Pima County Board of Health Minutes
October 28, 2020
Teleconference / MS Teams Meeting / In-person
Abrams Building, Room 2359
3950 S. Country Club Road
Tucson, Arizona 85714

1. CALL TO ORDER
Dr. Horwitz called meeting to order at 3:00PM

ATTENDANCE:
Mr. Bin An - Absent
Ms. Betty Villegas (Arrived after roll call)
Mr. Rene Gastelum
Mr. Charles Geoffrion, Vice President
Ms. Mary Lou Gonzales - Absent
Dr. Paul Horwitz, President
Mr. Mike Humphrey
Dr. Kathryn Kohler
Mr. Miguel Rojas - Absent
Dr. Gail Smith
Ms. Carolyn Trowbridge (Arrived after roll call)

A quorum was established (6)

Non-Board Members
Dr. Francisco Garcia, Deputy County Administrator, Pima County - Absent
Dr. Theresa Cullen, Pima County Public Health Director
Ms. Paula Mandel, Pima County Health Department, Deputy Director

Presenters
Dr. Kristin Barney, Pima County Health Department, CFO Division Manager
Ms. Loni Anderson, Pima County Health Department, Division Manager, Consumer Health and Food Safety

2. PLEDGE OF ALLEGIANCE
Due to Teleconference Meeting the Pledge of Allegiance was not conducted.

3. MINUTES ADOPTION
   • Adopted Board of Health Minutes September 23, 2020

The motion was made and seconded (Dr. Kohler/Mr. Gastelum) that the September 23, 2020, Board of Health Minutes be adopted. The motion carried 6 – 0.

4. DIRECTOR’S UPDATE
   • Dr. Cullen began the Director’s Update with COVID-19, noting that the international community, as well as most of Arizona and other states are experiencing a major acceleration in cases. The State of Arizona has noted that Pima County has been a bright light in the state, although the past few days has seen a slight increase in cases. The rolling 7-day average is increasing: on Oct 19 it was 59 cases per day and today it was 119 cases per day, so within 9 days it went from 59 to 119. Pima County Health Department (PCHD) is aware of one business and another institution that are having a hotspot, so those two places
are contributing to this higher number. The University of Arizona cases are single-digits, and has had some days where they’ve had no cases, so the University is not a contributor to this increase. Dr. Cullen advised there are also intermittent outbreaks in long-term care, but that those are almost always staff rather than residents infected.

- Dr. Cullen noted that PCHD testing continue with the semi-permanent spots, and also in mobile stand-ups. PCHD has a grant to test in vulnerable communities, and continues to do that. Additionally, PCHD is in negotiation with Pima Community College to stand up testing at 3 of their facilities, where they would like PCHD to work with their students as part of the testing protocol, which requires a little more coordination. PCHD has reached out to Tucson International Airport and expects to be able to stand up testing there sometime soon. PCHD has also reached out to the Greyhound Bus Station; that’s been a little less receptive but PCHD is going try to see if some stand up testing can also be done there.

- Dr. Cullen advised that the contact tracing with Maximus seems to be going well. Our contact numbers are increasing, with 99 to 100% of the cases attempted to be contacted within 24 hours. Around 60% of the case investigations are completed within 48 hours, and most school cases are completed with 8-10 hours. People are responding more, and there are multiple voice and multiple text contacts. PCHD has fielded a team of 4 people that go out to look for cases that don’t respond when contacted. The case closure rate (total, not within 48 hours specifically) is about 65%, which is considered a reputable number.

- Dr. Cullen mentioned that, in terms of access to community-based resources, about 15-20% of the people contacted through contact tracing request some resources, which can include WIC, diapers, or a care pack containing a thermometer, mask and wipes.

- Dr. Horwitz inquired as to how PCHD measures success with contact tracing? Dr. Cullen responded that one metric used is how many people get tested at day 5 - or between day 3 and day 5 - based on exposure, because that is when PCHD recommends to the people contacted that testing be done. Dr. Cullen also noted that to stop the pandemic, cases need to isolate and contacts need to quarantine, so PCHD recommends cases isolate 10 days, and contacts quarantine 14 days.

- Dr. Cullen also discussed how quarantine length was determined at the very beginning of the pandemic, and that 14 days may be too long for quarantine. There is a review being conducted by the CDC this week of data sets produced by the University. The belief is that perhaps the quarantine time could be reduced from 14 days to 12, or even 11, days.

- Dr. Cullen informed the Board that PCHD will be receiving 330,000 of the Binex Now Antigen Tests free from Health and Human Services by the end of December, specifically for use in long-term care. PCHD wants to use the antigen test but is reluctant about how accurate the test is. The CDC is also here to help PCHD set up a non-research protocol to evaluate if the Binex Antigen test is as good as the PCR. The evaluation will be happening in the next 2 to 3 weeks. Dr. Cullen noted that the CDC looked around the country for a place to do the Binex/PCR comparison and selected Pima County, in part due to the relationship between PCHD and Paradigm, but also based on Paradigm’s reporting the cycle time on all the reports.

- Dr. Horwitz inquired if either the County or the State has ever considered going into the business of testing to control the expense and quality issues faced? Dr. Cullen replied that she doesn’t believe we want to go into the business of PCR testing due as there are too many difficulties with it, and PCHD could not do the work that Paradigm does. However, if the Binex Now Antigen works out and we are comfortable with it, then she does envision a time when PCHD offers testing that we are figuring out how to do. Dr. Cullen also noted that Paradigm’s testing operation is some of the best in the country in terms of access, timeliness, throughput results on the mobile platform, accuracy, quality control, and their assistance with the CDC initiative.
Dr. Cullen spoke about the 15-20 minute training webinar that the University of Arizona is putting together to help educate local schools and athletes on prevention. The University will be using local athletes, and PCHD is hoping to spin off some PSA’s about masking from that webinar.

