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Hi everybody uh I'm Peter Schwarz I'm the director of the IU Center for bioethics and I'm pleased to be here

to welcome you to our next installment of the treats uh series The

translational research ethics applied topics uh these are recorded and placed online for further reference uh and it's

a short introduction to an important topic um in in research ethics related

to translational research and we we're thrilled to bring this to you uh today we are honored and lucky to have uh

Professor Mark Fox with us uh Professor Fox is a longtime member of the

bioethics and subject advocacy program of the CTSI here in Indiana uh and he

handles much of our work up at South Bend Campus of the school of medicine and uh the Notre Dame uh campus as well

uh he is associate Dean for IU School of Medicine in Southbend an interim associate Dean for IU School of Medicine

in Northwest Gary uh he's also professor of medicine and professor of Pediatrics

uh for the topic today I'll say he has a special uh experience uh to share his

thoughts on he's probably thought about the topic for our seminar today extensively as the um

Deputy he was the deputy Health officer in St Joseph County through the pandemic

and so he definitely thought a lot about the public health exception in research today I'll be talking about the public

health exception its proper use ethical and Regulatory issues as applied to it

uh and I can't think of a better person to do all of that so with that extensive and unnecessary

introduction uh Dr Fox well thanks for that introduction and thanks for the opportunity to to

present this topic today um you know I hope Peter hasn't oversold it because I feel like a lot of this is um kind of me

thinking out loud about some of the challenges that arose in the public

health setting um during my five years with the St Joseph County Department of Health so through that time I was the

deputy Health officer um so I always had a boss who was the health officer who

had the actual real Authority um but you know I guess a lot of these

issues um didn't necessarily arise specifically because of the pandemic but

the pandemic framed certain issues um in important ways and some ways lended

some clarity so I want to just give a little bit of context so I joined the St Joseph County Health Department in 2018

and my focus really was on Community Health Improvement initiative

so uh really a lot of my work was around immunizations infant

morality um health education and Outreach um and childhood Le poisoning

prevention was uh really honestly probably the single

issue that created the greatest impetus for that role um you know there was some

some data that that showed that there were areas in St Joseph County with you know startlingly High rates of abnormal

lead levels in children um and so it was a desire for the county health department to to be more proactive

I think in in trying to address that um you know obviously in St Joseph

County we have several higher ed institutions but a group of investigators and faculty members from

Notre Dame um also were really drawn to work on the lead issue and

you an interesting kind of uh Cadre of people from some with Public Health

Training others with U I think one is an archaeologist and a couple of chemists

and so really different expertise that all came together to think through some of the issues that range everywhere

from the Outreach and education piece to motivate parents to get their kids

tested to um you know the finding better

ways to to test houses um to assess their uh risk of

constituting lead exposure for kids and trying to make that a simpler process so a lot of different

perspectives that they brought to the issue um so we often had requests um

from faculty investigators to get their hands on some piece of data um from the

local Health Department um and you know if you know in in Indiana there are um I

think 95 different Health departments so most of them at the county level um

especially in Northwest Indiana there are several at the city level so Gary and East Chicago have health departments

um that are distinct from Lake County but so nearly a hundred different um you

know Health departments across the state all with varying levels of Staffing um

and expertise and almost none with sophisticated data infrastructure and

resources um and St Joseph County even though it's one of the larger Health Department or one of the larger counties

um was was plagued by that so actually there was very little data that the

local Health Department um curated on its own so a lot of the data was um you

know gathered and available from the state rather than being collected and

maintained by the health department um for Public Health surveillance

activities um but we could get lead data and so one of the one of the first

requests that we got was um you know for a a 10-year bucket of data uh related to

Childhood Le testing um and uh my boss at the time um

declined the opportunity to uh enlist faculty investigators to analyze that

data um and you know and cited HIPAA privacy

concerns he didn't he you know kept saying that he didn't want to be tagged with a HIPPA violation um in in Sharing

Phi with investigators and I tried to talk to him about you know U Public

Health surveillance activities as an area that was permissible and with

appropriate legal structures for data use agreement and business

associates agreement and stuff that we could that I certainly thought that it was navigable um the lawyer who was

