Speaker 1 (00:09):

Welcome to Hotwash. I'm Trudy.

Christine (00:11):

And I'm Christine. We're emergency management and public health professionals.

Trudy (00:16):

Nerds talking about law and policy of emergencies. Welcome back to Hotwash: episode five. We're joined today by our guest, Hassan Sheikh, who is our senior pharmacy law and policy lead and currently works in Baltimore city public health. We're going to be talking about the downstream impacts of COVID-19 on public health because we think that it's possible the public has a limited perspective on all the public health work that's continuing to be done during this time.

Music (00:51):

Ketsa. “Mission Ready.” Raising Frequency, https://freemusicarchive.org/static.

Trudy (00:52):

So Hassan, do you want to tell us a little bit about what you're currently doing? Because you have actually been, we've worked with you on some of the webinars that we have done at the center, but, and we kind of talked about your background there, but you're kind of a unicorn in that you have a JD as well as a pharmaceutical degree and you're now working in public health. So we always ask people, how did you end up here?

Hassan (01:19):

I think I asked myself that pretty frequently. You know, I think I to get some time every week to be like, how, how did this happen? So a little bit about my professional background was a pharmacist got my doctorate and New York practiced pharmacy for three to four years at the end or towards the end of my career I started feeling as though there were other larger public health issues that were impacting my ability to administer, to practice. Really. There's only so much I could do as a community pharmacist working in the Northeast. And while I enjoyed my job, I felt limited by how much I was able to really give back to society. So when he got a law degree from the university of Maryland, that's others that I had the health law certificate and that's really what I wanted to get a focus in. Graduated with a law degree with a specialization and focus and help on policy law school. I spent years studying, sorry, I spent years working, uh, as policy analyst. I joined the center for health and Homeland security. From there, I was contracted out to the Baltimore city health department and I currently work in their office of public health preparedness and response. I've been actively involved in every single response effort we've had and it seems like we've been going from response to response to response. I was an operational lead during our measles response where we mass vaccinated several hundred individuals when we were then struck with a ransomware attack, which crippled our infrastructure and that was a whole thing. So we are now currently actively engaged in the outbreak against or actively engaged against COVID-19.

Trudy (02:58):

When people talk about, uh, people on the front lines, Hassan is one of the people they're talking about. Cause you are actively out there.

Hassan (03:08):

I mean, I'm going to work every single day. There are several offsite locations that I'm required to report to. I'm working 10 to 12 hours a day for most days and Sundays are my rest days.

Christine (03:19):

So you are the frontline unicorn.

Hassan (03:22):

I don't think that's a title I want to stick. I don't know. You know, I don't think I put that on my LinkedIn or my Twitter. But I do feel like my professional experiences and really the outbreaks that Baltimore city has had in the last year, the lessons we learned from measles and the lessons that we learned from the cyber attack, all of which are playing into everything that we're doing now.

Christine (03:47):

Baltimore City has had a lot of opportunity to practice its emergency planning materials.

Hassan (03:55):

Yeah. And our team is, you know, we all really work well together. We've had to all work really well together. So we have a rhythm that's a really easy to employ. And so all of us are I'm really proud of all the work that we're doing.

Christine (04:07):

So the image a lot of people have of the work going on during this crisis is very hospital-centric. It's very medical professionals. It's, so tell us a little bit about the work you're doing, which isn't necessarily hospital-centric. It's public health.

Hassan (04:24):

So what I'm working on right now, I think that changes week to week because obviously our priorities shift so rapidly in this response effort. So when I started, for example, I was the business liaison for COVID-19, which meant that I was responsible for making sure that businesses in Baltimore city, and I want to say businesses, it's a broad term. So colleges, universities, churches for a bit. I don't know how that happened, but I was responsible for being the point of contact so that if they had questions about how to interpret CDC guidance or how to really implement any of the strategies that the CDC listed, I was the point of contact for that. So I was spending all day making either webinars or talking to people about, well, how do you actually comply with what the CDC is recommending? So that's where I started. Now I've shifted more into distribution of PPE. So what Baltimore city has been doing and really with every other major city in the country has been doing, has been distributing PPE according to the guidance that's provided by the state to local centers that may need it. It's a complicated process because supplies, PPE are extremely limited and there's never enough to quite meet the demand that every healthcare facility might need to have. So our prerogative is to try to take care of as many of the healthcare facilities in Baltimore city. To give a perspective of that. If I'm looking at just the assisted living facilities in Baltimore city, that's almost 400 facilities licensed facilities, we have about 15 hospitals, 15 hospitals systems, right. And we're not focusing on all the little. And then we have 28 nursing homes and then there's dialysis care care practices. And so there's FQHC. And so these are all organizations that need support with PPE. And who just across the board are just, you know, they are

