

Porter County Board of Health

Tuesday June 6, 2023

Commissioners Chambers

Full Version of Minutes

In Attendance: Attorney Dave Hollenbeck, Dr. Maria Stamp, Dr. Patrick Fleming, Jessica Jepsen, Terry Wuletich, Dr. Linda Boxum, Kathy Lemmon

Absent: Dr. Ronald Michael, Robyn Lane

Dr. Boxum calls the meeting to order and leads the Pledge of Allegiance.

Dr. Boxum: Wow. I want to thank you all for being here. I don't think we've ever had this much of an audience before at one of our meetings so this is really exciting to have so many members of our community.

Dave Hollenbeck: And please come back.

Dr. Boxum: Yes. To be invested in our health and the health department. Who here is here to listen to SB4 funding, senate bill 4? Okay. So, I am going to change around the agenda since so there are so many of you. We are going to open up public comment about SB4 after we do our presentation for that. I do ask that because we have so many, that we keep comments to three minutes. And then we will move forward with the rest of our agenda items after that. Okay. We need to approve our minutes for March and April if everyone is in agreeance, we can do one motion to approve both together. Motion to approve?

Kathy Lemmon: Motion to approve.

Terry Wuletich: I second.

Jessica Jepsen: Just real quick, it was my understanding that we are going to use the, not the actual minutes that were put together but we are going to be using the script that was put together.

Dr. Boxum: That was the transcript for the second one, correct.

Jessica Jepsen: Correct.

Dr. Boxum: So I can do a roll call to make things easier. We can start with you Mrs. Jepsen.

Jessica Jepsen: Eye

Dr. Fleming: Eye

Dr Boxum: Approve?

Kathy Lemmon: Eye

Terry Wuletich: Eye, as well

Dr. Boxum: very good. So our next board meeting will take place on August first, tentatively because the next first Tuesday falls on the 4th of July. So we will move it to August. Now we will move on to our presentation about public funding.

Sheila Paul: Okay, that's me. Thank you. Alright. Well first of all, I want to say I am totally thrilled to be telling you all about this today. We have been working on this so long, the state has been working on this for so long, and can you all hear me back there okay? Okay. Finally we are here. We at the health department have been planning and working in discussion groups for several months. In late April, Senate Bill 4 and house enrolled 1001 was finally passed and is now known as Health First Indiana. This is a historic, big step forward for the health of all Hoosiers. So I won't read this all in detail for you. Basically, a commission was formed and they performed listen tours all over Indiana to get input. Now the goal was to insure that all Hoosiers had access to core public health services. Porter County was one of a hand full of local health departments that participated in the core service development team and the KPI or key performance indicator metric development teams that would go out perform services across Indiana. We at Porter County have been involved in this from the very beginning. So one thing that this slide focuses on and presents is that Indiana's public health systems operates under a decentralized home rule model. Local government maintain local autonomy to manage local public health services. A close relationship has always existed between the Indiana State Department of Health and local health departments. And they provide guidance to us and other health departments across the state of Indiana. SO, how does Indiana rank compared to the rest of the nation? This is not a great slide, honestly. But as you can see, smoking and tobacco use we rank fifth, obesity we rank 46th, mental health 43rd, childhood immunizations 41st, and public health funding 45th. It really speaks for itself how staggering low we rank. So as you can see on this slide, the information graphic shows what our public health challenges are. And you can see that we are struggling with rising deaths of alcohol, drug use and suicide, adult and childhood obesity. High rates of tobacco use and teen vaping, continued risk of drug resistant diseases and increase rate of chronic disease such as cancer and heart disease. This graph shows how different we are and how we have a two year gap in Indiana for life expectancy from the national average. And just within Indiana there is a nine year gap depending upon what county you live in. So somebody from one county will die nine years earlier potentially than someone from another county and that's something that we are trying to fix across Indiana, is to shorten that gap.

So as we said, Indiana ranks 45th in the nation for public health funding. In Porter County specifically, the public health funding that we receive is \$12.50 per capita. The national average is \$91. Across the state of Indiana it varies from \$1.25 to \$83. This lack of funding contributes to high rates of infant mortality, smoking and chronic disease, high medical cost and a decrease in life expectancy like we previously discussed. It's best for local health to be delivered local by those who understand the community needs. Local autonomy and flexibility is crucial to addressing what's going on in our community and what we need. SO what do we need to do? Because of the way the law was written, county officials must opt in so that would be our county commissioners, they must opt in to this to receive the funding. So for Porter County, what does that funding look like? So as you can see in the breakdown here, the first year is about half of the amount that they plan to give us annually. That is because the first year is meant to be a planning year. The first year will range from as you can see the \$1.68 million to \$2.25 million. And then the second year, it will range anywhere from about \$3.3 million to about \$3 million to the \$4.5 million range. They do ask that the county does have a match so that we have local invested interest also. What happens with funding for our local health department is we receive part of the tax levy.

What's been happening over the past few years in our tax levy amount has gone down every year. They just want to ensure that the county is continuously contributing a stable amount and to be honest as you can see here, the county match for year two ranges based on the minimum and maximum, that is less than what our county currently contributes to our health fund. If we choose to opt out, our commissioners say no and would not like to participate, what happens if we opt in we are agreeing to offer full core services and we'll go over that in a minute. But if we opt out, the amount we get will be the legacy amount from the state what we have gotten every year for the past several years. That's \$135,768.31. So as you can see we have the potential to miss out on about \$4 million. These are the core services that we are required to offer. This amount is, with the amount that the state gives us, at least 60% of the funding has to go to these four services. These are public health prevention and management services. 4-% of funds can be spent of regulatory services. One important thing that was put into this law is that no more than 10% of the funds can go towards capital assets. So that includes things like vehicles, buildings or land. We can't use all of the money to build a massive building for the Porter County Health Department. But we can carry that money over year to year to stock it up for a big project if we feel that is necessary. So Indiana ranks in the bottom five for obesity, tobacco and mental health. How does Porter County rank? As you can see here, I am going to say something that may be confusing, but we rank above the national average in all categories. We have more adult smoking, we have more adult obesity, less physical activity, less opportunity to exercise and a higher rate of death of despair. And death of despair is due to alcohol use, drug use and suicide. So it seems that I am saying that we are above, but in this case we do not want to be above the national average. So what are our top priorities for combating this? Number one will be prevention. That is what the health department is all about. Preventing chronic disease, smoking and vaping, nutrition and physical activities and death by despair. What we've come up with as a great way to do this within our health department is by creating what we call a CARE Team. That is a CARE coordinator to provide linkage to care. We will immediately when someone calls us or visits our office, we will get them in touch with the right professional. We will hire a social worker to help patients and students struggling with mental health concerns. We also hope to create a space in our office to offer telehealth so if we have someone in there who needs assistance right away, we can get them on telehealth immediately with someone who can help them. The CARE coordinator will work closely with the social worker to ensure that access to care. Another thing we hope to do is establish a hardship fund. This will help patients who are struggling to meet their need to cover their cost of medical services for what we provide in-house. This will also assist for those struggling to afford septic repairs. I am not sure if any of you are aware but when someone septic system fails, it is very very costly to fix that and people can struggle a great deal. Sometimes we have to say that if you can't afford it then you can't live here. We want to prevent that from happening. This hardship fund could help with that. It will also help clean up and provide clean up services for unlivable conditions. That fund will be managed again by the CARE coordinator to ensure that linkage to care is needed. And then follow ups to ensure that they're doing what they need to do to receive the funds. The social worker will help residents who are struggling with mental health issues such as hoarding and other unlivable conditions. Often, those two go together. And a school liaison to work with the schools to provide health screenings and other linkages to care also. And to help support the school nurses. So what are some services what we will provide? And I won't read all of this to you, public health educator, and our mobile health clinic will provide screenings and immunizations, trauma and injury prevention educations, a CARE coordinator and social worker and we hope to host an annual health fair. For programming, we will start an education and referral program, environmental health

