

MINUTES AND MEMORANDA
ST. JOSEPH COUNTY BOARD OF HEALTH
February 16, 2021
Regular Meeting

Present at the Meeting:

Heidi Beidinger-Burnett, PhD, MPH	President
Jason Marker, M.D.	Vice President
Ilana T. Kirsch, M.D., FACOG	Member
Michelle Migliore, D.O.	Member
Jamie Shoemaker, M.D.	Member
John Linn	Member
Ellen Reilander, J.D.	Member

Also Present at the Meeting:

Robert M. Einterz, M.D.	Health Officer
Mark D. Fox, MD, PhD, MPH	Deputy Health Officer
Jennifer S. Parcell	Executive Administrative Asst.
Amy Ruppe	Administrator
Robin Vida	Director Health Outreach Promotion and Education (HOPE)
Carolyn Smith	Director Food Services - Zoom
Mark Espich	Director - Environmental Health
Cassy White	Director – Health Equity, Epidemiology, and Data (HEED)
Brett Davis	Asst. Director – Environmental Health
Harrison Gilbride	Congregate Living Outreach Coordinator
Karen Teague	Asst. Director Food Services - Zoom
Paul Burrows	Public Health Emergency Coordinator - Zoom
Jodie Pairitz	Director of Nursing
Marcellus Lebbin	Department of Health Attorney

I. CALL TO ORDER, ROLL CALL, & NOMINATIONS

Board President, Dr. Beidinger, called the February 16, 2022, regular Board of Health meeting to order at 4:30 p.m.

II. ADOPTION OF THE AGENDA

On motion made by Dr. Marker, seconded by Dr. Migliore, and unanimously approved, the agenda for the February 16, 2022, regular meeting of the Board of Health was adopted.

III. APPROVAL OF THE MINUTES

On motion made by Mr. Linn, seconded by Dr. Marker, and unanimously approved, the minutes of the January 19, 2022, regular meeting of the Board of Health were approved.

IV. BOARD PRESIDENT ANNOUNCEMENTS

Dr. Beidinger gave a warm welcome to Ellen Reilander, Esq. and noted how nice it was to have the Board back to its full complement of members.

V. HEALTH OFFICER REPORT

Dr. Einterz noted that the Board was provided with the Health Officer's written report and then highlighted that the report shows permit revenue in January was up as a result of food establishments renewing their licenses. Dr. Kirsch asked about the number of applications that were timely filed, what happens when applications are late, and what happens when they are not renewed. Ms. Smith joined the conversation and answered the questions posed by Dr. Kirsch by stating how the Department works with vendors. At the end of that process is an application if not received an establishment will be closed.

Attorney Reilander then asked if the Department was able to receive anonymous donations to which Mr. Lebbin responded it was, that there is a State Statute that allows for such donations.

Mr. Linn then asked what the reference to "bats" in the report was regarding. Dr. Einterz responded that there was a bite incident.

Attorney Reilander then asked about the numbers for the vital records data. Dr. Einterz noted that there is a delay in reporting as it takes time for the information to make its way to the Department, Dr. Fox noted the information for deaths takes longer than births.

VI. DEPUTY HEALTH OFFICER REPORT

Dr. Fox noted that the COVID peak occurred between the 7th and 21st of January. With the peak infection numbers declining there is a corresponding reduction in hospitalizations. The positivity rate for the County also falling. This is occurring even with the supply of tests increasing. The Department has worked with the school districts to get tests to households with children in kindergarten through 8th grade.

Dr. Shoemaker asked if the Department of Health limited the number of students who were allowed to attend PHM's Snowball Dance as a COVID precaution. Dr. Fox said that the Department of Health asked PHM to delay the dance due to the Omicron surge. Dr. Fox then said that the Department of Health had nothing to do with limiting the number of tickets for PHM's Snowball Dance, it was a PHM decision.

Dr. Fox then stated that he was working on a mask plan with schools and that PHM accelerated the removal of masks, making them optional as of tomorrow (02/17). Dr. Fox noted that the current CDC recommendation is to wear masks in indoor public spaces.

Dr. Shoemaker stated that the principal of Penn High School said plans for the Snowball Dance were made with the Department of Health and tickets were limited because of the Department of Health. Dr. Fox responded that the Department of Health had no role in establishing the numbers for attendance as the dance was not a public health issue. Dr. Shoemaker inquired as to if the Department of Health issued guidance. Dr. Einterz then admonished Dr. Shoemaker stating that the

Department of Health had nothing to do with the attendance limit at the Snowball. An exchange followed and Dr. Beidinger-Burnett called for order. Dr. Shoemaker asked why PHM was citing the Department of Health. Dr. Beidinger-Burnett responded that the schools always cite the Department, but that Dr. Fox made it clear he had nothing to do with the limits. Dr. Shoemaker then stated that he had no issue with Dr. Fox, but that he took issue with Dr. Einterz's lack of decorum.

Mr. Linn then stated other States are starting to remove masks and said that he trusted the judgment of the St. Joseph County Department of Health, not that of the CDC and asked that locally masks were removed as soon as possible. Dr. Marker joined the conversation stating that as numbers come down and color charts move back to green, we can move back to something normal. Dr. Fox then noted that the Department of Health did not tie actions to colors on the chart this year, as has been done the previous year. Dr. Marker mentioned that PHM adopted its mask policy at the start of the school year based on the matrix. The PHM School Board made the decision this week to move to mask optional, which was not tied to the matrix.

Attorney Reilander asked how many people had COVID naturally. Dr. Fox responded that he was uncertain, but that he tried to ascertain how many people had COVID recently. Attorney Reilander inquired as to the number of cases in the County since COVID started. Dr. Marker then stated that the number is of interest to the Board because we use it as an indicator of immunity, but that different variants impact the immunity levels so there is more nuance in the data. Dr. Kirsch then noted that physicians will have indicators by the types of cases they are seeing. Attorney Reilander then said the question is when do the other concerns outweigh the risks of COVID. Dr. Kirsch said that personal concerns and choices need to be protected, but we also need to be concerned with public health as a whole as when hospitals are overwhelmed. Attorney Reilander then asked what the current hospitalization rates were. Dr. Kirsch said they were coming down. Dr. Shoemaker said the main concern with the hospitals now was staffing. Dr. Marker said they are seeing many people come to the hospital who delayed or neglected treatment due to COVID. Dr. Fox said that there are 70,000 confirmed cases in the County since March of 2020, but that he believed that number was underreported by about twenty-five percent. Dr. Fox also said that he believed natural immunity was tied to how recent the individual was infected.

Dr. Shoemaker then asked Dr. Fox to send something to PHM saying there is no recommendation from the Department of Health on the number of individuals who can attend the dance. Dr. Fox responded that PHM reached out to the Department of Health asking if they could increase the number of tickets and the Department of Health said it had no objection.

Attorney Reilander then turned the topic back to COVID, vaccines, and immune responses. A conversation with Attorney Reilander, Dr. Fox, and Dr. Kirsch ensued.

VII. NEW BUSINESS

Mr. Burrows gave a presentation on the Emergency Preparedness Unit. After the presentation Dr. Marker asked if money were no object what would be the top one or two priorities. Mr. Burrows responded that a reverse 911 system and storage site would be the top priorities.

VIII. OLD BUSINESS

There was no Old Business.

IX. BOARD NOTIFICATIONS

The new director of nursing was introduced along with two community health workers.

X. PUBLIC COMMENT

Mr. Rutten addressed the Board. He said he is a PHM parent and that his son organized a mask optional event on Monday. Mr. Rutten stated masks do not work and that they lead to depression. He also said contract tracing punishes those who are not sick. Finally, he said PHM's low case rate would be a better guide.

Dr. Heckman-Davis thanked the Board and the efforts of Dr. Einterz and Dr. Fox during the pandemic. She also said masks work.

Ms. Go also thanked the Board and Doctors. Ms. Go said people should not use children to get what they want, she noted that she has two children, and they are not suffering because of masks.

XI. TIME AND PLACE OF NEXT REGULAR MEETING

The next regular meeting of the St. Joseph County Board of Health is scheduled for Wednesday, March 16, 2021, at 4:30 p.m., at the County-City Building.

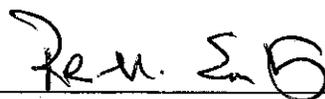
XII. ADJOURNMENT

The meeting was adjourned at 5:55 p.m.

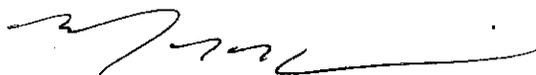
NOTE: Media of the meeting can be found at:
<https://www.in.gov/localhealth/stjosephcounty/board-of-health/meeting-information/2022/>

ATTEST:

Respectfully submitted,



Robert M. Einterz, M.D.
St. Joseph County Health Officer



Marcellus Lebbin, Esq.
Health Department Attorney

MEMORANDUM

To: Saint Joseph County, Indiana, Board of Health
From: Marcel Lebbin
Date: April 1, 2022
Re: Transcription of Board of Health Meeting on February 16, 2022

The following transcription was made from the video recording available at <https://www.youtube.com/watch?v=R8PE2TswMtU>.

Members of the Board of Health, seated from left to right as observed on the recording are, are: (1) John Linn, who is seated off-camera, (2) Ellen Reilander, (3) Jason Marker, (4) Ilana Kirsh, who is not on-camera during rollcall, but takes her seat at approximately four minutes thirty second (4:30) into the recording, (5) Heidi Beidinger-Burnett, the Meeting Chair and Board President, (6) Michelle Migliore, and (7) James Shoemaker, Jr. With their backs to the camera, facing the Board, from left to right as observed on the camera are: (1) Mark Fox, (2) Robert Einterz, and (3) Marcellus Lebbin.

No audio or video plays for approximately the first two minutes twenty-five seconds (00:02:25) of the recording. The following thirty (30) seconds are pre-meeting pleasantries picked up on the chamber's microphones. The meeting is called to order approximately three minutes ten seconds (00:03:10) into the recording.

