

# Public Health Ethics Committees

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Department

**Guest: Jeffrey Byrnes, PhD**, Assistant Professor of Philosophy, Grand  
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**Dany Zimmel (DZ):** Welcome to Ideas for Practice, a podcast of the Region V Public Health Training Center. As one of the 10 public health training centers across the country, the RVPHTC aims to strengthen the skills of the current and future public health workforce in order to improve population health outcomes. We hope this podcast will share insights and spark ideas among those working in public health practice. Thank you for tuning into our episode. Today we'll be talking all about public health ethics committees. I'm your host, Dany Zimmel. In this episode on public health ethics we'll be hearing from Dr. Jeffrey Byrnes and Dr. Karla Black to gain insight into the critical role an ethicist can play at a local public health department. Karla is the Deputy Health Officer in Kent County, Michigan, and Jeffrey is an assistant professor of Philosophy at Grand Valley State University. Welcome to our podcast. So to get started, I'd like to hear a little bit from each of you about yourself and your work. So let's start with Jeffrey first.

**Jeffrey Byrnes (JB):** Hi Dany, thanks for having us. Well my name is Jeffrey and I come to you from Grand Valley State University where I'm a Assistant Professor of Philosophy in the Philosophy department. I am an academic by training. I went and did my graduate work in philosophy and ethics, and then I came to Michigan to work in the university. But during my time here, I've seen many opportunities to apply some of those academic skills to some very practical human endeavors. And one of the first that I encountered is the way in which ethics can support health care systems. And I've done some of that in the clinical setting, at local hospital environments and provided some clinical ethics advising. But the way that that has really emerged during the pandemic is seeing the need of ethics support at the public health level. And so that's how I came here today and that's how I met Karla.

**DZ:** Really interesting. Thanks for sharing about yourself. How about you, Karla?

**Karla Black (KB):** Hi Dany, thanks for having us. So I'm Karla Black and I am one of the Deputy Ministry of Health Officers at the Kent County Health Department in Grand Rapids, Michigan. My background is a little bit different than most. I actually come from the world of academia as well. I have a PhD in molecular virology. I used to work on yellow fever a long time ago, but really got my feet wet in public health back in the days of H1N1. After I finished my degree at Purdue, I actually worked for the State of Illinois in their Department of Public Health before coming to Michigan to be a public health practitioner. And most of my background in terms of public health has been emergency preparedness, so I'm sure we'll hit on that a little bit later in this podcast... But as the Deputy Health Officer here in Kent County now my role is looking at the science and systems and programs of public health here in Kent County.

**DZ:** Thanks Karla. And again, really glad to have both of you here and speak with you about ethics and public health today. Karla, like you mentioned, you have a lot of experience in emergency preparedness and from what I understand, during most of the pandemic, you've served as an emergency preparedness coordinator. Can you tell us about that role and how you came to look for an ethicist?

**KB:** Absolutely. So prior to the pandemic, as the emergency preparedness coordinator here at Kent County... Our role really is to plan for and train for and then respond to disasters. So we're always continuously working with partners and trying to help people get prepared for disasters, and that includes our staff. And of course, we had plans and policies in place on how we were going to respond to a pandemic, but of course, each and every time, there's a lot of different nuances to the pandemic or whatever we're responding to at the time. And so for the COVID-19 pandemic, we did a lot of different things at the health department, and that included working with folks who were experiencing homelessness and trying to find a place for them to safely isolate so that they had a place to recover, but also we worked with testing. But one of the biggest challenges that we knew that was going to be coming our way was how to sort out how to manage the incoming vaccine. So remember back in October, November of 2020, we knew that there was a vaccine coming and we had a plan for how we were going to roll that out. But there was such different nuances with that vaccine, such as storage and handling and knowing that it was gonna be a two-dose series that we knew that we were gonna have a lot of differences from our plans. And we also knew it was gonna be very scarce coming in. We didn't know exactly how many doses we were getting and exactly who was going to be getting them straight out the gate, and so really finding an ethicist for us was really an idea for us to kind of have a good sounding board of how are we going to get this out into the community in a way that is fair and equitable. Kent County is a very diverse county on the east side... The west side of Michigan, and so we wanted to make sure that we were going to have a plan so that we could answer to our community of how we were doing this. Because really, not only locally, were we gonna be getting attention, but national and global attention was gonna be paid to how local health departments were gonna be distributing this very scarce resource to their communities. And so we really wanted somebody to help us think through all the ways that we could do this fairly and equitably, that's how we found Jeff. We partnered with our Grand Valley State University. I had a previous relationship with the MPH program there and said, "Hey, do you know somebody that could help us out with this." And fortuitously Jeff had just reached out to that same exact person within days of me doing that. And so it was just meant to be.

