

Dr. Faisal Khan
Nominee for Director of Public Health Seattle King County
Questions from Seattle City Council

Questions for Dr. Faisal Khan:

- 1. As a public health leader, what lessons have you learned over the past two and a half years that will influence how you lead at Seattle – King County Public Health (SKCPH)?**

My career in public health has spanned over 28 years in a multitude of settings across four continents, which has prepared me well for a leadership role in a multi-cultural, multi-ethnic environment. The last two and a half years have taught me about the importance of clarity in communication pertaining to health issues as well as the vital importance of speaking truth to power, politely but firmly. Fidelity to scientific evidence and integrity as a team leader are two of the most important attributes for any public health leader in the Covid-19 era and beyond. I intend to lead with demonstrable integrity using emotional intelligence.

- 2. In June of 2020, King County declared Racism is a Public Health Crisis. How will you ensure that SKCPH continues to center anti-racism in its investments, policies and programs?**

Racism has been a public health crisis in the United States since before the country's inception. I note with absolute horror that, in 2022, the zip code of a child's birth determines their trajectory through life as well as their health status indicators and longevity. Today, more than ever before, public health must be the catalyst to drive community conversations and joint action against the cross-generational trauma of racism. This will not be a sprint. It is very much a seemingly endless marathon but one that we must engage in across the board. I see our department pro-actively engaging with communities, popular opinion leaders, legislators, businesses, faith-based leaders, and civic organizations to have data informed conversations about the real issues exacerbated by racism and to actively develop an anti-racist culture. All funding opportunities Federal, state, local or private must be pursued to support specific interventions and initiatives. This issue is a personal mission in life for me. In fact, I cringe every time I recall the very moment I realized that I, as a Pakistani migrant, had enjoyed "model minority" privilege by default in these United States.

- 3. What do you believe is the role of Public Health in communicating to the general public, and to specific communities, about public health issues and challenges?**

Public Health works best when it helps individuals and communities accomplish their wishes in a healthy and safe manner. Clarity and simplicity of communication are key in this regard. The failure of the federal government to do just that during the initial phase of the pandemic and through the vaccine rollout is plain for all to see and has forced a critical review of the CDC. I see the development of scientific reports, data sets and materials with narratives and infographics in plain language as the most critical aspect of our work. This must be done in a multi-lingual, culturally appropriate and sensitive manner to reach everyone. Any effort that falls short of this benchmark is not likely to succeed. The credibility of public health (despite all our hard work) has been dented during the pandemic response because of botched efforts at the federal level. We must learn from those mistakes and not make our own.

- 4. In 2021, King County set a new record for drug and alcohol overdoses, including 388 fentanyl-involved deaths. King County Council has declared Fentanyl to be a public health emergency. What can SKCPH do to better meet the health needs of drug users and save lives?**

The dual epidemics of alcohol abuse and substance use disorder and the rising toll of Fentanyl related deaths continues to worsen throughout the country. Public health alone will not be able to address this issue. This requires a broad effort across community-based organizations, law enforcement, hospital systems, municipalities, and local health agencies. Educating and informing the public about the risks posed by contaminated drugs, treatment and recovery options and long-term support are the baseline. Harm reduction efforts like needle exchange sites are also critical in the effort to save lives. Any harm reduction approaches will need to be developed with meticulous detail to build enough community and local legislative support to ensure that such efforts do not backfire because of misperceptions around public safety concerns, etc.

5. Elected leaders in Seattle and King County are looking to SKCPH to innovate and lead in protecting individuals' rights to reproductive healthcare and expect our community to take a leading role nationally. What role do you envision for SKCPH to ensure residents of King County and beyond are able to access abortion care?

I believe public health's role in protecting and ensuring access to reproductive health care, inclusive of access to abortion services, is part of our commitment to fundamental human rights. In my view, public health should educate, inform and reassure the public about the services available across the Seattle King County region and that these services are accessible to all. We must also continue to be advocates for reproductive health rights at every opportunity. The direct provision of clinical services by the department (if any) must always include the full range of long-acting reversible contraceptives, emergency contraception and either direct provision or referral to abortion services.

6. This position will answer to both the Executive and Legislative branches of both the County and City. How will you reconcile competing priorities or directives from these entities?