Note bene:

- Every effort has been taken to create an accurate written record of the video recording of the February 16th, 2022, meeting of the Saint Joseph County, Indiana, Board of Health.
- Approximate time references are included for each new matter discussed.
- During instances where multiple speakers were simultaneously recorded, as much dialog has been transcribed from each speaker as could be understood. An ellipsis (...) is used to indicate that someone else started talking over the speaker.
- Grammar and punctuation are used in the manner to best capture the tone, inflection, and any greater meaning of a speaker.
- Guttural pauses, stutters, and stammers that convey no meaning have been excluded.

~ **BEGIN TRANSCRIPTION** ~
00:03:10

Heidi Beidinger-Burnett:

So, I'm going to go ahead and call this meeting to order at four-thirty-one (4:31), and we're going to take a rollcall. But, just before. Is this working?

Jason Marker:

It's working, we're just not listening.

Heidi Beidinger-Burnett:

Oh, nobody's listening. Okay. So before, that's all right, so before, we take a roll call we want to introduce our new board member Ellen Higgins. Welcome.

Ellen Reilander:

Reilander.

Heidi Beidinger-Burnett:

Reilander, thank you. Reilander, Ellen Reilander. Welcome very, to the Board of Health.

(Members of the Board):

[greetings and affirmations]

Heidi Beidinger-Burnett

Welcome. We'll go ahead and take roll call. John Linn?

John Linn:

Present.

Heidi Beidinger-Burnett:

Ellen Reilander?

Ellen Reilander:

Present.

Heidi Beidinger-Burnett:

Jason Marker?

Jason Marker:

Present.

Heidi Beidinger-Burnett:

Michelle Migliore?

Michelle Migliore:

Present.

Heidi Beidinger-Burnett:

Jamie Shoemaker?

James Shoemaker, Jr.:

Present.

Heidi Beidinger-Burnett:

And, Ilana Kirsch? Ilana must not be here. So, and then of course, we have present Dr. Mark Fox and Dr. Einterz, Marcel Lebbin is here, Cassie White, Robin Vida. I'm seeing Joe-Jody Parasulties, that's what I thought, and Ilana Kirsch is in the room, and there's Mark Espidge, and, of course, Jenny Parcell. So, we are all here. So, moving on to number two (2) adoption of the Agenda. It's recommended that the Board of Health members adopt the Agenda for the February 16, 2022, meeting. Can I have a motion?

00:04:21

Jason Maker:

So moved.

Heidi Beidinger-Burnett:

Second?

Ellen Reilander:

Second.

Heidi Beidinger-Burnett:

No, uh discussions. Excuse me. We'll take a vote. All those in favor of adopting the Agenda as presented, say aye.

(Members of the Board):

Aye.

Heidi Beidinger-Burnett:

All those opposed? The ayes have it. We have adopted the Agenda. Moving on to number three (3), approval of the Minutes. It's recommended the Board of Health members approve the Minutes of January 19, 2022. Can I have a motion?

00:04:46

Jason Marker:

Excuse me, Heidi, point of information. Is this the Agenda with the corrections in it? Like...

John Linn:

The Minutes with the...

Jason Marker:

So, we can just go right to that.

Ilana Kirsh:

Yes. Yes, exactly, thank you. Yeah, because that was sent out at a couple times.

Heidi Beidinger-Burnett:

Yes, thanks. Thanks, Jason. Motion for the approval of the minutes from January 19th?

Jason Marker:

So moved.

John Linn (maybe James?):

Second.

Heidi Beidinger-Burnett:

Thank you. Any discussion? Hearing no discussion, we'll vote. Approval for the Minutes, please say aye.

(Members of the Board):

Aye.

Heidi Beidinger-Burnett:

Those opposed? Ayes have it. We have approved the Minutes. Board President announcements, I am just thrilled that we have a full Board of Health. So again, welcome Ellen to the Board of Health. Moving on to Agenda number item number five (5). That's the Health Officer's presentation and report, and now I turn it over to Dr. Einterz.

00:05:34

Robert Einterz:

Thanks, Heidi. Is this on? Doesn't sound on.

Heidi Beidinger-Burnett:

You got to bring it in pretty closely.

Robert Einterz:

It's like real, boy, now I got to be real close, it's like I'm gonna eat this thing. Yeah, there's really not much to report that's new. You should have in front of you the usual monthly review of each of the units. I do want to point out just a couple of things in the financial report and it really is the first one (1) the County Health Department. I don't want to get your hopes up when we look at the revenue coming into the Environmental and Foods you'll notice it's two-hundred twenty-one thousand three-hundred thirty-five dollars (\$221,335.00) dollars in the month of January, and if that would continue for the next eleven (11) months, I personally would retire immediately. But unfortunately, that was just due to the permits. Right, of month of January. As a renewal of the of the permits for in foods and so we will not see such a number in the future, so I didn't want you all to get confused by that. And, that was pretty much...

Ilana Kirsh:

May I ask a question on that?

Robert Einterz:

Yes, please. And Amy, Amy's on the phone and of course will be the expert when it comes to this. I'll do my best, but I'll probably defer to Amy. She has laryngitis though, so.

Ilana Kirsh:

Okay, is this, can you hear me?

Robert Einterz:

Yeah, I can hear you. I don't know if...

(00:07:03)

Ilana Kirsh:

When I was looking at the minutes, I saw that, probably Amy, had written that maybe something like seventy-five percent (75%) of permits were renewed,...

Robert Einterz:

Yeah.

Ilana Kirsh:

One (1) time and then people have a, you know, they have a fine if they don't renew on time. But if they continue to not renew, say a restaurant, a food service permit, what happens to that establishment?

Robert Einterz:

Well, that's actually a Carolyn Smith, and she's the one (1) that had written that in the Foods Unit, and I see that she's on the line. So Carolyn, what do you do when they're so delinquent?

Carolyn Smith, via telephone:

Okay, so in the month of February, we do reach out by phone and by visits, and if they are still delinquent, they get a Three-Day Letter, and the Three-Day Letter says you must renew within the next three (3) days or else we will close you, and you will remain closed until renewal is completed.

Ilana Kirsh:

Okay.

Robert Einterz:

And, and to be clear, maybe to be fair, it's not really a fine. We just charge more if they're delinquent.

Ilana Kirsh:

Right, that's a late fee.

Robert Einterz:

Yeah, it's a late fee. Yeah, it's a late fee, which is, you know, takes a little bit more work to cover these delinquents. And so, yeah. Thank you.

Ellen Reilander:

Actually, I have a question.

Robert Einterz:

Sure.

(00:08:35)

Ellen Reilander:

It's probably an "I'm new here a question" but, I was looking through the budget in the section where it says "health vector" they talk about a vector program to address eastern equine encephalitis from a local philanthropic foundation which prefers to maintain anonymity. And I, I was just, this is more of a general question and maybe probably a legal question, like is that allowed?

Robert Einterz:

Yeah, it is.

Ellen Reilander:

And, can you. Okay, okay. How is that? So, a private foundation can donate money anonymously to the Health Department? Do you have to...

Robert Einterz:

I think...

Marcellus Lebbin:

Any, any public government entity, so there's a statute in Indiana that says if you want to donate to governmental entities anonymously, you can do that, and ...

Ellen Reilander:

Okay, is there, like, a cap on how much you can donate?

Marcellus Lebbin:

I do not believe so.

Ellen Reilander:

Okay, okay, cool, thank you for telling me.

Robert Einterz:

And, individuals can donate as well, anonymously, right?

Marcellus Lebbin:

Were you thinking of donating?

Robert Einterz:

I was suggesting, you know that we do.

(Members of the Board):

[Laughter]

(00:09:42)

James Shoemaker, Jr.:

So, I have a question. Has to do with masking in the schools, and are you, are you, the one providing the guidance to Penn-Harris-Madison for the limit on the people that can participate in the Snow Ball?

Robert Einterz:

Yeah, thank you for...

Mark Fox:

Want me to address it in my report?

Robert Einterz:

Yeah. Yeah, okay, fine.

Michelle Migliore:

Mark sent an e-mail back on that.

James Shoemaker, Jr.:

That's great, but I wanna...

Heidi Beidinger-Burnett:

He did. So why don't we, why don't we pause that one (1). We'll finish up Dr. Einterz's Health Officer report, and then let's switch over to the COVID conversation.

Robert Einterz:

It's a terrific question and we do want to address it in public because there is a fair amount of misinformation that's out there regarding that. So...

Heidi Beidinger-Burnett:

Are there any other, let me just ask the Board if there are other questions for Dr. Einterz regarding the Health Officer's report.

(00:10:26)

John Linn:

I just have a quick, kind of on the, on the Public Health Unit, the Nursing. At the bottom, there's an asterisk and it says "bats." I was just curious. What's...

Ellen Reilander:

I saw that, too.

Robert Einterz:

It says what?

John Linn:

It says, "bats."

Ilana Kirsh:

What page is that?

John Linn:

It's right after, there's a 'mobile immunization clinic report' and then right after that is the 'Nursing Public Health Unit,' is kind of a chart. At the bottom, it just had an asterisk for "bats," and I was just curious...

Robert Einterz:

Well...

John Linn:

How bats made it on there. What if we have a...

Robert Einterz:

As you know, we do have to follow up any bat exposures and bat bites. I'm trying to find.

Heidi Beidinger-Burnett:

I mean it appears under the box called "animal bites," so is that?

Robert Einterz:

Right. That's one (1) of the animal bites that we need to follow up on.

John Linn:

There's a little asterisk at the bottom.

Robert Einterz:

Oh, you know what, actually I didn't bring that down with me. Could I see it? Yeah, thanks. Yeah, this must have been from, this is just for January, and, as best I can tell, and I don't think Nancy Pemberton, 'cause, is on the line and she's the one that gave this to us. I'm not sure if, I'm not sure on this one (1). I'd have to check on that, John. Because, I am aware, and I reported last month, you know, that we had a bat exposure and a bat bite that was rabid, And, I don't know if that is the specimen that was sent to the ISDH Lab in January, or not. Or, maybe that occurred in December, and that's why it's not showing up here. But bottom line is, I don't honestly know and I'd have to look at some of the previous reports and to see when we did have bats if there was something that was started, like last December's. I can, I can look into that. I'm just not sure.

John Linn:

Thank you.

Ellen Reilander:

Actually, on the next page, where it says "Vital Records Unit,"

Robert Einterz:

Yeah?