education, develop a FIMR team, which is fetal infant mortality review team. And that is a team that will come together collectively to discuss why our babies are dying. And help put measures in place to combat that. Expand our lead testing and case management. Have a dedicated school liaison. Right now, we have a school liaison but she is dedicated to other things also, as our public health nurse, this person would be dedicated to helping with the schools. Establish maternal and parental health wellness program and tobacco prevention and sensation program. So this is talking about how we hope to achieve all of this. We know that we need to use data driven results to guide our programming. So that's something that we'll be doing. We will be working with the state, working locally to determine what is best. We'd like to get equipment that makes us more efficient and one of those things is language transition equipment and services. We want to modernize for efficiency and add value to our staff through critical training and certifications. And of course that hardship fund. So it's not just the health department deciding what's going on and what's best for the community. We want to develop focus groups from partners around the community so we can have thoughtful and effective planning. We then will do community assessments to evaluate where we need to go with that planning from those focus groups. So some of our focus groups will be these groups here. As you can see, local and community organizations, businesses, education groups, service groups, data analysis and healthcare organizations.

This is not an exhausted list, this is a list of people that we hope to engage. We know that these are people who have a vested interest in the health of Porter County. We will begin reaching out to these agents soon to participate in our stakeholder focus groups. Also, if you see someone that is not listed or if you have ideas or if you want to be involved, we will also take that so just let us know. We can scroll to the next one. The local business, this is also not an exhausted list, we just wanted to get businesses that employ a lot of Porter County residents and that's why they are on there. Again, we are open to more.

So what happens if we opt out? We do continue to receive that legacy funding. Hopefully our services are able to remain the same. They may be lessened over time based on the funding and cost going up to provide those services. Our funding will primarily have to come from grants. Just so you know, the money we turn down will just go to another county in Indiana. So just to put into perspective, this a loss annually of up to \$4 million. That is if we opt out. Then some people may ask why not grants, what's wrong with grants? What is the big deal, just do grants? One thing is, it takes someone to actually fill out those grants and do the paperwork that goes along with that. And the ongoing invoicing and receiving that goes along with that. They are not really sustainable. We will still continue to, oh my goodness I am trying to go so fast.

Dr. Stamp: You're doing fine.

Sheila Paul: I want to get you guys out for dinner! But we will continue to receive some funding through grants but with this funding, it can significantly reduce that. Grants are prescriptive. Which means that tell us how to use the money. They are restrictive, they do not allow for any deviations. May also come with a time allotment which is uncertain from year to year. We can have one grant on year and lose it the next year which means we can't, it's hard to get people to work with you on a grant because they know that money may not last, they may lose their job in a year or two. We do appreciate grants but they do have limitations. Indiana Health First funding is a true appropriation. It is worked into the Indiana state budget and can be relied on for many years to come. So what happens without this funding? This graph kind of shows you where the Porter County Health department is with its funding over the past several years. As you can see, back in 2014 we took a drastic nose dive for many reasons,

factors could be but most likely, the tax levy cap. We have sustained a lower level operation budget which I have to say honestly is pretty scary for an administrator to operate that low. When Covid hit, as you all know, funding increased through a lot of Covid grants. So that kind of skyrocketed us up and put us in great position and we have a little bit of a cushion. But I am fearful that if we do not get this funding, sustained funding, that we will take a nose dive. I've been speaking with our auditors and year after year for the last several years, our tax levy has gone down. So we have been receiving less from the county with our funds. And really, this funding will help us be more self-sustaining and to not rely on the county for taxes. Last slide. So far, if you are curious, 12 counties have opted in. Jasper just to the south of us have opted in. And I really hope our county does as well. I think Porter County will fall behind with healthcare if we do not. Do any of you have questions? No?

Dr. Boxum: I want to thank you. This is tremendous. The amount of work you and the staff have put in to prepare for this funding. The planning for the funding has been humbling to watch and be part of. This is an amazing group. I'm excited to be here at this time, this could be a monumental time for public health for our county and state. I see Senator Ed Charbonneau, our local senator who authored this bill and I am thankful for that. This bill was overwhelmingly supported across the state. So I am excited for you and the members of community. And I thank you for all of your work.

Sheila Paul: And real quick, these sheet that's up is a two-sheeter, it breaks everything down. If you didn't get one, raise your hand and one of our nurses, Jess, will come around and get one to you if you'd like one.

Dr. Boxum: Senator Charbonneau, do you have any words to share with us before we start for public comment? And is there a sign-in sheet for people to use?

Dave Hollenbeck: Ed, why don't you come over here, there is an open. That's a live mic.

Dr. Boxum: And there should be a sign in sheet for people to sign in, put in your address so we can.

Dave Hollenbeck: Yes, we'll take anybody.

Dr. Boxum: Yes, we'll take anybody of course.

Senator Ed Charbonneau: Thank you. I did not come here tonight to talk. I came here to listen. I have been very impressed with what has gone on in Porter County. I've spent a lot of time with Dr. Stamp and the staff and I am very impressed. Much of what I would have said was just covered. I think the most important thing to keep in mind. Indiana is number one in the nation in economic development, job creation, and any kind of economic measure that you want to use, we rank at the top 5. Top 10 at worse. When you start looking at healthcare, it's like we are looking at a different country. I shepherd this, I spent a whole lot of time and effort since probably last October, working on this legislation. The governor, am I limited to three minutes? I will shut up.

Dr. Boxum: No.

