

# Summary of Public Comments

## Appendix C



### Background

A total of 87 community members from diverse age, sex, and ethnic groups discussed the Task Force's recommendations regarding pandemic influenza planning. Groups met in Asheville ( $N = 14$ ), Charlotte ( $N = 16$ ), Greenville ( $N = 35$ ), and Raleigh ( $N = 22$ ) for four hour meetings. The groups discussed issues regarding the responsibilities of and to critical workers, balancing of individual rights versus the need to protect the public, and allocation of limited resources.

### Methods

An employee of the NC Department of Health and Human Services, Division of Public Health, provided an overview of pandemic influenza to give the audience the essential information they needed to participate in smaller group discussions. Each small group discussion examined the responsibilities of and to critical workers, balancing of individual rights versus the need to protect the public, and allocation of limited resources, but the topics were presented in different orders. An employee of the North Carolina Institute of Medicine introduced each topic with a presentation that explained ethical dilemmas likely to occur during an influenza pandemic and the Task Force's recommendations for handling these dilemmas. Participants were asked to respond to a hypothetical scenario and the Task Force's recommendations.

### Results

A more complete discussion of participants' comments is presented below according to meeting location.

#### Critical Workers

Participants discussed the responsibility of critical workers to show up to work and the reciprocal responsibility that employers and the government have to those workers. The majority of participants thought healthcare workers have a responsibility to work during an influenza pandemic, especially if they are vaccinated. Participants were divided on whether critical workers in blue-collar industries (eg, grocery store clerks) have a responsibility to work. Some participants thought critical workers have a responsibility to work even if they are single parents or have sick family members at home. Most participants felt that the decision to work should be left up to pregnant women, because if a pregnant woman got sick, she could also be endangering her unborn child.

Participants discussed the responsibility that employers and the government have to protect these workers and enable them to work. Almost all participants felt employees should be given a detailed explanation of their obligations and the reciprocal obligations of employers and the government during an influenza pandemic. Participants suggested employers or the government provide employees with protective equipment, vaccines, antiviral medications, treatment, worker's compensation, death benefits, and compensatory time off. Some participants suggested critical workers receive extra pay or "hazardous duty" pay for their work

during an influenza pandemic, but other participants were concerned that people would go to work sick to make extra money. One group felt that employers or the government might need to vaccinate the families of critical workers in order to encourage the workers to work, because critical workers will not go to work if they have sick family members at home or are afraid they might be endangering their family by working and bringing home viruses. Another group felt employers or the government should make an effort to care for critical workers' family members in other ways such as providing temporary housing so family members could stay close to each other.

### **Balancing Rights**

Participants were asked if they would voluntarily stay home from work and church if public health or governmental authorities advised them to do so. Participants were also asked what support or information they would need to take care of sick family members at home. The majority of participants felt people's economic situations will determine whether they stay home from work. People will go to work regardless of the government's request that they stay home if they need the money and the workplace is open. To encourage people to stay home, participants suggested employers or the government ensure people have emergency supplies, pay people to stay home, assure people their job will still exist when they come back, keep people's benefits intact during and after an influenza pandemic, and/or suspend or help them pay their monthly bills.

The majority of participants thought most people would comply with requests that they stay home from church, especially if those requests came from church leaders. They felt people's spiritual needs could be met by radio broadcasts, television broadcasts, phone trees, and home visits by church leaders. The majority of participants thought people would be willing to take care of sick family members at home if they had assistance. They thought people would need information on the signs and symptoms of the flu, information on how to take care of sick family members, medical supplies, and possibly home visits by healthcare providers. They suggested that information be provided through telephone hotlines and radio and television programs dedicated to pandemic influenza preparation. One group expressed concerns about individuals being in confined quarters for long periods of time with disruptive family members (eg, individuals with substance abuse problems). The majority of participants thought people would voluntarily keep their children home from school as long as they could take care of them.

Participants were divided over whom they would most trust to deliver important information about an influenza pandemic. Some participants indicated they would trust information they received from government officials and through media broadcasts.

Other participants did not trust politicians and would prefer to get information from public health officials, church leaders, healthcare workers, employers, teachers, social workers, and interpreters. Participants pointed out that people often look to community and religious leaders for information and suggested information be

provided in locations where people congregate (eg, churches, stores, community centers, barber shops, beauty salons, and funeral homes).