**DZ:** Wow... Yeah. I think it's really important that you mentioned the need to be accountable to those that are looking on whether it's locally, regionally, nationally, globally. And I think the state that you were in... That Kent County Health Department was in, was not unique to just that health department. I think local and state agencies across the country were having these same ethical questions. So I think it's very fortunate that Kent County Health Department was able to get in touch with Jeffrey and be able to connect to put your heads together and really think through some of these challenging questions. So that now brings us to the next question, Jeffrey, What did your work during the COVID-19 pandemic look like prior to working with Kent County Public Health?

**JB:** Thanks a lot Dany. Well, you remember that suddenly when lockdown came on all of us very quickly, and the schools and the university shut down, Grand Valley State University, like many other universities very quickly overnight went online. And that... We were still teaching our classes and still doing things, but I think like many of my university colleagues in many different places, but particularly those of us at local public institutions, felt a real burden to try and find uses for the skills that we have. Now, as Karla said, the Public Health Department had an existing relationship with the public health academic department of our university. But I think the connection to some of the humanities like myself in philosophy... As you are someone who studies philosophy growing up or is in a philosophy department, it's a standard joke about, what are you going to do with that. And the common perception is there is no immediate use for that. And I think at a kind of community-wide crisis moment it was very clear to some of us that our skills were in great need. So as soon as the university went online... When I was teaching my classes online, I began to work with Spectrum Health, the local hospital system, to help identify some ethical principles and policies for the allocation of scarce care resources. Remember at the beginning of the pandemic, after we saw what happened in the North of Italy, one of the things everyone was worried about were ventilators. How would we allocate ventilators if they became scarce. Then when certain drugs looked like they had therapeutic promise, how were we gonna allocate those drugs. So that scarcity question really started with care questions. Now these are... These questions have been hypotheticals in ethical literature for generations. They just haven't come to the fore and all of a sudden those hypotheticals came to the fore. So that's how I spent much of the pandemic lockdown. And as Karla said, as news of the vaccine, the thing we were all on our edge listening for started to trickle out, and we knew that we had a vaccine that looked promising... And then the question was always going to be about production and access. And when you have that many people wanting something and coming out in slow waves then the question of how are we going to allocate that scarce resource...

We knew with some anticipation ahead of time, there were going to be ethical challenges, which is kind of why it sent Karla out looking for support and sent me looking out to try and see if we could help. And then we kind of bumped into each other. It was quite fortuitous. And so when Karla and I finally did connect very quickly... And then fortunately, Karla and I, get along very well. We speak a kind of similar language. So we sort of with some of her colleagues, formed an ad hoc Ethics Committee. I rallied some of my colleagues here at the university to try and work on some broad writing about that, and we collaborated together to try and set out some guidelines. I think once that relationship clearly... Once Karla and I clicked and I saw that we could work together on this and that there was a fruitful collaboration, I think that really helped. Then as we set up a vaccine clinic locally, which collaborated with a lot of local institutions, I think I could play a broader role of helping to talk across some of those institutions. Everyone remembers now that was an all hands-on deck time and everybody was trying to contribute and provide something. So I was able to provide some outside perspective and support and bring those very valuable human-oriented ethical resources that had been kept cultivated by a public university in a Philosophy Department here for years, and then they just came in demand all at once.

**DZ:** It seems like all the pieces of the puzzle fit together perfectly at the right time. So Jeffrey, this next question is also for you. How would you define ethics and what role does ethics play in public health practice?