Dr. Cullen noted that PCHD staff is preparing for another surge by looking at the lessons learned from the last Emergency Operations Center that was stood up. The emergency response has been evaluated, and another team is being put together to lead the next emergency response if it is needed. There is also a need to figure out how to continue to do basic services if there is another surge because we cannot put patient’s lives at risk by stopping services again. Dr. Cullen noted that it’s important that the Board realize that the public health cadre is as burnt out and stressed as any direct clinical care group is, and are anxious about the potential to have to continue to work at the pace that most have been working for the last nine months.

Mr. Humphrey asked what a national mask mandate would look like in terms of local enforcement. Dr. Cullen indicated she does not know what enforcement would look like. Currently Pima County does not enforce the mask mandate that is in effect, but that the Environmental Health department does investigate every complaint that comes in. As regards the City of Tucson mask mandate that is in place, the City of Tucson police do enforce that mask mandate because there is a civil-level fine in place with it.

Mr. Geoffrion asked if Dr. Cullen has any comments regarding the Great Barrington, NY, declaration. The Great Barrington declaration is a document put together by a group of scientists that argues that all the social constraints in place, such as masks and interventions, should be removed to let society reopen and let herd immunity take over and let the pandemic run its course and we will be fine. Dr. Cullen said that it does not make sense to be willing to sacrifice lives for herd immunity, and she does not believe that herd immunity strategy is what we need.

Dr. Cullen also informed the Board that PCHD has been working with a software company that reached out about looking at the economic impact of the pandemic on small businesses in Pima County. PCHD wants to acknowledge the impact of the pandemic on the local economy. Preliminary work began about 3 weeks ago, and PCHD hopes to get into a testing situation where we be able to post information about the economic impacts to local businesses on the website.

Dr. Cullen advised that all Clinical Services have been reactivated. There was a significant decrease in the number of services delivered this year because so many resources were diverted to the COVID response. Reactivated services include:

- PCHD is doing a fairly large influenza campaign at our clinics and also at pop-ups.
- PCHD has hire a few more Public Health Nurses so are getting close to being fully staffed for those positions.
- STI investigations have lagged and PCHD is in the process of reformulating getting those case investigations back on track to meet grant funding requirements.
- The WIC program enrollment is up 15%, and have approval from the State to go to a 20% increased enrollment, and will continue to offer tele-working as well as office services.
- The car seat program is up and has given out more car seats than in the past. There is a specific process in place to limit delivery contact so as not to put anyone at risk in terms of COVID transmission.
- Richard May, the head of Clinical Services, is leaving PCHD, so the process of looking at that position description and re-advertising for it has begun.

Dr. Cullen updated the board members on the work being done on the Racism as a Public Health Issue proclamation. PCHD has been working with Mr. Huckleberry and Dr. Garcia to put together some statistics to support the submission of the proclamation to declare racism
and inequity as a public health crisis. Survey results from both internal and external stakeholders have shown there are multiple areas where equity, racism and social justice are areas of concern. Dr. Cullen discussed that there are social determinants to health including disproportionate impacts based on race as well as poverty, and the belief that the COVID-19 pandemic has highlighted and exacerbated these inequities. And also that racism and systemic violence are fundamental causes of health inequity. Dr. Cullen agrees that the proclamation not just be a statement from the Health Department perspective, but that it be accompanied with some follow-up implementation or action plan.

- Mr. Geoffrion asked for an update on the Health Department certification review process. Dr. Cullen advise that an interim report was submitted to the Public Health accrediting body. The report was inspected, and PCHD is now in the process of reviewing the comments made by the accrediting body. A full update of the process is planned for the next BOH meeting.

- Dr. Cullen asked Paula Mandel to update the BOH members on the COVID-19 vaccine. Ms. Mandel advised that the FDA approvals of the first vaccine will be occurring earlier than expected, possibly by the end of the year, but there is no definite time frame. Due to the possibility of the early delivery, the response is ramping up from planning to preparedness. The vaccine is very fragile so how it is handled is very important. The vaccine is expected to be ultra-cold temperature, -80 degrees or less, and sites that would be able to be maintain that temperature have had to be identified in Pima County. The vaccine is expected to be a multi-dose vial, so must be delivered once it is mixed. The vaccine is going to be a two-dose vaccine, and data documentation and input within 24 hours of administering the vaccine is going to be extremely important. The amount of vaccine being sent is unknown. Crystal Rambaud, our Vaccines Preventable Disease program manager, is working very closely with our COVID logistics and our POD and Vaccine Management, and PCHD will be practicing an actual drive-through event for flu vaccination in a couple of weeks in preparation for COVID POD procedures. PCHD is also working to get as many community providers as possible on board for providing the COVID vaccine to the community when it is available.


- Dr. Horwitz noted that there was a speaker request regarding the COVID B2B update on the agenda, but that the speaker was not able to listen today so she instead provided a delineated report of her concerns that was then emailed today to the BOH members to be reviewed. Dr. Horwitz reminded the members that when there is a speaking request, whether it is in writing or verbal, the BOH cannot respond directly to those concerns at that time, but can take the information into consideration after reviewing it.

- Dr. Cullen, with the assistance of Loni Anderson and the Consumer Health and Food Safety (CHFS) team, provided the BOH members with a one-page update based on the Back 2 Business topics indicated for discussion, specifically the event approval process that has been implemented for special and/or temporary events during the COVID-19 pandemic. This event approval process is required for new events for more than 50 people, and the special event permit can be found by searching for “Pima County Public Health Application” online.

- A mitigation plan is developed during the application process, and the application is submitted online and is reviewed to assess the COVID-19 risk associated with the event. Some of the specific requirements developed for review of the event include:
  - Number of people is limited to 50 under the Governor’s Executive Order; the Governor gave the ability to county jurisdictions to review and decide if these events should go forward or not.
• Space requirements: each person needs 150 square feet within the environment where the proposed event occurs; aisles must be 12 feet; there must be an egress and exit consistent with required needs; and there must be a limit to the number of people at a table.
• Masks and hand sanitizing are required for both inside and outside events.