Ellen Reilander:

I'm, I'm curious about this. They say, "records filed in January 2022" in "year-to-date" "twenty-two (22) occurrences." And, for this year then, the numbers are different in total deaths. Is there a, I guess, I'm maybe, it's me trying to figure out how to read this, but, so it's saying birth statistics, total births in January 2022? Or, is this.

John Linn (?):

Yes.

Ellen Reilander:

Yes. Okay, and then total deaths in January 2022 are three-nineteen (319) but the year-to-date occurrence is three-forty (340). Is that just a typo?

Ilana Kirsh (?):

It seems like it, yeah.

Ellen Reilander:

Okay.

Ilana Kirsh:

It seems like an error.

Ellen Reilander:

Okay.

Robert Einterz:

It may, or may not, be a typo. I would just have to ask. Is...

Ellen Reilander:

Okay, 'cause,...

Robert Einterz:

Erica on?

Ellen Reilander:

'Cuase it was like,

Ilana Kirsh:

The same exact number of births and deaths.

Ellen Reilander:

Yeah, well and, and, I would think the monthly number of three-nineteen (319) would be the year to date.

Ilana Kirsh:

I bet, I bet one of these is wrong, because I wouldn't expect them to be the same number.

Ellen Reilander:

Okay. Maybe, that's probably a typo.

Robert Einterz:

Well, it's, though, I would also question, you know in terms of what, the records actually filed as opposed to actual occurrences.

Ilana Kirsh:

Right, yeah. Exactly.

Ellen Reilander:

Okay.

Robert Einterz:

And, so.

Ilana Kirsh:

It's filed from months before.

Ellen Reilander:

There's delay?

Robert Einterz:

Yes. There's going to be a delay in these things, and it does not happen immediately. And so, and so, that's what we would see.

Ellen Reilander:

Okay.

Mark Fox:

And, there is more of a delay in deaths than with births, that's for sure.

Ellen Reilander:

Yeah, okay. So, you aren't going to see them be automatically the same. Okay.

Heidi Beidinger-Burnett:

Any other questions from the Board for Dr. Einterz? Not hearing any we will close that part of the agenda, and then we'll move on to Dr. Fox to give us an update on COVID-19 and then to speak directly to Dr. Shoemaker's question about Penn High School. Go ahead, Dr. Fox.

00:14:34

Mark Fox:

So, in the month of January, you know we still were largely dealing with the Omicron (O) surge. The peak of that was from January 7th to January 21st, in St. Joseph County, where our numbers really had plateaued with case rates up as high as twelve-hundred ninety-five (1,295) per hundred-thousand (100,000) cases per week, which is higher than at any point in the Pandemic.

Mark Fox (continued):

Hospitalization numbers peaked in the, I think in the one-eighties (180s) and had stayed kind of one-fifty (150) to one-eighty (180) for, for several months. Fortunately, you know, we've come down precipitously both on cases dropping, now to I think a-hundred fortyish (140-ish) cases per hundred-thousand (100,000) per week. As of today, hospitalization numbers look much better in terms of both COVID patients hospitalized as well as total hospital capacity in St. Joseph County. The percent positivity is a little bit slower to recover, but we're down under ten percent (10%) in the County, as of today, and actually local labs are reporting, you know, numbers around the five percent (5%) range, so all of that is very encouraging.

That said, you know, a lot of our effort in January was working with both higher-ed institutions and K through twelve (K-12) schools in responding to Omicron surge when there was decreased access to testing. There was kind of an inconsistent supply of rapid antigen testing in stores and for a while the State Department of Health did not have any rapid antigen tests to supply. We were able to work with HealthLink, the federally qualified health center, to make some tests available to area school districts. So, you know, very grateful to HealthLink for, because their tests came from a different federal source, and so they had a different brand, but greater availability of tests that they were able to make available for area school districts. So fortunately, we're through the worst of that. Part of that guidance though, Jamie to your point, did revolve around Snow Ball. So back even before the winter holidays, I encouraged them to postpone the Snow Ball dance which was originally scheduled for mid-January and put it off until sometime after February 1st, based on the projections for the Omicron surge. So, they were able to do that. It's scheduled for this coming weekend. The Department of Health played no role in establishing a capacity limit for that event. The school leadership determined that based on the venue that they're using, and my understanding is, based in part on historical attendance of the dance. They set that limit at a thousand (1,000) people. Somehow, there is a perception that the Health Department drove that. We did not. They did reach out to me this week and ask about increasing the capacity by either one- or two-hundred (100 or 200), and I think they were making some adjacent spaces available to be able to do that. You know, we had no objection to that plan at all.

We also have been working with the K through twelve (K-12) schools on transitioning mask plans in anticipation of the Public Health, the Governor's Public Health Emergency Order, likely expiring and not being renewed in March, after March 4th. So most area districts, you know, we're really targeting that date as a transition point for them, as it has implications for mask wearing and associated implications for how contact tracing is done, and etc. So, it was a bit of a surprise when the P-H-M Board chose to accelerate that plan and go mask optional as of tomorrow. Dr. Marker sent a very helpful e-mail this afternoon that kind of summarized the current CDC recommendation, in an effort to keep schools open and to reduce the need for quarantine and contact tracing, recommends universal masking in schools for students, faculty, and staff.

Mark Fox (continued):

That has been our position, because by both the State and CDC metrics, and our own metrics, despite the improvement in case rates and positivity in the County, we're still an area of high transmission. The other part of the CDC recommendation is, in areas of substantial or high transmission, they recommend indoor masking in public spaces, irrespective of vaccination status. That's the current recommendation. There's some thought that the CDC will update their mask guidance in the near future, but that's their recommendation at this point.

One thing I think the Board should be aware of is that the State Department of Health uses some the same metrics but different cut points on their metrics for their red, orange, yellow, and blue zones. The CDC is, and we're more closely aligned with the CDC in that, but use a different cut point both for the case rate per hundred thousand (100,000) and on the percent positivity. So, there is discrepancy there. The other problem is, you know, our metrics and CDC metrics are updated daily. Where the State Department of Health metrics are updated once a week based on, they're updated on Wednesday, based on data from the preceding Sunday, and so there can be a change. Even in the last ten (10) days, we've seen a pretty significant change in our case rates and our percent positivity. The State metrics won't pick that up, for, you know, potentially ten (10) days. Whereas, the CDC and our metrics are more real-time reflections of those measures. So, bottom line is we're headed in the right direction which is great news, but we are still considered an area of high transmission in St. Joseph County.

00:20:57

James Shoemaker, Jr.:

Thank you for that. You need to know that the Department of Health is being implied in the communications from the Principal from Penn-Harris-Madison High School. And, I think that it's deplorable that it's sold out for these students. There are students in this grade that can't attend because there's not enough space, and the latest communication I got from a citizen talks about the inappropriate cooperation and collaboration with the St. Joseph County Department of Health and with plans throughout the Pandemic, that's how they made their plans for this. And, that's what's being sent to parents. So, you should be aware of that. And, so I think what should happen is if you think it's okay, which I think it is, you should let them know that they should open this up to any student that's able to go to the dance. This should not be sold out. This is at the Penn High School Main Arena. And...

Mark Fox:

It's not in the main arena, or it was not originally planned for the main arena.

James Shoemaker, Jr.:

Okay, it's now in the main arena, and maybe that's for space, but any student should be able to go to this. I mean, they've had two (2) years of hell from COVID where they had to wear masks, all these things were cancelled. I think it'd be a great gesture if you say, "you know what, if you want to do this, the students should be able to go to this." I mean, they have a chance. Students can be vaccinated if they choose to do so. They're able to wear masks if they feel they want to do that. But to see, I just went on Eventbrite, it's sold out. I think that's inappropriate, and I think that the latest e-mail from Galiher (?) to a parent says, "it's in conjunction with the Department of Health." So, if it's not, I completely, I trust you,...

Mark Fox:

Well, I meet with P-H-M leadership every week. At times, we've discussed Snow Ball. We've had no role in establishing the capacity limit.

James Shoemaker, Jr.:

Are they using social distancing? Is it past guidance that you gave them? Maybe you need to step up and say, "You know what? This is okay to have this dance."

Mark Fox:

I have provided guidance appropriate based on CDC recommendations, and I'm comfortable with the guidance I've provided. Their leadership has been very clear that they set the capacity limit, not me. Attendance of the dance is not a public health concern about, you know, whether everyone in the school should be allowed to attend or not. So.

00:22:47

Robert Einterz:

You're on the Board of Health, tell them yourself Jamie.

James Shoemaker, Jr.:

Well, give me the information, I will.

Robert Einterz:

You just got the information. You could have asked us earlier. We're tired of being pilloried by you.

James Shoemaker, Jr.:

Oh,

Robert Einterz:

Just stop it.

Robert Einterz:

This was not us. You know that,...

James Shoemaker, Jr.:

I don't know that.

Robert Einterz:

And yet you're doing this as a Board Member. Stop it, and stop. And, get off of Dr Fox's back.

James Shoemaker, Jr.:

With all due respect, no, no, timeout, no, no. Tap the breaks...

Robert Einterz:

No timeout. Nothing. You are causing a problem.

James Shoemaker, Jr.:

Oh,

John Linn:

Dr. Einterz, that's...

Heidi Beidinger-Burnett:

Okay.

John Linn:

Not appropriate.

James Shoemaker, Jr.:

That's not appropriate.

John Linn:

That's not appropriate.

James Shoemaker, Jr.:

I'm a [unclear]...

(00:23:19)

Heidi Beidinger-Burnett:

Hold up! I am the President of the Board of Health, and I will call order. I'm not going to have this. Dr. Fox has answered the question...

James Shoemaker, Jr.:

And, then I got belittled by this gentleman here. Unprofessional. Unethical. I was brought to this Board to represent the citizens of the County. I asked you a question, and you answered it...

Robert Einterz:

No, you are here, you are here...

James Shoemaker, Jr.:

Yeah, absolutely, I'm here and I got the answer...

Robert Einterz:

To promote health within the County.

James Shoemaker, Jr.:

You know, I'm told not to send e-mails because it could be discoverable. All this different stuff, so phone call communications. So, all of a sudden, now, I asked a question,

Robert Einterz:

You're attacking Dr. Fox in a public meeting.

