

**Porter County Board of Health**

Tuesday May 2, 2023

Meeting Room 102A

**In Attendance:** Attorney Dave Hollenbeck, Dr. Maria Stamp, Terry Wuletich, Dr. Linda Boxum, Dr. Ronald Michael, Jessica Jepsen and Kathy Lemmon

Absent: Dr. Patrick Fleming and Robyn Lane

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Dr. Boxum called the meeting to order and led us with the Pledge of Allegiance.

Dr. Boxum: Has everyone had time to review our minutes. Would anyone like to make a motion to approve?

Terry Wuletich: I motion.

Dr. Boxum: I second. All in favor.

Kathy Lemmon: Aye

Jessica Jepsen: I will abstained from voting for this because we made a vote to hold the meeting on May 9 and without a board vote it was moved to this date so I am going to abstain because I do not agree.

Dr. Boxum: Noted

Dr. Michaels: Same.

Dave Hollenbeck: We do not have four affirmative votes to approve minutes so we do not have minutes approved.

Dr. Boxum: Okay

Dave Hollenbeck: Moving right along.

Dr. Boxum: Moving right along. So the next board meeting is tentatively scheduled for June 6. Then on to new business.

Dave Hollenbeck: We have for your consideration this evening a renewal of the Medical Clinical Consulting Contract with Dr. Young. I will defer to Maria to fill everyone it to what this is about.

Dr. Stamp: Sure, so our TB program involves any positive PPD or positive TB test. That is not previously known. TB test can be blood test or a skin test. We have a nurse who runs the program, finds out the information and reports to the state. Gets chest x-rays completed and works with Dr. Young to coordinate treatment. That is for both latent TB, people who are not sick and those with active TB cases, those who are sick. They can go to their own infectious disease doctor to get treatment and some of them do work with other infectious disease doctors, but most of them work with Dr. Young. They will sometimes see her in her clinic and sometimes in our chest clinic, which we do in our office every six weeks here. She has been really great to work with. Our nurses like her. She is very well respected infectious disease doctor and does the right thing. That is pretty much what I have to say. The importance of this has recently come to light recently as we do have two active TB cases at the university that were found recently and are undergoing treatment.

Kathy Lemmon: I was going to ask if we have the figures for active and inactive.

Dr. Stamp: I don't off hand.

Dr. Boxum: I think it is in the notes that we got. We have two for the last month and seven year to date. That is actually kind of alarming.

Dr. Stamp: Yeah we are seeing a little bit more. We are working with the University on that because a lot of times it has to do with international students coming in and how quickly they get evaluated or tested. They have a certain amount of time to get there effectively in process at the school. We are working with the school to figure out and to make sure that this is done in a timely manner so other people do not get exposed. Then we end up with more latent TB cases. If they actually get tested, depending on who is exposed they may not get tested. We do not test everybody for TB. It has been really good. Rachel is currently our TB nurse. She is very thorough and does a fantastic job. Thankfully, the two recent cases are not super sick.

Dr. Boxum: It is communal living.

Dr. Stamp: It is the university system and it is communal living and classes and all that stuff.

Dave Hollenbeck: The proposed extension continues our tradition of having two-year contracts with Dr. Young. Her compensation is \$700.00 a month for the two years, then \$16,800.00 for time period under this contract. That is a slight increase from the last two years which was no increase from the year before.

Dr. Boxum: And to clarify she covers her own malpractice liability coverage.

Dave Hollenbeck: We do not provide that.

Dr. Boxum: I just hope she breaks even.

Dr. Stamp: Yes, she does not do this for the pay. She actually really likes working with the TB patients and we are happy to have her.

Dr. Boxum: She's amazing. She is a great attribute to the community.

Dave Hollenbeck: Absent any other questions or concerns, the staff and I would recommend and present to you tonight the two-year extension of Dr. Young's medical clinical consulting contract with us.

Kathy Lemmon: Do you need a motion for that? So moved.

Jessica Jepsen: And I am going to abstain because the board did not vote to hold this board meeting tonight. It was voted in our last minutes to hold it on the ninth so I am going to abstain.

Dave Hollenbeck: Okay, well then we can't approve it.

Dr. Stamp: Unless Dr. Michaels is willing to vote.

Dave Hollenbeck: Oh, I didn't mean to cut Ronald off.

Dr. Michael: I mean in all fairness, Robyn is not here. She made plans to not be here, because we decided it would be next week. I would like her here to hear. Nothing against Dr. Young. I just want the board fully involved.

Dave Hollenbeck: So you are abstaining as well.

Dr. Michael: Correct. Just again for Robyn.

Kathy Lemmon: There will be many times, I won't be here either and

Jessica Jepsen: In addition Kathy, there's open door laws and one of the proper process is a board votes on something you can't go and undo the vote without having another board vote.

Dr. Boxum: We can call a meeting at any time. As a chairperson, I can call a meeting. Dave can call a meeting. Dr. Stamp can call a meeting.

Jessica Jepsen: But that is not the problem and that's documented in an email correspondence back and forth.

Dr. Boxum: But that can happen and that is what it is. We can call a cancellation of a following meeting.

Jessica Jepsen: I mean we need to make sure it is documented properly and it wasn't.

Dr. Boxum: It will be documented properly, but we are following Roberts Rules of orders of how our meetings can go. So we are going to be putting people at detriment for care, by not allowing our physician to continue treating our TB patients.

Jessica Jepsen: We need to follow proper process is how I feel. I don't want to jeopardize

Dr. Boxum: Patients, people with TB

Jessica Jepsen: Proper process for things when we are not following it. Have you read the open door laws and so forth and how the board (inaudible)

Dr. Boxum: No, not since the law changed

Dave Hollenbeck: Well the option at this point and I don't know how impactful this is to wait until our June meeting or call a special meeting of the board to approve.

Dr. Michael: When does the contract lapse.

Dave Hollenbeck: June 30

Dr. Michael: June 30, then we'll do it

Dr. Boxum: Will we have to present to the Commissioners prior to that though?

Dave Hollenbeck: No

Dr. Boxum: No, okay

Dave Hollenbeck: Okay, moving right along

Sheila Paul: I guess that's me.