Dr. Cullen advised that the vast amount of events get approved, sometimes through a negotiation with the event proposer, even though it may not be to the extent that it was originally proposed. Some events do not go forward because PCHD did not feel as if the event was safe, or there was not enough information available.

Dr. Horwitz asked for this Back 2 Business update to better understand what is, and what is not, allowed in general, and who has jurisdiction. Dr. Cullen replied that the Governor has declared the public health emergency, and has control over businesses, while schools are under the school district with the State being able to give guidance about the schools.

Dr. Horwitz inquired if bars without food can conduct business. Loni Anderson advised that bars without food service have to request the ability to reopen through the State by submitting an attestation form with strict parameters that the bar must abide by. A notification of attestation must be posted once the State has approved the bar reopening. If complaints are received by the State, an investigation can occur and the bar may be closed even after their attestation has been approved if they are not following the parameters.

Dr. Horwitz inquired about the complaint process and if it is working or not. Ms. Anderson noted that the process is working, and that complaints can be received by both the PCHD and the State. PCHD has a COVID-19 Business and Community Violation Reporting page where people can put in complaints if they feel anyone is in violation of the Board of Supervisors (BOS) mask resolution and proclamation. The site also posts the rules of the BOS resolution and the proclamation measures.

Ms. Anderson advised that PCHD is working on an agreement with the State to conduct investigations on their behalf for those establishments that have been allowed to reopen. There have been some concerns where PCHD has had to visit certain facilities more than one time for non-compliance issues, but most operators have been working with PCHD to strengthen their safety venues plan and put more measures in place to turn it around. Sometimes the name of a non-compliant establishment will be posted on the COVID-19 Safety Standards Business & Community Reporting page on the PCHD website, and that traditionally the establishment will be up for one week and removed after they have gained compliance. Ms. Anderson also noted that PCHD is permitted under the BOS mask resolution to post photos and actual reports on non-compliant establishments but has chosen not to do that.

Dr. Horwitz asked if anonymous complaints are accepted, if people are protected if they file a complaint. Ms. Anderson noted that the complaint site requires contact information, but that contact information is never disclosed when complaints are addressed, although that information is kept internally in the database.

Mr. Humphrey questioned how long it is safe to sit in a restaurant and not catch COVID when eating, and if there are guidelines for that. Dr. Cullen replied that there is no answer to that, there are too many variables such as the set, the setting and the exposure. What is known is that if a person is within 6 feet of a positive COVID-19 case for more than 15 minutes, you are a contact. There are no guidelines.

Dr. Horwitz mentioned that it might be helpful if the Health Department had a simpler page that directed citizens to specific pages or sites for concerns they may have, or where to report certain items. Mr. Anderson noted that there have been similar requests to make the website more user-friendly, and it is a good recommendation that she will bring up again to the communications team.
Ms. Anderson reported that the Arizona Department of Health Services (ADHS) recently adopted the 2017 food code, and that all counties should be utilizing the 2017 food code. ADHS has been utilizing the 1999 food code for some time, it’s a good jump going to the 2017 food code. Ms. Anderson advised that currently CHFS is using the 2013 food code, and is working with the County Attorney to figure out how to adopt the 2017 food code by early 2021, if all goes well.

6. STRATEGIC PLANNING UPDATE

Dr. Cullen advised that the initial Strategic Planning survey has been completed. The survey included internal stakeholders, external stakeholders, and the general public, and there were approximately 2000 responses. The questions asked are: what do the healthcare systems want public health to do? Where does PCHD fit in the healthcare of the future? What values does PCHD bring? The survey data was received back late last week and is in the process of being reviewed. The goal is to figure out where the best place is for the public health department and what services do we provide.

Dr. Cullen noted that PCHD is using this survey to inform an augmentation to the budget request. The budget request had initially been planned for December, and it is now planned for January per the Administrator of the County. This allows PCHD another month to really think through what we think is important for us to address, such as the earlier comment regarding mental and/or behavioral health being more integrated into our public health mission, and what do we do?

7. CDC/U.S. DIGITAL SERVICE WORK UPDATE

Dr. Cullen discussed next steps regarding U.S. Digital Services, the tech team that PCHD is working with to develop ways to accelerate lab results sharing between systems. U.S. Digital Services has asked if PCHD would consider using one of the nursing home sites where PCHD is going to start to use antigen testing as a test site for a technology solution that would enable the results to go directly to the State.

Dr. Cullen also noted that the CDC has a team of 5 people on site helping PCHD look at quarantining and how long a person needs to quarantine after being a contact. The CDC is also working on the comparison of the PCR test with the Binex Now test, using the data set that the University of Arizona has related to the testing of all their athletes with both PCR and antigen tests. The hope is that this data will help inform the length of quarantine, and to what facilitates transmission of the virus from someone who is a case.

8. ETHICS COMMITTEE UPDATE

Ms. Paula Mandel and Dr. Kristin Barney updated the board on the Ethics Committee at the request of Dr. Cullen.

Ms. Mandel noted that PCHD has had good representation from the medical, business, and faith-based community, as well as a public health lawyer with an ethics background. Training for the committee has been finalized, and a date for the first committee meeting is being planned in November.

Dr. Barney confirmed that training for the Ethics Committee has been finalized through NACO University. The training is available online and takes about 90 minutes, and will go out to all committee members.

Dr. Barney also confirmed that the tentative date for the first Ethics Committee meeting is November 30th. A welcome email will be sent out next week to all the people who have agreed to participate on the committee.

Mr. Geoffrion asked to be provided with a list of the Ethics Committee members. Ms. Mandel advised that a list could be provided.
Dr. Horwitz noted that Mr. Charles Geoffrion and Ms. Carolyn Trowbridge are the designated BOH members participating on the Ethics Committee.