James Shoemaker, Jr.:

I'm asking him the question, if, here is an e-mail from the Principal that says it came from the Department of Health, and he represents...

Robert Einterz:

And, he told you no,...

Heidi Beidinger-Burnett:

Can I push...

Robert Einterz:

And, he didn't do it, and you pressured and continued to push.

James Shoemaker, Jr.:

I tried to ask Dr. Fox...

Robert Einterz:

I told you to stop it.

James Shoemaker, Jr.:

No. You know, you told me I'm a problem on this Board. If that's, you're going to have a real issue because I'm not going anywhere.

00:24:08

Heidi Beidinger-Burnett:

Excuse me. I'm going to have to push pause on this. We can have a conversation afterwards and finish this up. The thing with the high schools, what I have noticed, and also with Notre Dame does the same thing, they seem to generally always include the Department of Health. Don't they? They always say "in conjunction with" or "in consultation with," and so, I think sometimes that language gets dropped in just about every, I know at Notre Dame, I can speak for Notre Dame, I see that language in nearly every single communication, "we are in consultation with the Health Department." I do. Dr. Fox says that he was not part of the capacity issue, I trust that. Dr. Fox has been doing this now for two (2) years. I'm going to accept that. The conversation that's happening now I want to continue that afterwards.

James Shoemaker, Jr.:

I don't...

Heidi Beidinger-Burnett:

We don't...

James Shoemaker, Jr.:

I don't know why we can't continue that now, to be honest. Because, I've done nothing incorrect. I've asked questions. You're telling me to reach out as a board [unclear]. I don't know how to contact these individuals. I trust your answer, but I didn't know that, because now, you know, I have my, my son has friends that can't get tickets to Snow Ball. So, I'm going to ask you that question, because...

Heidi Beidinger-Burnett:

I'm not sure what capacity, why we are involved in, the Board of Health is talking about the number of tickets being sold.

James Shoemaker, Jr.:

I don't know. Now, I know he didn't do that, but that's not what's being implied by the School Board. That's all...

Heidi Beidinger-Burnett:

Okay.

James Shoemaker, Jr.:

That's all I'm saying.

Heidi Beidinger-Burnett:

So, to close out this conver-, this part of the conversation, we hear from Dr. Fox, he is not part of a capacity discussion. I think that we need to end that part of it, because, of course, we have nothing to say about capacity. Right? They choose their venue. That's, I mean my children went to Penn, you know. I. They made all those choices, but the Board of Health wouldn't weigh in on where you can have your function or not. So...

James Shoemaker, Jr.:

Yeah, but to be personally attacked for asking tough questions or questions you don't want to answer is inappropriate, and I won't stand for it. I was asked to be on this Board, to bring my expertise. I'm going to ask questions. It may not always be in lockstep with what you all think, but that's just how this works and so...

Heidi Beidinger-Burnett:

At no time have would we expect people to be in lockstep with each other, that, because of course, that's not public discourse. But we do have to show each other professionalism. Obviously, things got heated, things have been said. If we can, please, let's maintain that level of decorum and professionalism,...

James Shoemaker, Jr.:

Oh, absolutely.

Heidi Beidinger-Burnett:

And let's move on to the next topic.

James Shoemaker, Jr.:

I have no issue with Dr. Fox. Dr. Einterz, that was unprofessional.

Heidi Beidinger-Burnett:

Said and noted.

James Shoemaker, Jr.:

Thank you.

Ellen Reilander:

May I, may I make, it just sounds to me like there might be a problem with, perhaps, some educational institutions around here and saying, for example, it sounds like, what you're saying, is that they talked with you, they wanted to get what you had to say, but then it's Penn High School itself that is making this decision. Is there a way that maybe the Board of Health could, excuse me, clarify that, I mean, it sounds like, and I'm just, from what I'm hearing, that Penn High School is trying to craft its language so that even though they're the ones making the decision, they're trying to imply that you were the one who was kind of pushing them in a certain direction, when it sounds like that's not the case? Is there a way that the Board of Health can request that institutions like this say that that, "we consulted with them but the decision is entirely our own?" Because, it seems like everybody wants to pass the buck on these unpopular decisions. And, if this was Penn High School's decision, solely, to make these capacity limits that, apparently, are causing, you know, a lot of, you know, kids to not be able to do something that they've been looking forward to for a long time, it seems like Penn High School needs to own it and not try to pass the buck to this Board. Is there a way that we could request that clarification? And, I'm not saying that it was anything that you said it in some sort of conversation, but, I wonder if going forward, is there a way that we can kind of request clarification and not squishy lawyer language.

Mark Fox:

Yeah. Very often, you know, they will give me the opportunity to review district-wide communication about changes in policy. Not always. But, you know, I'm a P-H-M parent as well, so, but they will they will occasionally run something by me and how they reference either me individually or the Department of Health, you know, I've, I have not seen whatever communication Dr. Shoemaker's referring to, but the, you know, the High School Principal usually is not in the weekly leadership meeting that I have with Dr. Thacker and the COO and a few other members of his leadership team. So, it may be something that is not, you know, that a building principle is not necessarily aware of, and maybe misrepresenting that, you know, where the decision-making lies in communications to parents. But, the COO has been very clear when parents have asked him that it was not the Department of Health that's at the capacity limit.

(00:29:17)

John Linn:

If I could ask. We see a lot of states that are basically getting rid of masks in schools and my particular issues with schools, can I ask, that when you, as you evaluate the data of our County, you know, I'm not the CDC, I don't really know much about them, but they seem to get very broad, very um, and their data sets are not always great in my opinion. And again, we see other states that are getting rid of the masks across the board even in schools, when I just want to just mention that I don't think it's without cost to our children that they wear these masks, and the sooner, as soon as you think we can get rid of them, regardless of the CDC, I trust your judgment, not some bureaucrats that have never seen a patient, you know, in Washington DC. I would ask that between you and Dr. Einterz, please, do that, and not wait around and just lean on the CDC, 'cause I don't think they know what's going on in St. Joe. County, Indiana. Thanks.

Mark Fox:

Thanks, John.

(00:30:32)

Jason Marker:

One (1) quick follow-up question for you about the color method cut points. As we come down, then, from red into the other colors are, is our County color chart likely to arrive at a place where we can have that conversation about school masking sooner or later than the State? I understand there's a difference between a couple of different cut points, whose is where? I don't remember that from a few months ago.

Mark Fox:

So, ours is more conservative but more real time than the State Department of Health. The State Department of Health takes an average of case rate and percent positivity and there are some challenges with that. This academic year we didn't have any specific recommended actions tied to our color zones. Whereas, last academic year, we had specific recommendations of when to go virtual, when to do some hybrid, and when full in-person instruction is possible. So, we've shifted away from that based on data about transmission in school and the impact of universal masking on transmission in schools. And as a pediatrician, I'm a med peds physician, so as a pediatrician, you know, I recognize the value of being in school, and wanting kids to be in school, and wanting schools to be open, and to be open safely. So, we don't have recommended actions based on those colors, but it's more to kind of give the gestalt, if you will, of "yeah, we're still seeing fairly significant community transmission," or "we're seeing improvement in that."

Jason Marker:

We're falling through the high transmission range, but a lot of the CDC definitions are based on when you get to low transmission...

Mark Fox:

Right.

Jason Marker:

And, so their low transition will be somewhere abouts when we hit the yellow into green range as far as how we might understand our relationship as a county to the CDC guidelines around masking in schools.

Mark Fox:

Yeah.

Jason Marker:

Okay.

Mark Fox:

And, you know, the P-H-M district at the beginning of the school year had adopted a mask action plan tied to public health metrics of when they were required, when they were optional, and when, you know, they essentially recommended no masking once they got into a certain level.

Mark Fox (continued):

And so again, it was a departure this week for them to say we're accelerating based on, compared to, what either the Governor's Public Health Emergency Order has or what the Administration was recommending in consultation with me, and then to go mask optional sooner than expected, but also to say irrespective of any public health metrics.

Jason Marker:

Do you have to know if they change their policy, or if they just decided to move against their policy and make a decision about masking independent of the policy?

Mark Fox:

I don't know the answer to that question.

(00:33:40)

Ellen Reilander:

Out of curiosity, what percentage of the population of the County do you think has had COVID at this point? Not vaccination, but actually had the disease, of the COVID disease?

Mark Fox:

So, I don't have that number like off the top of my head right now. We have previously done some calculations trying, based on the best estimates, and this was in the Delta (Δ) wave, that probably two and a half to three and a half times (2.5-3.5x) the number of laboratory confirmed cases, you know, that was the estimate for the county. The issue, at least I believe the issue, is how many have had a natural infection recently enough to feel pretty assured of having good natural immunity. Obviously, with the recent Omicron surge a lot of people, there certainly were a lot of breakthrough infections, also a lot of infections in people who are unvaccinated, so that number over the last month or six (6) weeks is certainly significant.

Ellen Reilander:

Do you, do you know what the total number of COVID cases that we've had in the County in the past, since the pandemic started, what that total number is?

Mark Fox:

Jessie, help me out.

Jessie (?):

(Unclear)

Mark Fox:

Total number of covered cases identified in the County since the beginning of the Pandemic?

Jessie (?):

I don't know off the top of my head.

Mark Fox:

I can tell you in just a couple minutes.

Ellen Reilander:

Okay.

(00:35:22)

Jason Marker:

Let me say something while Dr Fox looks for that. That's been a question of great interest for us as clinicians, because we think in terms of when we might approach a point where there is herd immunity, and that has to take into account people who've had an active infection in a recent time frame that we believe could give them some natural immunity, which is inconsistent across the variants from the original variant through Delta and Omicron, in addition to people who have been vaccinated. So, trying to put all those people together, especially when there are now over-the-counter home tests available, we'll never know, really, the answer to that. And so, trying to get some sense from our statistician and epidemiology friends what is the calculation that we can use based on known test positives, because the time course is going to be variable, who had the infection when and what type of infection was it. But maybe more importantly for me, which version did they have, and how recently did they have it, and did they even let anybody know about that? I have lots and lots of patients who've been infected at home, they've talked to me about it, they took a home test, I believe that they were infected. I don't know how long they'll have their natural immunity as far as applying to the herd immunity pool, and it's never going to be part of the statistics that our County looks at. So, we will likely never really have an answer to the question "are we there yet?" It'll take clinicians sort of working together in our community to say, "yeah we think we're there."