### Limited Resources

Participants were asked how vaccines and ventilators should be distributed. The majority of participants thought the distribution scheme for vaccines should assure the functioning of society. They felt critical workers, especially healthcare workers, who have to work with infected individuals should be vaccinated first. Some participants were concerned that underrepresented groups might not receive vaccines under this distribution scheme. Participants were mixed on the need to vaccinate government officials. Some thought it was important to vaccinate governmental leaders, as they will help keep the public informed and assure the functioning of society during the pandemic. Several of these individuals also thought it was important to immunize recognized community leaders (eg, faith leaders or other recognized leaders) because many people will look to them for leadership. Additionally, church leaders may have a heightened risk because they will be visiting sick individuals. However, other participants expressed fear that governmental leaders or other well-connected, powerful people might obtain vaccines because of their influence. Several participants did not believe top government officials need vaccinations because they can perform their jobs without being exposed to infected individuals. In addition to assuring the functioning of society, some participants also thought reducing the number of people who get sick, reducing deaths and hospitalizations, and saving children should be prioritized. Most participants were not in favor of using a first-come, first-serve method or lottery to distribute vaccines.

Most participants felt healthcare providers would need to make the decisions regarding the distribution of ventilators, as the decision about which patients should get them will have to be made quickly and will depend heavily on the circumstances of the situation. Most participants thought physicians will need to decide who should get ventilators during an influenza pandemic because they currently make these acute decisions everyday. However, the majority of participants wanted more than one person involved in the decision of who gets the potentially life-saving services. These individuals were concerned that the decisions of individual practitioners might be influenced subconsciously by individual prejudices. They believed the likelihood of using improper decision criteria would be lessened if the decision was made by a group of providers such as an ethics committee. Some participants wanted patients with the best chance of survival with the best quality of life to have priority. Other participants felt life expectancy should be considered. Several participants felt there is no way to ethically choose between different people, so ventilators should be distributed on a first-come, first serve basis.

Participants were asked whether there were any criteria that should not be used in making rationing decisions during an influenza pandemic. All the participants agreed that decisions should not be made on the basis of an individual's race, color, religion, nationality, ethnicity, gender, age, disability, sexual orientation, geography, economic status, or insurance status, unless there are specific clinical reasons why

different groups should be treated differently. Some participants also added other criteria that should not be used including educational status, employment status, or social status. The majority of participants felt allocation of limited resources should not be based on nationality or citizenship, but some participants did. Participants were divided on whether undocumented immigrants and prisoners should have less priority.

### **Conclusion**

A diverse group of North Carolinians who participated in one of four public meetings were generally supportive of proposed ethical guidelines regarding pandemic influenza planning.

**CHARLOTTE PUBLIC MEETING (N = 16)**

**Critical Workers**

**Do critical workers have a responsibility to work?**

When asked whether a nurse Nancy has a responsibility to work during a flu pandemic, all three groups felt that Nancy has an obligation to work, especially if she accepts a vaccine. One group felt that if Nancy does not want to come to work because she is afraid of getting sick, Nancy should be in another profession; in general, however, participants felt most nurses will go to work because nurses are one of the most dedicated groups of workers in the country.

The groups all agreed that Nancy should still work if she is a single parent if someone else can care for her child. She should already have made arrangements for that child, or the government should have a reciprocal obligation to take care of her child. If Nancy is pregnant, the groups felt the decision to work should be left up to her. The hospital might have a policy in place, and the hospital should give Nancy something else to do so she can take some of the pressure off the other nurses. The two groups that examined Nancy’s responsibility to work if she has a sick mother at home felt that Nancy should find some other way besides not going to work to take care of her mother. One group did feel that Nancy’s responsibility to work depends on her resources and the dependency, in terms of age and disability, of the person relying on Nancy.

The one group that examined whether Nancy should go to work if her coworker dies from the flu decided she still has an obligation to work. The one group that examined whether Nancy should go to work if she has a preexisting condition felt that Nancy needs to make that determination herself. The one group that examined whether Nancy should go to work if she is a grocery store clerk rather than a nurse were undecided about Nancy’s responsibility. Some group members felt Nancy has an obligation to work because that is the job she chose to take; other group members felt grocery store clerks do not sign up for that job thinking they will be required to work during a pandemic. This group felt it was very important that people are educated about their responsibility to work during a pandemic and thought workers’ obligations should be outlined in their job contracts. One group member suggested that role modeling on the part of employers may encourage employees to show up to work.

In general, the groups felt that clerk Nancy has a responsibility to make every effort to go to work that she can.