Having asked that question myself during the extensive multi-step interview process, I am clear in my mind that this position reports to the County Executive. Having also reviewed the City-County MoU related to public health services, I understand the joint responsibility to work with both City and County legislative and executive branches in defining the public health agenda. I anticipate my skills and experience as a diplomat will be extremely valuable in this position (strategic, financial, operational, emergency response, etc.). It will be my goal to maintain transparency to keep everyone informed while delineating clear areas of responsibility (and being mindful of reporting chains).

7. What role can SKCPH play to end the epidemic of gun violence?

Public health has a critical role in these conversations because gun violence (and violence in general) is a public health crisis. Gun related suicides have more than tripled in young adults over the last five years. The most productive role for public health is to convene and mediate dialogue and focus on data driven/evidence-based conversations between law enforcement, community-based organizations, advocates and legislators etc. around reducing violence and gun related morbidity and mortality. Public health's work is best done when focused on solution-oriented options to ensure firearm safety and education as well as violence reduction. The rapidly growing mental health crisis in the US and the lack of accessible and affordable treatment options for many communities is a related concern. The relatively easy access to firearms for individuals experiencing acute mental health crises can result in harm to those individuals or their loved ones. Public Health can and should focus on awareness, firearm

responsibility, and support increased access to mental health services, including encouraging mental health providers to screen for access to firearms in the home.

8. As we move into the endemic phase of COVID-19, what do you see as the next steps for SKCPH to help keep residents of the County as safe and healthy as possible?

I hesitate to use the word ‘endemic’. That scientific term has a very specific definition although that word has been used with rhetorical flourish by the media. We are in a different phase of the pandemic than we were eight months ago but this disease is far from being endemic just yet. It will eventually become one at some point in the future. Our efforts in this phase must be focused on preventing disease through the continued use of masks in crowded indoor locations and handwashing, promoting vaccinations plus booster shots for all eligible individuals, sharing county level and even zip code level data (wherever appropriate) to inform and educate the public. We must also continue our efforts to protect the most vulnerable: immunocompromised people, long-term care facility residents, etc. Most importantly however, we must continue to monitor the situation on a weekly, monthly and quarterly basis and be ready to re-evaluate our plans/recommendations should another variant (especially an immune-evading one) present itself.

9. The past two and a half years have been incredibly demanding for public health workers. How will you support SCKPH staff and public health workers county-wide to maintain morale and prevent turnover?

The public health workforce across the country is mentally, physically, and emotionally exhausted. We continue to hemorrhage talented skillful and experienced staff to the private sector. This does not bode well for the future. Seattle-King County are in the same boat. Retaining existing staff and recruiting the next generation of public health professionals and leaders is my first and foremost priority. There are several steps that could be taken in this regard that include increased salaries after a thorough review of civil service job classifications and pay ranges, strengthening partnerships with academia to provide bi-directional career enhancing and personal growth, enhancing educational and work opportunities for department staff and public health faculty and students, and continuing flexible work schedules and hours to ease the mental and physical burden on the workforce. Most importantly, people who work in public health are not easily swayed by money. That is not their primary motivation. They are driven by a sense of mission and accomplishment. Massage chairs and table tennis equipment in the employee lounge (although nice) do not necessarily impress them. They want to be listened to and valued. They want to be included in deliberations and have their ideas heard even if resources do not permit actualization. I intend to maintain an open-door policy and help anyone I can. That is the message I will give the entire management/leadership team as well.

10. What opportunities do you see to invest in overdose prevention infrastructure, given the opening almost a year ago of a safe injection site in New York City, and suggestions from city officials there that they believe federal officials will not intervene in this approach, and given the shared sense of urgency in addressing the overdose crisis?

Some years ago, I read with great interest about efforts underway in King County to create safe-injection sites with embedded care and treatment and long-term support services. This was very exciting news to me as a public health professional. From what I have learned, this effort fizzled out because of local concerns about public safety/impact and legal/statutory concerns. I would love to re-engage on that issue because this is an effort that will literally save lives and provide hope. I am cognizant that this will require many detailed formal and informal conversations to

build a groundswell of support across communities, municipalities, legislative bodies, law enforcement, community-based organizations, and community advocates. It is worth the effort. The NYC initiative is well underway. Initial reports suggest only minor operational issues. I look forward to studying their model in greater detail and reviewing evaluation data from them to reflect on scalability options for Seattle-King County. Ultimately, any such conversations will need to be sequenced appropriately so that federal, state and local law enforcement and legal concerns as well as local community of elected official concerns can be addressed. These are decisions to be made by policymakers and judges, but I would do what I can to support and inform decision-makers' work.