Dr. Boxum: That's you.

Sheila Paul: Real quick before I go into some of the stuff on the agenda I would like to introduce everybody to Demetrious Lewis. He is our new Communications Specialist. He started with us about 3.5, 4 weeks ago.

Demetrious Lewis: This is my fourth week.

Sheila Paul: He is doing a great job. So for some of you who don't know we previously had a part time Communications Specialist who was primarily remote. Demetrious is in the office full time and so we feel, think that is going to be a great benefit to us. Thank you Demetrious for coming.

Demetrious Lewis: Thank you

Sheila Paul: Before I get into Senate bill 4 stuff I just wanted to cover the suicide task force MOU for website services. So what the Health Department is part of is a task force for suicide prevention in Porter County and it is a fairly new group. And a few things that they do, one is education suicide prevention education they have a loss team that they are trying to set up. They go into the homes of a family who has recently suffered a loss due to suicide. They hope to start planning more outreach events. Getting the word out about 988 the number to call if you are having ideas of suicide. We are really trying to get things off the ground. We so far have a Facebook page, which I will be honest, is not that great, so we are trying to set up a website. Now of course to set up a website as you know costs money. What has been happening so far is different individuals not a part of any affiliation have been paying for things. Somebody has paid for t-shirts on their own. Somebody paid for advertising on their own. I personally don't feel that anyone on this task force should be paying for stuff on their own. So I wanted to present to you as part of our harm reduction if we could cover the cost in a MOU that happens annually for the website. That is, it is somewhere in my notes \$200.00 per year. If we can cover the cost of that, the Sheriff's department has interns that will keep it updated and make sure it is accessible to everybody. If you are willing to consider it, we will draw up the MOU and you could approve it at the next meeting.

Dr. Boxum: That sounds very logical for \$200 a year.

Sheila Paul: Yeah since, it is so cheap. If it was thousands that would be different, but I felt that this was something that we could handle within our budget especially for our core service of harm reduction and trying to achieve that in Porter County. Is everybody okay with us trying to draft an MOU and present it to you next week, next month? Sorry. Okay One other thing that is not on here, but just came about since the time you received the agenda. Porter County has also put together recently what is called the HOST team and that is Homeless Outreach Services Team. This is individuals from around the county who want to help the homeless population. I think I advised you in the last meeting that we were going to be working with this group. Jessica Malher and I the public health outreach nurse went to meet with them on Friday and it is Valpo Fire is a part of it, Porter Starke is a part of it, the library system is a part of it. There are a couple other agencies that help with this population that are part of it. They already started setting up events that happen the last Friday of every month rotating between the library and New Community Church (Living Hope) they are on Calumet. We have volunteered our mobile unit to provide services primarily for HIV and Hepatitis testing, pregnancy testing as well. Helping to refer them to services. There will be other there helping to refer them to services, signing them up for insurance. We felt this was a good use for our mobile clinic to help the homeless population of Porter County. As I said the last Friday of every month alternating between and the Library. The first location for us will be the Church on the last Friday in May.

Senate Bill 4 - If you haven't heard it passed. That is very exciting news. There are still a lot of questions. We have a meeting, I believe I sent the link to all of you to attend if you would like to tomorrow at 10:00 am to hear about it and what the plans are. Hopefully we will learn a lot more information. Not much has changed in it, but there were some changes. I'm not quite sure how they are working the county match. It was 80/20 note quite sure how they are working that now. We will find out tomorrow. Changed to add language of the 100% of funds, 40% goes to Environmental and Foods and 60% goes to the rest. Providing the core health services. I have sent you some ideas on expenses and budgets that we have put together. We definitely have to make sure we are hitting that 40/60. We are not quite sure where we are. Kind of looking at what I sent you guys. Almost as making us whole for the first year, as you know we had unfunded mandates for years. More and more things piled on us that we don't get funds to enact, so a lot of that might seem silly such as a printer by the nurses. Now we will finally have money to put a printer/scanner at each nurse's desk so they quickly digitize items and not have to manually enter it or have a secretary do it. I don't feel a need to go through the whole thing. Did you have any questions about what you saw on there?

Jessica Jepsen: I did have a question about this is about Senate Bill 4 planning. The garage for the mobile unit. If we purchase land and so forth, it's going to cost way more than \$50,000.00

Sheila Paul: Our thought was that we wouldn't have to purchase land. That was our first attempt at figuring how much it would be. I spoke to Facilities; he has some ideas on where we could put it. He actually would like to attach it to this property here. I'm not sure how that would work, but he has some ideas so we did not include land.

Jessica Jepsen: And just questions, I mean, a lot of other cost factors of whose going to maintain it and so forth. Where is the budget for those things?

Sheila Paul: Good point.

Jessica Jepsen: Is it going to continue? Are we going to be able to do that year after year with the funds?

Sheila Paul: Good point.

Dr. Boxum: Maintaining the garage you mean.

Jessica Jepsen: Yeah all those extra costs that add up

Dr. Boxum: Cause it's currently parked at the Expo Center

Sheila Paul: It is and I honestly, it hasn't been said but I am getting the idea that they are perfectly fine with us using that and are in no rush to get it out of there. We do have to move it though for the fair. We will have to pull it out before the fair possibly I don't know Connie might know better than me we might be able to move it right into our space at that time, that is what I am hoping so that we don't have to park it somewhere. There are after the fair about five events that they will need to use the place where we are housing it the buggy wheel pavilion will be used. So we will have to get it out of there for those five events and find somewhere else where we feel comfortable parking it. I don't know maybe it is right there on the fair grounds and we just move it out of the way, and move it back. That's an option. We were kind of hoping and it doesn't have to be in the first year of event the second to find somewhere that's ours that we control to store it.

Jessica Jepsen: I have some more questions about that mobile clinic, because regardless, we have it now. It's going to be in either budget. What do you guys have laid out plans for this vehicle and how you're utilizing that? I don't know if you guys have seen it. Could we see what it's going to be used for? You know, like you talked about, you know, it's going to go to fair. It's going to, you know, now we're going to use it on the rotating Fridays and so forth. Like what are all those things that we've purchased it for? And I just, I had some questions in terms of what we're transporting in that. You know, do we need someone that has a CDL license that's going to be driving that. You know, is it over 26,000? Are we transporting blood or vaccines? Any type of hazard materials? Do we have someone that's CDL licensed? Those are other questions that I have because I that's some extra expense as well.