**What responsibilities do the government or employers have to critical workers?**

When asked what responsibility employers and the government have to critical workers, two groups felt the employer should vaccinate nurse Nancy if a vaccine is available, but if Nancy gets a vaccine she should have to work. One group felt that Nancy should have access to the healthcare facility if she does get sick, but she should not be given priority for ventilators. One group thought the employer should hire extra disinfectant staff to protect the employees from getting sick.

Two groups did not feel Nancy should be paid extra for going to work during a pandemic because she assumes this responsibility as a nurse. However, one group member thought she should get hazardous duty pay. The third group worried that if employees are paid more for working, they might come to work sick. Group members were undecided whether the employer needs to provide Nancy with death benefits if she dies in the line of duty.

One group suggested the employer should figure out what work people can do from home, the employer should offer paid vacation days people can take after the pandemic, and employers and the government should thank all critical workers for their service. Another group suggested hospitals suspend doctors’ privileges to get doctors to come to work.

## Balancing Rights

### Would you voluntarily stay home?

When asked whether people will voluntarily stay home from work, two groups explained that not going to work is not an option for many people because they need the money, and they cannot afford to lose their jobs. One group was concerned that workers will not stay home unless they are getting paid to stay home, but members of the group also said they would not want to be the “critical worker” chosen to work if everyone else is still getting paid. Another group felt employers need protection against employees faking the flu so they can stay home. One group believed the fairest solution would be rotating shifts so everybody gets paid something. This group also thought that even if workers are not getting paid to stay home, the government should mandate that employers have to keep benefits intact during this time period.

One group worried sick employees will not be sent home because the employer is understaffed. Two groups expressed the idea that there is always someone willing to replace people who do not show up to work. All groups felt there needs to be a policy in place that prohibits employers from firing employees who stay home, especially low-pay employees. One group felt employees should not have to decide between what the government and what their employer is telling them to do; if the government says stay home, the employer should not be open.

When asked whether people will voluntarily stay home from church, most group members said they would. However, one group recognized that people look to church during a crisis. They felt if the pandemic goes on for a long time, church leaders will find a way to provide spiritual support outside of a group setting. One person said she will go to church unless they cancel services, and if church members have private gatherings, she will go to them. She could be convinced to meet outdoors to reduce the risk of infection.

When asked whether people will be willing to take care of sick family members at home, all three groups thought people would, but they will need governmental assistance in doing so. One group felt the news should say hospitals are not a place where people get well to discourage people from coming to hospitals. Two groups suggested public health workers should provide support for families who lacked the resources to survive the pandemic. They suggested laypeople can be trained to provide some of these services. One group thought churches will be a good vehicle for communicating messages and providing education about how to deal with flu patients at home. This group also thought strong language and law enforcement might be needed to ensure protection of the public.

The two groups that discussed whether parents would voluntarily keep their children home from school felt parents will do so if they can care for their children themselves or can afford to pay someone else to take care of their children in the event they still have to go to work.

The one group that discussed whether people will voluntarily stay away from malls thought people will. Group members were concerned about keeping in contact with others, so they would like telephone services to be kept intact. They also recognized increased telephone and television use will increase electric bills. This increase will be especially problematic if people are not getting paid.

### Where do you want to get information from?

When asked from whom they will want to get information about the flu, the groups had different responses. Two groups did not trust politicians. One group preferred getting information through the media from public health officials. Another group felt the government should be much more involved in informing the public about public emergencies; however, they recognized that distrust of the government is a major problem in this country and that during a crisis people need to hear from people they can trust. This group suggested people trust ministers and doctors, especially those they have a personal relationship with. The third group said they will listen to the governor, public health officials, and the CDC; they will want to hear the information from at least two sources.

All groups recognized the need for more education on what could happen and about individuals’ responsibilities during an influenza pandemic. One group felt the message “it’s not a question of if but of when” caught their attention. Another group felt community forums and flyers in public places will be helpful.

**Limited Resources**

**Who should get vaccines?**

When asked which population groups should be vaccinated first, all three groups of participants thought healthcare and critical workers should have priority. They recognized healthcare and critical workers will be at an increased risk of exposure and will be likely to spread the disease. The groups felt the healthcare workers who receive the vaccine should have to work.

One group was concerned that the principle of assuring the functioning of society and the category of healthcare workers were too general and could be used to justify vaccinating the privileged. All groups wanted to make sure only workers exposed to sick people will get vaccinated. One group wanted to make sure dermatologists and plastic surgeons are not vaccinated but ambulance drivers are. They wanted to make sure that healthcare workers who have patient contact are prioritized. Two groups felt that top government, health, and public safety officials will not need vaccines because they can do all their work from phones and computers. One group thought government officials should sooth public anxiety about not getting vaccines by going without vaccines themselves.