Senator Ed Charbonneau: The governor I think, stuck his neck out when he created this governors public health commission. And he knew there was a problem that we did not talk about. And he wanted to address this. I am a firm believer in, we need data because we use data to drive our decision. So the governor's public health commission spent well over a year, I know at least a year of meeting, talking about this and visiting various parts of the state on listen tours. Collected all kinds of data and the

members of the commission, I think there were 16-17 members or something like that, were committed to high caliber, involved in healthcare and never missed a meeting. What other commission, company, committee can you ever say anything like that. Never missed a meeting. As a result, they came out with their recommendation and I took over at that point. When you look at our numbers, they're appalling. When the life longevity is trending up everywhere in the county but one state, Indiana. The slide was not up there really quickly, Indiana's was going down. And we've always been below the national average. The funding for a health department is appalling. If we took every county and matched it with what the highest county is getting, I think it was \$81, we would still be below the national average. It's time to take the blinders off, and time to start looking at the facts and this is a great opportunity. I was part of this legislation, I think it is a great step forward for Indiana. I encourage Porter County to adopt this and I know that's not your decision, it's the county commissioners. We purposely did this the way we did it so no one can say they were forced. Every county, Porter County has the option to say we are okay with where we are. I hope you don't. Thank you.

"Applause"

Dr. Boxum: Yes, whoever would like to start?

Sylvia Graham: Thank you councilmen. My name is Sylvia Graham. I'm a member of the Porter County council and I have sat there for the past 15 years. And I want to say that I am very proud of the Porter County Health Department. And the Porter County Health Board. I am very fond of this, my background is in nursing. And I am presently retired family nurse practitioner. I have always complimented the health department in Porter County for having master prepared nurses. These people are intelligent, thought provoking people who run their department very well. I would like to say that this is an opportunity that doesn't come along very often. And I am hoping and praying that the commissioners will opt in. I know from speaking with my fellow councilpersons, we are anxiously waiting to vote this in. Thank you.

Dr. Boxum: You can just take turns.

Beth Wrobel-CEO of HealthLink- Hello. My name is Beth Wrobel and I am proud to be the CEO of Healthlink. We are a federally qualified health center. We serve five counties throughout northern Indiana, including here. And to be honest, the health department was core when we got started 25 years ago, and I always like to come back to the core. I am going to try to beat Senator Charbonneau, the last two years I have served on numerous committees as part of a public health commission. So I got to see and through Healthlink, six different health department. And they are all different. And I now understand the issues with funding, with infrastructure, I can applaud what the Porter County health department has done with very limited resources. And I am proud to say that we are partners every day. You heard a lot of what my comments were going to be, you did a good job in summarizing. The one thing I see is not only are we 45th in public health funding, but we are 43rd in health outcomes in this country. I believe there is a tie to that. Now we have the opportunity to take this funding, and it is in a very methodical, provoking way that, you know, no one is getting rammed down their throat. But there are also outcomes and I don't know about anyone else but when I do things and I invest in things, I want to see outcomes. And that is there. But at the same time we're given many options on how we are going to approach it. And I think that is a real winner here. We heard and, I think this is a real turning point here for not only Porter County but all of Indiana. To be able to really improve health outcomes. I want everyone to remember that every time, and we do have great economic growth here, but employers

look at the health outcomes. And that is a huge thing so I don't just believe that this will help with the health, but it will be tied to outcomes, and our economic growth in the state. I am excited about this. I will make one correction. I get an update each day from Dr. Weaver and there are now eight counties signed on. Allen County, which is the second largest county in the state have tied in. so I don't want us to be left behind. So I really applaud you all and I hope you will all vote for this and approve this. So thank you very much.

Dr. Boxum: Thank you very much.

"Applause"

Jessica Jepsen: Beth, I did have a question for you. If I heard correctly, you said you sat on some of the committees for this health commission?

Beth Wrobel: Yes.

Jessica Jepsen: do you mind telling us what committees you sat in on?

Beth Wrobel: Yes. I am sorry. Yes. I sat on the data committee, I am a data freak. You guys will know if you've seen all my numbers. Also the KPIs. So being able to see here's the standards that you want to meet. And thanks.

Jessica Jepsen: Yes, thank you.

Joanne Miller: Hello, my name is Joanne Miller, I live in Valparaiso. I am just here to say that I do not think this is a good idea in my opinion. Counties must maintain to ability to make their own decisions. Mandates are not an option. The local government is not here to protect us. And the intentions of the commission are to remove local decision making and accountability. Hoosiers suffered greatly at heavily handed mandates by the governor and federal government. And this bill will only support the tyranny on Governor Holcomb. Say no to centralized public health. Expanding core public health services will be used to force counties, do not let that happen, vote no.

"Applause"

Connie Rudd: my name is Connie Rudd. I am the director of nursing for the Porter County Health Department. And I have been with the health department for 38 years now. We've never had an opportunity like this. We have been working on a shoe string budget. That standard amount for as long as I have been at the health department. I think we've done a pretty good job with what we've had. But I do have two letters here, support letters. I'd like to read. The first comes from a Jennifer Brock. She says, dear Porter County Board of Health members, I am unable to make your meeting this evening. But I wish to register my support for your funding application under the Indiana Senate Bill 4. This is an important and necessary investment in public health that is a long time in coming. Improving access to public health and gaining access to health statistics, it's not only good for our residents, but it's good for attracting new businesses and residents to our area. Indiana particularly lags behind in maternal health outcomes and I hope this will be one of the many issue that you will be able to address with this additional funding. Thank you for considering us before this evening, Jennifer Brock. The second comes from North Shore Health Center. To Porter County Health Department, we at North Shore Health Center would like to thank the entire staff at the Porter County Health Department for their dedication to the health and wellbeing of our community. As a link-minded organization, our mission is to provide the

most comprehensive and quality healthcare without exclusion to everyone, every time. We know and appreciate the benefit of having a partner with a common goal. We are committed to continuing to partner by offering our primary care services, assistance in getting patients up to date on recommended vaccines, additional support with patients enrolled in your substance abuse program. The services you provide, immunizations, through testing, education on health and wellness, lead poisoning and healthy home programs makes what we do every day even easier. We also applaud your efforts in being involved in local community agencies and coalition like the wellness coalition of Porter County. Showcasing that you will meet the community where they are by participating in their health fairs, community education and more. In a time where community and collaboration are vital to not only the health of our community, but our healthcare system. You continue to be there. Thank you for being a valued partner. Sincerely, David Hall, CEO of North Shore Health. Thank you.

“Applause”

Jesse Harper, Center Township Trustee: I am not quite sure what the board is doing this evening. Are you taking a vote on support? Are you passing this along to the commissioners, is that what we are doing this evening? On SB4, is that? They are going to pass?

Attorney Dave Hollenbeck: as we eluded to, this is ultimately the decision of the Board of County Commissioners.

Jesse Harper: but will this board be taking a vote this evening? To say that we do or don't support the SB4?

Dave Hollenbeck: That, if that comes up.

Jesse Harper: if a motion is made?

Dave Hollenbeck: if there is a motion. I do suspect that they will.