Sheila Paul: So that's all stuff we figured out before we got it. So we don't need a CDL for it, there are sharps containers and we have places to dispose of our sharps and that sort of thing. So the only, I mean, there wouldn't be any blood other than possibly the sharps, you know that would come there wouldn't, you know, from giving a vaccine or something with that. Now we have factored in the ongoing expenses or cleaning the tank out and where we put all of that because there's a restroom on board. So that has been built into our budget already.

Jessica Jepsen: I just didn't know. I just thought there might be more line items.

Sheila Paul: Yeah. And as far as how we plan to use it, that is still evolving. So as more opportunities come up, we will start utilizing it more. And it's also a matter of staffing, you know, truly. So now, we have an evening, one month a Friday, where we have staff coming out to work in the evening. That's time away from their time during the day. So if we can't add staff to help with that, then that's going to be an issue. And we might have to go toward just doing things during the day. So all of those are things we have to consider. But most definitely, you know, we have the plan to use it in some of our, like Dr. Stamp referred to the far corners of Porter County. We want to get out to wherever we might need those services. You know, and even if we meet somebody's needs, one person's needs, we met one person's needs and now they're going to say, Hey, when are you coming back and now they can bring somebody else with them. You know, so that's kind of the goal. I don't expect that it's going to blow up the first year. I expect that we will build, you know, definitely into next year and then the year after.

Jessica Jepsen: I think if you'd like to develop programming around it and market that, and that's what's really going to spread the word about that part of the time.

Sheila Paul: Absolutely. Speaking of which, Kris, do you want to go through the pictures real quick?

Kris Contrino: Dan's got it.

Sheila Paul: Oh, so this, the graphics just got put on Thursday and Friday.

Dr. Boxum: Is that where it's parked.

Sheila Paul: Yeah, that's where it's parked.

Dan Boyd: Do you want me to just go through?

Sheila Paul: Yeah, just show each one of them real quick. We are very happy with it. And when you see it in person, I got to be honest, it's just this doesn't do it justice. I love it so much.

Dr. Boxum: Oh good.

Sheila Paul: We used the same gentleman who did our truck and he did a great job. Any other questions?

Kathy Lemmon: Can we not park it in the parking garage here?

Sheila Paul: It's too tall and it has to stay plugged in.

Kathy Lemmon: Oh, okay

Sheila Paul: So the fair board was kind enough actually to install a plug specifically for us.

Dr. Boxum: Oh, my goodness

Sheila Paul: Yeah, without charging. I would love to have it right out there.

Kathy Lemmon: I wasn't sure if it'd be safe.

Sheila Paul: Yeah, that is a concern. I worry about our vehicles all the time. That somebody's going to decide they want to mess with them. Any other questions about some of the items that you saw here on the budget or proposed expenses? Tomorrow, I hope to find out when the deadline to opt in is. So then I can send you guys that information and the Commissioners and they will know when that decision comes. We will also learn about the match. So as I said before it was a 20/80 match. I believe that has changed. And honestly, I was on a call yesterday and even the people at the state really weren't sure what it said. They weren't quite sure even themselves. And so we're waiting to get clarification on the amount of match that we have to do for the county if we decide to opt in. I do believe that they kept the rolling three-year average. So whatever the county has provided us in our health fund in the last three years, they would take the average of that and that's what we would be getting for the first year. And then the second year is this crazy formula that they came up with. And so I'll find out more about that. I'm also hoping that tomorrow they send us the final numbers. What was approved was about 25% less than they asked for, so I'm just assuming that we'll get 25% less than we were originally anticipating. But we'll find out and I'll let you guys know. If you're able to be on that call, great and you'll hear at the same time I'm hearing it. If not, I'll definitely send you all a recap of what I know so we don't have to wait until the next meeting. And then we'll find out the details. If I believe, I don't know, I'll be honest, I'm not 100% sure if we opt out if we're required to offer the core services. I'm not sure how we would offer all of those core services without the money to go along with it, without the funding. And meet all of the KPI. So we'll find out more about that as we go on in the next few days. Any other questions?

Dr. Boxum: Do you think they will have all that info tomorrow?

Sheila Paul: I'm hoping. I know that they're not answering any calls or emails right now, so I think they're working pretty hard on it. So I anticipate they will have a lot of the information ready.

Dr. Boxum: And then the following week, there's supposed to be some information sent to our politicians then, our local politicians.

Sheila Paul: Yes, so then they'll have a special, I believe, Zoom meeting that goes directly to them to explain everything to them also.

Dr. Boxum: It's good

Sheila Paul: Yeah. Oh, I think that that. Oh, our ribbon cutting, as you all know, is next Tuesday. We're very excited for the ribbon cutting. We'd love for you all to be there if you're able. Already had some RSVPs, Pam Pontones with the Indiana State Department of Health will be coming. Ed Charbonneau said he will be there. The Independent Order of Odd Fellows who helped pay for the graphics will be there. And then some other people with in the community. Beth Wrobel from HealthLinc and Dave Hall from NorthShore have said they will be there as well. So we didn't ask for RSVPs, but those are the ones who said that they will be coming. We're very excited.

Dr. Boxum: That's exciting. Good Luck.

Sheila Paul: Hopefully it goes off well. I can tell you none of us are huge event planners. We're trying to figure it out as we go.

Dr. Stamp: Hopefully the weathers good.

Sheila Paul: Valpo Life is doing a story on it as well. Yeah, we're excited.

Jessica Jepsen: I have a question. So the tax levy, so we current, there's a tax levy in the Health Department of about a million dollars so if we do take on senate bill 4, do we have to worry about losing that or is that a conflict conversation we need to be aware of?