doing the best they can, but they've been given a monumental task. And just trying to keep up with supply has been, you know, I don't think I need to refer to all the new stories have been coming up, but it's, it's been pretty horrific for some of these organizations that are struggling getting surgical masks, or N95s, or gowns. So the city is actively working to make sure that we keep those partners supportive to the best of our ability. And so I'm overseeing that effort alongside of my coworkers.

Trudy (06:47):

So I think some of what you were talking about Hassan is what we're hearing a lot about with the COVID-19 response, sort of that public health PPE, getting people to the hospital's response. But one of the things that you've talked about is that there's a lot of other public health activities that are still going on that aren't necessarily related to the pandemic.

Hassan (07:09):

Just, you know, I was having a moment the other day where I was sitting with me and my boss's boss and a coworker of mine, and we realized that that, you know, in a couple of weeks the city would usually have begun preparing for the issues that tend to prop up during the summer. And we were realizing that the same group of people that were actively engaged in the response efforts were also the people that were serving as the leads for how to prepare for summer. And those people that are actively engaged in the response efforts are already working between, you know, 10 to 14 hours a day. And so all of these individuals would be preparing for summer and we're just, we're not able to. And it's, it's a capacity issue. It's a training issue. It's, there's just, there's only so much that one person can do during the day. And so what my worry is not really, and this is not really focusing on Baltimore city, this is just public health across the country. I'm worried that we are going to be so focused on getting through the next couple of months that we will not be as prepared to deal with all of the other issues that tend to pop out public health.

Christine (08:22):

What are some of those things that these people who are now working 100% on COVID-19 would be normally preparing for?

Hassan (08:31):

Right now the work that I'm supposed to be doing is preparing Baltimore city to be able to do mass vaccinations. That was, that was the big work that I was supposed to be doing. So that actively entailed looking for places within Baltimore city that we could administer vaccinations and large if we had to figuring out how that worked, figuring out how staffing for that would work. So just taking a to really iron out those plans that has been sidelined. So in the rare instance that we have to do mass vaccinations, that is going to be a much bigger struggle for us because that work that we're going to have to generate is going to have to happen on the fly. So I shared a link with this group just now about New York city departments of health, their, their table of organization. This is an org chart. So this shows who is responsible for doing what types of work. And I just wanted to take a moment to highlight all of the different offices that are on this list. I'm not going to read through the entire list because it's huge, but I will focus on just one section. So if we're looking at the page, I'm on the very top, you see the health commissioner. And then you see one of the, so let's focus on Hillary Kunis who is the executive deputy commissioner for mental hygiene. And underneath Dr. Kunis, we have programs that are targeted towards alcohol and drug use, prevention care and treatment, children, youth and families,

community engagement, developmental disabilities, health promotion for justice impacted populations, and mental health. And that's, that's one person.

Speaker 4 (10:09):

It's really a full gamut when I'm looking at it, it's everything from childcare and behavioral health administration to the HIV and immunization programs to it looks like critical quality management and improvement. So, you know, the kind of oversight that happens with healthcare and occupational safety and health. I mean it's, it's the full, it's a full load.

Hassan (10:30):

Well, and so that's one of the things I think that's overlooked, right? Like, you know, you say you have public health officials, but its a nebulous thing of what are they actually doing. So what do you do really is the question that I usually get when people, when I describe to them what my job is, I don't think people maybe have a full appreciation of understanding that health departments are really, really crucial role in bringing all these efforts together and to create a central location where one health organization can oversee all the various programs that are running within the city. These are the programs that are providing services to individuals who may not be able to afford it otherwise, and these are also the individuals that are keeping our healthcare system organized. Working as one collective front. There's not like an infinite amount of us. So and public health budgets have already been slashed for this and so if all of these individuals are actively tasked right now with combating COVID-19, it's going to cause a problem in a couple of months if they can't turn their attention otherwise at their locations.