Jesse Harper: Thank you Mr. Hollenbeck. My name is Jesse Harper, Center Township Trustee. The demographic I serve are people living below the federal poverty line. And the majority of my township is within the city of Valparaiso. We serve on average 200-300 clients per month. And I can only tell you my antidotal evidence. And the reason I can tell you my antidotal evidence is because as Senator Charbonneau stated, I don't have statistics evidence to tell you what I need to tell you because we don't have the funds to provide that statistical evidence this evening. But I can tell you antidotal, the vast majority of people that my office serves are obese. The vast majority of people that my offices serves are tobacco users, vape users. This funding would not increase the tax on Porter County residents and I will tell you this ladies and gentlemen. As a lifelong Hoosier, as someone who was born and raised in Valparaiso, that presentation not only made me proud of the work you put into it, but I am ashamed, I am ashamed, as Senator Charbonneau said, we are the only state whose average age is decreasing. That is shameful. If in any way this can change that, we have to vote in support of that. I will tell you this ladies and gentlemen, I didn't ask a single one of you to serve on this board. Nor did anyone in the room ask you to serve on this board. So if you applied for this board and you don't want to put the work in that's necessary for the extra funding to figure out how we are going to spend it, then you should not have applied to this board and you should resign. You know, this county receives tens of millions of dollars in ARPA funds. We weren't ready for it, we didn't know how we were going to spend it but we rolled up our sleeves, we put together committees and we figured out how to disperse those funds. So if

you're not ready. Excuse me, I'm speaking! If you are going to vote no against this because you think it's a government mandate, or because you oppose vaccines, or because you oppose testing for HIV, let us know that. Be transparent. Let us know why you are voting against this. If you do not support childhood immunizations, let us know that. Be transparent. But once again, if you're not willing to do that then get off this board! If you're not willing to do the work, then get out of here and let somebody in here who is willing to do the work to figure out how we can spend these funds. I urge you vote yes for this. Thank you very much.

"Applause"

Tim Leitzke, Trinity Lutheran Church: I'm Tim Leitzke, Pastor of Trinity Lutheran Church about three blocks from here in Valparaiso. This is the first health meeting I have been to so thank you to the health department. Thank you to the Covid booster I got for free. That was lovely. And thank you for the ongoing work that you do. As a congregation, the churches have people who want to help and often their idea of help is not what we actually needed. The health department has been there multiple times to say this is where the help is actually needed. And our folks will somewhat begrudgingly say "I guess we will do this, instead." That has been wonderful to have that offered. So thank you. My family has lived in Valparaiso for about eight years. We love being here. One of the biggest shocks we experienced when we moved here was the lack of healthcare services. And especially the lack of mental health services. I am familiar with what is out there, I know people will say there is this thing, I've got it, trust me it's in my desk. When we have church members who struggle, and mental health for whatever reason still remains very stigmatic in this world. People don't want to talk about it. When they do come to me and ask what we can get, I always try to, I made an oath when I was ordained not to give people false hope. So there's not a whole lot. So I was thrilled to learn that this was going on. That this funding is available and there is the opportunity to do this work is desperately needed. My profound thanks to Senator Charbonneau for putting out this work and to Governor Holcomb for signing it. I urge all of you to make sure that this gets secured for us. I want to be able to point people to where help is available. And not tell them, well you picked the wrong county to live in if you wanted that. So thank you.

"Applause"

Steve Langer: Hi, my name is Steve Langer. I have lived in the community for 60 years. My father used to own Felta's Bargain Center in Valparaiso. Our son is dyslexic. And when we were confronting that, when he was in third grade, my wife and I put a lot of money in for grants. And trying to do something with grants is like trying to raise your family on lottery winnings. It just doesn't work. There are things beyond your control. There is a lot of competition for them. Number two, what I've done for the last 45 years is sue doctors and healthcare providers who provide substandard care. That's what I do for a living. And I can tell you that a lot of mistakes that are happening are the same mistakes especially with children, over and over again. It's multiple repetitive errors and what I have learned is if we leave things the way they are now and do things the same way we did then before, we're going to get the same outcomes as we did before. And that has to change. Whether you believe in vaccines or not, I understand that people do what they want to do, fortunately we live in a free country. I never met you doctor, in my life, but what I can tell you is that when our business was going through Covid, we have about 25 employees, I would call the health department or our office administrator or my assist would call with questions. And it was about our employees, our staff, their health, their interaction with clients, we wanted to have face to face meetings. And every call was returned, the same day. Even if it was at night, I got a call. So

as far as implementation, I think you give them the benefit of the doubt, and go forward with this and see how it goes. Thank you.

“Applause”

Member of the Public: I was late to this meeting because I had to call 911 because one of my old neighbors who is 22, approached our house and said that she tried to kill herself today. So I waited around for the Porter County Sheriff officers to show up and they showed up and took her to I assume the hospital. So do we need additional funds for mental health, we certainly do and we can't say no to anything. Thank you.

“Applause”

Kenny Taylor: My name is Kenny Taylor. I come to address the board for a couple of reasons. I've been fortunate in my life to receive great healthcare. I had double bypass 25 years ago. I have had a valve put in my heart since then. But I have been able to afford it. There is a lot of people in the community that cannot. And they do rely on the health department and other services like Healthlink and things like that to do that. And if we turn down money that is available because I may not like one part of the program, then I am going to penalize everyone else for the other parts. I think that is a shame. Granted, do I agree with what everybody does, no. Does that mean I throw out the baby with the bath water, no. I take the parts that I feel are the best and I make them the best part of the program. That's how we fix things and get improvement. This gives up an opportunity to have additional funding and improvement of the health of Porter County. So I am not going to throw out the baby with the bath water. I am ready to accept it and make the best of the parts that I like and the best parts of the program. Thank you.

“Applause”

Dr. Boxum: Is there anyone else?

Amber Pardo- Hello, this is my first time ever being here so thank you. I'm Amber, I am with North Shore Health centers. I am a community relations specialist. So I am able to go out in the community and talk to possible partnerships, try to bring people in. I also attend health fairs and I try to put some together. I think that's really important. I was born and raised and grew up here in Valparaiso. I am from an area towards the university. It's great I still go up there to visit some people. I just wanted everyone to know that I was born and raised here. I work with North Shore. We work with and accept Medicare, HIP, Medicaid, commercial health. If they are underinsured or uninsured we do have a sliding fee scale that we offer our patients. We want them to know that whether they have the ability to pay or not, we are still going to offer our services. Some of those could be, we have OB, pediatrics, health family practice, urgent care, behavioral health, which I am very proud of. We have optical, dental, chiropractic services which not a lot of people do know about. So those sorts of things. And we also do a program that is called, back to school, we do backpacks. So if they come in we give them a wellness visit. We do have backpacks that we hand out as well. So we have that going on. We have classes we offer. Right now, we have diabetes classes that are all on our website. The information for those classes, the schedule. I do have some flyers in case anyone is interested. They can come see me. I also have cards if anyone needs someone to contact. I also always like to mention that we have 340V Pharmacy. It's a government funded program that allows North Shore patients save on their prescription medication if they cannot

afford them. We have those pharmacies in DaMotte, Hammond, La Porte, Lake Station, Merrillville and Portage. So thank you for allowing me us to come here.