Sheila Paul: So right now, so for the first year, they would have to do the average in the last three years. So that should average out. It should be about the same. And then after that, it's that formula where they gave us that they will have to contribute. Now, originally with the 20%, it was less than what they have been. Not by much. I don't think it was by a bunch, but it was less. I don't think when you're looking at the comparison of a few thousand dollars and a few million dollars; I'd take a few million.

Jessica Jepsen: But that's just something we would essentially need to advocate for in a couple of years to keep that here versus they take it away because we got all this extra funding.

Sheila Paul: Potentially. It's a bigger concern, I think, with some counties that receive a lot more of that than we do. For example, Allen County, a huge portion of their budget comes from the tax levy and they receive a large amount of money, but they're a very large health department. Yes, we'll just have to ask that. That's all I had. Thank you guys.

Dr. Boxum: Thank you. The old business. Any old business.

Dave Hollenbeck: I have one thing just for information purposes. The staff and I have been dealing with a problematic food vendor who has challenged our authority and responsibility. And what I want you to be aware of because it may end up in the newspaper here is he has sent what's called a notice of claim that he tends to sue us. Now, we are in good company because he has also put on notice the President of the United States, the Governor, and our legislators as well.

But it has to do with his unwillingness to comply with the mobile food service establishment requirements that the state of Indiana's regulatory code requires us to enforce. I won't get down in the weeds on it.

Dr. Michael: But this is a food truck.

Dave Hollenbeck: It's a tent. A taco tent.

Dr. Boxum. But it's mobile, you know, like a mobile food

Dave Hollenbeck: Like a tent. I mean, you pick it up and move, which is handedly in the short run what he has done. He was up at Coffee Creek in their area.

Dr. Michael: I think I'm who is this

Dave Hollenbeck: Pronounce it for me

Sheila Paul: What's the name of the

Carrie Gschwind: Bay City Tacos

Sheila Paul: Bay City Tacos

Dave Hollenbeck: That's the name of the business.

Sheila Paul: The gentleman, you mean him, Jamil Malik Bay

Dr. Michael: No, someone different. Because I've been to that farmer's market and there are a couple people who have food in tents.

Dr. Boxum: He's new. I've been to it may times too and I have not. I've never seen them before.

Jessica Jepsen: A problem with walking tacos.

Dr. Boxum: That's what we're trying to do.

Dave Hollenbeck. Be aware of it and it has been a struggle with him. He's decided now that we're violating his constitutional rights by making him do things like have a place to wash your hands when you're dealing with food. Pretty fundamental stuff.

Dr. Michael: It's going nowhere. It can't possibly prevail.

Dave Hollenbeck: In terms of a lawsuit?

Dr. Michael: Yeah

Dave Hollenbeck: I mean, I tell people anybody with 150 bucks can sue you. I mean, I can't stop them from suing us, but yes, we will be able to defend it. But sometimes the filing of it is on the front page and throwing it out of court is on page 14. So I just didn't want you to pick up the paper and wonder what was, and I will be happy to talk to you about it if you want to.

Jessica Jepsen: Can we get just bullet points of some of the violations just so when we are asked. Does that make sense? Just like in an email or something maybe.

Carrie Gschwind: Sure, yeah.



Dave Hollenbeck: She's asking you to tell her what

Carrie Gschwind: Or that or email is fine. Because I was just thinking, there's board members not here as well.

Dave Hollenbeck: Why don't we do it, that will be better. We'll get an email out to you about our struggles.

Dr. Boxum: When did he file it?

Dave Hollenbeck: He hasn't filed it yet. Today his notice came that he intends to sue everybody individually and in our official capacity.

Dr. Boxum: Is Coffee Creek included?

Dave Hollenbeck: Yeah, so the regulations are couched in terms of identifying a person and then person is broadly defined in the regulations to include a corporation and other things. And one of his arguments is that he is not a person. I haven't had a chance to ask what are you?

Carrie Gschwind: He sent us an email asking how we're defining him in referencing the definitions in our code. But then in this response he gives a totally separate definition.

Dave Hollenbeck: For a while, he was claiming rights as an Indian.

Sheila Paul: It's moors M-O-O-R-S.

Carrie Gschwind: Oh, okay

Dr. Boxum: That's not native to our country though.

Sheila Paul: That's what I was thinking.

Dr. Stamp: I thought they went into Spain a thousand years ago.

Dr. Michael: Is he representing himself?

Dave Hollenbeck: Well, I have not been contacted by an attorney. We've been dealing with this guy for a couple of weeks, but today was the first time he actually sent something.

Dr. Michael: It would be interesting if the lawyer, if he's representing himself, if the lawyer is a person but he's not

Dave Hollenbeck: Oh and he's going to sue the attorney general too. Because we are depriving him of his indigenous people's rights.

Jessica Jepsen: To make other people sick

Dave Hollenbeck: I just wanted you to be aware. That's all I have. That's enough.

Dr. Boxum: Yes, it is. I'm sorry you have to deal with that.

Dave Hollenbeck: So am I. I've got better things to do but be that as it may. Anybody with a hundred twenty bucks can sue ya.

Dr. Boxum: So claims and receipts we passed around, right, for signatures.

Dave Hollenbeck: We still need to have a motion to approve them. Which we can't do. All right. So the claims cannot be approved.

Dr. Boxum: So we'll do the reports of committee, staff and health officer.

Dr. Stamp: No, I don't have anything else. I'm looking forward to the meeting with the state tomorrow to learn what is in the future for us. And it is not called the public health fund because it's no longer a bill.

Dr. Boxum: So I guess my question would be once we know more how quickly can we ask for the commissioner's approval.

Dave Hollenbeck: We were talking about that today in terms of the sequencing and the timing of the opt in versus opt out and we were hoping maybe to learn some more.

Sheila Paul: Yeah, they have

Dave Hollenbeck: tomorrow

Sheila Paul: I don't know that there is a how soon they can do it, but there is a deadline. And that's what we should find out tomorrow is the deadline of which; I mean maybe there is a how soon I suppose.

Dr. Boxum: I just wondered if there's a the sooner you know the quicker you know, the fork in the road. We're going this way or that way so the most important information we really need is if we are opting in or out and as soon as they can do that.