9. HOLIDAY MEETING SCHEDULE

- Dr. Horwitz noted that the BOH traditionally meets just once in November/December, but acknowledges that this is going to change due to current events. He proposed moving the November 25th meeting to November 18th, if all members of the Board were amenable to that. Dr. Horwitz also asked the members to consider the possibility of setting a date for a December meeting as well.
- A motion was made by Ms. Trowbridge to pass the November 18th meeting.
- Dr. Horwitz seconded the motion to have a November 18th meeting, then asked the members if there was any discussion about having a meeting on December 16th as well. After a brief discussion, Dr. Horwitz added a friendly amendment to Ms. Trowbridge’s motion to have a BOH meeting on November 18th and December 16th. The motion was seconded by Supervisor Villegas. The motion carried 8-0.

10. SUMMATION OF ACTION ITEMS & PROPOSAL OF FUTURE ITEMS

- Dr. Horwitz confirmed that the next meeting will include an accreditation update.
- Dr. Horwitz expects to have something in writing for discussion on Racism as a Public Health Crisis topic.
- Dr. Horwitz reminded the Board to send him any future items for the agenda by email.

11. ADJOURNMENT

The motion was made and seconded (Mr. Geoffrion/Ms. Trowbridge) that the October 28, 2020 meeting adjourn. Motion carried 8-0.

The meeting adjourned at 4:44 PM.

The next meeting is scheduled for November 18, 2020, at 3:00 P.M.
Dena Burnside
Speaking Request – Call to Audience
October 28, 2020

Thank you for allowing me to submit my comments for today’s Board of Health meeting.

We have been flattening the curve now for 6 months. The latest Pima County data shows 27,703 Covid-19 cases with 636 deaths (of which 482 which were for citizens ages 65+).

The CDC recently updated the survival rates to over 99% for all ages except age 70+, which is still at 94.6%.

**Citizens of Pima County rightly want to know why the County continues a “measures at any cost” approach to control this virus.**

Early in the pandemic, Pima County took a completely common-sense approach (wash hands frequently, stay home if sick), and advised against spreading fear. Early Pima County memos (attached) specifically stated “we don’t close schools, shutter businesses, or cancel events because of the flu. Doing so will only cause severe economic and social disruption beyond what we will already experience.”

**So what has happened?**

Countless businesses have closed and struggle to survive. Not only that, but they are harassed by the Pima County Health Department and fellow citizens for not following mandates that they cannot control, and which have very weak, if any, scientific evidence to back them up. Business owners cannot ask about medical exemptions for masks and cannot control patrons’ every action.

We just lost the Gem Show, which brings about $130M of revenue to our community. Landmarks, such as Old Tucson and Café Poca Cosa have closed. Students have not had a meaningful education in almost 8 months.

Hybrid learning is not cutting it for our students or our teachers. In Maricopa County, many public schools have been in session for weeks and, in some cases months, and have managed simply fine. Sports, which are a healthy outlet for students, have been cancelled in many districts across the county due to PCHD’s recommendations, which changed after several weeks of practice, which is a major disappointment to our student athletes, parents and coaches.
Dena Burnside  
Speaking Request – Call to Audience  
October 28, 2020

**What are we doing here in Pima County?**

Pima County School Superintendent, Dustin Williams, and the school superintendents have a “united front” and none of them will act to open in any capacity without all of them doing the same. They have all agreed to follow PCHD’s recommendations, and because of social distancing, will only operate in hybrid mode until PCHD says it is “safe” to bring more students back. They will listen to no other expert opinions or the latest science, which have overwhelmingly said that children need to be in school.

You must be aware of the secondary effects of missed cancer screenings, postponed medical procedures, and the increase in suicide, child and domestic abuse, depression and anxiety, not to mention the severe economic destruction from which we may never recover.

It has been beyond frustrating for citizens of Pima County to reconcile all of this and to understand Pima County’s continued journey down this path of destruction for a disease that is not nearly as deadly and threatening as once thought.

I have heard the argument that there are lasting side effects from Covid-19 but how is this virus any different from any other virus that we have ever seen?

**How do we know that wearing masks for an extended period, especially in hot climates, do not have long-term side effects?** Kids cannot see facial expressions, which is critical to their development. Social distancing certainly has short- and long-term social and emotional effects and has already taken its toll.

**Something needs to be done to balance our needs to live and ENJOY our lives, run our businesses, and send our children to school full-time. To start with, guidelines should be recommendations, not mandates.**

There are common sense measures that everyone can agree on, which was the guidance in the beginning: wash your hands frequently, keep your hands away from your face, avoid sick people, stay home if you’re sick (from Dr. England Memo March 2nd, 2020, attached).
I would like to point out that Pima County recognized this in the beginning before the CARES Act funding provided hundreds of millions of dollars to state and local governments. I have attached copies of those early memos, including the memo from the April 22nd Board of Health meeting when then PCHD Director, Bob England, stated on pages 3 & 4 that “The cloth mask is recommended by the CDC but there is no evidence that this actually prevents spread. However, this mitigation provides for good optics. The only way to have herd immunity is with a long outbreak curve. The longer mitigation lasts, the more time researchers have to create a vaccine.”

I realize Dr. England said that in April and some studies have come out since then, which claim that wearing cloth masks may be beneficial. However, the evidence is far from strong.

There have been other studies that have come out since that conclude that cloth or disposable medical face masks do not work and may increase the spread or cause other health problems if not worn properly. I can assure you that most people who wear masks, especially children but also busy adults, are not following the proper fabric choice, fit, usage, and care. This fact cannot be ignored.

There are numerous instances on Pima County webpages regarding masks where the evidence is clearly overstated, and the referenced studies do not make a strong case for masks. In fact, they state that the evidence as weak. Comments on the Pima County websites clearly overstates the evidence for masks and perhaps should be looked at and updated.