Dr. Fleming: Thank you.

Amber Pardo: Thank you.

“Applause”

Dr. Boxum: I saw you come in late. We are taking public comment on SB4 funding. There will be other comment in the end. Yes.

Debra Silver: Hi my name is Debra Silver. I did not plan to speak. This is the very first time I have attended one of these. Anyway, I just want to say I am strongly skeptical and perhaps opposed to this thing. It just seems suspiciously overreaching with government. I am a parent to four adult children, all who have had health issues and I've not found that they've fallen through the cracks in Porter County. In fact, I found that we have good services. Mental health, education, regular health. We've been able to serve my four adult children, I feel adequately. I don't think that, physiology I am a free market person. Maybe even an anarchist, I just don't like government. I think less is best. And this just feels so, the disparity of these numbers is enormous. I mean have we been able to do anything with this smaller number that we have? I mean I think we've done well. And all of a sudden, we are going to have this huge flux of cash. I don't know that throwing money at things every really solves problems or brings us to outcomes. I mean I understand and appreciate the statistics were looking very low in comparison to the rest of the county. Some of what we are talking about is people choices. So I just want to go on the record by saying that I am very skeptical and I think I am opposed.

Dr. Fleming: You don't really trust government, but government helped you?

Debra Silver: I'm saying we have locally. Local, I think local is best.

Dr. Fleming: I've always looked at it like nobody wants to rely on financed, solving problems I mean we get that, but if it brings a community together to take care of a community?

Debra Silver: Well I think community is, my understanding of community is we should solve our problems locally. And not be dependent. I mean not funding from Indianapolis.

Dr. Boxum: We get funding regardless, from the state.

Debra Silver: Right, but this amount? I mean, this is such a huge, I mean, where are strings that are attached to this? I am suspicious, I have not read the bill. But I intend to.

Dr. Fleming: Good.

Debra Silver: it just seems so dramatic. So I am a skeptic and I am nervous. It is not making me feel good.

“Applause”

Kelly Ziglet: My name is Kelly Ziglets. I just have a couple of questions. One, the data for the increase in death for babies, do you have that data and the time span of that data? I know that was one of the top concerns.

Dr. Boxum: Infant mortality data? In terms of the state?

Kelly Ziglet: The state, the county, and the timeframe that you are taking the data from?

Dr. Boxum: I believe the governor's commission report was between 2019-2021. There was a pause during Covid when they had to put a halt on gathering data. I think that is when the data was collected.

Kelly Ziglet: So when was the increase for infant mortality?

Dr. Boxum: so the increase for infant mortality has been going on for a long period of time. This is just an official, looking at the report and investigations to report that to the state. But infant mortality has been an issue longer than that as a state. I don't personally have the counties numbers. I look more at the state numbers. That is something that I think we want to review more because data collection has been something that has been more difficult for us because our systems are archaic. So that we can gather that data and then make improvements on where those limitations fall.

Kelly Ziglet: Thank you for saying that. That's my question. I am all about data. And I feel like there is not enough data here to make recommendation for where this money is going to be going. That's my big hang up on it. It's like, great, money for, to help improve the lives of us, right? But where is that money going is my question. And you're making recommendation with what looks like very general recommendation.

Dr. Boxum: Well the first thing she responded to is the FIMR, the infant mortality review, so that is part of where our funding is supposed to do is to do a review for our own data and our own numbers because we currently don't have any capability to do so. So we do agree with you, we want to start with collecting that data. And the first year as Sheila said is a planning year to be able to tailor things to be able to see where are shortfalls are so we can address those. I think we're on the same page here.

Kelly Ziglet: okay. Because that would my biggest hang up. Knowing first the data before you go and make recommendations on where the money should go to solve this problem. And as far as the focus group goes, it looks like you had some suggestions for this group. I feel like it would be nice to get a good view of the collective in this community, not just the businesses and things like that. It just seems pinpointed to me and specific.

Sheila Paul: Can I address that for one minute if I could. So one thing that we hope to do is create QR codes so we can post around the community, the whole county so people can get on there and complete a survey. It's the general public as to what they think is best for the community. I agree with you that is one thing that we thought was a shortfall and how do we reach the community as a whole. And not just these specific groups and that's our answer.

Kelly Ziglet: Okay. Great. I would feel a lot better about that. Then. I think. Let's see. There was a, I have it here, your development of a CARE team, CARE coordinator, what is, I'm sorry the slides went really fast. I know I have a lot more questions and digging to do. But the CARE coordinator, what is that role?

Sheila Paul; so that is somebody who will link people in need to care. A lot of times we have someone come into our office, let's say we complete a pregnancy test and we tell them they are pregnant. Then we say here is a list of places you can go. And so what the idea is and you can help me out with this if you'd like, but the CARE coordinator will meet with them and say okay, this is what you need to do,

these are the steps and guide them through the whole process. And be available to them for them to come to, talk to, call anytime they need help and guidance.

Dr. Stamp: Sure. So it happens frequently that people come to us and they are in a bit of a crisis. So an unplanned pregnancy, an STD, numerous things along those lines. Housing issues, these kinds of things. And so we with the CARE coordinator would be in position to more specifically be able to guide them to additional services, perhaps outside the public health department to get medical care, mental health services, or to get conical help. To get their septic repaired, these kinds of things. So the CARE coordinator would be someone designated to be available to be able to follow through on those things, guide them in the time when they are in crisis and may, get then set up with insurance. Those kinds of things. It takes a lot, a fair amount of time when you're dealing with a client. And then they can take that time to make sure they really get to where they need to be.

Kelly Ziglet: Okay. So I had just two quick questions. So for the focus groups, you say you're putting out QR codes and things at some point? There is no direct contact if somebody wants to participate or be part of a focus group? Besides the QR codes, is there a number to call or somebody to contact?

Sheila Paul: Contact the health department.

Kelly Ziglet: Okay. Of course the health department? Okay. And then as far as data for the babies, is there somewhere I can get that?

Dr. Boxum: We want this funding so that we can collect that data for you.

Kelly Ziglet: so there is no data?

Dr. Boxum: I think there is some sort.

Dr. Stamp: are you looking for infant mortality in Porter County?

Kelly Ziglet: Porter County and the state.

Dr. Stamp: sure. We do vital statistic records here in Porter County. I can have my vital records clerk tabulate that at whichever time you are looking for. The maternal fetal section of this funding, is geared toward good health pregnancy outcomes. So in Porter County, it is very rare that we have a stillbirth or a sids death. It does happen but it very rare. Some of our other counties that is very common still. In Porter County, we have much more difficulty with babies born addicted to drugs, babies that are born significantly premature because of untreated high blood pressure, or because of obesity issues which cause problems in low birthweight in pregnancy. So when we are looking for data for an infant mortality review that will be ongoing, longitudinal. That may take quite a bit of time to gather that data specifically for that that is actionable. If we only have one or two deaths in those kind of circumstances a year, as you can see it will take a little more time. But overall, for the maternal child's section of the funding, it will encompass all of those things. How are we going to have everyone mother in Porter County supported the moment that she has a baby?