Dr. Stamp: Yeah, so hopefully those conversations will happen pretty soon.

Dr. Boxum: But we're ready to do that if they allow us to.

Dr. Stamp: To have the conversations absolutely. You know or budget doesn't need to be necessarily approved by the time, before they chose to opt in or opt out and make that decision. But, if they made that decision sooner than later it would certainly help Sheila and the crew figure out which budget they need to submit. So it does, there is a little nuance to the timing to make sure that we can get all our budget, the correct budget in for the year.

Sheila Paul: The state is trying very hard to find timelines that work with all ninety-two counties and three city health departments. So it's very difficult. So like while our budget is due in early August and it's usually signed around October I believe. There's one county that theirs is due in June. So they're really trying to find a system that's going to work with everybody is going to be impossible but they're just trying to find the best system that they can. And I don't envy them.

Dr. Boxum: Because there are many that only meet quarterly.

Sheila Paul: Yeah, there are boards that only meet quarterly. And so it's very difficult for them to say do it by this day.

Dr. Boxum: One size fits all.

Sheila Paul: Yeah, exactly.

Dr. Boxum: Anyone else?

Sheila Paul: I don't have anything unless you had any questions about the reports you received concerning the different divisions.

Dr. Boxum: Did we have anyone from the public? If you could please state your name.

Jerry Egle: Yes, I am Jerry Egle. I live here in Valparaiso and my background is I'm a pilot with a major airline. So I'm here to talk to you about the lessons that we should learn over the last three years and what happened. Because I'm coming here as a victim actually of what the public health department messaging had portrayed. And how it affects me, and my family and friends. So one thing that capitalized all of us was fear. Fear drove everything. Okay. So during the last three years, our public health departments had chosen a message of irrational fear to seek control and power over the population. I chose not to be a victim of that fear or control of a health department, including Porter County, flooded the media with misinformation and disinformation since that's a popular turn these days. Regarding how to combat the COVID virus with severe consequences. Each day a continuous tally of cases and COVID deaths were displayed on department websites using color-coded methods to categorize each category, you know, green, yellow, red, you know, all this fear. Okay. The fear driven messages were designed to control the minds of unsuspecting victims to take an experimental shot with boosters where ineffective face covering, which is control and isolate ourselves from one another. All these measures have proven to be completely ineffective. It's proven. It's coming out, data research shows all that was ineffective. So let's talk about safe and effective. To this day, the Porter County Health Department website directs readers to the CDC misinformation and disinformation regarding how the COVID shots are still safe and effective without any credible data to support that claim. In fact, if anything, this is the opposite. Okay. So why do we still have that there. I don't know. Safe. Well, tens of thousands of adverse reactions leading to permanent disability and death. We have had in our own company multiple deaths since the COVID rollout and permanent disability where pilots cannot hold their medical certificates. Okay. I chose not to get it because I knew that my license was on the line if I had a severe reaction. Okay. Peer review studies across the globe point to harmful effects of the shots, especially among 18 to 64 year age groups. Several European countries have banned the distribution of these shots because of these adverse effects. Okay. Here we are. Safe and effective. Go shoot up your kids with this stuff. Myocarditis, strokes, bell palsy, neuropathy are just a few examples of what people have suffered. An increase in sudden adult death syndrome, SADS, isn't that cute. There's a new phenomenon since the rollout of vaccines that our health departments just sit here in complete denial and happy, glad stuff. Hoping that everybody forgets about it. You know, well, what's happened around us? At my company, we have lost 18 pilots since the vaccine rollout. Eighteen pilots! Some pilots are flying today. Ticking time bombs because their blood could clot up at any moment and boom, you'll have a stroke. That's what we've done to ourselves. Okay. Effective. We were told the lockdown for two weeks to flatten the curve and they were worried. We were told initially to wear a mask. It's only a mask. That never worked. We were told the vaccination should be able to about their lives, only to be able to told later. Now they've got to mask up again and keep their distance. You know why? Because it never worked. We were told the vaccinated will be protected from getting or spreading the virus. That was misinformation. They're still spreading the virus. And getting the virus, my brother, who's been boosted up the wazoo five times COVID positive. Myself, once. Never took it. We were told the vaccine will be protected from hospitalization. No data to support that claim. None. In fact, more COVID hospitalizations were a result of a vaccinated versus unvaccinated. That's data. That's hard proof. Were the consequences. Well, increased risk of debilitating effects over the next five years since the vaccine rollout. These are scientists who study the stuff, who design this stuff, said over the next five years, you're going to see more people just die suddenly. And nobody seems to want to know why. And a simple decimers test will tell you. If you hit work with the coroner's office, if somebody just dies suddenly, just walking along and drops the corner comes along, does a blood sample, you can see how much clotting was going on and where that came from. Okay. Decreased child virus rates among the vaccinated. Increased sudden heart attacks among young men. Severe mental health stresses that increased suicides among young adults, especially young women. I hope that suicide program works. Because that is real. Thirty-five% increase among young women. Increase. Okay. Learning disabilities among our children forced to wear a mask by fearful adults. Fearful adults forcing their kids to wear a mask, not data driven, fear driven. Not data driven. There's no data to show that any of the kids were spreaders or carriers of this disease that will spread among, you know, to grandma. Nothing. Discrimination and shaming of the unvaccinated. That's where I've come in. I was shamed. My family dismissed me. They said I would have to be vaccinated to see our grandchildren. Okay. Unvaccinated were shunned, dismissed from the jobs, prohibited from participating in society. Looked as carriers of a threatening disease, families torn apart and continues to this day. Nurses when from heroes to zeros because they refused to take the vaccine. Yet they formed natural immunity because they were exposed. They put their lives on the line. They were exposed on a day-to-day basis and they were shunned and dismissed. How can we live. You know, how can we consciously think that this is okay. All this due to public health department messaging of disinformation, in fact, are very own Porter County health director to ask for the general public to report any restaurant establishment that did not comply with their orders. Really? To top it off when mask mandates were lifted, the Porter County Health Department mandated the mask messaging on ay Porter