The fact is Covid-19 is not going away. We cannot continue down this path of destruction for much longer. This is the way it has gone: schools say they are following Pima County’s guidance. Pima County says that it is following the Arizona Dept. of Health Services’ guidance. The Arizona Department of Health Services says that it is following the CDC’s guidance, which has followed the WHO’s guidance. This is guidance is the same guidance that recommends that decisions are to be made locally. No more pointing fingers. It is time to do what is right for the Citizens of Pima County before it is too late.
Dena Burnside
Speaking Request – Call to Audience
October 28, 2020

Some good questions to ask would be:

How can you undo the fear that has been brought in our community? The Tucson Gem and Mineral Society stated:

*Most importantly, TGMS does not want to be responsible for a single COVID-19 fatality or serious illness. Our Show is run by volunteers and many of us are in high-risk demographics...as are many of our participants and attendees. Consulting closely with the Pima County Health Department, the Mayor and City Manager’s offices and the good folks who run the TCC, it is clear that applying the mandated COVID-19 protocols to reduce risk would mean drastically restricted attendance and curtailment of many of our programs.*


Unfortunately, the Pima County Health Department has become an adversary to the citizenry, and much could be done to repair the reputation by getting rid of certain mandates and making “recommendations.” Prior to Covid-19 all research involving non-pharmaceutical interventions were shown to be weak. In any case, continuing to implement them is causing more harm than good for our overall health and well-being in other areas, and our economy.

Thank you for listening to my comments and concerns. I hope that each one of you on the Board will think about the costs vs. benefits of what is being done and can contribute to better decisions going forward.
Pima County Board of Health Minutes
April 22, 2020
Teleconference Meeting
Abrams Building, Room 1108
3950 S. Country Club Road
Tucson, Arizona 85714

1. **CALL TO ORDER:**

   Dr. Horwitz called the meeting to order at 3:02 P.M.

   **Attendance was as follows:**
   Board Members:
   Mr. Bin An – Absent
   Ms. Betty Villegas
   Mr. Rene Gastelum – Absent
   Mr. Charles Geoffrion, Vice President
   Ms. Mary Lou Gonzales
   Dr. Paul Horwitz, President
   Mr. Mike Humphrey
   Dr. Kathryn Kohler
   Mr. Miguel Rojas
   Dr. Gail Smith
   Ms. Carolyn Trowbridge

   A quorum was established (9)

   **Non-Board Members:**
   Dr. Francisco Garcia, Deputy County Administrator, Pima County – Absent
   Dr. Bob England, Pima County Health Department Interim Director
   Ms. Paula Mandel, Pima County Health Department, Deputy Director

2. **PLEDGE OF ALLEGIANCE**

   Due to Teleconference Meeting the Pledge of Allegiance was not conducted.

3. **MINUTES ADOPTION**

   • Adopted Board of Health Minutes March 25, 2020.

   The motion was made and seconded (Mr. Rojas / Ms. Trowbridge) that the March 25, 2020, Board of Health Minutes be adopted with the edits and comments that were provided from Dr. Kohler, Dr. England, and Ms. Trowbridge. Motion carried 9-0.

4. **DIRECTOR’S UPDATE**

   • Dr. England asked that the Board follow the Pima County website for up-to-date information since things change quickly. This website is linked to the Arizona Department of Health Services (ADHS) website for daily counts. This week the ADHS site created new tabs with new data being captured including healthcare facilities and long term care facilities. The ability to test broadly will change the mortality rate.
There is a study out of New York City done on an obstetrics clinic that showed 88% of individuals tested positive for Covid-19 were asymptomatic. There are two seroprevalence studies out of California with estimated rates of actual infection more than 50 times the number of reported cases. If correct, this drops the mortality rate down to 0.1-0.2 per cent which is in the neighborhood of the flu. If Pima County’s rate of infection is 50 times the reported cases, this community would have 50,000 positive cases or 5% of the population. During a typical flu season approximately 10 per cent acquired the flu and approximately 200 people died meaning Covid-19 is a little more lethal than the flu. This information will be important as we work on strategies to reopen.

There are outbreaks in Long Term Care (LTC) facilities and other vulnerable people. This population received some of the testing supplies first because this population will fuel the hospitalizations. When an outbreak is identified screening is essential to keep Covid-19 from spreading. These facilities have increased the fatality rates. In a facility where many healthcare workers and residents are infected at the same time significant deaths will occur. Those that recovered returned to work.

Mr. Geoffrion inquired if there is data that provides the cause of death postmortem. Dr. England shared that there are cases in LTC and hospital facilities where tests have come back positive for Covid-19 postmortem.

Dr. Smith inquired if someone dies from causes unknown from a LTC facility, are they automatically tested for Covid-19. Dr. England responded, no and that this decision is not the Health Department’s call. Death certificates are signed by the treating physician. If there was a known condition or if the physician suspected illness then it becomes the Medical Examiners decision to perform testing. However the testing supplies are an issue and testing postmortem may not be available at this time. Dr. England stated that if there were enough tests he would test more people for a baseline of how many people might be infected. This is a strategy that has been recommended however there aren’t enough tests.

Dr. England shared that current test kits are being purchased from TGen and other vendors. The supply of the test swabs and other materials to collect the samples are not adequately available. There are adequate labs performing the test results throughout the country. Another issues include some tests kits can only be sent to certain labs for results. The tests swabs must be sterile, able to absorb adequately, and comes in a tube with their own transport media. The results can only be performed using certain laboratories and causes additional delays. All the Polymerase Chain Reaction (PCR) testing results in approximately 30 per cent false/negative which may have to do with the sampling.

Mr. Rojas inquired who is responsible for paying for the Covid-19 tests. Dr. England shared that insured patients do not pay by federal rule. For uninsured patients, Pima County entered into a contract with TGen so community health centers could have a supply of tests. The county is paying this cost.

Dr. Kohler inquired why there is a shortage of plastic swabs and other supplies. Dr. England shared that he did not give the supply chain much thought however there is a nationwide search for these supplies which has created a bottleneck. Basically in the
name of maximizing profits, hospitals and other facilities created a decreased capacity of equipment because no one wants to pay for the upkeep and maintenance. Our current system is not designed to react to a pandemic.