**JB:** Another great question. Because ethics is a word that's often used, but not always understood, people make a series of bad associations of ethics. I think it's worth just trying to clarify some of those. People often associate the term ethics with the law, and they associate what is ethical and what is the right thing to do ethically with immediately what is legal. But ethics is much broader and much deeper than what is covered in law. The laws really represent what the people who help us govern our society have taken the time and effort and come to an agreement that's worth codifying. They've tried to write out some of the ethical principles that maybe we agree upon more than others, and set those into law. But if you think about it like that, you can only set so many things into law in agreement and in clarity. So what our ethical commitments are and responsibilities are, are much broader than what's covered in law, and they run much deeper. And if we simply think about how what our ethical commitments are to our friends and families, we often feel those ethical weights of those things on us all the time, even though no one demands that we, for example, tell our friends the truth all the time. We can feel the weight that there is a sort of ethical responsibility there. And then people also think about ethics as something squishy...

A subject just grounded in people's opinion. Because they sort of maybe start with an assumption that everybody has different ethics from the start... But I don't think that's quite right either. I think it's the case that often we in community share many ethical principles to begin with. And so we can start with a kind of dialogue. It doesn't mean we're gonna agree about everything, and that's the thorny part, but I think it's probably a mistake to assume that we start on radically different planets to begin with. So then what is ethics. Ethics is one of the main branches of philosophy that's existed as part of that subject since ancient times. It focuses on questions about justice and the good life, and at its most practical it aims to help us make good decisions in difficult situations. So then we can then take that broad field of ethics and break it up into sub-departments, sub-domains. We might think of topics like journalistic ethics, research ethics, but we are focused here on public health ethics and that's a fascinating topic in and of itself. And it can be hard to talk about ethics, I've found, with people who work in public health. And that's not because it's far from public health, it's actually 'cause public health is so close to ethics. Concerns about what is right and what is the right choice for the community. Questions about justice are so central to the work of public health that many people who work in the field, they can't even see it, they can't... They're so surrounded by it and so immersed in it they can't see it. So part of the task of ethics in public health is to call it out, to call out something that motivates the very choices that many people make to get the philosophy to begin with. But I find that can be a bit like trying to explain water to a fish. It just takes a little bit of time. But in short public health ethics is a matter of determining the core commitments of public health and weighing those out, those core commitments and to how it will play out in the community, and thinking about how we can explain that process to the community as we go. 'Cause being able to be transparent to the community is one of the central commitment.

**DZ:** Thanks for that explanation, Jeff. And I really like that visual that you gave towards the end there. It's a bit like trying to explain water to a fish and... Now, thinking back to things that I've learned in my classes and things that I've learned through my time as a public health practitioner, ethics really is intertwined to the work that we do. And whether or not we're identifying the ethics and its connections to our work or calling it that it doesn't mean it's not there. We're just maybe not as cognizant of it as we should be. So thanks for that explanation. So one more question for you, Jeffrey. So you've already shared a little bit with us about your work in the COVID-19 response, but how else might a public health department encounter ethical problems? Could you give us a little information about that?

**JB:** Yeah, that's fantastic. I mean, the situation in public health had really come to my attention just a little bit before COVID, even...

Because a very intrepid undergraduate student, Mallory Wietrzykowski, brought to my attention that there were new and emerging regulations about ethics and ethics committees regarding the accreditation of public health departments. And so that was something that was kind of on my radar and I started to explore it. And as you just said, ethical questions in public health departments are not rare. They're common. They're frequent. Many of them have clear answers, so they don't need a specific ethics committee to reflect upon them. But there are a lot of challenging cases that could use a dedicated group in the health department to really devote some time and reflection to those ethical questions. Questions about infectious disease, like COVID is a really clear one, but there are others. An MDR-TB case locally could cause a real question if a patient was identified in your county to have MDR-TB, a very infectious and dangerous disease then how much effort is the county justified in using to try and identify that patient, to encourage that patient to seek treatment. Is... Should the county encourage the patient to lock themselves down. How much incentive can they provide to be in contact? These are kind of common ethical questions. But also just ethical questions about how the county makes very basic healthcare decisions on a day-to-day level. Not all of them are dramatic and sort of high-profile, like COVID or other infectious disease cases. Some are just the very common day-to-day questions about justice and access and how resources are distributed from everything like dietary information or ongoing health care issues. These can be a... Can render situations that really need a special time, a special moment, and a dedicated group of people within the health department to pull aside and to come together and take the time to reflect about what their ethical commitments are. So I think an ethics committee can really provide that regular time and space, develop some training for those people to establish good habits and keep in good shape for when those thorny questions come up.