Kelly Ziglet: Alright. Sounds good. Thank you. Do I have to say if I am in support of this or not?

Dr. Boxum: That's your choice.

Kelly Ziglet: Okay. So I don't have to.

Jessica Jepsen: I did just have one question for you, and it is a clarifying question. From what I was understanding and from what you were asking, were you trying to ask, how the state arrived at the decision to make these the core services and where they got their data from as to where we got our data from?

Kelly Ziglet: Yes.

Jessica Jepsen: So how did, where is the data that gave the state, the commission the reason? It's in the report, correct?

Dr. Boxum: it is in the report.

Jessica Jepsen: Okay. Does that help?

Kelly Ziglet: Yes. Thank you.

Jessica Jepsen: You're welcome.

Dave Hollenbeck: Thank you. If nobody else wants to talk, why don't you call up the people who are here to support? Have them offer to raise their hands.

Dr. Boxum: is there anyone else that would like to speak.

Dave Hollenbeck: I believe Senator Charbonneau had indicated that he had a closing remark.

Senator Charbonneau: Yes, I'd like my three minutes.

Dr. Boxum: You got it.

Senator Charbonneau: thank you I appreciate it, the opportunity to come up here and there's a couple of things that I think will bring it all home. Number one, so when we were going through there, there was a lot of concern about this being a government takeover. And that the county was going to get that money and then the state was going to come in and take over. There is bold language in the bill that says specifically that taking the money and I don't know the words right off hand but taking the money in no way gives the state anymore authority or the county less authority than they had before they took the money. It changes nothing. This is not a government takeover. The money is not free, it's coming from my pocket and everyone else's pockets in here. The trustee Harper, the individuals he serves are the most in need. Hopefully they are on Medicare, I mean Medicaid. Most likely they have no insurance. But Medicare is becoming a huge problem in the state of Indiana. It is a massive problem. It is now 12% of our state budget and growing. It is growing faster than our revenue. So down the road this is a huge problem and it deals with the health of Hoosiers. That is what Senate Bill 4 is all about. The final thing, in my mind this is a paradigm shift for Indiana. We are going to move as a state from being a state that is great at treating people, sick people. Doctor! They treat sick people. Doctor! We are really good at that. Doctor. And we are very expensive also. We are learning. This paradigm shift is going to change the focus on 7 million Hoosiers from being sick and going to the doctor and the hospital, to getting treatment to prevent you from getting sick. That is what all of this is about. I cannot, I am sorry but I sat back there after I got up here the first time and I get all wound up every time I talk about this bill. Obviously my heart and soul went into this. It's a good bill. And once again, I just encourage you to recommend to the county commissioners that we move for opting in. thank you.

“Applause”

Dr. Boxum: Thank you all for joining us and listening to this presentation. Just as a final note, I'd like a show of hands from you who are in support of the SB4 Bill funding. Pretty overwhelming. Thank you.

Dave Hollenbeck: you're welcome to stay. It might be quite as entertaining as this.

Dr. Fleming: I'd like to make a motion.

Dave Hollenbeck: if you are so inclined.

Dr. Fleming: I'd like to make a motion to approve moving this forward to the commissioners. And recommend in full support to opt into this bill. And I spent all afternoon talking to multiple patients where 80% of the time it not just knowing the diagnosis it's knowing how to treat them, and make it light because it is so stressful and difficult about I wish I could come to their house, I wish I could bring them to their visits, I wish I could offer them financial support. And then we try to end it light heartily and seeing this and seeing the opportunity, you know that's what we all crave from this country. Opportunity and I see this after 23 years of practice and I'd like to motion that forward.

Kathy Lemmon: I'd like to second that motion.

Dr. Boxum: So I'll do a role. Mrs. Jepsen?

Jessica Jepsen: I am going to abstain. This was the first time I heard a lot of this information, despite having reached out as a board member. Today was the first time I heard that we want a CARE team and that there's going to be focus groups? And so just like concerns with mental health, my understanding, this bill is not about mental health. And I would like to be involved in the programming to try to tie mental health to every component of these core health services. I would like to make an educated decision on this and see more of the programming and planning before we utilize and take advantage of \$4.5 million and to clarify, there's a tax levy in the county so the department is getting about \$1.5 million every year. Not \$135,000. That comes from the state. But we also have another \$1 million coming in. so I would love to see mental health tied into these core health services. And I think it would be great because maybe then we could be able to expand beyond because mental health is the underline issue behind smoking sensation and habits that.

Dr. Boxum: You do understand that the mental health bill passed and that was \$100 million. Our bill got \$75 million towards these core services. We are going to incorporate mental health into everything that we do.

Jessica Jepsen: But Linda, today was the first time I heard a lot of this.

Dr. Boxum: For everybody, this was the announcement.

Jessica Jepsen: I would like to be a responsible board member. I want to dive into more about the programming before I saw yes or no. I kind of am on the same page as Kelly. I need to see more about the programming and I would love to be involved with that. This is what I do across the county. I was just talking to a doctor on the east coast about assets and costs. Which are our issues. And everything under mental health is an underline condition and I would love to be able to tie that in and roll my sleeve up and help with preventive care if you guys would allow a board member to be part of that.

Kathy Lemmon: Essentially, you're saying no. Correct?

Jessica Jepsen: You're putting words in my mouth. I said I will abstain until I know more about the actual plan and program.

Dave Hollenbeck: Alright.

Dr. Boxum: Dr Fleming?

Dr. Fleming: Yes.

Dr. Boxum: Emphatic yes from me.

Kathy Lemmon: Yes.

Terry Wuletich: Yes for me.

Dave Hollenbeck: We have four affirmative votes. We have seven members of this body, two of which are not here tonight. So four is not only a quorum the number you need to pass, so the motion passes.

"Applause"

Debra Silver: Is there somewhere that I can read this bill? Like a website?

Dr. Boxum: On the Indiana.Gov website, you can look up all senate bills. This is Senate Bill 4, SB4.

Dr. Fleming: it really clarifies a lot of it.

Dave Hollenbeck: moving right along.

Dr. Boxum: moving right along to old business. We won't be offended by the mass exodus.

Dave Hollenbeck: One of the things under old business, is the renewal of our contract with Dr. Young who maintains and operates our tuberculosis clinic. You have been provided a copy of this. And I will answer any questions that anyone may have. But I present for your consideration and I know the staff is in support of this that we continue to have Dr. Young deal with this clinic.

Dr. Boxum: Motion to approve Dr. Young's contract.

Kathy Lemmon: I vote that we approve the contract for another two years.

Dr. Boxum: Mrs. Jepsen?