Ms. Trowbridge inquired if the Labcorp home tests will have testing difficulty. Dr. England does not have the details of the Labcorp tests but does imagine there will be sensitivity issues due to different samples collected.

Dr. Kohler inquired if Pima County is conducting contact tracing. Dr. England shared that in order to establish reopening strategies three things need to occur:
1) Have adequate testing so that any provider can test a patient
2) The epidemiology of the virus must be on the downside of numbers so that a resurgence can be handled. The healthcare system must have beds, equipment, protective equipment, and staff
3) The public health system must be prepared with the ability to conduct contact tracing.

If Pima County had adequate testing and knew who was infected then aggressive contact testing could have been performed from the start. Moving forward when the numbers are low enough, county staff will be assigned to conduct this testing.

Mr. Rojas stated that zip code 85711 has many positive Covid-19 cases. Is there a problem with minorities acquiring Covid-19 more easily like there is in New York and Chicago? Dr. England shared that zip code data reflects who was able to get testing and at what facility within the zip code. However, there is a disproportionate effect of communities of color because this disease is worse for people with underlying health conditions. Additionally there are disparities in chronic disease among varying racial, ethnic groups and these individuals will suffer more. Social determinates have an impact in a community and we are realizing it.

Ms. Gonzalez stated that the Navaho Nation has a very high case count. Dr. England said the tribal communities have a lot of cases because parts of these communities do not have running water and are very poor.

Dr. England shared that the University of Arizona (UofA) has developed an antibody test with an ambitious program that can test 4,500 people a week beginning next week. The UofA plans on increasing this to 8,000 a day. The benefit is that these tests are designed to tell who has been infected in the past. This will help identify where we are in the epidemic curve. The problem is that no one knows how good these tests are and may provide a person a false sense of relief. The results may provide positive results of other viruses and may require additional antibody tests to ensure a positive or negative result.

Mr. Rojas inquired if titers will be performed on the antibody tests. Dr. England stated that some will and some will not. The tests are only measuring total antibody at this time. We are contracting with other labs that measure IgG and IgM.

Mr. Geoffrion inquired if enough is being done to educate the public. Dr. England shared that the answer to this question is debatable. The cloth mask is recommended by the CDC but there is no evidence that this actually prevents spread however this mitigation
provides for good optics. The only way to have herd immunity is with a long outbreak curve. The longer mitigation lasts, the more time researchers have to create a vaccine.

Mr. Humphrey inquired if recommendations are being sent to the Governor's office to open the restaurants. Dr. England said that a date cannot be made. Keep in mind that elected officials made decisions without input with the county public health officials. Some jurisdictions may remove mitigations in the same hurried fashion as was done to close down the economy. Dr. England stated that reopening on May 1, 2020 does not make sense. Dr. England also suggested that the phases being proposed to reopen be arranged so that schools reopen before other businesses as children do not acquire the virus as easily as adults.

Supervisor Villegas shared that at the recent City of Tucson (COT) Council meeting it was discussed that the COT was communicating with the County Health Department (HD) however Supervisor Villegas had the impression that the COT was not very informed. Supervisor Villegas inquired if the HD has a relationship with the COT. Does the COT request information for the HD or are they going directly to the state? Dr. England stated that most communication between the COT and the County occurs at the county administration level. The HD informs county administration who then informs the COT which Dr. England is not part of. Supervisor Villegas stated that these two jurisdictions seem to be disconnected and would like to have better communication as Pima County is an urban community. Dr. England shared that Vice Mayor Cunningham did reach out to him for information and would like to be a part of discussions moving forward. Dr. England has requested to be a part of the discussions early on with the COT however it has not happened. The HD has communicated with other County departments. Dr. England appreciates that the County Administration does have communications with the COT and perhaps that is more appropriate as Dr. Garcia was the HD director in previous years.

Mr. Rojas inquired if there are city staff located at the Incident Command Center. Dr. England said there are COT staff working at the Emergency Operations Center (EOC) and there is a city liaison.

Ms. Trowbridge inquired if the Board can request the COT Council or Mayor have increased communication. Dr. Horwitz responded that the Board can request this to the Board of Supervisors who can then send a written request to the COT. Mr. Rojas suggested that communication also include Sahuarita, Oro Valley, Marana, and South Tucson.

The motion was made and seconded (Mr. Rojas / Dr. Kohler) that Supervisor Villegas request that Chairman Valadez send an official request to the jurisdictions for more communication between the County, COT, Sahuarita, Oro Valley, Marana, and South Tucson during the Covid-19 pandemic and to create a mechanism ensuring a unified voice within Pima County. Motion carried 9-0.

Mr. Geoffrion inquired if Dr. England is optimistic that the key decision makers/hospital administrators will look at the possibility of a second wave of Covid-19 in the fall. Dr. England stated that key decision makers/hospital administrators are preparing for this
through the discussions occurring at the EOC. Separately, a second wave will be decided based on the right mitigation decisions made as a society.

Mr. Rojas inquired when Pima County will peak with Covid-19 cases. Dr. England stated that there are various models which indicate Pima County is peaking now, others indicated in June and even later. Likely there may be more than one peak due to loosening mitigation restrictions. Additionally, the impact of these decisions will not be realized for at least two or three weeks due to the incubation and testing periods.

- Dr. England shared with the Board that the search for the new director has been ongoing. A formal offer from the County Administrator is pending. Once the offer is accepted the new director will be announced. Ideally, there will be a transition period next month with a start date of June 1, 2020. Dr. England will stay on board with the County for a limited time to ensure a seamless transition.

5. **CALL TO AUDIENCE**
   - There were no speakers from the audience.

6. **SUMMATION OF ACTION ITEMS & PROPOSAL OF FUTURE ITEMS**
   - Dr. Horwitz shared that Dr. Gail Smith’s appointment on the Pima Animal Care Center Advisory Committee expires in June, 2020 and hopes that it is the Boards desire to reappoint Dr. Smith to this committee if she so chooses.
   - Dr. Horwitz reminded the Board to email him with items for the agenda.