One group was concerned that the Task Force’s recommendations do not protect all population groups equally or protect those most in need. For example, one group expressed concern that minority groups will be discriminated against by proxy due to the uneven distribution of physicians to ethnic populations.

All three groups were concerned about vulnerable populations. Two groups wanted priority to be on reducing the number of people who get sick and on reducing individual deaths and hospitalizations in addition to prioritizing the functioning of society. One group suggested a dual system where some vaccines go to critical workers and some go to people who need them. Another group reasoned healthcare workers should have priority over vulnerable populations because there will be no one to take care of the vulnerable population if the healthcare workers are not vaccinated. One group suggested a lottery for everyone else after healthcare workers are vaccinated, but another group did not like the idea of a lottery. This group suggested letting individual counties decide who should get vaccines because each county has different needs.

The two groups that examined whether age should be considered in the prioritization scheme did not think people with the most life ahead of them should have priority. One group expressed concern that different groups of people have different life expectancies. This group was more comfortable prioritizing children rather than prioritizing by most life to be lived. The other group felt children should be isolated rather than vaccinated. They felt people should not be vaccinated by age or likelihood of getting sick, but by people who have to go to work.

The one group that examined whether nonresidents should receive North Carolina vaccines felt North Carolina should not give its vaccines to other states if vaccines have been distributed in proportion to state populations. However, the group suggested North Carolina set up reciprocity agreements with other states in case one state’s supply is ruined. They felt North Carolina healthcare workers who live in South Carolina should receive North Carolina vaccines.

Two groups felt it was important to make the prioritization process transparent. One group thought people should know what risk groups they are in.

**Who should get ventilators?**

When asked who should have priority in receiving ventilators, all three groups did not think the Task Force could provide much guidance on this issue. Two groups felt that determining whether patient A or B should get a ventilator is a decision that will be made according to the circumstances of the situation. One group did not think it is logical to give out ventilators on the same basis as vaccines and felt there will not be enough time to consider guidelines when making this tough decision. Two groups also expressed concern that healthcare workers and the government are going to do what they want to regardless of ethical guidelines.

One group commented that physicians make ventilator decisions in our current system. This group along with another group felt the decision should not be up to one individual. Both groups liked the idea of a team making the decision. One group thought healthcare workers should think about these types of decisions ahead of time so they have practiced weighing all the factors. They recognized healthcare workers might still make a mistake, but at least they will have thought about the situation ahead of time.

The one group that considered whether patient A or B should get a ventilator based on varying factors expressed conflicting views. Some group members thought critical workers should not have any preference. Other group members thought priority should be given to critical workers who get the flu from working, to set a precedent encouraging people to work during the next wave, and to highly-trained critical workers who will resume taking care of pandemic flu patients. Group members thought the priority of pregnant women, single parents, young people, and people without preexisting conditions depends on the circumstances. The group did feel that citizens and North Carolina residents should not have priority over others; they commented that everyone is human, and people should be able to go wherever they can to get the best care available.

One group felt the only criteria available for distributing ventilators is first come, first serve. They also thought about modeling ventilator distribution after the organ transplant system.



**GREENVILLE PUBLIC MEETING (N = 35)**

**Critical Workers**

**Do critical workers have a responsibility to work?**

When asked whether a nurse Nancy has a responsibility to work during a flu pandemic, some members of all three groups felt Nancy should work. One group felt Nancy should definitely work if she is vaccinated. One group member felt that if certain people’s normal jobs are critical to our society, they have a responsibility to work during a crisis because that is what they have made their living by and that is what is necessary to prevent the deterioration of society.

Two groups were concerned about healthcare workers not feeling an obligation to work. One member commented that healthcare providers have been trained to feel a responsibility to work, and other critical industries need to be indoctrinated to feel that same sense of duty. One group thought compliance in the military is a good model to consider.

Other members felt every worker’s situation is different. The groups recognized Nancy’s obligation to her work and her family. The groups were concerned that Nancy will not want to leave her family, especially if she is pregnant, has young children, or has sick family members. One group was concerned that Nancy’s trepidation about going to work will impact her ability to do her job well. The one group that examined Nancy’s responsibility if she was a grocery store clerk instead of a nurse felt she has as much responsibility to work.