Jessica Jepsen: Yes.

Dr. Boxum: Dr. Fleming? Yes. What you said.

Terry Wuletich: Yes.

Dr. Boxum: five in favor.

Dave Hollenbeck: Is that unanimous?

Dr. Boxum: That is unanimous.

Dave Hollenbeck: We have five affirmative votes. The motion passes and I say this. Dr. Young is employed.

Dr. Boxum: we are lucky to have her.

Dave Hollenbeck: The other thing that we have under old business, is we in fact have a memoranda of understanding between the board of health and the Porter County Suicide Prevention Taskforce. Mental health. And I believe that Sheila or Dr. Stamp can fill in any of the things that I don't know about it. But this is a relatively small contribution that we're making to kind of get them to jump in the water here and get started with this organization. And to help with their cause.

Sheila Paul: Correct. We have several members of the health department sit on this taskforce. And one problem that they are having is guiding people towards resources. So they'd like to establish a website. However, it is a fairly new taskforce. It does not have funding so I would like us to enter into this MOU, it would be annually renewed to support website services.

Dr. Boxum: Motion to support.

Dave Hollenbeck: Is there a motion to support.

Dr. Boxum: Motion to approve, MOU.

Kathy Lemmon: Yes, as I recall that was \$200?

Sheila Paul: I think we went to \$300. Just to make sure.

Dr. Boxum: Motion to support.

Kathy Lemmon: Yes.

Dave Hollenbeck: hopefully, this will be a successful partnership and success will lead to funding more.

Sheila Paul: Exactly.

Dr. Boxum: I'll vote this way this time.

Terry Wuletich: I support that.

Dave Hollenbeck: Is that seconded?

Dr. Boxum: Yes.

Dave Hollenbeck: Okay.

Dr. Boxum: Dr. Fleming?

Dr. Fleming: Yes.

Dr. Boxum: Unanimous support.

Dave Hollenbeck: The motion passes unanimously. That's all I have as your attorney under old business. The report of the attorney, brevity is a virtue so I won't get up there and start talking.

Dr. Boxum: We'll give you three minutes.

Dave Hollenbeck: She doesn't enforce it on anybody but me.

Dr. Boxum: I have to start somewhere.

Dave Hollenbeck: So I don't have anything else under the report of the attorney so I will pass it back to our chairperson for claims and receipts.

Dr. Boxum: You were all emailed the claims and receipts. So it was passed along for our signatures. If anyone is willing to make a motion to approve those?

Kathy Lemmon: I move to approve the claims and receipts.

Dr. Boxum: I'll let you go first.

Jessica Jepsen: Approve.

Dr. Boxum: we have five unanimous votes.

Dave Hollenbeck: Claims and receipts are approved. We can pay our bills.

Dr. Boxum: Report of our committee staff?

Sheila Paul: Did you have anything?

Dt. Stamp: I just want to thank the health department staff again for their hard work. Especially the division heads and Sheila as our Administrator has been working really hard to put this initial plan together for the public health fund allocation. She also spent quite a few hours with core leadership committee to develop the key performance indicator so she was involved in that aspect of it. That was very good of her to do. There was a lot of extra work. So with this funding, it really is an unprecedented opportunity to expand public health services in Porter County. Public health is more than just wellness and it also about everyone in our community as a group. So hopefully upon approval of the plan, and upon opting in by the commissioners, we look forward to this exciting future.

Sheila Paul: Does anybody, staff, John? Did you have anything to say?

Dave Hollenbeck: John is emergency preparedness. And he has on a suit. Must be good news.

John Pisowicz: I always have something. I only get three minutes.

Dr. Boxum: I can give you a pass, as well.

Dave Hollenbeck: And with this message, you can have all the time you want.

Dr. Boxum: you could have 300 minutes.

John Pisowicz: I appreciate that. So when we demobilized at the end of Covid, at the expo center, FEMA came out with a public assistance grant that us under emergency protected measures. And what it allowed for was for reimbursement of certain costs for basically whatever was encumbered by local and county government for Covid related activities. The previous administrator at the time I asked if it was okay to pursue entering into a grant agreement with FEMA. With that, we started accumulating different cost from the different departments that helped us make this successful with testing and vaccination efforts here in Porter County. There were a number of areas that helped us out. Of course

we took on some costs ourselves. The IT department, the sheriff department, we had Northwest ambulance that helped with the mass vaccination clinic. We had both the Portage and Valparaiso Fire Departments that helped with the Homebound Hoosier Program. We had the facilities department, memorial opera house, some of their staff helped out with decontamination. We had the highway department and the expo center that the commissioners allowed us to use as part of our memoranda of understanding. When we entered into all the costs with FEMA and bickered with them about what is acceptable, we did receive approval from FEMA and right now, what we are looking at is a federal share of \$357,491.75. We have talked to the auditor's office and they have put it on the agenda for the commissioners for a first and second reading to get the money encumbered. What will happen is an electronic transfer from the state. From FEMA to the state. And then the state will send it to the auditor's office. And then those department that incurred those costs and helped us out, we also had the highway department as well that helped us with signs, will be reimbursed.

Dave Hollenbeck: Thank you for your efforts.

Dr. Boxum: Thank you so much.

Dave Hollenbeck: You earned your pay.

Dr. Fleming; Curious, of all the people who have helped, what percent of volunteers that just showed up for this community, amount 60% of the people coming in doing this. The list was empty and how many people showed up?

John Pisowicz: We had a lot of volunteers that came in and helped out.

Dr. Fleming; Thank you.

John Pisowicz: Absolutely.

Dr. Boxum: Did anyone else have anything that they wanted to contribute today? Anyone else? Okay. Public comment? You're up. Sir if you could when you come up, state your name and the city you live. And we ask for a three minute limit.

Thomas Celcy: I'm a little nervous so I'll start with a joke to help relax. What do you call a shark hunter with a pea shooter? I got it at Barns and Noble in Valpo, stupid. It a stupid shark hunter joke and it says, stupid every time. I can't believe I spent \$15 on that.

Dave Hollenbeck: you have two minutes left.

Thomas Celcy: In all seriousness, I want to thank you. First, I asked I forgot your name, Jessica? I want to thank Jessica, she's boosted me three of my five times and I don't like shots. There's a lot of energy around the whole thing so I bring up Covid and some other issues there. But she's outstanding and made me feel comfortable and I know that it's wonderful to have physicians who do what they do. Sometimes I don't think that nurses get the recognition they should.

Dr. Boxum: Thank you for that.

Thomas Celcy: So Dr. Stamp was kind enough to meet with me after several times reaching out. And I thought that she did a wonderful job communicating with me in writing and on the website during Covid. So I have three minutes to summarize our one hour conversation. And I was so blessed to have it.