County property. So in order to walk in this building, even though everywhere else is optional, I had to wear a mask. That wasn't data driven. That was fear driven. Fear. This, you know, such arrogance was once reserved for leaders of oppressive regimes, but somehow it found its way right here. This has become a legacy of our health departments. They no longer protect the local community. They only serve the upper masters of the state and federal level to ensure power and control of the population. The general public has lost faith in our health departments, local, state and federal. Here are my asks. Track and publish sudden deaths, you know, the data and debilitating adverse reactions ad result with vaccines. Work with the Coroner's office determining cause early sudden deaths. Okay. We are walking time bombs folks. Practice complete transparency to publish results on the health department websites, and admit the approach to how COVID was handled failed. Admit it. Swallow that humility pill. Okay. And say, yes, it didn't work. Lessons learned. I don't hear any conversations. It's almost like we want to forget about it. It's behind us now. Let's not talk about it. And present a way forward to improve the processes that will not severely impact our community. People lost their jobs. Businesses went out of business. Families torn apart. Fear. That's what drove this. Not data. Fear. And we listened to the federal level fear campaign. Man, I tell you what, it was a ride. But you know what? I sat back and I looked at it and said, nope, I'm not playing. And I'm standing here today. Healthy as an ox. Not one single adverse problem through this whole three years. I worked out in the public with thousands of people. I'm in contact with every single day. Nothing. I developed a natural immunity. I took the Ivermectin and it worked. But we didn't push that. We pushed this vaccine. And I put that on the feet of health departments, local, state and federal, all of it. You know, top to bottom messaging. What I rely on is in the local health department is to be that firewall. To be the firewall to say, look. What's coming in from above, let's look at it. Let's analyze it. Let's think about it. Is this going to impact our local folks? And if it is, we need to do something else. It's not a one-size-fits-all. Okay

Dr. Boxum: Thank you for your words.

Jerry Egle: Thank you

Dr. Michael: I need to comment on the gentlemen's things. I agree with much, if not most of what you've said. For the record, I've only been on for a couple of months, and one of the things that compelled me to come on this board is to address the disastrous and the catastrophic way that our state and our counties handled the COVID situation. We were shut down, so I had the luxury of reading about 3,000 scientific papers, and I can assure you, I can provide you with stacks for every point you made, he's correct. I'm going to ask this board to look at our website and to remove that, I wasn't aware we're still pushing this nonsense. I want to remove all the misinformation. We have to. People are dying, he's right. As a surgeon, if there's one thing I know, masks don't work. It's the only thing I've known for 30 years. Masks are there to make sure you don't cough snot into the wound. But if your coughing snot, you're staying home, and therefore not getting anyone. It doesn't prevent any back and forth. I can show you countless Meta analyses, each of dozens of scientific paper showing that they were absolutely useless in preventing the spread of COVID.

Dr. Boxum: Dr. Michael, when you perform surgery do you continue to wear a mask?

Dr. Michael: Pardon

Dr. Boxum: When you perform surgeries, do you wear a mask?

Dr. Michael: I just told you the mask is there to make sure.

Dr. Boxum: But do you wear a mask when you perform surgeries?

Dr. Michael: To make sure I don't cough into my patients wound. Only that. Why else do we wear masks? Seriously.

Dr. Stamp: To keep respiratory droplets out of the area of

Dr. Michael: I just said that.

Dr. Stamp: No, you said snot in the patients wound. That is not. You are over exaggerating. I think a lot of what you're saying is over exaggeration.

Jessica Jepsen: I been seeing numerous studies from numerous community members. I would like to see where you guys have gotten your information this entire time. Where are the reports? Where have you been going for a lot of this information that gentleman's talking about. Do you have that?

Dr. Michael: What was the data that was relied upon?

Jessica Jepsen: Yeah, what data?

Dr. Stamp: Oh my goodness. I looked at so many studies.

Dr. Michael: I'd like to see one.

Dr. Stamp: I am not just a CDC person. I know everybody says CDC is evil. I don't believe the CDC is evil. I don't believe, I think so. We had a lot of evolving information during COVID. A lot of evolving information. And we did the best we could with the information we had at the time. We balanced what the state and the feds told us needed to be done because we are not just beholden to the Commissioners. We also work with the state and the feds. I feel that this board and our department did a really good job at balancing that. COVID was hard for everybody. It wasn't just the people who did these.

Jessica Jepsen: That's not what he asked. Did you hear his question Dr. Stamp?

Dr. Stamp: You were asking exactly which studies I looked at. If you need me to, I will.

Jessica Jepsen: So he's asking his question that he asked was based on everything right now can you please go and remove everything from the website.

Dr. Stamp: Are you going to tell us which misinformation it is that you'd like us to remove. I have no problem taking things off the website if it's misinformation.

Dr. Michael: He just brought it to my attention. So I'm now going to look at our website.

Dr. Stamp: If it is – okay. If it is a link to the CDC, I am not so sure I'm willing to remove that from our website.

Dr. Michael: CDC is fine if you know how to go through the smoke. I can use the website very well and I can get rid of all the nonsense. But most people can't unfortunately. So their left with just basically the general bullet points, etc. rather than digging deep into the statistics.

Dr. Stamp: Well please tell us what information on our website you find out of date or inconsistent or misinformation and I'm happy to look at it. Absolutely. That's not a problem for me.

Dr. Michael: One of the most interesting things that came out of this whole thing was Congressional testimony by Dr. Martin Kaldorf. He's a Harvard biostatistician and epidemiologist. He said when this first emerged; I was really scared for about ten minutes. Most of us knew immediately this was going to be nothing.

Dr. Stamp: Nothing is a big word.

Dr. Michael: Meaning like flu and cold care. Let's take a step back.

Dr. Stamp: Okay were you not at the hospitals.

Dr. Michael: Let's take a step back

Dr. Boxum: How many COVID patients did you take care of?

Dr. Michael: Let's take a step back

Dr. Stamp: Did you not get the numbers of admissions that our hospital had every day.