Ellen Reilander:

Okay.

Ilana Kirsh:

I think we'll know more that we're there as we see cases drop off, with you know, with the effects of herd immunity. I read recently a statistic that said that before the Omicron surge something like forty percent (40%) of the Country had been infected with COVID, and, because Omicron is so transmissible, that there was a feeling that after the end of Omicron, that up to eighty percent (80%) of the Country will have been infected, including, you know, obviously people who have been vaccinated, who have way, on average, way more mild symptoms, or maybe no symptoms. But, up to eighty percent (80%).

Jason Marker:

Is our current precipitous drop a sign of an arrival near herd immunity...

Ilana Kirsh:

Right.

Jason Marker:

Only herd immunity to Omicron, or would other variants be sort of mitigated by that...

Ilana Kirsh:

And, I guess we'll find out as, you know, more variants happen.

Jason Marker:

Or, is this just the end of this wave? And, that's what makes it hard to make recommendations about masking is if we know that this is sort of the end of an epoch of it, that's great, if it's a temporary blip like last June and July, then we'll be back at this again in another couple of months...

Ilana Kirsh:

When Psi (Ψ) variant happens, or whatever.

Jason Marker:

Yes. So as a clinician, as a father, we just, we monitor and we watch, we try to do shared decisions with our patients around what is the best step forward for you individually.

Ellen Reilander:

But at the same time, it seems like our entire population is getting some various types of exposure to different COVID variants. And, isn't it kind of like the flu or colds, like over a period of time, just repeated exposure to various variants gives you some level of immunity if a new variant comes around? Isn't that typical?

Jason Marker:

Well, in the sense that we still have lots of people who die every winter from influenza. I mean, at what point does a pandemic become an epidemic, and that's an epidemiological question based on statistics. But, I think most of us clinicians, and I'm happy to be corrected by the other clinicians at the table, believe that we're going to switch. We're going to cross a line at some point where this moves from pandemic to an epidemic, and then we just have to, when we do that, we are basically saying, "we now believe that there's a set number of people who will contract and die from this every year that is acceptable to us in this country." And then, we will decrease some of these mitigation efforts, because we'll just say, like, this is the new normal now. When is the right time for public health officials to make that leap, and say "this is just what we have to accept now and mask learning doesn't make any sense." That's a policy proposition.

Ilana Kirsh:

Probably when the numbers are comparable to people lost from Influenza. I mean, there's an ongoing epidemic of Pertussis, year after year, that's ongoing. It's been forever, it's never going away, because people don't get vaccinated enough to Pertussis. That's the same thing.

Ilana Kirsh (continued):

So, at some point, we'll see that the numbers of people being hospitalized and dying of COVID are significantly less than what they are now, which is still a high number, there's still a lot of people.

Jason Marker:

But we don't wear masks for Pertussis, and we try to convince our patients to get the Pertussis vaccine....

Ilana Kirsh:

Right, because it's not as next, right.

Jason Marker:

We'll get to a point like that with COVID. The question is when. When do we do that? Is that in the spring? Is it in two (2) more years? Like, that that's...

Ilana Kirsh:

Could be some point in the future. Who knows?

Ellen Reilander:

Well, it seems like we also have to take into account not just the number of cases, but also all of the mitigation that we've been doing over the past couple of years. At some point it goes on too long and it has too many other consequences, and I think masking kids is a great example of this. You know, when people first started doing it, we thought it'd be a month or two (2). You know, you can, and you didn't think of it as being a long-term thing. But now, I should say, you know, my kids aren't in school. I home school, and I did that before the pandemic. But, I would not have, if I had my kids in school, I would not put them in school if, I had, if they had to mask. Because, I can, because, I'm concerned about the other harms that children are faced with in terms of language ability and development, in terms of social and emotional learning, communication with each other, and, it seems like generally across the board, I think people are, I know of a lot of people who are kind of hitting a point where this has gone on so long that those other concerns about what is happening to us, happening to our societal interactions, it's worth the risk of COVID.

Ilana Kirsh:

And that's fine, if you want to say that it's worth the risk for you personally, for your family, but as a public health board we have to think about societal risks, and until the hospitals are not overflowing with COVID patients, which they still are, then I think we need to view this from a public health perspective, and while I think we all appreciate your own concerns, which have been expressed by various other members of society, and we've heard those concerns, and we understand and respect them, and we are concerned also, but ultimately, I think we need to be concerned about the sheer numbers of patients in the hospital. You know, I as a surgeon have had cases at hospitals canceled or delayed because there were no beds for an overnight stay for my patient, and that happened as recently as December, because the hospitals were so overwhelmed with inpatients with COVID and couldn't handle, you know, a patient who didn't have an emergency surgery. Well, you might say it's not an emergency if she has chronic pain and needs her surgery. It's an emergency to her, but it's not considered an emergency.

Ilana Kirsh (continued):

So, until we get to the point where we don't have you know overflowing numbers of patients in the hospital, I think that we still do have to continue mitigation strategies to decrease community transmission.

Ellen Reilander:

What are the hospital rates right now in terms of...

Ilana Kirsh:

Well, that's what Dr. Fox was talking about. They're coming down now...

Ellen Reilander:

Okay.

Ilana Kirsh:

So, we're just waiting and seeing, and, you know, at some point they'll come down to a point where they're not, the hospitals are not overwhelmed with COVID patients, and then, as Dr. Marker said, we'll get to the point where we can call this an epidemic and not a pandemic, and we can decrease our public health mitigation strategies.

(00:43:33)

Ellen Ryalnder:

Is it simply an overwhelming number of COVID patients? Is that why, or is it because of issues with staffing? Is it because of...

Ilana Kirsh:

No. It's really a lot of COVID patients. It's a lot.

Jason Marker:

I would say it's a lot of (unclear)...

Mark Fox:

Yeah there...

Ilana Kirsh:

...I mean it's staffing also, but...

James Shoemaker, Jr.:

December was COVID, but now it's...

Ilana Kirsh:

It's coming down.

James Shoemaker, Jr.:

Markable. Now it's staffing. Staffing is a real issue in our community, in many communities.

Jason Marker:

And, to your point...

Ellen Reilander:

What is, staffing is?

James Shoemaker, Jr.:

Staffing is.

(00:44:01)

John Marker:

To your point about the other non-specific COVID related effects on children's growth, and we'll totally believe that, a lot of what we're seeing in the hospital now are folks who are having complications of their chronic medical conditions that they were not able to seek help for...

Ellen Reilander:

Okay.

John Marker:

During the height of the Pandemic, who are now circling back around with their heart attack, their stroke, their bad knee replacement, there whatever it is, because they weren't taking care of those things because of COVID, and now they're in the hospital, not with COVID, though there's plenty of incidental cases of COVID picked up on those inpatients, but because they didn't have the ability or willingness to take care of some of those things during the Pandemic and their...

Ellen Reilander:

So basically, we're dealing with the backlog?

John Marker:

Yeah. Which, you know you can, individually we can decide whether we call that a COVID related stroke or not a COVID related stroke, but we in primary care certainly do see that as something like, "gosh, we didn't see this person for eighteen (18) months even though we called and could do telehealth with them and now they've had a big heart attack." Like that's sort of COVID related, and it's the same thing as children who may have language delay because of wearing masks. And, these are not intended consequences of an attempt to not overwhelm the U.S. healthcare system during COVID and that's a lot of what we're seeing.

Ilana Kirsh:

And, our local health care system more specifically.

(00:45:21)

Mark Fox:

And, to go back to the original question, I apologize for that, you know I'm so buried in the weeds of weekly and daily numbers. About seventy-thousand (70,000) confirmed cases of COVID in St. Joseph County since March of 2020.

Ellen Reilander:

I'm sorry, what is it?

Mark Fox:

Seventy-thousand (70,000), seven-zero (70).

Ellen Reilander:

Seventy-thousand (70,000), okay.

Mark Fox:

Seventy-thousand (70,000).

Jason Marker:

What's the time frame on that again?

Mark Fox:

That's from March of 2020. So, two (2) years. Now...

Ilana Kirsh:

That's maybe twenty percent (20%) So there's clearly way more cases than that.

Mark Fox:

Yeah, so that would be about a quarter ($1/4$) of the County population with confirmed cases. We know there's a multiplier there because a lot of people don't ever appear in that system even more now with the availability of at-home testing. But as Dr. Marker was saying, you know, it's the duration of natural immunity we believe really is predicated on how recent that infection is. Since the beginning of this year, you know, in the last six weeks, we've had, and this is a rough number, so don't pin me to this, but twelve-thousand (12,000) cases in St. Joseph, just confirmed cases in St. Joseph County since the beginning of 2022. So, you know, we were hitting three-thousand (3,000) a week there for several weeks in January, so twelve-thousand (12,000), give or take a few thousand,

(00:46:50)

James Shoemaker, Jr.:

Just for closure, is it worthwhile, and I thank you for letting us know you were not part of the decision for the dance to not limit capacity, is it possible to communicate to them that you're not recommending limit, that if it's a venue size, because the dance is this weekend, because it's clear that Principal Galilier and staff feel that they're still using information from the past, and they're inferring it, clearly, because you said you didn't communicate that to them? Is it worthwhile to send them a communication., maybe even via e-mail, that right now we're not, there's no limits, COVID restrictions on limiting attendance, if the venue could facilitate this?

Mark Fox:

Yeah, as I said, they reached out to me this week and said that they were increasing the capacity and wanted to make sure we didn't have any objections. And, I indicated that.

(00:43:36)

Ellen Reilander:

I do have another question. I'm just curious, what's the average age of somebody who's been hospitalized for COVID, you know, in the past month or so?

Mark Fox:

Well, it's hard to quote an average. There is a discrepancy. We're seeing an older cohort of individuals who are vaccinated at least with the primary series, oftentimes vaccinated but not boosted, and then a younger cohort of people generally who have not been vaccinated at all. So, it's almost like this there's a bimodal distribution with about a ten (10) year, roughly a ten (10) year gap between those two (2). So, you know, mid-sixties (60s) versus mid-fifties (50s)

Heidi Beidinger-Burnett:

Mark, when you say that they were vaccinated, the older group is vaccinated, had they received both doses, was it usually just a one (1) dose?