**What responsibilities do the government or employers have to critical workers?**

When asked what responsibility employers and the government have to critical workers, two groups felt it was very important for the government and employers to let employees know if they are designated as critical workers. All three groups wanted the hospital to provide training and equipment to maximize the safety of the work environment. Two groups thought the employer or government should take care of the workers’ families if workers die from the flu. Two groups thought employees will be more likely to work if they received extra pay. They were concerned about workers claiming they are sick to get out of work if they can still receive sick pay. One group thought employees will be more likely to work if they receive vaccines. They thought vaccines might have to be offered to healthcare workers’ families to get healthcare workers in. Otherwise, if a worker’s family member gets sick, he or she will not come into work because the employee will be leaving a sick family member at home.

**Balancing Rights**

**Would you voluntarily stay home?**

When asked whether people will voluntarily stay home from work, all three groups said it would be an economic decision. If people need the money, they will go into work. Hourly employees may be more likely to go into work than salaried employees. One group thought most people will comply with a request by the government or their employer to stay home, if they are well informed. One group felt employers will not close unless the government offsets some of their losses. This group felt employers should have a plan in place that does not allow sick people to come to work.

All three groups recognized some ways the government could encourage people to stay home from work. One group suggested the government pay people not to go to work, similar to pay for jury duty. However, the people who are likely to need government support to stay home are the people who will struggle to navigate a complicated reimbursement system. Two groups felt employees will be more likely to stay home if they are guaranteed they have a job when they come back. One group was concerned that employees retain their benefits during the

pandemic. Two groups thought people will be more likely to stay home if the government institutes laws that protect people from late mortgage and bill payments, as the military does for soldiers off at war.

When asked whether people will stay home voluntarily from church, the groups recognized that this request will be hard for some people but felt they will probably comply, especially if the request comes from a church leader. Two groups suggested churches use radio broadcasts, television broadcasts, and phone trees to give people a sense of community. One group suggested people could meet in small groups to pray. Two groups thought it was important church leaders educate people about the sacrifices they might have to make.

When asked whether people will be willing to take care of a sick family member at home, all three groups commented that people will need training and supplies. They will need instruction on self care, personal hygiene, and infection. They might need nurses to come visit them at home. One group also suggested there be a hotline acting as a call-in triage system. Two groups thought a 24-hour TV or radio program dedicated to caring for people with the pandemic flu would be helpful. One group thought the emergency preparedness list is helpful. One group thought medicine should be available behind the counter without prescriptions.

The one group that talked about keeping students home from school suggested a curfew be set to minimize contact between children.

#### **Where do you want to get information from?**

When asked from whom people will want to get information on the pandemic flu, members from all three groups were suspicious of politicians. People would rather hear from public health officials than politicians. People will look to the media, their employers, schools, and churches for information. One group commented that African-Americans are more likely to listen to people who look like them and suggested disseminating information through pastors, physicians, barber shops, beauty salons, and funeral homes. One group wanted public health to outline the consequences of failure to cooperate with their orders and requests.

### **Limited Resources**

#### **Who should get vaccines?**

When asked which population groups should be vaccinated first, meeting participants had many concerns. In one group, most people agreed that the principle guiding distribution should be assuring the functioning of society. They felt healthcare workers, law enforcement, community leaders (eg, mayor and church leaders), media representatives (so they can report on the pandemic), and vaccine workers should have priority. Some members of that group also wanted vaccines to go to the groups most likely to get sick. Another group thought healthcare workers should get some but not all of the vaccines. They thought healthy children should have priority. They also thought the groups most likely to get sick should have priority. No members of this group liked the first-come, first-serve method of distribution, but some members thought a lottery could be used to distribute a certain percentage (eg, 10%) of vaccines. One group mentioned that people's lifestyle choices (eg, smoking) might factor into distribution decisions.

Two groups were concerned about who would make the distribution decisions and that vaccines should be given at no charge. One group wanted to make sure there would be no experimenting of the vaccine on people, citing the Tuskegee Syphilis Study. Another group wanted to make sure the distribution scheme is transparent so that the poor and uninsured are not disenfranchised. They also stressed the importance of educating the public on why certain groups are getting vaccinated.

**Who should get ventilators?**

When asked who should have priority in receiving ventilators, the groups that examined this question had many concerns. Members of both groups thought ventilators should go to people with the best chance of survival with the best quality of life. Members of one group suggested distributing ventilators on a first-come, first-serve basis. Both groups felt life expectancy should factor into the decision. One group thought pregnancy should matter. Members of one group thought healthcare providers should not have priority.

One group thought more than one person should be making the decision. They wanted to know whether distribution of ventilators will be controlled by the government. This group was also concerned that decision makers be diverse and work hard to ensure that decisions are made in a fair and equitable way. The other group mentioned that doctors are making these acute decisions everyday.