Staffing the health department um also had concerns and so it just put a

roadblock there and that data was those data were never shared um for analysis

by the investigators um until later but um but

initially uh he was not willing to share it even though uh I felt like I could

point to evidence um in federal regulations and in HIPAA that would

allow it um and it really underscored for me one kind of a both the lack of

maturity of data systems at the local Health Department level but also a lack

of sophistication um for many local Health departments about you know what data can

we share who can we enlist to help us um and um you know what constitutes

Public Health surveillance as opposed to research and does it

matter um where the impetus for this comes from

if someone outside the health department proposes a project um does

that make it not a public health activity even if it falls within this domain of Public Health or seems to fall

within the domain of Public Health surveillance so you know there are a lot of things

kind of packed into that then the pandemic hits um and so that

honestly that got tied for quite a while I would say um but it

really set the stage for what were really pressing issues around um data

collection data storage data sharing um and how data gets

transmitted you know from the state to the local Health Department or from outside entities to the health

department and so um you know there were some aspects of the public health emergency that basically the office of

civil rights said they weren't going to pursue any potential HIPAA violations in

the in the context of the pandemic essentially if there was a good faith effort to do God's work if you

will um so that took a little bit of heat off but it clearly exposed the

kind of the immaturity of the systems and even the thought process and I suspect in

Indianapolis the relationship between Fairbanks and IU Health and Regenstrief

and the State Health Department that context and the conversation and the

collection of expertise there uh probably was a very different conversation than what was happening for all

the other jurisdictions in the state um so it you know I think it prompts

a number of different questions um and if you look in kind of the old

um the pre 20108 um you know Federal Regulations on

research um CDC um and office of human research protections put out guidance um

that tried to differentiate this was pre 20108 this was that back in 2010 put out guidance

to differentiate what is um kind of public health research versus public

health non- research and actually the framework of that um I thought was very

helpful and some of it sort of got imported into the 2018 uh and following guidance

um in in the CFR um but you know it

seems like there are a number of questions that really have to be addressed when you're thinking about um

Public Health Data one is you know does whatever you're hoping to do does it require IRB review so I would suggest

that there are at least four questions that that need to be addressed one is does it require IRB review two is it

research um what does HIPAA or other privacy

regulations require and then the last one that I think almost never gets asked

is does it comport with reasonable expectations for the individuals whose data are included in whatever repository

you're considered so I think at least those four questions um need to be

addressed and in the you know the Contemporary CFR um

when it talks about research in whatever 46102 you know it follows the standard

definition research means a systematic investigation designed to contribute to generalizable knowledge um and clearly a

lot of what happens in public health um

surveillance meets that definition it's a systematic investigation it's often

intended to contribute to generalizable knowledge EX that it has an exclusion um

and in this code it says um you know for purposes of this part the following

activities are deemed not to be research and the second item in that is public health surveillance activities and it

goes on to specify and I'll just I'll share the screen just so people can look at it

um if I can share the right

screen okay I hope you're seeing a screen where in the middle it says number two Public Health surveillance

activities um and you know so it includes

collection and testing of information or bios specimens conducted supported requested On and On by a public health

authority and so you know in the definitions they Define a public health authority clearly at federal state local

tribal levels um it also extends to in

another section it it um says that the public health authority can engage other

individuals or entities to participate in this work um so it would you know

if we were to engage local faculty for instance uh we can set up a mechanism so that it extends to them um and then in

the second sentence um you know such activities are limited to those

necessary to allow a public health authority to identify monitor assess or investigate potential Public Health

signals onsets of disease outbreaks or conditions of Public Health importance um and so I I go through all

that because um as we kind of emerge from the crisis mode of the pandemic

I guess we um had set up a mechanism in the local Health Department to focus on

adverse childhood experiences within St Joseph County um both to collect data

um at an epidemiologic level but also to engage Partners in thinking about

interventions to address or mitigate the impact of adverse childhood uh

experiences and to promote positive childhood experiences so um you know

part of this was a data collection effort that originated from the health department so it was not uh driven by

out side investigators um at least is the impetus we did engage them but

really the research question if you will or the surveillance question originated from the health department um

but within Indiana code there are certain Public Health activities that are mandated um they have to be done

they may engage in other things so for instance immunizations are not mandated under Indiana code so a local

Health Department does not have to offer immunization services at all um and yet

for many of us in public health uh that's one of the arguably the single most important Public Health

intervention that we offer um so you know in in determining the scope of

Public Health Authority and uh suitable Public Health activities yeah this often gets just abbreviated as

public health surveillance activities and I think we run the risk of

interpreting that um at either extreme either too narrow of an interpretation

and I've also seen uh examples that really seem to go um way too broad and

and I'll so I'll try to give an example but um you know in setting up this

mechanism to investigate the prevalence of adverse child Ood experiences at a more granular level um in St Joseph