7. **ADJOURNMENT**
   The motion was made and seconded (Mr. Rojas / Dr. Kohler) that the April 22, 2020 meeting adjourn. Motion carried 9-0.

   The meeting adjourned at 4:38 P.M.

   The next meeting is scheduled for May 27, 2020 at 3:00PM.
MEMORANDUM

Date: March 3, 2020

To: The Honorable Chairman and Members
   Pima County Board of Supervisors

From: C.H. Huckelberry
       County Administrator

Re: Communication Regarding the Coronavirus Outbreak (COVID-19)

Please see the attached communication from Interim Health Department Director Dr. Bob England that provides information regarding the worldwide outbreak of the Coronavirus (COVID-19). Dr. England’s March 2, 2020 memorandum has been sent to all employees and puts in perspective the health and medical risks associated with the virus.

As you will recall, this is not the first pandemic we have prepared for as present policies and Administrative Procedures were developed for the H1N1 Influenza pandemic. Our policies are now being modified to meet the current environment of the Coronavirus outbreak.

Deputy County Administrator Dr. Francisco García and Dr. England are the County’s subject matter experts and are in daily contact with the Centers for Disease Control, the Arizona Department of Health Services and community health providers.

In addition, our Office of Emergency Management and Assistant County Administrator John Voorhees are coordinating preparedness for a Countywide emergency response if such becomes necessary. County Departments are now reviewing continuity of operation plans prepared to ensure public services continue to be provided despite major natural disasters or medical, health or other emergency events that have widespread community impact.

We will continue to update the Board of Supervisors regarding these issues as appropriate.

CHH/anc

Attachment

c: Presiding Judge of the Superior Court, Elected Officials, Appointing Authorities
   Jan Lesher, Chief Deputy County Administrator
   Francisco García, MD, MPH, Deputy County Administrator & Chief Medical Officer,
   Health and Community Services
   Carmine DeBonis, Jr., Deputy County Administrator for Public Works
   John Voorhees, Assistant County Administrator
   Dr. Bob England, Interim Director, Health Department
   Jeff Guthrie, Director, Office of Emergency Management and Homeland Security
Date: March 2, 2020

To: Pima County Employees  
From: Bob England MD, MPH, Director  
Health Department

Re: What County employees need to know about COVID-19

I want to share my perspective with you as we enter the next phase of dealing with the new Coronavirus outbreak, COVID-19. Based upon what we know about this virus so far, it looks like the greatest risk from this new Coronavirus could be our own overreaction. Here’s what we know so far:

This virus is quite contagious. The vast majority of infections are mild – sometimes asymptomatic – and not typically lethal (deadly). The real-world impact of COVID-19 when widespread, will look something like a bad flu season. Two years ago, we lost an estimated 80,000 Americans to the flu (meaning probably more than 200 here in Pima County). COVID-19 is most dangerous for many of the same people who are most at risk for the flu: older adults and those with chronic diseases such as heart disease, lung disease, and diabetes.

Every flu season, a very small percent of people may get very sick, so sick that it endangers their lives. But we don’t close schools, shutter businesses, or cancel events because of the flu. Doing so will only cause severe economic and social disruption beyond what we will already experience.

Instead, we should ramp up our education on simple ways to stay healthy this time of year:
- Wash your hands, frequently
- Keep your hands away from your face
- Avoid sick people
- Stay home if you’re sick

Be prepared for changes as the situation evolves. Additionally, as a government and as individuals, we should stop saying and doing things that falsely communicate this is a dire emergency. For up-to-date information about COVID-19 in our community for yourself or the public, visit the Health Department’s Coronavirus information page.

Keep an eye on your County email. If we have anything important to tell you about the virus, we’ll send it to you via eBlast. You should also sign up for emergency alerts with the County’s emergency notification system (www.emergencyalerts.pima.gov) and be sure your personal contact information is up-to-date in ADP. See this page for more information about how to sign up.

Take care of yourselves as we go through this. Use the same practices we do each cold and flu season, paying a little more attention than most years, and as always, please stay home if you’re sick.

#AlertNotAnxious
MEMORANDUM

Date: March 6, 2020

To: The Honorable Chairman and Members
   Pima County Board of Supervisors

From: C.H. Huckelberry
       County Administrator

Re: Pima County Response to Coronavirus

As the Coronavirus virus (COVID-19) spreads around the world, Pima County is prepared to manage both the virus and the accompanying spread of misinformation that may occur. Led by the Pima County Health Department with the active participation of a wide variety of health partners across the community, Pima County is utilizing its well-established systems to communicate with both subject matters experts including the Centers for Disease Control (CDC), Arizona Department of Health Services (ADHS) and with local health care providers and the community at large.

Beginning immediately, the Pima County COVID-19 Response Team, led by Chief Medical Officer Dr. Francisco Garcia and Health Department Director Dr. Bob England, will provide an avenue for the daily exchange of the most up to date information amongst and between scientists and health care providers. The goal is to facilitate consistent and clear guidance for the range of clinical and organizational challenges that we will encounter as the situation evolves. Representatives of the Team will develop daily updates that will be disseminated through traditional media and social media outlets. As part of the strategy, Pima County has established a webpage – pima.gov/covid19, with an enormous amount of information about the illness and how those in our community can protect themselves and their families.

The purpose of these meetings and communication is to not only address the potential pandemic crisis, but to respond to the confusion that can be created when misinformation is spread.

Today, ADHS has announced what may be the third case of COVID-19 in Arizona. Notably, the individual under investigation does not have a history of travel to an impacted area or prior contact with a confirmed case, which may mean that we have the first case of “community transmission” in the state. Please know, this case is not in Pima County.

As a reminder, there is a lot still to learn about the new Coronavirus outbreak but what we do know from data gathered from communities across the globe dealing with the outbreak tells us that the worse thing we can do as a community in response to the virus is overreact.