**What criteria should not be used to distribute limited resources?**

When asked which additional criteria should not be used to distribute limited resources, one group felt social status and income status should not be used. This group felt nationality and citizenship should not be used because the flu will not discriminate among those it infects. The other group was divided on whether nonresidents of North Carolina and undocumented workers should have the same priority as others. Both groups were divided over whether prisoners should be treated differently. Some group members thought criminals who committed violent crimes should not be treated the same as others. Some group members thought prisoners should be treated the same as everyone else, especially to avoid the appearance of discrimination against African-American males and because prison employees will return to the community at large. One group member suggested a different model for prisons might be used because the population is already quarantined, and diseases can spread quickly throughout the facility.

<b>ASHEVILLE PUBLIC MEETING (N = 14)</b>
<b>Critical Workers</b>
<p><b>Do critical workers have a responsibility to work?</b></p> <p>When asked whether nurse Nancy has a responsibility to work during a flu pandemic, the majority of the group felt Nancy should work even if there is not a vaccine yet. They felt that Nancy chooses to work in the healthcare profession and her oath requires her to work in a variety of situations where she might get sick. They did recognize a pandemic would provide a heightened risk that healthcare workers might not have anticipated. Some group members had different opinions about Nancy’s responsibility to work if she is pregnant or a single mom who cannot find childcare. If Nancy is a grocery store clerk instead of a nurse, group members were concerned that she will not feel the same sense of obligation to work during a pandemic. They wanted to make sure employers notify their employees ahead of time that they might be required to work during an emergency. One member suggested employers hire more workers during a pandemic, as stores do during the Christmas rush, to offset shortages. Another member suggested grocery stores create stockpiles for customers so they can pick up their groceries rather than shop around. One group member suggested the government provide a tool that helps employers and employees determine who should work based on the factors that ethical task forces determine are important.</p>
<p><b>What responsibilities do the government or employers have to critical workers?</b></p> <p>When asked what responsibility employers and the government have to critical workers, several group members wanted Nancy’s employer to provide her with a clear definition of her obligation during a pandemic. They thought employers should provide workers with a contract that details employees’ obligations to work and employers’ obligations to offer protection. This contract might include language that an employee is not obligated to work if the employer cannot provide Tamiflu in the event the employee gets sick. To get employees into work, the group suggested employers provide vaccines, masks, Tamiflu, and worker’s compensation.</p>
<b>Balancing Rights</b>
<p><b>Would you voluntarily stay home?</b></p> <p>When asked whether people would voluntarily stay home from work, most group members felt people who need the money will go to work regardless of requests that they stay home. The group felt that unless employers close or tell their employees not to come in, employees will show up for work. One group member thought the severity of the pandemic would determine attendance: people will come into work if the flu is moderate, but people will stay home if the flu is deadly. To encourage people to stay home, the group suggested the government protect people from failing to pay their bills, provide food stamps, and protect people from getting fired. To prevent people from working when they are sick, one group member suggested employers test workers to see if they have the flu and clear people to come back to work once they have had the flu. The group also tried to think of ways people who stay home voluntarily can be helpful. They suggested these people watch the children of critical workers or distribute food. Additionally, people who volunteer to help assure the functioning of society might get vaccines sooner.</p> <p>When asked whether people will stay home voluntarily from church, the group did not think that will be a problem. They felt like churches can bring people together without requiring that people are physically together (eg, radio and television broadcasts, phone banks). They thought church leaders will visit people in their homes to offer support and therefore will need to be vaccinated.</p> <p>When asked whether people will be willing to take care of a sick family member at home, group members felt people will need government support. They will need information about what the pandemic flu is and how it is spread. They will want information on the signs and symptoms of the virus and what they need to do for someone</p>

who catches it. Some group members worried fatigue might set in if people are bombarded with too much information too early. Other group members felt it is paternalistic to assume people will ignore information. If people are educated, they are at least given a chance to prepare in their own way. The group suggested a 24-hour television program be started now that contains information about good hygiene and how to handle all kinds of emergency situations. When the flu pandemic occurs, this station could be used to inform people how to take care of people at home. They also wanted a phone number people could call to talk to a healthcare provider, and, hopefully, a case record of these calls would be kept. The group said people would also need supplies, such as over-the-counter medications that alleviate symptoms, to take care of sick family members.

The only problem the group saw with keeping students home from school was that some children depend on school for their meals. Some group members who were college students wondered whether college campuses will be shut down before primary and secondary schools because the virus might spread faster due to residential housing. These students also wanted to know what colleges will do for students who cannot get home.