Christine (11:35):

There's such a wide scope of functions and activities that people really don't think about. Summer programming that comes to mind for public health organizations include things like mosquito control with that disease control and Zika disease education, pool inspections, setting up cooling sites, summer feeding programs in collaboration with school systems and others. There's a variety of licensing, but even thinking not just about the gamut of summer programs that are going to be affected because all of those folks are doing COVID-19 response. We have no capacity to stand up any of those other programs, but it's all of these other programs that people don't necessarily know public health runs. Public health has asked to sustain emergency response over the long term.

Trudy (12:24):

So the things that are the emergency today, you know, like two years ago, four years ago, I guess almost six years ago, we were talking about Ebola and what we needed to do for those programs. And then we were talking about Zika with vector control and education and communication and outreach. Um, before that we were worried about West Nile virus and none of those diseases have disappeared. We don't hear as much about them because we have had them pretty well controlled in the United States, but the public health departments are still taking care of those things. Right? It's not like that has disappeared from their slate. They've incorporated that into their everyday and now Hassan is, you're talking about they are looking at running their everyday operations while there is still this new emerging infectious disease that has become priority number one.

Hassan (13:14):

Right. And you know, I kind of bears repeating that. We are looking at a cycle of where we anticipate doing some version of this for the next year and a half. You know, even if we get an emergency

authorization for remdesivir tomorrow and it's widely distributed, it's going to take a long time for us to have an effective therapy that actually stops transmission. And so our health department or I at least, I'm going to be certainly engaged in this effort for the next year and a half now if we have another measles outbreak in the city or we have particularly bad flu season.

Trudy (13:48):

Which is something that has been in the news, you know, the discussion of an emergence of a second wave of COVID-19 sort of at the same time that there is the seasonal flu.

Hassan (14:00):

Yeah, I mean we talk a lot about waves of diseases and a lot of this stuff I think mirrors what happens in the flu outbreak of 1918 right? We saw an initial rise in deaths. People implemented some version of social distancing. Things went down for a while and then things skyrocketed when people said, Oh, everything is fine and we are, well, I'm not going to speak for any organization here. When I'm worried about is a situation in September and fall where we're in the middle of like you just had a coronavirus wave and now an influenza wave and that is going to threaten to overwhelm all of us. You know, that's, that's a, that's a real concern that I have at least. And then if you add on to that, the reports, and I'll share these links as well of, you know, public health officials or government or state officials beginning to lose their jobs as well as the economy and impacts that sector as well. It's something that we as public health officials and really, even if like there's not like a public health individual that listens to this or we should as a society really think about how we can best support one another to get everybody through for the next year and a half. Because system really depends on everybody working together and cooperatively. And right now everybody's doing great, but it's a lot of the same players that have been like, Nope, I'll just work for 12 to 14 hours a day. I don't care if I don't get paid extra. I don't care if I risk my health, I'm just going to keep working because that's what needs to be done. And that's great, but it's not sustainable.

Trudy (15:28):

And so what are some of the, cause you had mentioned that you're worried about some of the downstream impacts on the public health program. So we've talked about, Christine mentioned some of the summer programs, um, and just some of the ongoing services. Are there other impacts that you are particularly thinking about or that you've read about?

Hassan (15:46):

So there are a couple. So Christine actually mentioned the one that inspired this conversation. It was the cooling centers conversation that really inspired our back and forth here today. It was a realization...

Trudy (15:59):

And just in case no one or in case someone listening doesn't know what a cooling center is. Can you just give us the 30 second nutshell on that?

Christine (16:06):

Sure. So a cooling center, and I'm also going to throw Christine under the bus and ask her to support me if I get this wrong.

Trudy (16:14):

That's fair. We do that all the time.

Christine (16:16):

Throw me under the bus? Thanks, Trudy.

Hassan (16:19):

Throwing you under the bus is just like the professional, like it's just a thing that we do, you know.