11. What is Public Health's role in addressing the "shadow pandemic," the mental health impacts of the past two and a half years of anxiety, fear, grief, and isolation, and the "children and youth mental health crisis" declared by Governor Jay Inslee?

The horrifying breadth and depth of the mental health crisis exacerbated by the pandemic is a daunting challenge. It is not one that local public health alone can tackle. At the Federal level, an investment like the Ryan White CARE Act for HIV/AIDS is required to meaningfully provide and sustain treatment options across the country. At the local level, close collaboration with the state health department, hospital systems, FQHCs and private providers is an existential necessity. Once again, public health's role is that of a catalyst and data driven mediator to get programs and collaborative practices established.

12. How will you address public health aspects of climate change, such as the increasing number of extreme heat events?"

The Climate Change Crisis is now a full-blown public health crisis of immediate concern. While our ability as local public health to design and implement specific steps such as emissions reduction etc. may be very limited, we need to be pro-active advocates and community educators for the potentially devastating health impacts of climate change. Heat waves are projected to become more intense and longer. New infectious disease threats are beginning to emerge as a direct result of climate change. Community education and focused coalition building will be a primary role for public health in addition to enhancements in regulatory and monitoring functions for environmental health as appropriate (air and water quality, odor and emission complaints, etc).

13. The King County Executive issued an emergency proclamation regarding Monkeypox on Aug. 19. While the supply of preventative Monkeypox vaccine is limited and allocated by the CDC, what additional steps should the SKCPH be taking to reduce/prevent further spread of Monkeypox?

- a. Are other jurisdictions taking steps that SKCPH should consider implementing to get information about Monkeypox to high at-risk communities and ensure that we are distributing our limited supply of vaccines from the federal government equitably?**

Having reviewed Seattle-King County's response to Monkeypox, I can safely say that SKCPH is undertaking the appropriate measures to prevent the spread of the disease, identify and treat cases and contacts, and vaccinate prophylactically. The vaccine supply situation is beginning to ease with recent federal acquisition of additional stocks and revision of vaccination dose guidelines. Public health must take the lead in educating the public and informing the media to dispel myths and misconceptions and repel stigma for certain communities. The speed with which Monkeypox has spread (1 case in MA on 5/17 to 14,000 cases in the US by 8/17) means that we will need to continue to raise awareness in the community as well as the medical faculty

to maintain a high index of suspicion in the diagnosis of Monkeypox. The model jurisdictions combatting Monkeypox are NYC, LA County, and Chicago, and they're doing what SKCPH is already doing. SKCPH is working with community and clinical partners and engaging with nightclubs and bars to provide their customers information about testing and vaccination and encouraging them to have conversations with trained medical professionals. It's important that we sustain this work over time, even as case counts begin to drop.

- 14. What best practices can and should SKCPH implement to provide substance use disorder treatment to people experiencing chronic homelessness who need and want it? Put another way, are there alternative or more effective models (nationally or internationally, if applicable) for overcoming limited Medicaid-assisted capacity to help us meet this need?**
- a. How can Seattle and King County better incorporate the provision of substance abuse disorder treatment into our homelessness response?**

Housing IS healthcare. Homelessness is a major and repeatedly traumatic event that impacts both individuals and their loved ones. Safe healthy housing options for homeless individuals is a vital first step towards recovery, and I am truly humbled and awed to see the efforts being made in Seattle-King County. Similar efforts have been made in other major municipal jurisdictions with a varying degree of success. The jurisdictions that have been successful began not just with housing but also onsite mobile medical care inclusive of substance use and mental health counseling services as well as warm-handshake referrals to social support and vocational rehabilitation. Integration of substance use and mental health counseling and linkage to treatment is an absolute must given the data around homeless individuals, mental health crisis and substance use disorder. Funding continues to be a major barrier to sustaining such operations. Regrettably, the funding opportunities for such services in the public or private sector are currently totally inadequate across the country. Federally Qualified Health Centers are a lifeline but only if their own funding streams and budgets permit them to offer such services. That is one area that public sector entities such as Seattle-King County ought to look towards investing in. The most viable and financially sustainable options in this regard are the ones I referenced above: FQHC + Public Health + Social Services.