**Where do you want to get information from?**

When asked from whom people will want to get information on the pandemic flu, most group members felt people trust their community leaders (eg, pastors, teachers, people at the local barber shop). Many people do not trust government officials (eg, the Governor) or the media. The church network might be the only network that exists for some people. During a health emergency, many people might call their family doctors for information. People with disabilities will look to the organizations that provide them with services and resources on a regular basis, but it is important media coverage be accessible to them (eg, captioned for hearing impaired individuals).

**Limited Resources**

**Who should get vaccines?**

When asked which population groups should be vaccinated first, most group members thought critical workers should have priority because they are going to take care of the public. During an emergency, continuity of public health is very important. Participants did want to make sure only healthcare workers who will have actual contact with patients are getting vaccinated. Some group members were concerned that affluence and influence will dictate who receives vaccines. They did not want the poor, disadvantaged, and illiterate to go without vaccines. A lottery was mentioned as a means for everyone to suffer equally. One group member was concerned that people with preexisting conditions which compromise their immune systems be prioritized because the consequences of catching the flu will be more severe. The group felt clergy and morticians should be prioritized to receive vaccines because they will be very active during a pandemic.

The group struggled with the idea of giving vaccines to family members of healthcare workers to get healthcare workers to provide care. They did think it would offer healthcare workers a good incentive, but they did not think doctors should hold their credentials hostage. One group member recognized that if a hospital needs a certain type of provider (eg, a pulmonologist) and none are willing to work unless their families get vaccinated, the hospital might need to vaccinate the family. It could be problematic if different institutions use different prioritization schemes. One group member suggested workers could be offered one or two vaccines for their family members so they have some incentive to work, with some vaccine left for others. Other group members thought it would be impossible for families to choose whom to vaccinate among themselves. The group did not determine whether family members of workers should get a higher priority than the groups the federal government has prioritized. One group member thought it is a mistake for the government to publish a list that fails to list community leaders (eg, pastors) as a priority. Several group members felt the tiers of vaccine distribution the government has listed on paper will be different than what actually happens.

Several group members recognized that distribution of scarce resources is not going to be fair. They did not want politicians to be prioritized. One group member commented that ethical decisions cannot be made about distribution of scarce resources without addressing the ethical decision to live with shortages (eg, all ventilators are in use, industries do not have any extra workers). This group member thought it was important for people to pressure decision makers into putting money and technology into eliminating shortages. Other group members thought it is important for officials to make these tough decisions within the constraints of current resources. Most group members felt it is important the federal and state government be open about their decision-making process.

Group members had a few other concerns regarding vaccines. One group member was worried about healthcare workers actually getting the vaccine because many do not get the seasonal flu vaccine. Another concern for healthcare workers is coworkers going to work the day before they know they are sick or even when they know they are sick. One group member was concerned that the initial vaccine might not work, and we might have to go through the prioritization scheme again. Several group members were concerned that people will fraudulently claim they have a cure. They felt it will be important to regulate advertising about vaccines and penalize fraudulent advertising.

**Who should get ventilators?**

The group did not discuss prioritization of ventilators after one group member said the country does not have any extra ventilators.

**What criteria should not be used to distribute limited resources?**

When asked which additional criteria should not be used to distribute limited resources, the group mentioned socioeconomic status, educational status, employment status, and documentation status. They thought undocumented workers should receive vaccines because they are here, might be critical workers, and can spread the virus as easily as anybody else.