Christine (16:24):

I guess as should be used to it by now.

Trudy (16:26):

Some of us live under the bus.

Hassan (16:31):

So a cooling center is exactly what it sounds like, right? It is a place that provides, it's a temporary shelter where individuals can go to escape the heat, especially when it gets to be particularly oppressive during the summer. So if it's absolutely terrible out, there are sites that the city will set up where individuals can go to escape the heat. These are usually targeted towards individuals that might have difficulty with housing. But it depends really on how bad the situation is that we're looking at there. There's no, like we would expand our services as they were needed, right?

Trudy (17:04):

Because one of the surprising things as someone from Georgia where we aggressively use air conditioning, um, there are still, uh, to my mind, surprising number of buildings in Maryland that don't have air conditioning, um, including some schools. So these cooling centers can actually be very important in the summer because Maryland gets, I, it feels to me almost as hot as Georgia does or to go through that without air conditioning, um, can be uncomfortable and in the best of situations. But for some people that are medically fragile or otherwise it can be a threat to their health, right?

Christine (17:40):

I think it's surprising how many cold and heat deaths occur. I don't think people realize how many people pass away from not having access to heat or air conditioning.

Hassan (17:50):

It's not really a thing that's really publicly talked about. Right. Let's get onto the media and it's not a thing that any of these trends broadcast when that happens.

Christine (17:57):

So it's really important that we have cooling sites accessible and available, but how do you do that in COVID-19 I guess is the discussion you're talking about?

Hassan (18:09):

I mean, that's exactly what happened, right? It was a conversation of where the person that would be engaged in that response or making sure that those are set up was also actively responding to COVID-19 and it was a realization of where, you know, in that moment, I think the response for everybody was like, well, we'll just deal with it when, you know, if you have to work another 12 hours, that's like whatever, it's fine. It's what needs to be done. But the fear that I had from listening to that is we are already doing that and so how long does that go before we're not able to support that anymore? What happens with one of us gets sick.

Trudy (18:42):

Right, and that's a concern with responses generally for emergency management or public health. But I think what you said earlier really is important and it's something we're seeing more discussion about, but this is a different response and that we know this is going to be longer than what we typically experience with. We have a very good sense that it will be a year. It will be until we have vaccinations, right?

Hassan (19:05):

I mean we'll be lucky if it's, if we are done with COVID-19 in a year and a half, that's going to be lucky and it's going to be amazing and it's going to be great. You know, realistically by the time it takes us to get the vaccine development is what I think we talked about in previous webinar, getting mass distributed, getting mass manufactured, first of all, then getting mass distributed and then actually making sure that we back snake every single person. And then we capture every single person, right? Because people will, understandably so I think be hesitant about taking out a vaccine that was pushed so rapidly. And so by the time that happens, we need to keep all of those efforts going.

Trudy (19:42):

All of those other public health services still need to be occurring.

Christine (19:46):

So we're talking right now about continuity of operations. And I've heard from many colleagues, not just you Hassan in Baltimore City, but many of our colleagues working around Maryland, there's a real struggle to do the essential functions, the day to day functions to keep their organizations up and running while tackling COVID-19 there's very limited resources, limited staffing, limited funding.

Trudy (20:10):

And the scope of this is just so much bigger than prior.

Hassan (20:13):

And that's, I think, you know, if you're, if I think if you're on the outside looking in, it's really, really simple to be like, okay, well hire more people, train them to, you know, go work on the other portions of that. But there, there, there isn't the money for that.

Christine (20:25):

Sure. Right. Yeah. A lot of these offices are chronically understaffed.

Trudy (20:30):

Well. And then Hassan you were saying something about the downstream impacts on the economy also sort of reinforcing that cycle of money. Right. You know, ideally this is a time where the the health department and health departments across the country could staff up. But what we're likely to see is the opposite.