Mark Fox:

No. Most of those had gotten the primary series. Many had not been, had not necessarily been boosted.

Heidi Beidinger-Burnett:

Okay.

Mark Fox:

That booster data is a little bit squishy. I mean, it's just harder to track that down a lot of times.

(Unknown):

Cool.

Heidi Beidinger-Burnett:

Thank you.

Mark Fox:

But, you know, there was such a strong effort in the initial rollout of the vaccine in nursing home residence and then in, you know with the age tiers in Indiana, a lot of them got the primary series. The booster outreach for some of those populations was not as robust as that initial [unclear].

Heidi Beidinger-Burnett:

Right. Thanks Mark.

Ellen Reilander:

So, oh. I'm sorry.

(00:49:05)

Heidi Beidinger-Burnett:

Why don't. One (1) more question, and then why don't we move on to our next agenda item. Go ahead.

Ellen Reilander:

Oh, I was going to ask, well it was, sorry a two (2) part question, but when somebody, so is somebody fully vaxxed when they have the two (2) part series or are you fully vaxxed if you have a booster as well?

Mark Fox:

Oh, that's a great question. So, you know, operationally at this point, I would advocate that we consider, you know, the most robust protection being attached to people who have completed their primary series. So, for Johnson & Johnson, that would be the one (1) dose.

Mark Fox (continued):

For Pfizer Moderna, it'd be the two (2) dose series that's the primary series, and then a booster of whatever flavor. That offers the most robust protection. The CDC definition, and Jason, I know you were looking at all this today, the CDC, I believe, still says, at least in K through twelve (K-12) schools, they consider completing the primary series fully vaccinated. So, the K through twelve (K-12) guidance is still predicated on that.

Ellen Reilander:

So, for the hospitals in our County, and for the County Health Department, you consider somebody to be fully vaccinated if they had either one (1) J&J or two (2) of the other, okay, but no booster?

Ilana Kirsh:

However, the booster is known to decrease the hospitalization...

Ellen Reilander:

I guess...

Ilana Kirsh:

like ten (10) times

Ellen Reilander:

Okay, I'm just trying to figure out, for purposes of the stats, like when you see stats, you're referring to stats, when it says fully vaxxed, I just want to know, what does that mean?

Mark Fox:

Yeah, so that's a great question. To be clear, in the County metrics, when we report the percent vaccinated, that is simply based on primary series,...

Ellen Reilander:

Okay.

Mark Fox:

Because the ability to track the booster doses, it's been difficult for the hospitals to get us reliable data on which of their patients are boosted. They have pretty good data on who had the primary series, and the booster dose has been much squishier, but when we report data on our County metrics, it is completion of the primary series.

Ellen Reilander:

And, are you considered, when are you considered fully vaccinated? So for example...

Ilana Kirsh:

Two (2) weeks after the vaccine.

Ellen Reilander:

Okay, so if you've gotten a COVID shot, and you got J&J because that's just one (1) shot, and a week later you get COVID, are you considered, for the purposes of the metrics, are you considered vaccinated or unvaccinated?

Mark Fox:

that would be considered a breakthrough infection. No, I'm sorry, that would not be considered a breakthrough infection. It's only considered a breakthrough infection if it occurs two (2) weeks or more beyond the final dose of your primary series.

Ellen Reilander:

So, you'd be considered unvaccinated?

Mark Fox:

Not fully vaccinated. Yes.

Ellen Reilander:

So, all of that data of unvaccinated people and hospitalizations and everything, that includes both people who haven't gotten any vaccines and people who've gotten vaccinated...

Mark Fox:

Partially vaccinated, but...

Ellen Reilander:

But haven't...

Mark Fox:

Not fully immunized.

(00:52:09)

Ellen Reilander:

Okay. Do you have data that breaks down the difference between like people who haven't gotten vaccinated versus people who have gotten a vaccine and are still in that window, in terms of hospitalizations?

Mark Fox:

Not in terms of hospitalizations, no.

Ilana Kirsh:

I can read you an interesting statistic though from three (3) weeks ago. Okay, this is national data. The U.S. death rate for unvaccinated was nine-point-seven-four (9.74) per hundred thousand (100,000) people. Okay. For fully vaccinated, but lacking a booster, point-seven-one (0.71) per hundred thousand (100,000). So, about twenty-five (25) times less, no, fifteen (15) times less. And for those with a booster on top of it, point-one (0.1) per hundred thousand (100,000). So, going from unvaccinated nine-point-seven-four (9.74) per hundred thousand (100,000) to zero-point-one (0.1) so ninety-nine percent (99%) effective in preventing death.

Ellen Reilander:

Okay, and I guess I'm just asking about that window, like I'm thinking of it in terms of I'm unvaccinated, I get the first shot, but I'm still considered unvaccinated for...

Ilana Kirsh:

Two (2) weeks.

Ellen Reilander:

Two (2) weeks after the second shot?

Ilana Kirsh:

After you've completed your series.

Mark Fox:

Two (2) weeks after you complete your primary series. So...

Ellen Reilander:

So, what's the time from first shot to two (2) weeks after second shot, is what? Six (6), seven (7) weeks?

Mark Fox:

So, it's five (5) or six (6) weeks depending whether it's Moderna or J&-, 'er Modern or Pfizer...

Ilana Kirsh:

Right.

Mark Fox:

And then it would be, you know, two (2) weeks after the single J&J.

Ellen Reilander:

So, there's like a month and a half period where I'd be considered unvaccinated, even though I have the vaccine in my body.

Ilana Kirsh:

Because that's how vaccines work. They don't work the second you put them in. You have to mount an immune response. It doesn't matter if it's COVID or any other vaccine.

Ellen Reilander:

Yeah, I understand that. But I guess I'd like, it would be nice to know the statistical data that shows unvaccinated, vaccinated but haven't gotten a full immune response in your body yet, full immune response, booster but haven't gotten a full immune response to the booster, boosted with full immune response. It seems like there should be...

(Unknown):

That's a lot.

Ilana Kirsh:

That may not exist. It's a lot.

Ellen Reilander:

Pardon? That doesn't exist?

Mark Fox:

Are you asking in terms of cases or deaths?

Ellen Reilander:

Pardon me? Either.

Mark Fox:

So...

Ellen Reilander:

I think that would...

Mark Fox:

This is clearly...

Heidi Beidinger-Burnett:

Could I interject, just for a moment. I know that is a really interesting conversation and so forth, but in light of time and the Board's education level already of other board members, perhaps there could be an offline conversation where you meet with Dr. Fox and you can have some of those questions answered. I would like to move on to our next agenda item, if that is all right with the with the rest of the Board. So, but thank you for all of these questions. These are all things Ellen, actually that we have been talking about for two (2) years...

Ellen Rylands:

Okay.

Heidi Beidinger-Burnett:

So, there's lots and lots to unpack and the nuances between all of that data is actually, what do I want to say, that it's kind of mind-numbing actually, because things, it's shape-shifting, things change, data, just like what Mark was saying about how there's real-time data, there's a lag in data, and so who's responding to which data...

(Unclear):

Crazy.

Heidi Beidinger-Burnett:

So anyway, I encourage you to reach out to Mark Fox to have a meeting so that you can continue that conversation. So moving on to new business. It's now time for Paul Burrows to give us a unit spotlight on public health emergency, and the work that he's doing with preparedness. Paul?

(00:55:47)

Paul Burrows, via Zoom:

Can you hear me?

Heidi Beidinger-Burnett:

Yes, we can.

Paul Burrows, via Zoom:

As Jenny, does jenny have the slides up?

(Unclear):

He's getting there.

Paul Burrows, via Zoom:

All right. Good evening, everyone. My name is Paul Burrows. I'm the Emergency Coordinator, Public Health Coordinator, for St. Joe. County Health Department. And, next slide Jen, I've been with the Health Department since 2006. Prior to working in the Health Department, I worked thirty (30) years for Simplicity Pattern Company in Niles, Michigan, where I was, worked my way up through the ranks and was, ended up being superintendent of Printing. I left there in ninety-six ('96) and went to work for the Sisters of Holy Cross as environmental manager. Worked under Sister Agnes Ann Roberts there, until I came here to the Health Department. When I originally hired in, I hired in as a Lead Risk Assessor Lead Inspector. I did hundreds, probably thousands, of inspections in clearance exams during a five (5) year period. We also, at that time, had a program, a Lead Safe Work Practice Program that myself and another person, who's not currently here with the Health Department, where we trained the contractors, and lead safe work practices, and helped them get some of their supervisors certified in those roles for their companies. I assumed the role of Public Health Coordinator in 2011. Next slide, Jen.

The Emergency Preparedness Coordinator role. This is a list of some of the things that I do. I act as a liaison with EMA and District Two (2) Healthcare Coalition, our Health Department is a part of District Two (2) Healthcare Coalition, and the local health department District Two (2) Group and the seven (7) counties are Elkhart, Bolton, Kosciuszko, Marshall, Pulaski, St. Joe. County, and Stark Counties. And, we meet, well up until COVID, we would meet monthly, in Plymouth. The coalition would meet on a Wednesday, and the health departments would meet on a Friday, down there, and we're looking for that to resume a little bit starting next month on the Health Department side. They're still not sure on the coalitions, the health care coalition side, if they're gonna go face-to-face yet. They've been doing everything virtual on Zoom. So, I assisted and organized Health Department response to emergency events, which means the last couple years I've been pretty busy, and working with everyone here who had to respond to the event, which almost was everybody, in the beginning stages, it was, we didn't use everybody in the Health Department, but as things grew, and as this event expanded, we had more and more to do, so we had to pull in more of our folks, get them trained into doing different titles, different jobs in different areas, when we got to a point where we had vaccine, we had to set up pods. One (1) of the things that I do is for new employees. We do train them. We have an orientation. Then we train them in incident command. We want them to have a basic understanding of incident command, so we have four (4) required trainings for them.