County so beyond what the bureaus um reports have included over you

know over the years that that's been included um which gets at the state

level not the county level um you know it was deemed we did consult the IRB

to kind of get their blessing and say yes this appropriately Falls within the scope of Public Health surveillance

activities but you know it's similar to the analysis that goes into exempt research should it be the

investigator who decides yes this doesn't need IRB or should someone uh

with the imprimer of an IRB say we concur with your assessment that this

does not require IRB review and This falls into the category that's deemed

not to be research um so you know in that case uh I think it was perfectly

reasonable there were other situations not enacted by our local Health Department um but things that I

um became aware of through other mechanisms and this was particularly in the setting of the pandemic there

were different jurisdictions that were evaluating different approaches

to um different protocols for uh

screening asymptomatic individuals this was in the context of um and again this

was not in our local jurisdiction so uh I want to be clear about that but uh it

was uh a study done in another state um for a higher end institution that was

really evaluating different approaches for screening asymptomatic individuals for covid um and assessing the

impact of that um and I think that raises an interesting question

because um partly it Revolt it may be understood

as a public health surveillance activity um they were using the same test but in

kind of a different um different sequence or different time frame um

and evaluating the efficacy of that

um but it wasn't um one could argue that it doesn't

didn't constitute surveillance in the broadest sense of what's the prevalence of disease in this population um because

it related to identifiable in individuals so it really became the

basis for clinical decision making rather than public health intervention

um so it wasn't about quarantining a dorm or closing a classroom or something

it was does Johnny need to go into isolation or not um and so uh you know

arguably maybe that could be understood as a quality improvement or process

Improvement evaluation so I think some of the questions that arise in public

health research um I think I think it may be important to ask the question of

does this affect individuals identifiable individuals um or is it

really about process and so do we think about this as a it's more akin to a

clinical trial and a clinical intervention or is this more akin to a process or quality improvement and

should our thinking about it be different but then that's where also for the individual um you know

does consent from the individual or sharing of individually identifiable

information particularly when it relates to um clinical decisions that impact the

individual we might argue that um you know different expectations around

privacy relate to how we assess that that question

um so you know as I've thought through these issues I think a couple things

become clear to me one is um if you try to look at public health and

HIPAA there's a lot of guidance about um related to covered entities being uh

able it's permissible for covered entities to share data with public health authorities so it's more about

sharing data into a public health authority there's not great guidance

about what data Public Health authorities can push out or even what

the process really ought to look like um either in structuring um public health research

activities um and privacy concerns there and data sharing concerns there it's

much more about data coming in um again I think a lot of these are navigable

but it's just much harder to tease out the guidance um

you know I I wonder also if one question relates to whether data already exists so for instance in the case of

analyzing the lead data that's data that was already collected for other purposes

so again it resembles in terms of exempt research it resembles secondary analysis

of data collected for clinical purposes um and

yet is the determining fact should the determining Factor be how do you intend to use this data if it's for you know

broad descriptive epidemiologic purposes one you could use probably get away with

deidentified data or a limited data set but if it again if it's to follow up on Johnny you know Johnny didn't get his

subsequent lead testing and needs follow-up then if the

intent primary or a secondary intent is for intervention at you know an

individually identifiable level does that change how we ought to think about

it not necessarily from a research IRB question but from a privacy and data

sharing question um the other is I think that we run into

a couple of um kind of counterintuitive um counter examples in uh with respect

to Public Health Data and again I'll give two examples one is um you

know within the federal bureaucracy we have um certain requirements around lead

testing that um come through centers for from CMS through Medicaid requirement to

test children at ages one and two um for uh their lead levels um and in Indiana

now that's been expanded Beyond Medicaid and SBLY providers have to demonstrate

that children have been tested at age one and two um so there's an expectation

that that's been done um and um HUD has certain programming

for lead remediation um and they fund grants to different entities or local

jurisdictions to um promote and facilitate lead remediation um they

again many local Health departments are reluctant to share Phi with you know the

Housing Authority or or whoever runs a HUD Grant for lead remediation because

it contains individually identifiable information office of civil rights has issued an opinion that the health

