the health of millions rested.

But these important achievements risk being squandered.

For example: disease testing was rolled out very late in Alameda County. Progress on this front has been made, but access to testing, as a general matter, remains woefully inadequate, and far below the goals set forth by the county. It should alarm everyone that access to testing is particularly scarce in the communities most impacted by the virus -- the neighborhoods that

house the Bay Area's essential workers and African Americans whose health is already compromised. As the economy restarts and the once normal patterns of daily life resume, these persons will come into contact with an increasingly broad cross-section of county residents. On top of this, a uniform manner for the timely public reporting of testing data has yet to be instituted.

Even more concerning is the County's capacity to undertake outbreak response and contact tracing. There is no question that the County's need for contact tracing currently outstrips its ability to provide such tracing. Each day dozens of new COVID cases are discovered and reported, but there is little evidence that the County has, or will soon have, the infrastructure to identify and notify persons who came into contact with the infected in a timely fashion. *What assurances can the County provide that its contact tracing program is meeting demand, and that persons are being timely told that they have been in close proximity to infected individuals and properly instructed on steps they must take to protect themselves and others?*

The need for contact tracing will increase dramatically as the County opens up more broadly to commerce and gathering. *What indicators did the County assess to arrive at the conclusion that we are ready for such reopening?* Important indicators of which we should all be aware include: how much time elapses between the County's notification of a case before contact tracing is initiated? How much time elapses between the County's identification of an outbreak and the County's initiation of an investigation of the outbreak? How long does it take the County to complete its investigation as to the cause of each outbreak? What percentage of persons affected by each outbreak are contacted by the County for purposes of contact tracing and how long after the discovery of the outbreak were they contacted? How many primary infections per cluster? What was the location or setting for the index case? How many contacts were made, how many were tested, how many of those tested positive, and how many overall were placed under quarantine? What summary reports or qualitative or quantitative analysis of outbreak investigations or contact tracing investigations does the County plan on issuing?

How many epidemiologists are now working to analyze COVID-19 data for the County and what information does the County's prioritize for collecting and reporting? What has the County found to date with respect to the rate of spread of the virus and the areas and populations most affected by the virus?

These are some of the questions that need to be asked and answered if the County is going to inform itself and the public about whether the County is taking basic, evidence-based steps to address a deadly disease that disproportionately infects people of color and disproportionately kills Black people.

Health and testing facilities have identified and reported to the County a series of COVID-19 outbreaks. But there appears to be no public acknowledgement or warning by County health officials that these outbreaks occurred and pose continuing threats. This despite the fact that it is standard public health practice for officials to identify sources of infectious disease cases and outbreaks in the interest of public safety. This includes business or private facility names, such as restaurants and nursing homes. (<https://www.cdc.gov/foodsafety/outbreaks/investigating-outbreaks/identify-commercial.html>)

Finally, there may be powerful reasons why a reopening of economies and return to communal functions promote overall well-being and outweigh the health risks posed by the coronavirus and Shelter In Place. It is conceivable that public health professionals, employing the tools in which they are trained, can make that case. But such a case depends upon collecting, analyzing and making publicly available for review and discussion the data and modeling in support of that case. Only when this is done, can the public - the individuals, organizations, businesses, agencies and elected officials that rely upon the expertise of public health professionals - adequately assess their options and make decisions appropriate to their needs and consistent with their appetite for risk. If Alameda County residents must choose between extreme economic hardship and exposure to a serious illness that could prove fatal to themselves or loved ones, then they should be provided information about the relative risks of their options so that they can debate and shape the types and timing of trade-offs being asked of them during this ordeal. And/or if the County plans to forgo, in whole or in part, its public health duty to inform the public of its data, models and proposed trade-offs, then the County should be forthright and transparent about this deliberate silence.

Respectfully Submitted,

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Gloria Crowell, Executive Director at Allen Temple Health & Social Services
Pastor Michael McBride, Director of Urban Strategies, Faith In Action
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Candice Elder, Founder and Executive Director, East Oakland Collective
Daryle Allums Sr., Founder and Executive Director, Adamika Village Inc.
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