<b>RALEIGH PUBLIC MEETING AT EL PUEBLO (N = 14)</b>
<b>Critical Workers</b>
<b>Do critical workers have a responsibility to work?</b>
When asked whether the nurse Nancy has a responsibility to work during a flu pandemic, the majority of the group felt critical workers should work.
<b>What responsibilities do the government or employers have to critical workers?</b>
When asked what responsibility employers and the government have to critical workers, the majority of the group felt the government or employers will need to ensure critical workers' families are cared for. They felt the Latino community will be more willing to work if arrangements are made for their families. For example, some employers are planning to transform buildings into housing for the families of critical workers so families can stay together during the crisis. Other members suggested there needs to be an alternative place where healthcare workers can stay during the pandemic so they do not bring any disease back to their families. Group members wanted to make sure private industries have business plans, protective equipment, and extra disinfectant in preparation for an outbreak.
<b>Balancing Rights</b>
<b>Would you voluntarily stay home?</b>
When asked whether people will voluntarily stay home from work, most group members felt employers will need to close to prevent people from going to work. To get small employers to close, they need to be informed ahead of time of the risks of staying open, and the government's requests will need to seem rational. For example, there might need to be exceptions for work environments with small numbers of employees who do not come in close contact with each other or for construction work because it is done outside. A group member mentioned that Latinos who accumulate a lot of leave time, with the intention of visiting family in other countries for long periods of time, might use this leave during an outbreak.
The group was concerned that even if people do not go to work, they might not stay at home. They were worried people might become restless. One group member was concerned some families might be cooped up with individuals who are addicted to substances. Another concern expressed by the group was that the Latino culture is very social, and Latinos will make efforts to pool their resources. The term "social distancing" might have a negative connotation for this group. Some Latinos might see an outbreak as God's will and feel the need to congregate to pray. One group member suggested the best protection for the Latino community might be to make sure people who come in contact with this group are not infected.
Group members were concerned that if the government wants people to stay home, it will need to provide low-income individuals with preparation materials (eg, food and water). One group member suggested groceries be distributed in a drive-thru fashion. Group members considered implementing rationing techniques (eg, assigning times to shop for groceries and get gas according to last name or license plate number) to allow commerce to continue. The group suggested people be given access to their benefits over the Internet.
When asked whether they would be willing to keep students home from school or take care of sick family members at home, group members were willing to do both as long as someone instructed them on what they should do. They want clear messages from the government and physicians, such as "stay at home unless . . ."
<b>Where do you want to get information from?</b>
When asked from whom people would want to get information on the pandemic flu, most group members said it depended on the content. People trust their employers to give them information about work. One group

member suggested making a Pandemic Flu 101 training and education video in Spanish for employers to show their employees. People trust churches, stores, community centers, public health workers, social workers, interpreters, beauticians/barbers, lay health advisors, teachers, community leaders, doctors, and pastors to give them information about health emergencies. Group members felt individuals who have had positive experiences with the government and law enforcement will trust the organizations they have worked with in the past. However, individuals who have had negative experiences with the government or law enforcement in the past (eg, counties that have passed anti-immigration ordinances) or who are fearful of being deported will distrust government and law enforcement. Because of these concerns, public health may want to avoid the use of the term “surveillance” when referring to monitoring the flu. Authorities might be able to improve their image in certain communities by passing out preparation materials. If information is coming from the government, the group felt it is important a team of officials, with representation from the Latino community, present the information. They also thought it was important the messengers stay the same throughout the crisis to promote continuity.

Group members felt many people will get their information from television and radio, so it is important these mediums be in operation during the crisis. For some isolated groups of individuals, government might have to go door to door to inform them about an outbreak. The group suggested using nonwritten materials, such as photo novellas, to communicate with people with low literacy or non-English speakers. They stressed the importance of using simple language and using complete words rather than abbreviations and acronyms (eg, use Pandemic Flu instead of Pan Flu, explain why the flu of 1918 is called the Spanish Flu, use social distancing instead of nonpharmaceutical interventions or NPIs). Some group members suggested government investigate why many Latinos have not responded to public messages about HIV/AIDS and hurricanes to determine if there are better ways to communicate with this group regarding pandemic influenza. The group pointed out that efforts aimed at the Latino community have to be done on an ongoing basis because that population is growing and changing often.

**Limited Resources**

**Who should get vaccines?**

When asked which population groups should be vaccinated first, most group members thought first responders should have priority because they need to take care of the public. The group specifically mentioned healthcare workers, police officers, community leaders, electricians, and vaccine distributors as first responders. Some group members felt it was important to focus on how to reduce the amount of people who get sick, especially if some population turns out to be more susceptible to the disease. Some members suggested that instead of spreading 100 vaccines across several counties, public health give all the vaccines to one county to try to actually make a difference there. If the center of the disease is known, it should be provided extra vaccines and antiviral medications. Until their area is exposed, healthcare workers should just be given protective masks, and the public should be told to stay home. An area could be declared a high-risk zone, and everyone could be required to wear masks. The group also suggested that instead of having every health department come up with its own pandemic influenza plan, a few health departments come up with a standardized plan other health departments can adopt. Businesses could engage in the same process.

**What criteria should not be used to distribute limited resources?**

When asked which criteria should not be used to distribute limited resources, group members did not want documentation status to be a factor in determining resources. They expressed concerns that emergency rooms should not be able to turn away immigrants. The group suggested using residency instead of citizenship to determine who should get resources. However, they recognized the problem that a lot of people do not live where they work.