**DZ:** Really helpful information. As a follow-up, I'm going to ask the next question to Karla. What benefits did you experience having an ethicist, and working with an ethicist?

**KB:** So for all those public health practitioners listening out there, especially as we were starting to get into that September, October, November timeline of 2020, we were already really worn out at that point. We had been through so much and just continuous pivoting all the time. And so for us, I think one of the main benefits was just having that outside perspective. Somebody that wasn't down in the trenches and just keeping their head down, and just working, working, working on COVID. We have somebody that was able to take that step back and say, "Hey, everyone settle down for a minute. Let's think about what this looks like." 'Cause we were all just working so hard, and sometimes you just need that person to pull you back and say, "Hold on here, let's think about this." And there were just so many competing interests going on across the entire nation. Different narratives and different priorities, and every group had their own priority...

And so just really, again, taking that time to say, hold on here, how do we work through this? And how do we work through a way that we can justify what we're doing and making sure it's just. And how can we communicate that? Because really a big part of this is the transparency of it all, 'cause we always want to be able to say, "This is how we did it." And we're telling you that this is how we did it. So we didn't want anyone to think that we were making any decisions in the background that we weren't thinking through or anything like that, so it was... Really transparency was a huge part of this. And so, kinda going back to what Jeffrey said about explaining water to a fish, we live in this area all the time, so all of us were like, we know something's not right here, we need to think through these things. And so you know you have the water around you, but you're just not really sure exactly what the water is, and so we all have this feeling deep in our gut of like, Okay, we know we need to ask you some sort of questions, and we were trying to formulate what they look like, but we needed Jeffrey to kind of frame those questions for us because we all have had that feeling like, "Okay, we know we need to think through these things, but exactly, what are we asking?" And Jeff was able to just walk in and say, "This is what you're thinking about, you're thinking about justice, you're thinking about transparency, you're thinking about equity." And so he was fantastic at helping us really frame the question in a way that we could be able to move forward and answer it.

**DZ:** That information is really helpful, Karla, and for our listeners who aren't seeing us as we are recording this, we're all like nodding our heads as we're going through this episode here, because I think a lot of the points that both of our guests on our episode today are making and really resonating with each of us. So just wanted to note that there as well. So moving on to our next question for both Jeffrey and Karla, how might others integrate ethics into public health practice? And we'll start with Karla.

**KB:** So Jeffrey teased this a little bit earlier, but one of the big things that kind of started us on our ethics pathway prior to COVID actually was Public Health Accreditation Board, so Kent County Health department was accredited originally back in 2014, and we actually went through reaccreditation during the pandemic. We had submitted our documentation right before the pandemic started, and we actually had our review during the pandemic, and so part of PHAB requires that you have an Ethics Policy and shows that you've used it, and so we did have one, but really it just didn't fit what we needed it to do, and so really, COVID showed us that, hey, while you had a policy, maybe it actually isn't that operational. And so going back to PHAB now, as we move forward on our PHAB journey, we're starting to look at how do we rewrite that policy and forming our ethics committee, and how do we then make that a part of the fabric of our health department? And so we're looking at



putting together training for an onboarding of new staff, making sure that there's a common language and knowledge across our department, so that when we say ethics and public health ethics within our department, everyone has some sort of base level knowledge of what that is, 'cause again, you're having to explain water to a fish, 'cause we all know what it is, and we wanna make sure that there's that common knowledge, and as we move forward on PHAB too that that is also ingrained into our staff.