department can share Phi uh you know individually identifiable information

about children with abnormal lead levels to um HUD funded entities um to promote

this activity so to engage specifically with identifiable families um to try to

engage them in lead remediation um funded through HUD so um the full

rationale for that is not entirely clear but again for clinicians um we

have a knee-jerk reaction that says no of course I can't share this pH with uh

you know the housing office or the code enforcement or whoever is managing a

neighborhood development who's managing this HUD Grant um well intentioned

hopefully there's benefit from it but there's a knee-jerk reaction against it on the other hand um when you think

about HIPAA and FERPA and childhood immunization data uh the local Health

Department um cannot get data from

school districts um at an individual level that Johnny is deficient in these

immunizations without explicit parental Authority because when the immunizations

are shared with the immunization records are shared with the school district they

become FERPA records they're not clinical records and the the legal

opinion at the Federal level is that educational records can't cross over

into the clinical venue without explicit Authority even though you know that's a

public health activity again um akin to

I would argue I would certainly argue that it's no

um no more needing privacy protections and

cons considerations than sharing lead data with the HUD Grant recipient at the

individual level um and so we have these you know counterintuitive examples and

and I largely think it relates to a lack of clarity around public health research

and surveillance activities um data sharing and privacy especially at the

individual level that plagues a lot of the conversation and again in in very

sophisticated s it might not um be an issue um but for 92 counties across the

state of Indiana um it's probably an issue in 90 of them anyway so I

mean I'll stop there and certainly uh people who either have a lot more

experience or insight into this or can teach me everything I need to know about

this I would welcome the clarity um and than that I would just welcome

conversation to see if any of this uh resonates or if your experience looks or

feels very different thanks very much for the opportunity to at least to introduce the

topic well that's great uh I'm going to use first name so mark That's great uh I'll

let others ask I have about I have about five questions but if I start then nobody will get a chance so um let me

give a minute here for anybody who might want to in with other question of clarification or comment anything you

you'd

like well in the absence of somebody else technically let me go ahead and get started I'll ask some questions I think we may get some discussion around some

of these questions um so first Mark I I was in a meeting recently where they were talking about Public Health Data I

think I mentions to you when we spoke before this talk where somebody said well basically the bottom line is using

you're doing research with the public health exception do you basically have to be a person in a public health

department the way you were when you were W Health officer in your county like if Peter Schwarz wants to do

something which falls under that thing you're still sharing the screen which I'm glad the public health surveillance activities I basically

don't count right unless I'm in the public health department and is that is that right like that that that's

basically a bottom line take-home message we should know that Peter courts without an appointment in public health

cannot conduct research sorry conduct a study under the public health exception

at all or is that is that wrong well so here I I moved up to this section in the

definitions um defining public health authority so agency or authority of the United States

state territory political subdivision Indian tribe etc. or a person or entity

acting under a grant of authority from or contract with such public agency um

and so this is where you know one of the questions I raise is does it matter

where the impetus for an inquiry comes from if Peter

Schwartz comes to me as the health officer and says I want to look at data

on whatever um you know it's a little bit like I

might argue it's a little bit like a letter support in the IRB that you know we agree to collaborate on the

question started with you but we agree that it's a matter of importance to the health department um and so then we

extend that authority to you we contract for it with a data use agreement and a

baa or whatever and then you're acting on our behalf or at least in our

in concurrence with us um and then what you know what does that mean in

terms of who owns the results or what can be done with it I don't think that

necessarily precludes publication or anything for your academic trajectory

and again this is where I think the LED analyzing the lead surveillance data

the Notre Dame investigators um just had more bandwidth to do it than we had certainly at

the time within the Department of Health and so it seemed um straightforward to me that

yeah we even though the initial inquiry request for the data came from them that

it Advanced the it was in line with the mission of the Department of Health it Advanced the work of the Department of

Health to have that analysis and so that ought to be navigable got it so I'm sorry yeah

that's that was your example actually I just I hadn't gotten the sense that it had gone forward so no so an outsider

researcher comes to you as a public health officer others in your office and say we want to do this study of lad

um you agree that there's a public health implication under that that one that was up here before the number two

that it's a matter of importance it's a matter of potential action for public health and then when

they the advantage to them is that they can conduct the research on the public health exception um and the questions is

that right maybe fund it or is there could be a collaboration there right yeah so you

know a lot of times I think the workaround again depending on the intent of the research or the nature of the

question the work around has been to share deidentified data or a limited data set but you know as I understand