The impact of COVID-19, when widespread, will look something like a bad flu season. Though the virus is quite contagious, the vast majority of infections are mild – sometimes
asymptomatic – and not typically lethal (deadly). COVID-19 is most dangerous for older adults and those with underlying chronic disease.

There have been calls by some in our community to close schools, shutter businesses, or cancel events because of the mere threat of the virus coming to Pima County, not just when (and it’s likely going to be when, not if) there is a confirmed case here. Doing so will only cause severe economic and social disruption beyond what we will already experience and will have little to no effect on containing the spread of this virus. We do not close schools due to the flu, and we are going through a pretty bad flu season currently, and we should not close schools and the like for COVID-19.

We are prepared for changes as the situation evolves. Our public health officials will ensure that information about COVID-19 is continuously and readily available.

CHH/MP

c: Mary Jacobs, Town Manager, Town of Oro Valley
   Jamsheed Mehta, Town Manager, Town of Marana
   Mike Ortega, City Manager, City of Tucson
   Kelly Udall, Town Manager, Town of Sahuarita
   John Vidaurre, City Manager, City of South Tucson
   Jan Lesher, Chief Deputy County Administrator
   Francisco García, MD, MPH, Deputy County Administrator & Chief Medical Officer, Health and Community Services
   Bob England, Health Services Interim Director, Health Department
Surveillance Testing

The final key to decreasing the infection rate and being able to actively respond to any increase in infections rests in what is known as surveillance testing. This type of testing involves retesting individuals who have reasonable belief that they are more susceptible or have been potentially exposed to individuals with COVID-19. These include essential workers, first responders, restaurant workers and others who have contact with large segments of the public. Surveillance testing is simply repetitive COVID-19 testing on the same individuals at predetermined intervals to ensure the person who may have higher probability of being exposed is receiving frequent testing. This ensures that if an individual has contracted COVID-19 they are quickly isolated from the workforce and provided appropriate medical attention. Such an activity reduces the number of individuals the infected person may expose to COVID-19.

This type of surveillance can be performed with antigen testing, which is less costly and provides rapid results. This is the type of testing now being deployed by the federal government to federally licensed long-term care facilities. Previously, antigen testing has been limited due to high demand. The Department of Health and Human Services has essentially contracted all of the known antigen devices and testing media for the next six to eight weeks. We have worked cooperatively with the University of Arizona to determine their capability of antigen testing through their contact and/or contractor. We are actively discussing how to significantly increase the number of antigen tests that can be used for surveillance testing with their contractor who is also a supplier to one or more local laboratories, one of which the County already contracts with. We are actively pursuing how to establish significant capacity for antigen testing as a surveillance tool for COVID-19 infections, particularly among those who have a higher probability of exposure due to their activities and/or job responsibilities.

In addition, the Yale School of Public Health recently announced that they had received an emergency use authorization from the Food and Drug Administration for a Saliva Direct test for rapid detection (one to two hours) and is even less costly than the antigen test. Pima County will be working to identify potential ways to integrate this test into our testing options.

Health 2.0

The COVID-19 pandemic has refocused local governments and in particular counties in their legal responsibilities for helping create, maintain and maximize public health. In Arizona, the primary local public health agency responsible for public health-related issues, including a pandemic is the county Health Department. Their existence has largely been taken for granted and they unfortunately do not share the same popularity as various units of the criminal justice system such as police or law enforcement agencies, the County Attorney and prosecutor agencies.

The COVID-19 pandemic has changed this perception and catapulted public health agencies into the forefront of the response. It is a unique opportunity to either succeed or fail. It is also the opportunity to focus on the organization, structure and funding of public health
agencies as well as their primary responsibilities, such as to eliminate community health disparities. These disparities are glaringly evident in the morbidity and mortality associated with COVID-19. Our minority populations that are economically disadvantaged have higher infection rates and are hospitalized more often, but fortunately have seen to date, less mortality than is generally reflective of the Pima County population in at least ethnicity. Significant additional analysis is needed to determine how education, income and quality of housing factors into infection morbidity and mortality. As our data illustrates, age is a key indicator of mortality risk; co-morbidity and other underlying health conditions are also significant predictors of adverse outcomes and are also reflective of the socio-economic status of the individual, associated with less access to healthcare, lower incomes and poorer housing.

The COVID-19 pandemic provides us with a unique opportunity to refocus our County health agency and mission to significantly strengthen its ability to eliminate community health disparities, respond to new challenges, and improve our ability to respond quickly and efficiently to epidemiological threats. I have asked our management team to focus on reinventing and reinvigorating our Health Department to meet these challenges. Without the COVID-19 pandemic, it is likely these actions would never have been initiated.

This effort will require significant refocusing of our budget priorities. No longer can we afford to focus most of our increased available funding on our criminal justice system. It must now be focused on a new public health mission - one that is aligned with the federal Health People 2030 goals, inclusive of community, and driven by data based decision-making.

**Medical Treatment Capacity**

In any pandemic, the capacity of the medical system to treat infected individuals is of concern. Medical treatment capacity has two components; the number of medical professionals available to provide medical services to the impacted population as well as the physical facilities necessary for treatment. This includes staffed hospital beds, particularly medical/surgical beds, emergency department beds, intensive care unit (ICU) beds and in the case of COVID-19, ventilators.

In the early months of the COVID-19 pandemic, the largest concern was providing enough personal protective equipment (PPE) to medical professionals treating infected individuals. During the latter part of this pandemic, particularly in July, treatment capacity meant the number of available beds and the most critical element being ICU beds. There were days when the number of ICU beds fell below a handful within the region.

In general, within the regional hospital system there are more than 1,550 medical/surgical beds available, 380 emergency department beds, 340 ICU beds and 210 ventilators. Based on the most recent data of available beds in all categories, hospital bed capacity has somewhat improved, but is not at a safe level. Generally, the most critical element is ICU beds and a daily capacity of vacant beds of at least 10 to 20 percent is desirable.