Hassan (20:46):

And yeah, so, I've shared a couple of articles I think to you guys and we can share that afterwards as well, but you're already beginning to see a lot of government officials. We're beginning to see a lot of government officials who are beginning to lose their jobs will get furloughed across the country. Really you're hearing reports now of hospitals beginning to let go nurses because they're non-covered portions of the hospitals just aren't generating enough income to keep those nurses employed. This has serious concerns because we are coming into a point now where instead of building up our response efforts, we're actively worried about how are we going to maintain these people, how are we going to keep them employed so that we can keep on doing what they're doing. And I don't know that there's a good solution to that. Right? Like when we go, we have volunteer services. A lot of people have stepped up. It's actually been really, it's been really, really I think affirming to me as just a human being to see how many individual people, how many businesses, how many churches, how many people have just stepped up and said, just tell us what to do. Make us sign whatever you need us to sign. We'll just, we'll do it. We'll figure it out. And that's really what we need to see.

Trudy (21:54):

So then in terms of recommendation, so if there are public health departments or public health officials or people who work in public health who, or even you know, other organizations that aren't public health minded, but there a lot of businesses across the board. Some States already and some States sort of forward looking. They're looking at returning and there's a lot of discussions about what the workplace will look like, what policies should be in place. You know what they can do because there is this balance of wanting to return so that the economy can sort of start firing back up, but also wanting to keep people safe. If that discussion is occurring. What are some of the considerations to your mind essential that these organizations be having? What are some of those critical conversations that organizations should be having for their recovery discussions?

Hassan (22:42):

So businesses and non-for-profit organizations - really any organization that is thinking about how to return to normal for the next couple of years - I think every organization needs to start with the principle that your definition of normal from three months ago is no longer valid. That's gone. That's that's, that's in the trash. You need to establish what the new normal will look like. I need to operate within that framework for the next couple of years and I think that really requires a lot of businesses to think about how they operate and how they plan on incorporating this guidance that's coming up from the CDC for the next couple of years. I think you know, you and I today have had conversations about this, like what's a good recommendation for X, Y or Z or good recommendation for this type of business. And I hate this answer, but it's really the answer I keep going back to it depends, depends how front facing your businesses. It depends on how much of your work you can do from home. There are ways I think that we can safely go back to establishing a normal, but that normal is no longer what it used to be in the past. And I think if we can start pushing that out now, if we can start being comfortable with the thought of yes, there are frameworks which we can operate that are safe. I think that's, that's really where it should be going. So the public, what they really could be doing right now is that there are a lot of volunteering opportunities that are happening both at local and state health departments. And really

just across the board. I think a lot of organizations, even if they aren't actively using the volunteers now, we'll find a use for those individuals. And so if you could sign up as soon as possible, state where you're capable of doing and then understand that there might be a bit of a wait while we figure out what the needs are. But doing that now, getting that, getting that framework in now and just being like, Hey, I'm ready to go. Just let us know if you need us. That I think would be particularly useful because there will be instances where we will need to be able to utilize people. And at that time, I think trying to find people is going to be really, really hard. So it's better to have a bigger pool and say, okay, well we have these individuals, we don't need them now, but we know that they're there.

Trudy (24:44):

They're kind of waiting in the wings.

New Speaker (24:46):

And really we need that kind of support. You know, we've always needed that kind of support. But particularly now, I think having that kind of support is really crucial, and community support. So when I say things like community support, I mean finding out who the high risk individuals in your community are and seeing how to help support their services. Things like prescription delivery, things like food delivery, things like, I don't know, checking up on your neighbor every once in a while. I know these sound like small things, but these are ultimately down the road going to cause a massive impact of where we know the community is looking out for one another.

Trudy (25:20):

And it addresses, or it can help to address the other component that we're going to be talking about more in depth than a later episode. But the mental health impact of this pandemic, which is something we're starting to see more stories on, but I don't think we have a full grasp on that yet.

Hassan (25:36):

You know, all these therapists are beginning to offer free therapy now for frontline healthcare workers, which is an incredible effort that I think we need to recognize a. And then B, make sure that it's widely advertised because you have already stories of nurses going in and the trauma that they're experiencing on your daily basis. You know, today, I think, you know, a week ago you asked me how I was doing and I think my response then was like, well, I haven't really slept in like a week. So great. Everything is awesome. But that's the end. That's where we are.

Speaker 1 (26:07):

Well, thank you for Hassan for joining us today. It was a really interesting discussion. I hope everyone will please join us next time we will be discussing in more depth the behavioral health recovery aspects.