So thank you. But essentially I felt a challenge in my professional life. Liability or life is what I said. I'll dumb it all down. I wanted to seek assistance and move forward, not just from what we did during the pandemic, but moving forward and I just got from the senator this thing. I am kind of down with this but I need more information because when you say that you want to invest in healthy babies, and invest in collaborative support for healthcare, especially mental health. Let's lead with that. Amen, I am all for that. But I will tell you that we need collaborative support for these efforts and I was trying to seek assistance because during the mandate, which I understood as a government law and that they would be criminal to not follow it. I was witnessing the criminal noncompliance per the firm I previously associated with Ameriprise Financial. And I did report that. And I wasn't looking for accountability to point out what was wrong, I wanted to help people not die, including myself. So what I did, I did thank the leaders, I did reach out. I did bear witness to it and I was asked to research it, and it didn't take long to take stuff that called criminal negligence. If you don't believe in the vaccine, you know the conversations we have had, people exposing others. So I want to do it this way. You all are asking good questions on this stuff, it's the same thing that happened to me. I had former clients come to me and ask why the VP, who lives down the road from you, not go in and yet you guys go in. One is an employee and the other is a franchise. I don't think the virus knows the difference. Why does your staff have to go in when, does she work for you or the big blue box? I see it in the Wall Street Journal. I like her, I don't want her to die. A little personal disclosure that I am not comfortable with, I never show people my inhalers and stuff like that. I like HIPPA protections and privacy. But I sit there and people go, are you going to be okay? Then I had clients mailing me the stuff you put on your website, gloves and all that kind of stuff. Then I had some people say that this is wrong. How can you advocate for me and yourself? I am a CFP, I wear doctor scrubs and a gold money chain, I am a positive physiologist. The first CFP that has it, it's a study of wellbeing. And I say okay, and I always say to clients, say back what you said to me so I understand. Okay, so you basically said Hippocratic Oath or hypocrite? I am supposed to put you first, then them and then me? Never in my 34 years of practice would I think that I had to add, I am going to risk your life because I get animated, and I start breathing in your face without a mask within six feet for more than 14 minutes, I'm glad I could still disagree and be alive to do it. And I reached out, I literally think you could have gotten me for stalking. You saw me too. I sat there, there is a guy named Eric down in Indy, I am down there now for some other care. I asked Eric, I asked there and it went up to the IRS, went to the Spa, PPU loan fraud. I investigated the heck out of it and I go, I am going to get a stay away disorder and I am going, I am advocating like hell and it was recommended by a mental health provider. The biggest PTSD moment I had. So I had liability, people's life at risk, I was told to report to people, you talk about things here, there is a public record like divorce they show, and they had inappropriate relationships. I go well that's probably a SD department and for PTSD and I go, I don't want to go anywhere. But a law is a law and I complied. And I put myself at risk. And I advocated like hell and I wanted someone to talk to. And it's been over a year. And I think I asked you to return all of my correspondence because I went to the web, the email, I called, I literally could have called that do not call list and had a \$10,000 fine for how I behaved to get an audience. Well I am here now and so those are my questions. I think I was a fraud, I did not earn my CFPO's to act in my client's best interest all the time. So I felt like if it's because there is no prosecution authority, then you know what, you're a shark hunter with a pea shooter. And if that is the real answer then please tell me that. But a mandate ending does not change what my old man taught me. My character, my integrity, because I still care about those people. I was late because I was advocating for someone in Pennsylvania. It was interesting they gave me their brochure on accountability and we have been talking about drug use and all that stuff that

gets the kids off the rails, and they gave me brochure that says it's not your call to tell us what to me. If you report, they don't prosecute for marijuana.

Dr. Boxum: We need to wrap.

Thomas Celcy: My point is that, there's no difference. I reported and I don't think I got supported. That's my basic position. And I have consequences, does anyone else have a statement on that because you debated a lot about the money thing? You know I am for that. Was I clear on what my statement was? Criminal negligence is the same for two people, if you inspected it, I didn't hear back or get anything in the mail. Shared bathroom, I documented like hell how it was noncompliant, I did the investigation for you. And it was a violation of all the codes. I was told and I was asked they said John, your insurance won't cover I just confirmed that with him across the street, he said your insurance won't cover it. I can literally kill somebody because a firm can come in and say we are too cheap to send the mail to the home office. I had a staff person wife tell me that if he dies because of this, then I am coming to you. So I am coming here. Is there anyone who can correspond to that because like I said I responded to your bill and I am for it?

Dave Hollenbeck: Thank you.

Thomas Celcy: for the doctors, the term Hippocratic Oath. A board member, can someone respond to me?

Dr. Fleming: you're looking for accountability?

Thomas Celcy: Uh huh.

Dr. Fleming: In terms of accountability?

Thomas Celcy: Well here is the amazing thing, I reported it and they yield at the postal carrier. He has to do his job. I go thanks God you're alive to yell. You yell in my face like that, doctor right? How many germ are viral particles are coming out? During Covid, we were read the day that happened. I printed it off and sent it in by fax. I go, my postal carrier could have been killed, and that would be a manslaughter, that's my specific question. Do you see my point?

Dr. Fleming: Yes.

Thomas Celcy: it's not that complicated, that's why I asked is my statement clear? Okay, so what do I do about it?

Dave Hollenbeck: We're not in a position to give you advice if that's what you're looking for.

Thomas Celcy: Well I went to the IRS and the guy says to me, if they got PPE money and stayed open, and they lied on the application on use, that's fraud and that's criminal. So criminal you go to jail or you get what, a misdemeanor?

Dr. Boxum: I think these questions are out of our purview.

Thomas Celcy: Did anyone have any consequence for Covid at all in Porter County?

Dr. Boxum: I don't think that is something that we even investigate.

Thomas Celcy: No, I asked in Philly where I go for hair and lung center and their answer was we don't have to tell you. It went right to know there. Can someone tell me if any business including Ameriprise Financial, have any accountability?

Dr. Boxum: I am not aware of any.

Thomas Celcy: It's criminal negligence.

Dr. Boxum: Thank you.

Thomas Celcy: So there is no response.

Dave Hollenbeck: You got a response, thank you.

Dr. Boxum: We don't have one.

Thomas Celcy: Does anyone have any criminal liability during the Covid 19 outbreak?

Dave Hollenbeck: Sir first off, that is not in the purview of this body. If there are criminal actions that will come from the attorney general's office here in Colburn, Indiana, not even from local police or authorities.

Thomas Celcy: Well I went to them and I think he went to the ethics board on other things right now towards doctors. And I am like okay, I went to my ethics boards as well. They said the same thing you said.

Dave Hollenbeck: was it right?

Thomas Celcy: They said not our purview. And I respect it. They are not EMA they are CF people.

Dave Hollenbeck: Thank you.

Dr. Boxum: Thank you.

Thomas Celcy: Have a blessed day.

Dr. Boxum: You as well.

Dr. Boxum: I think that's it. Do we have a motion to adjourn?

Dave Hollenbeck: We're not officially adjourned until you hit that.

Dr. Boxum: We are adjourned. Thank you.