**JB:** I mean I think that language point is really important. Of course, one of the main things that we're after that we're committed to in ethics is seeking justice and seeking the well-being of the community that the health department serves, but of course we're also concerned about the public health employees, and as Karla said, Where ethics often starts is a sort of not great feeling when we face a hard decision, and so one of the real services that I think in ethics committee a sort of ongoing ethics education can provide is to really give the language that can help untie that knot in the pit of your stomach a little bit and start to express it, give it some words, allow those words to be a common language among people that work in the health department, and I think there's a real way to move forward rather than just holding on to our unease, or maybe even sometimes what can happen when things escalate is that we just raise our voices 'cause we know there's something wrong, but we can't quite say, so trying to give that common language does a lot, and the other piece of that would be formalizing an ethics committee. When you're meeting an accreditation requirement, it's really tempting to kind of just tick off a box and get it on paper and tell somebody afterwards, by the way, we put your name down, you're in the Ethics Committee from now on. I think really taking that seriously, setting aside some time once a month or once a quarter, just to meet and go through some resources there, unfortunately, there are not a ton of great resources, but there are some, NACCHO and others have some good sort of starter kits for ethics committees and some resources and some materials to go through often case discussion, and really just trying to give route to ethical principles, and what we mean by principles, there are are not sort of loaded ethical commitments, but establishing what are the core things that we as a group are committed to and those are not hard to come up with, equity for our populations, achieving justice, serving as many people as we can and doing as much good as again, those are kind of the base level commitment that I think everybody who shows up in the public health department are committed to. And so if we can start with that shared commitment as bedrock, then when we have different sort of intuitions about how we should act in a particular case, we can go back to that shared principle and see if we can work closer to a kind of agreed upon result, dialogue and patience with each other goes a long way, but I think having the time, having some training materials and starting with those principles is really the best way to get started.

And then of course, I think having an ethicist or having somebody who spent some time with some professional training to that can go a long way in helping to change the tone and how people engage with ethics and how they come to these situations, sometimes even just having an outsider can help change a dynamic of a group.

**DZ:** I just wanna reflect briefly on a couple of things that really stood out to me as you both were speaking, so recognizing the importance of having a shared language, I think that's something that's really key for our practitioners to be taking away from our conversation today. Making sure that we have the tools and the resources to drive this work forward and really to operationalize integrating public health... Integrating ethics into public health practices, not just to put it on a document, to check off a box, but to really have a sense of what needs to be done to drive the work forward, so thank you both for sharing those points with us. So as we're wrapping up for today, would each of you mind sharing something that has been helping you get through the pandemic, it can be something that provides comfort or inspiration. Anything that's been helping you get through the past two plus years of COVID 19.

**KB:** I guess I can start on that. One of the things that really has helped me throughout the pandemic is kind of giving grace, I know all of us in public health are trying our absolute best to deal with a situation that by far is not ideal, and so really just trying to make sure that we give grace to each other into our community members because we're all in a stressed out situation, and so I think just remembering that everyone's trying to come from a place of good is really helpful, but also all of us have to look out for our mental health and so certainly one of the things that I had to do was reach out to a therapist because we need to take care of our mental health, 'cause we can't take care of our communities if we can't take care of ourselves, but of course too, a new puppy really helps, and I did take the plunge and get a new puppy during COVID 19, all those things to have really helped me.

**DZ:** Those all sound like excellent ways to really try to take care of herself and get through the times that we're living in.

**JB:** Yeah, I was able to fend off the puppy urge, but only barely, but I think I was able to... I think the pandemic taught me a lot about how many people in my community were striving for the well-being of the community, and I think I drew a lot of inspiration from that, just seeing how many people... And even if there are things that in retrospect we might have like to done to do differently, I think seeing all those resources, the Public Health Department in particular, but many other players who were sort of on deck and ready to give their skills and their resources, I drew really inspiration from that, and I think beyond that, boy, the importance to realize that we have to be able to get up and move around

to get outside and to try and take walks and to break up the kind of routine of being inside and on our own to the greatest of our ability, and if you can't get outside and go for a walk, just finding some way to change your scenery and change your frame of mind for some portion of the day, I think that turned out to be really key and that self-care like Karla gestured to, I think is a really important piece that many people took away from that time.

**KB:** Yeah and going back to inspiration, I think one of the biggest inspiring things to me was our staff, everyone in public health is dug down deep and became these absolute, super heroes, just coming up with things that we never thought we were gonna have to do and making them happen quickly, it was amazing to see our staff just go from zero to 60 and making amazing things happen, whether it be setting up an isolation center for people experiencing homelessness or setting up one of the largest high through put clinics in the nation, it's just honestly inspiring to see what our staff have been able to do.

**DZ:** Thank you both for sharing, and thank you both so much for taking the time to speak with me today and to share from your experiences and also to provide so much valuable information on the topic of ethics in public health. To our listeners, we encourage you to check out our evaluation and transcript in the podcast notes, funding for this podcast is provided by the Health Resources and Services Administration, and with that we will end here for today, stay safe and stay curious everyone.