this there would be nothing to preclude sharing um you know a complete data set

with all identifiers with the appropriate safeguards in terms of data

use agreement um expectations around no sharing beyond that um you know that

investigative team uh and protection against disclosures and then that's where institutional lawyers are

interested in indemnification and everything else so okay let me let me be quiet for a

minute here see if anybody else wants to hop in I have some other questions but I'll hold back for a

second I had a question yeah Nick um so from

the screen you were showing earlier there was um a section about law

enforcement using um Public Health Data records and bios specimens um and I was

curious if you knew anything or you could speak more to that

usage um so yeah so number three there on the

screen collection analysis of information biospecimen for a criminal justice Agency for activities

authorized by law or court order um so one thing in the um a lot of the

guidance around HIPAA I mentioned before that there's guidance about what a covered entity can share with a public

health authority um and without individual authorization um and that's

pretty clear and among the disclosures from public health authorities um and

and other covered entities are disclosures around for instance child

abuse um and so there are some clearly identified um categories for

disclosures that relate to that I think so as far as research um

you know it's an interest I I don't know how that would again get interpreted so

you can analyze you know information and bios specimen um for a criminal justice

agency um I assume a criminal justice agency just like a public health authority could extend that or could

engage you know faculty researchers to assist in that work and everything um

you know one of the things that comes up I think there's a lot that happens and I don't know if this has

ever been addressed in a treats talk or any other bioethics Forum Peter but um there's a lot that happens in hospital

emergency rooms under the authority of local police um that probably goes far

beyond what the actual legal Authority is in many cases and the dance

around that um can be really tricky I think um yeah

let me help I think I think this list one through four Nick and other people watch I'm glad you asked Nick these are

the four specified areas where something that looks like research um should not

be considered research by an IRB or by an ethicist for that matter right so actually we were focusing on number two

because that's a case where Public Health surveillance is being given this exception the subject today talk it's

not to be counted as research even though it is basically the systematic

generation of knowledge right um for generalized use um and so this

why it's an interesting exception which one might want to use in one's research ethically and for regulatory purposes um

one three and four on this list are other areas including the criminal justice one you raised Nick of where

where even though it's a systematic collection of information for generalized knowledge it is Exempted

from the common rule from uh being treated like research for purposes of research ethics or regulation and so

that's why the legal thing there is now Mark did talk about whether you can release public health information to a

legal Authority or say you could release like institutional Health Data to a legal Authority and when that is I guess

we're probably not going to solve that one today that's really important legal questions but that's why this list is very interesting for those of us who

think about what is research what is not research and what ethical principles apply because the ethical principles

sort of migrate when you're moving into the research realm as well as the regulatory thing so that's a good

question Nick I appreciated that um I was going to ask a little bit push a little bit more also to to go on after

after ni's question with the question about um you said it's a question about bringing data in which is sort of the

public health exception it's to make this research sort of uh or this this project a project the Notre

Dame researchers might do in collaboration with the public health authority which public health authority might do say with covid testing where

where it won't count as research for purpose of an IRB or research ethic um but then there's a question of giving

it out and I guess here's my question about giving it out and in the public health May realm maybe you have

this you have data researchers want to get their hands on that data maybe it was collected for a public health

purpose can you release it and I guess you were saying the identifiable data there are these complexities of when and

if you can release it I guess the HUD thing you mentioned where you can release identifiable data to um HUD uh

even though it's collected for public you know Public Health surveillance you can because you're giving it to HUD I assume because they like have a a you

know subsidized housing which has a horrible lead problem you sort of want to tell them not just in general there's

problems in the state you want to tell them this address right is returning all this lead information we're going to

tell you something identifiable people here are getting high levels of lead go fix your building right isn't that sort

of the idea of the HUD release but first or second but then the other question is with deidentified

information is that had also a question like it seems like if it's deidentified it should be given away as needed with

you know as to researchers as needed Al apparently that's not the case from what I've been hearing from other venues

those are my two questions mark I'm sorry yeah so the just to be clear on

the you know the guidance about um sharing data from a public health

authority with it's really a HUD grantee so for instance here locally the city of