Paul Burrows, via Zoom (continued):

These are FEMA trainings to give them an overview. So when, you know, actually went into live with it, we've always done just practices and exercises in the past, but with COVID, we actually had to use all this information. We were fortunate in the sense that to set the Hedwig Site up as a pod, that we had people that were familiar with pod operation. There's been a lot of turnover over the years in different departments in the Health Department. Dr Einterz came in at, I think he was only here a week or two (2) maybe, when COVID hit. And, so you know, everything, the whole Health Department routine, everything was really new to him. But so, this ongoing training is important so everybody is at the same, is on the same page, when we start talking about things. We facilitate the ESF-eight (8) group. ESF-eight (8), or Emergency Support Function Eight (8), is a group of healthcare businesses in our County that, we meet quarterly, and there are partners, and some of them are stakeholders, in some of the things that we do as far as emergency preparedness, if we need help from them, if we need resources from them, these are folks that we know we can go to for those resources, or for that help.

A guide to community partners and importance of COOP plans, a Continuity Of Operation Plans. Currently we're trying to get the long-term care facilities, the LTCs, a lot of them we found out during COVID did not have any plan-b, let's say, or COOP plan, and, therefore, didn't have any resources and counted on the Health Department for resources early on. And so, we've been working with them the last couple months trying to get them to establish a burn rate for the PPE they use in their facilities, and to get them to have their own cash of supplies. I personally, I just don't trust that the Strategic National Stockpile is going to have those things for us when needed. You know, it was a, it didn't work in the beginning stages, what we thought and what we trained for all these years, that we would have these supplies, didn't happen, and if it wasn't for the donations of PPE from businesses, from the local universities, from Notre Dame, and other people who had labs, who had some of these items, quite frankly, it would have been very difficult for these long-term care facilities, because it was a matter of months before we started getting things trickling in from the State, supposedly from the Strategic National Stockpile. And we all know, we all know the story about N-95 masks, which all these things were very hard to get. But, with these partners, and again a lot of them are part of our ESF-8 group, and these massive donations we got from them, we were able to do our part when IDOH was asking us to make sure we take care of the long-term care facilities concerning PPE.

You know, we have a lot of plans, I update these plans, we have MOUs with a lot of folks. We have MOUs with a lot of our ESF-eight (8) group, and then we have the MOUs with our pod pointed dispensing sites, of which there are six (6) located around the County. I also help maintain, make sure our ERV, our Emergency Response Vehicle, is running to the best of its ability. We've got one (1) that we've had for a few years that we have a lot of trouble with. We've got a new one (1) coming that should be here next month, and that's going to be a big help for nursing, and for the mobile clinics, for the mobile shock clinics.

I schedule trainings based on core capabilities mandated by the IDOH. You can go to the next slide, Jen. These are capabilities defined by the CDC. We always know there's public health threats present and, you know, whether natural occurring or intentional terrorist activities, being prepared is what we want to be. And so, you can see this list of fifteen (15) capabilities here defined by the CDC.

Paul Burrows, via Zoom (continued):

What District Two (2) does when we meet monthly, and what IDOH does, is we base our trainings that we have for the District, or we try to base our trainings that we can have for the County, based off of these capabilities, and a lot of times they're tied to grants that we have, emergency preparedness grants, PEP grants, that we have, these will be tied into some of the deliverables. They'll want us to, you know, they may go say take one (1), two (2), and three (3), and we want you to address those three (3) areas as part of the grant requirement. Next slide, Jen

As I said previously, all employees are required to complete the fourth FEMA ICS, Incident Command System, trainings. We give them ninety (90) days to complete the courses. Once the course is completed, there's a short test at the end of it, and you pass a test, and then there's a certificate they print out, and those certificates go to Jen. She keeps them in their files. And the other thing this does, completing these four (4) trainings, there's other trainings that FEMA, that come into our District, to our County, that FEMA will host, are the TEEX, another company out of Texas, will host, or that the MRC, the Medical Reserve Corps, could host. And, a lot of them require these four (4) trainings as prerequisites. So, there could be a training coming into the area, and you want to go to it, and what they're going to ask for is copies of your certificates to show that you've done these trainings. So that's one (1) of the reasons that we have the new employees take these trainings, so they'll be able to take further trainings down the road, if need be. Next slide, Jen.

Some of the plans that we have, that we're always updating, or always working with the State, or we're working with District Two (2) with these plans, we have our Countermeasure Dispensing Guide, a Pan Flu Plan, Mass Prophylaxis Plan, our CERC, Crisis Emergency Risk Communication plan, the new one (1), the EOP, Emergency Operation Plan, is kind of a combination of all those previous plans I mentioned. And, we're in the process right now of developing the EOP out and also a training, a TEP, a Training Exercise Plan. So, we have a lot of plans. When COVID hit, all these plans, even though we have an Emerging Infectious Disease Plan, bits and pieces out of all these plans, as far as organizing responses, is what we use. There wasn't one (1) plan, like the Pan Flu Plan, didn't cover everything that we did during COVID, or the Mass Prophylaxis Plan didn't cover everything we did, you know, setting up the point of dispensing site which was St. Hedwig, and now is the lobby here, in the County-City Building. Next slide, Jen.

These are the sites that we have MOUs with. They're strategically located around the County. If we go to the next slide, there's a map, that's a little, gives you a little more. We try to keep them located strategically, so all population would have access to them. So, you can see, there we have LaSalle Intermediate Academy, Clay High School, Penn High School, South Bend Central Fire, Grissom, and, down in the lower left-hand corner of our County, John Glenn High School, South Bend Central Fire can also be used as a drive-through point of dispensing site. So that's kind of a plus there, used two (2) ways. Next slide, Jen.

We also have a group of businesses and organizations that are closed pods, open pods are open to the public, closed pods are agreements that we have with these organizations. We look at them as a win-win for an organization. What it does, it allows them, and when we're talking about these, I'm talking about meds now, I'm not talking about vaccine so much,

Paul Burrows, via Zoom (continued):

If there was an anthrax release, where we'd have to distribute Cipro or Doxy, these things will be pushed out to our closed pod partners, and they could distribute these things to their employees, and, you know, allow their employees to come into work, and so they can keep their business running, and it helps us, because we have to push out Doxy and Cipro to everybody in the County, you know, over two-hundred seventy-thousand (270,000) people. That would be a monumental task. So, it helps relieve some of that pressure off of us. Next slide, Jen. Did you miss one (1)? ESF-eight (8)? I touched on that a second ago.

You know, all events start and end locally, so even though this is a pandemic, you know, what we do starts with us and ends with us, and our ESSF-eight (8) partners are a big part of, again, of everything that we do. And, so this kind of gives you an idea of who they were. I mentioned earlier, you know, universities, medical, you know, hospitals, mental health services. We work with the coroner's office. We have a Mass Fat-, they have a Mass Fatality Plan. EMA. EMA doesn't have resources, but they have the ability to get us resources, and it was kind of interesting during the COVID response as far as the PPE side, when we were involved in that. EMA was getting PPE, but theirs was coming through Homeland Security side, and so we kind of worked with them. They had some things we needed, we had some things they needed, because they supplied fire departments a lot of the EMS teams in the County. So, we kind of worked together and was able to trade off and share some of the PPE that we had, that they needed. And, they did the same for us. Next slide, Jen.

Moving forward. I'm retiring at the end of March, next year, and so we have someone working with Harry Gilbrides, kind of doing, picking up some of this stuff and learning some of these things. He's doing a very good job. He's excited about it. He catches on quick. He's a good learner. But, some of the things that we want to do is to still procure PPE for future emergencies for us, and so we're working on, you know, how big of a cash do we need. One (1) of the issues we face when we talk cash for Health Department is storage. There is no storage space down here, at the County-City Building, and, not just for us, but for anybody who works out of County-City Building. We have our Emergency Response Vehicles stored at the County Garage on Riverside, out there by the Wastewater Facility, and we have, I know that, I believe environmental, believe Mark's got some stuff stored out there, Brett's got some stuff stored out there, and we kind of have things spread all over. I've got a room on ninth (9th) floor full of PPE. I've got a room on fourth (4th) floor, here at the County-City Building, full of PPE. I've got stuff in the basement. And, we've got some things out at the Beacon Hub, South of town. And, what we want to do in the next couple weeks is figure out what level of these things do we really need. The other thing we're doing is putting together the Training and Exercise Plan for all the way through, actually through, 2025. And, that will involve, you know, we'll go in and visit some things, some trainings that we'll have for our folks here in the Health Department, things like Psychological First Aid and other trainings, FEMA Trainings, and probably some TEEX Training. We'd like to have a lot of trainings. The problem is, even with COVID, some of these places aren't opening these things up anymore. So, when things start, you know, hopefully things are turning the tide, we're heading in the right direction, and like FEMA, an TEEX, and [unclear], some of these other places, will make more trainings available as, I guess, the Country opens up a little bit more.

Paul Burrows, via Zoom (continued):

We also facilitate the Medical Reserve Corps, which is a group of volunteers. As you know, we had a, I think we had, and I may be wrong, but I know we had over nine-hundred (900) volunteers that we used, that were on a list for Hedwig. I guess we had a response from over nine-hundred (900) people to volunteer at Headwig. Probably very few of those were part of the Medical Reserve Corps. We have at the time, when COVID hit, we had one-hundred-six (106) names in the Medical Reserve Corps. These are people who sign up, I'd go out in the community and do presentations at various community groups, and try to get volunteers, or different health clinics, or surgery centers to try to get some of the nurses to volunteer, sign-up for the Medical Reserve Corps. The thing is that, I believe that, that list needs to be scrubbed. One (1) of the things that we met with Harry and talked with Robin about was possibly getting the, he and Sarah, and I believe Cassie was involved, and that was getting that group of volunteers that we use for Headwig, being able to get these folks, reach out to them, and see if they'd be interested in signing up for the Medical Reserve Corps. Medical Reserve Corps is a group that could, generally gets called up locally. Again, it's a volunteer. They could get called up statewide. They could get called up nationally, and when you when you sign up and volunteer with the Medical Reserve Corps, you have the option in there to sign up for those if you, if you're willing to be sent around to the State at different locations. They did that during, like, the Henryville tornado. I had some people that, some nursing staff that, went to Gary, Indiana, a couple years ago when they were doing a lot of lead testing. They needed some help over there, outside help, to get all the lead testing done on children that needed to be done. We had four (4) off of the Medical Reserve Corps volunteer list that went over there for two (2) days and helped do some testing there. We want to continue working with the long-term care facilities in home health, hospice, and other community businesses. We really want people to see how important this, the Continuity Of Operation Plan, or Plan-B, really is. Basically, with a letdown for the Strategic National Stockpile, we don't want to see people have to face that again, and we want to do our best to help them establish, you know, give them the information need to establish, those PPE levels, and to help them know what to do if there's some kind of event that would really have a big impact on businesses or business in our County.