Dr. Michael: Let's take a step back. The CDC themselves corrected their numbers and said only 5% of the deaths were COVID or of COVID. Ninety five percent were with COVID and they counted as COVID deaths all of the following, and don't interrupt me until I'm done because it's a long list. Stabbings, shootings, poisonings, car accidents, motorcycle accidents. One guy was thrown out of a speeding car. Terminal cancer, where you're going to die any day. Terminal heart disease, where you're going to die any day. Terminal liver, pulmonary, kidney. When you do all that and ninety-five percent are taken away, you know what's left. Fifty thousand deaths over three years. That's Sixteen thousand per year, which is far less than the typical your species.

Dr. Stamp: Your five and Ninety five are off, way off.

Dr. Michael: They're not off.

Dr. Stamp: They are way off. I don't know if you're looking at Porter County.

Dr. Michael: So you're like the CDC or not.

Dr. Stamp: So early on, that really did happen where everybody who had a positive COVID test, who went into the hospital, then was counted as a COVID and then died, was counted as a COVID case. And Dr. Box will tell you we made a big deal to go back. This is the state, to go back and reassess all those death certificates when they realized that was an issue. And when they, so the only significant one so all those accidents and other sudden death issues, the overdoses, those were all removed out of the COVID death numbers in Indiana. It was a very deliberate action.

Dr. Michael: Maybe we have a unique county, but the data for the country is exactly as I stated it. I'm willing to accept that our county was bizarre and was a statistical outlier, if that's what you're claiming.

Dr. Boxum: One top of it, we held the ones we had to wait sometimes if you remember back in the early days, seven to ten days before we got the results back and people were held under the COVID diagnosis or COVID codes until we got those one week later. Lots of those we even had to go back because then they came out to be COVID negative that we removed. So that was addressed from the get go.

Dr. Michael: Okay

Dr. Stamp: So it upsets me that it's a natural thing for people to do when we get past something, that we have a short memory. And Mr. Egle right. You know, you're saying that we have a short memory and we want to forget. Boy, I would love to forget, but what I feel very strongly about is that in the hospital, had you been in the hospital and talked to our nurses, and talked to our doctors, talked to Dr. Young, it just overwhelmed her. Talk to these patients that were on their bellies fighting for life. This was not the flu. COVID was not the flu. And we did the best.

Dr. Michael: The numbers speak for themselves.

Dr. Stamp: No, the numbers for flu and the numbers for COVID are very different in terms of death, very different in terms of long COVID symptoms as opposed to long flu symptoms. Although we also know that influenza, when someone's infected with influenza, their risk of heart attack and stroke in the next 90 days after having the flu is significantly increased. The infection itself increases inflammatory processes and increases thrombosis. So it, when we're not, we're talking about numbers, for instance, that Mr. Egle gave about ticking time bombs, everybody who had

COVID, which is 90% of the country, whether they had the vaccine or not can be an increased risk of having these thrombosis. So um, so I, I really applaud you, Mr. Egle, for being willing to come here and state your mind and give us your opinion, but we still strongly, strongly, strongly disagree with what you have to say.

Jessica Jepsen: She is not speaking for me. I'm not part of the we.

Dr. Stamp: We at the health department and most of this board. And I know I'm glad that you are well.

Mr. Egle: I have data that shows.

Jessica Jepsen: There's liability that the health board is being exposed to based on a lot of current studies. So I'm going to send you some of those, Dave, and you can take a look at those based on some of the policies that are going on.

Dave Hollenbeck: Sure

Jessica Jepsen: Thank you

Mr. Egle: I have data that shows

Dr. Stamp: I'm sure you have lots of data. Thank you.

Dr. Boxum: Out of respect to everyone here I just want to move on to the next person who wanted to speak. I think we should be somewhat respectful of everyone's time.

Penny Cusic: Well, yeah. Well, you guys are really good.

Dr. Boxum: We like you too. Penny, say your name and your city.

Penny Cusic: Sure. I'm Penny from Valpo. My concern really wasn't, you know, I'm not really critical particularly, but um, I was concerned, just with this whole thing. Now here's my story. I've always been a curious person, my family will attest to this. So it's just a natural thing I do on my own, right. Cause I get accused of like, oh you're listening to this or that. No, I go and look myself and when I saw in Wuhan China, cause I like to read the news from overseas, um, besides the US, um, and I saw it was in China. I thought, oh dang it. It's probably going to be like that Ebola thing and it's going to end up over here. So, you know, I used to get it might be something like that. And so I started going in, um, like, what is it, Chinese news in February? It wasn't even here yet. Looking this thing up and I went to the CDC's own website and I found the study from 2005, and this was way before it was a thingy. Where they had done a treatment study for SARS-COV-1 and they had used hydroxychloroquine, which is basically just a method of getting the zinc into the cell so their immune systems increased. And I thought oh great. And because there was, in looking all this up on my own, that I found a guy in France who was an infectious disease, the top guy in France. And he said at that time, oh game over, he was using the hydroxychloroquine and zinc. And he was getting really good results by giving it to people early on. Okay and so I thought, well hallelujah. And then I found a guy in upstate New York who was giving it to his patients and he wasn't even waiting for the test results to come back from COVID. Because people were taking it seriously. Okay. Especially in New York. They had a heck of a time. So anyway he was just giving the hydroxychloroquine and zinc to his patients immediately not even waiting for the test to come back to us. Here you go. Because if you look into it, it's been given for years for malaria, uh to keep people from getting malaria. Okay. And it's also given to people, um, I have a friend who has a rheumatoid arthritis and she's on it. So it's very safe and it's been around for a long time. And if you really don't want to go with hydroxychloroquine and zinc, you drink a martini.

Dr. Boxum: A martini.