South Bend is the recipient of a grant from HUD to

fund lead Remediation in properties that have housed that have that contain lead

and have housed individuals who ultimately had abnormal lead levels um

so so there had to have been kind of injury associated with it I think in in

at least in one of the grants that was true um so

and you know the from an from either an ethical or a legal standpoint the

justification for releasing um you know clinical or public

health identifiable clinical or public health data to another entity

um you know I don't think was really clear they just said yes you can do this

um and whether it's because it's funded through another Federal agency so this

wasn't research related this was about this was a privacy concern um but it was

deemed that that would not be you know adjudicated as a hippo violation um and yet it doesn't seem to

fall in any of the conventional categories of

um you know disclosure it's not it's not child abuse so that's one of

the authorized disclosures right so um so you know the rationale for that but

not for a similar disclosure from a school district around immunization data

seems nonsensical to me um there was a second part of your

question you identify data is it possible to release that is that is that a big barrier for a public health

authority to have data they've collected or collected with collaborators to De identify that data and release it or is

that still like is that very difficult so um you know at face value it ought to

be fairly straightforward um the challenge of

you know who does the deidentification um because that can be labor intensive

to do well um so there's some burden associated with that um which just makes

it a non-starter a lot of times um the other thing and I I meant to mention

this earlier um there are also a few again counterintuitive aspects that are

written in Indiana into the state um statutes for instance around the cancer

registry so the local Health Department can't get granular data um you know down

to like the census track level out of the cancer registry because the state

statute that established the cancer registry doesn't allow those disclosures

even though it's still a public health activity um why in their Infinite Wisdom

the Indiana legislature um felt it necessary to constrain that

is one of the great Mysteries but um you know when we tried

to get much more granular level data on cancer screening and things it was not

allowed under Indiana statute that establish again these are barriers I'm

just GNA make a little pitch here a little call to action for the world that uh obviously linking these data sets uh

making them available for important work uh is really important activity of both

both the regulatory world to get over these legal barriers is finding the ways to to define the law maybe more

clearly and really use this data for public good um without these kind of

barriers again I've been hearing more and more at the national level about even large National agencies unable to

collect important data on comparative effectiveness research that's carried out uh locally and also Public Health U

data obviously you probably face that with your covid testing activities as well to act to access data files that

could be helpful to you but you mentioned it passing I won't lead you back to the four questions we're going to put those in the intro to your talk

um uh maybe a little sentence about each just people can see what you were talking about here but one of them was

about whether people sort of had a reasonable expectation whether you're operating within the reasonable expectation of people who allow the

data to be collected I think that's really interesting question and how to address that really interesting so I

mean I think the HUD Le example is to me is a great question again that's that's

not that wasn't prompted by a research question but um do parents have a

reasonable expectation of privacy that the city of South Bend lead

remediation HUD Grant um operators shouldn't know that you know

that Johnny had an elevated lead level um they you know in the normal scheme of

things there would be no other reason why they should know that um you know so is it a is it a property level

disclosure if if it's about a property is that different than it's about Johnny

um someone at this address or this address is known to contain high lead

levels um you know so I think as a parent I

would think that at least my child on behalf of my child I have a reasonable expectation of privacy that you know

some non-clinical person shouldn't know my child's lab result um and is It

ultimately a semantic thing or that the disclosure can be made about a property

someone at this property had an elevated lead level um and you know the guidance really

doesn't speak to that but whether it comports with the expectations of a reasonable person related to privacy

of clinical or Public Health Data uh I think is a question that ought to

be addressed yeah that's why I think it's important to sort out the okay so you say it's not research the Federal

Regulation says it's not research and yet HIPAA and privacy

considerations still May matter especially to the individuals included you know one of the cases where this

came up we were actually working with uh some researchers around a data sharing

agreement had a different lawyer at the health department who said well you know

if there's any um citizen of the UK represented in this data set then all of

their privacy expectations apply and you know unless you can assure that there's

no citizen of the UK included in this or unless you can assure that you're compliant with all of their expectations

then we can't share this data and a deidentified way even that

was with any identify that that was around a limited data set

um okay well we're get into the weeds here and I'll probably continue this conversation with you where we're doing some Public Work you probably as you

know in the spring with uh lay people on collection of information and data

especially part of biobank research but I think there some interesting questions you've raised here that really should we should really put to some of these um

lay people who were enrolling some okay um I that's it for me anybody else

questions for Dr Fox while you got

him okay we'll tell everybody Mark for people to email you directly as they consider using the public health

exception uh or want to get data from a public health authority I see Karen's come up is has the has the conference

room come off mute no just wanted to confirm our room is quiet here with questions um that's it great thanks

everybody oh good I was just saying thank you all for your attention and

thanks for coming thanks for being Mark take care see you all bye