Website update. We're doing that all the time. You know, we think we're going to put some more resources on there for the public and businesses. It would be easy, easier for us a lot of times, I know I've had inquiries from some of the businesses that we deal with, that, you know, I'm constantly sending them links or sending them plans. Where, if we have this stuff on our website, we can direct them right to the website, and they can get that information there. So, there's a lot of stuff in the works. I think you're going to see emergency preparedness reimagined. Just the fact that we were part of District Two (2), which was, I always thought was, a good thing. But we found out with COVID, that there wasn't anything that anybody could do to help each other, and we don't want to be in that situation again. So, with that, I'm willing to answer any questions, if anybody has any questions.

Heidi Beidinger-Burnett:

Thanks, Paul, for a very detailed presentation. We really appreciate it, and I know you played a really important role during the COVID response, especially during those early days when we were all scrambling to try and find our PPE. Does the Board, do Board Members have any questions for Paul? Yeah, please.

(01:17:24)

Jason Marker:

Mr. Burrows, this is Dr. Marker. Thank you very much for that report. I appreciate hearing those items. Here's my question for you. If money were no object, and of course we know that it is, but, if money were no object, what are the one (1) or two (2) things that would be on your wish list to help our community be really even more prepared from an emergency preparedness standpoint, in our community?

Paul Burrows, via Zoom:

I'd like to see a system like Reverse 9-1-1. And, if you're familiar with Reverse 9-1-1, that's actually a system where you can send messages out to everybody's cell phone. And, you know, communication's always a big breakdown, when it, in anything, anytime there's an event, communication always seems to be the problem we had. And, things changed so rapidly during, you know, this time, in the last couple years. And, when I mean rapidly, it's like, "okay, where are the testing sites? What are the hours of the testing sites?" And, we fielded thousands of phone calls here at the Health Department that were pushed around, all over, to everybody. And people, you know, people wanting information, and if we have a way to push that information to 'em that would be one (1) big help. The second (2nd) thing. So, some kind of a system, Reverse 9-1-1. Are there other systems out there that are similar to that that help reach the masses?

The other thing that I think we could, would be nice, would be to have storage. You know, One (1) storage building some place, where we could, you know, once we establish what our PPE, what we think should be a safe level PPE, because we don't know what the next big event is going to be, but we know there will be one (1), we want to make sure we can address it. You know, with some, a little peace of mind, knowing that we do have the resources available to be able to do that. So, storage and a mass notification system, I think would be extremely helpful.

Heidi Beidinger-Burnett:

Thank you. Any other questions? Thank you so much, Paul. We appreciate your time and effort on this.

Paul Burrows, via Zoom:

Thank you. Thank you for giving me the time.

(01:19:44)

Heidi Beidinger-Burnett:

Absolutely. Hey, before I move on to the next agenda item, I need to remind folks that if you wanted to do public comment and you're on Zoom, just please put your name and city in the chat, and then we'll call on you in the order in which you've signed up in the chat, and then, if you're here in the gallery, there's a clipboard by the front door there, and you can sign up, and then we'll call you in the order in which you're signed up. So, moving on. We've got agenda item number eight (8), that's old business, and we don't have anything for that. So moving on to board notifications.

(01:20:19)

Heidi Beidinger-Burnett:

We've had a few hirings, I think we've heard about most of these folks, Laronda Jose is a community health worker with us now, and Jody, who, [unclear], who's here in the gallery, is our new Director of Nursing, and Clara Davis, who has also been hired as a community health worker. And, so we welcome our new employees. So, moving on to public comment. This is a three (3), this is a section of our Agenda where we allow the public to have three (3) minutes. At regular meetings, the public is invited to address the board for three (3) minutes regarding items that are posted, or not posted, on the Agenda. Individuals may only speak once during this section of the Agenda. Speakers shall properly identify themselves by stating their name and address for the record. Personnel issues are not to be addressed during open sessions of the Board of Health, and the Board President may interrupt, warn, or terminate a person's statement if the statement becomes personally directed, abusive, obscene, or inflammatory. So, I'm going to go ahead and get started with public comment, here in the gallery. Andy Rutten?

Andy Rutten:

Yes.

Heidi Beidinger-Burnett:

Did I say that correctly? You may come up to the microphone. And, by the way, for all folks who are doing public comment, I just time the three (3) minutes on my cell phone, and then I will let you know when those three (3) minutes expire. You have the floor, Mr. Rutten. Go ahead.

(01:21:46)

Andy Rutten:

Great, thank you. Hello, Board of Health members. My name is Andy Rutten. I own property at 55304 Cedar Trail. I'm a temper tantruming parent at Penn-Harris-Madison School District. I wanted to share some of my notes from speaking at Penn's awesome school board meeting on Monday night. My teenage son helped organize the Mask Free Event Friday, a student-led initiative, this event caught me by surprise. I didn't think any mask optional initiatives would pop-up until Spring. Why is there a hesitancy to wear a mask? They hinder socializing and education. They're dirty, uncomfortable, a nuisance that doesn't work well. These are reasons why I don't wear a mask, unless working on a construction project. Some other reasons is, well, flu season is winding down, and, of course, the inspiration of the fantastic Canadian trucker protest. You know, this all comes down to Mask Depression, a mental health issue. Symptoms of mask depression include irritability, increased lethargy, and stunted communication. Other symptoms include increased apathy to school teachers, authority, even parents. Symptoms may be temporary, or permanent. Shaming those with Mask Depression seems like harassment. Alternate mandates such as partitioning and segregation may cause similar depression and, of course, contact tracing leads, tends to punish those who aren't even sick and couldn't spread germs. So, the parents had suggested next steps. COVID mandates regardless of individual risk, seem arbitrary and capricious. They disrespect parents, like myself, who guide their kids on fundamentals of healthy living essential to being disease resistant and avoiding unhealthy dependency on medical intervention. Shaming those, [clears throat] I'm sorry. Other tantruming parents noted how P-H-M currently has minimal COVID cases, and can use more localized relevant metrics for decision making.

Andy Rutten (continued):

I'm disappointed in the St. Joe. County Department of Health. I ask this board, is this the professional ethics of the Department of Health to insult public citizenry who do not wish to embrace their flawed data, unscientific recommendations, and arbitrary timelines?

Heidi Beidinger-Burnett

You have eight (8) seconds.

Andy Rutten:

Well, I'm done. So, I was just seeing if I could get an answer of my question. Thanks for listening to me.

Heidi Beidinger-Burnett

Thank you. Jenny, could you read off who is next on the Zoom for public comment, please?

Heidi Beidinger-Burnett:

Cynthia Heckman-Davis, you have three (3) minutes. Please, go ahead.

(01:25:02)

Cynthia Heckman-Davis, via Zoom:

Thank you. I would like to thank our Board of Health, Dr. Fox, and Dr. Einertz for the very hard job that they've had during this COVID epidemic-pandemic. I'd like to thank, during this meeting, Dr. Marker and Dr. Kirsch for the comments that you've made. The mitigation efforts of washing our hands, masking up, socially distancing have worked, and research shows that it has saved lives. I personally plan to continue masking up in public. I will certainly continue washing my hands, but I wanted to thank the Board of Health for all their hard work during this Pandemic. And, I wanted to thank Paul Burrows for an excellent report tonight. I think we'll all be better prepared next time. Thank you.

Heidi Beidinger-Burnett:

Thank you, Miss Heckman. Jenny, who do we have next?

Heidi Beidinger-Burnett:

Rebekah Go, you have three minutes. Please, go ahead.

(01:26:11)

Rebekah Go, via Zoom:

Hi. Yes, my name is Rebekah Go, and I'm from South Bend, Indiana. I'm sorry. I had to pick up my kids, so they're in the back seat. I wanted to say, I wanted to thank the Board of Public Health, and also the staff, and the direction under the leadership of Dr. Fox and Dr. Bob of the Health Department, and keeping our community safe in the last couple of years. I know there's not, it's not been done without criticism and without stress, both individually and collectively, and I want to commend you for your ongoing work and your fortitude in difficult times. I've been disappointed in listening in this meeting how many times I've heard people use kids almost as a way to say, "give me what I want," as though asking kids to mask is just the worst thing in the world. I have two (2) kids. I have a thirteen (13) year old and an eleven (11) year old, both of them attend schools and both of them wear masks every day, and, guess what, they're not suffering.

Rebekah Go, via Zoom (continued):

They're not dying. They're perfectly fine, and I think that they'll be well adjusted. What they are learning about is care for each other, care for the neighbor, and care for the community. They're learning that their individual actions have collective responsibilities. In my day job, I'm the Director of an Office at St. Mary's called the Office for the Common Good. In this Office, we promote the idea that nobody gets to have what is good unless everybody gets to have what is good. It's actually a really Catholic idea, because I work at a catholic women's college. And I'd like to hope that people who say that, "well, my teenager can't go to this dance," or "my kids, I would never do that to them," would think about, maybe, teaching their kids different values, maybe teaching their kids the values of being responsible and actually, like, caring about their community. I Would also say, finally, just that I think that it is kind of absurd to ask Dr. Fox to continue to state what he's already stated, when you could simply ask the Principal of Penn-Harris-Madison to send out a revised statement saying these were our own internal policies and not throw the Health Department under the bus, because they've been thrown under the bus so often recently. I don't think that's a hard thing to do. I think it would be a very reasonable request. As an administrator, I know I respond to these kinds of requests all the time. Take some ownership, but please stop beating up our public officials. I just don't think it's right. Thank you.

Heidi Beidinger-Burnett:

Thank you, Miss Go. Jenny, do we have anyone else? Okay, thank you. So, that concludes the part of our Agenda item number ten (10) for public comment. Our next meeting is on March sixteenth (16th), four-thirty (4:30), right here, in this room. And, we're adjourned. Thank you everybody.

~ END OF TRANSCRIPTION ~
(01:29:12)