Penny Cusic: A gin and tonic. Excuse me a gin and tonic. All right. Which is why they came up with it in India in the 1800's and why all the British officers drank it. Was it helped keep people? It was an antiviral. Okay. So I was excited about that, but then when I saw it become politicized and it was like, you know, um, I actually went to my doctor and I

said, Hey I thought, well I'm not getting sick, but if I do, I want some of that stuff. So well, what is that? Yeah, I mean, so I go to my doctor, bless her heart, and she's the sweetest thing. And I go and I say, um, I said, Dr. Builder, can you write me a script for one week of hydroxychloroquine, and I get my own darn zinc, right? And she's like no I can't. And I'm like well why not. It's because I got to looking it up. Uh, Governor Holcomb had blocked it in Indiana. Some states did not block it. So I thought, well why in the world would he do that? So I actually did some research on my own and found out that he had blocked it because the lupus lobby had gone to him and said, this was an excuse anyway, that if you wrote a script for it, there wouldn't be enough for the people that had rheumaty arthritis, or that were autoimmune diseases. You know, and people that I knew that were on it were freaking out that might happen because I actually went to a Walgreens and was talking to this lady in there and she said people were flipping, they really were flipping out. And the concern that I had though, while I was watching all this go on, was where was the common sense. I mean, it seemed like everybody took off and headed like a herd in one direction, even medically without digging themselves into stuff that was, I mean, I'm a housewife, an older lady, my degree is fine arts okay. But I could go find this stuff out and it didn't take much. It's not like years ago when you had to go to the library and use the, well, the dewy decimal thing and find whatever, you know. I mean, you really had to put yourself out. But, you know, you can get this stuff, this information, and there is so much, and there was so much, actually, I recommend if you don't think you can find it, you're not finding what you're looking for, look overseas, There's Germany, there's Japan, there's India, there are a lot of smart people out there in the world. And that's also what I was doing. And there were people with concerns about things. Actually, you can go in right now. The American Heart Association, I forgot to bring it, and actually, I've been putting some of this stuff out, because it's interesting. Is warning about, like Dr. Stamp said, with COVID, it's an issue. If you get sick with COVID, there's problems. But, with the vaccination, especially for young people, there's a big myocarditis problem. In fact, I had a package this week that got misdirected about a week and a half; I only got the dang thing. But I'm chasing a mail guy down the street, you know, wait a minute, you know. And I can't talk to this guy, I'm like, what's going on with the mail delivery? You know, nobody's getting their stuff; it's going to the wrong places. And he said they're running really short, they had a 33-year-old mail delivery person drop dead from blood clot this week. It's like a couple weeks ago. And so there are issues with that sudden death thing. I lost a friend early on. He was a pastor at the Orthodox Church in Chesterton. He had COVID, and he wasn't intending on getting the vaccination. And it came down from the powers that be in Chicago that they were expecting that. And the fear thing was a big issue. So he, you know, complied, he didn't plan on getting vaccinated. So he got the first vaccination. Went on vacation, was what there was like a two or three week before he got the second shot. When he came back, he got the second shot after coming back from vacation and he was joking around right before the service started. And he turned around to go to the front and ...Boom. And I had a bunch of situations. My son in law took the kids to get their haircut. And they were like, well, where is Leo? And they were like, well, Leo went to bed and he didn't get up the next morning. Okay. So all right, there's two people. Then my son, he lives in Nashville. He's a pharmacist. And Nashville actually heads up the between the Medicare and the Health Departments. So he's a pharmacist in Nashville. Anyway, all of the sudden he's coming through the door up here. I'm like, why are you here? And he said, well, Chuck dropped dead. Forty-one years old. He was like walking through the living room and boom. Down he went in front of the coffee table. I'm like, goodness. And then I was telling you about the guy, you know, the mail guy. And there was one other one. What was the other one? Oh, a friend of mine, their nephew, was upstairs in his bedroom and they heard a thud. He was like 28 they go up and he's like, boom, dead on the floor. So I'm just saying that there's issues, whether we're some COVID or from the vaccine. The vaccine is not helping things. I mean, for the young people at least. I don't know about the older people, but from what I've seen, it's something we need to look into. But I've said all that to just basically encourage you guys. Start kind of disconnecting from whatever else is going on like you were saying. The federal government and the state government, kind of like between a rock and a hard place. But we need to really start looking ourselves. I mean, get curious and start thinking, okay, I've been told this or that, what is out there in information. And I really clearly felt that way during a lot of what was going on was, doesn't anybody look anything up. And not a criticism. But I don't know if you remember me. I tried to get ahold of you on the phone, okay. And I know you're busy. But my concern, early on I found out about the vitamin D thing, okay. I was running down the street after the Amazon lady, the black Amazon lady, telling her specifically to take vitamin D because they were saying a lot of people of color were getting especially sick. And it's because of the black skin, black skin blocks outside light. Well, if you're older people and stay inside, you're getting blocked out too. But I was saying that you need vitamin D, all right. And I was wondering if there was even testing being done. That was something very simple that could have been done though. And it's not just COVID. It's the flu and all kinds of things, and actually the documentation is out there. If you want me, I'll try to find the article. There were articles in the beginning,



but there's actually more now showing that 70 to 80% of people who had a really bad outcome, there were a couple things that was a problem, was the vitamin D levels were really low. And actually, another thing that they found as they were treating people was the sugar. If people were ingesting a lot of sugar once they got sick, it really aggravated situation. But anyway, so I guess I just want to reaffirm too. I really would like to see as a group, and I know I'm not part of the group, I'm just here. But that we kind of like saw this, you know, some of the information out, really share it with one another. I don't think, I think if we start getting, putting each other off, and that's what concerned me when I saw all this going on. I'm like, what in the world is going on? Why are people refusing things that might work? You know, it didn't make any sense to me. And I think we need to maybe move beyond that. I mean, we're able to. We're an independent group. We can do better and not do better. Because I can't imagine you guys being a physician that you were doing that trying to help people. But I'd like to see more, maybe, open discussion between everybody about, well, this is what I found. What do you think? You know, because that's when that, how it used to be done anyway, was doctors with, like, peer review things. Although, if you look up in history and see some of the really great things that came out, like washing your hands, remember, if you go back in history and look how the people that found things out that worked were vilified by people in the profession, if you go back and look. I mean, 150 years ago, they were still letting blood as a, you know what I'm saying.

Dr. Boxum: Yes

Penny Cusic: And if you said don't do that, you were like, you know, the bad guy. So anyway yeah you guys, All right.

Dr. Boxum: Thank you Penny. Are we ready to adjourn our meeting?

Kathy Lemmon: So be it.

Dave Hollenbeck: Meetings adjourned.

Dr. Boxum: Meetings adjourned.