

The Fayette County Board of Health met on Tuesday, January 14, 2003, in the Public Meeting Room in the Fayette County Administrative Complex, 140 Stonewall Avenue, Fayetteville, Georgia.

Board of Health Members Present:

Tom Bowman
Dr. John DeCotis
Lynette Peterson
Lyn Redwood

Staff Members Present:

Michael Brackett, MD
Laurie Cook
Merle Crowe
Rick Fehr
Robert Kurbes
Cynthia Grant
Dennis Davenport, Attorney

CALL TO ORDER:

Ms. Redwood called the meeting to order at 7:40 a.m.

APPROVAL OF MINUTES FROM November 12, 2002:

Motion made by Ms. Peterson to approve the minutes, seconded by Mr. Tom Bowman. The minutes were unanimously approved.

OLD / UNFINISHED BUSINESS:

Mr. Jarrett Price: Mr. Price updated the board on his septic situation. He said Mr. Kurbes checked the line and determined there was a problem. He said he had a septic company dig up the line. He said the line had been re-routed because the previous homeowner had a pool installed and the lines had been too close. He said it was discovered that the wrong lines were rerouted, leaving only about ten feet of functional line. He said the company correctly re-routed the line. He asked the board to reimburse him the \$1,025 cost. He said this problem was hidden, that there was no way he could have known it existed, and that it was not his or the previous owner's fault.

Ms. Redwood said that this item had been on the November agenda and that the board had reviewed the diagrams and information submitted then. She said the board was under the impression that the matter had been turned over to an insurance company for settlement. She asked if he had any additional information.

Mr. Price replied that he had received a letter of denial.

Ms. Redwood asked if a copy of this letter had been received by the health department.

Mr. Fehr replied that there should be a copy on file.

Mr. Price said he had pictures of the site if needed. He said he was not asking for reimbursement to repair his yard after the work was done.

Ms. Redwood asked for counsel to give his opinion and recommendations.

Mr. Davenport said he had gone into detail on the legal position last meeting. He recapped by explaining the way the work was done by the septic company. He said the previous owner had two choices to take care of the drain field proximity when the pool was installed: modify the drain field or move it entirely. He said the choice was made to modify it, which was the advice given by Mr. Kurbes at that time. He said the septic company was called, which one is not now known, nor is it known how the homeowner described the modification to that company. He said the company then did the work, putting in the connecting line, and called out Environmental Health to approve the modification. He said the environmentalist then checked what was open to view. He said the problem was that only the open areas could be seen. He said when an initial drain field is inspected, all is open to view; but when a modification is done that is not the case. He emphasized that the homeowner contacted the septic company which was supposed to be knowledgeable and which did the work; environmental health inspected and passed only the modification. He stressed that the environmentalist had only the knowledge of three open trenches and an open connection. He asked what did the inspection mean--a guarantee that the modification would work as intended? He said that environmental health staff said the modification would work *if it was done as it was supposed to be*, which was not the case. He said that Mr. Price had stated that the problem was not the previous homeowner's fault, but that it probably was, since they chose to put the pool too close to the drain field in the first place, thus necessitating the modification and causing the problem. He said if there was any cause of action here it was probably between the prior homeowner and the septic company which did the work in a negligent fashion. He asked for any questions.

Ms. Redwood asked if the matter should be taken under advisement and the board should get back with Mr. Price later with a formal response.

Mr. Davenport replied that the board had two choices: either make a decision this morning or take the information under advisement and return a decision at the next meeting or in the next 30 days. He said the decision should be in writing.

Ms. Redwood said she thought that would be the best plan.

Mr. Price asked who Mr. Davenport was.

Mr. Davenport clarified his position.

Mr. Price said he had not understood that the process worked as described by Mr. Davenport. He said Mr. Krubes told him that the problem arose because two people from the health department did the inspections: Mr. Kurbes himself and another person who issued the final approval. He said he understood that the health department was responsible for the way the work was done.

Dr. DeCotis asked when the problems with the system begin.

Mr. Price said to his knowledge there had not been a problem with the system when the previous owner and one child lived in the house. He said there was no problem when his family of four moved in the house, that it took about four months before the problem showed up.

Dr. DeCotis asked if the insurance company that he filed with and which was denied was his homeowner's insurance.

Mr. Price said he had checked and his homeowner's insurance would not cover the repair. He said he had been scheduled to appear last meeting but Mr. Kurbes told him he did not need to come because environmental health would try to file with the state/county insurance company, which denied the claim. Mr. Price said the blame had to be put somewhere, and he felt that it was not the fault of the previous or current homeowner. He asked if it was the health department's responsibility to just to do the diagram and then leave. He said he understood that environmental health staff stays on the site while the work is done, to make sure it is done properly.

Mr. Davenport said he knew of no facts that staff stayed on site to oversee the work. He said procedure was that trenches were opened, the modification was done, and environmental health was called out to inspect the work, as opposed to remaining on site from start to finish. He emphasized that resources were not available for staff to be on site for every job done in Fayette County.

Mr. Price said Mr. Kurbes told him that staff was on site while the work was done. He said that there was confusion as to which lines were re-routed.

Mr. Bowman asked environmental health staff if protocol required technical assistance or regulatory compliance, such as the modification in this case.

Mr. Fehr explained that past and current requirements were to perform an inspection before final cover is applied.

Mr. Bowman stated that he had spent most of his career in regulatory compliance and while it was nice when the environmentalist on the scene offers technical assistance, the role of staff is to determine *only* regulatory compliance. He said that there appeared to be no protocol which demanded that the environmentalist trace the system out on modifications, only to determine that the work was completed as per the regulations. He said it appeared that the septic company should be the professional which knew how to install drain field

lines or modifications, and if they indeed made a mistake, it should not fall back on the regulatory inspector. He said the inspector's role was only to determine if it fell under regulatory compliance. He said whether staff stayed on site and offered technical advice or not, failure of the septic company to properly complete the work does not make environmental health at fault. He said septic companies do this work every day and should be professional.

Mr. Price asked who originally mapped his system.

Mr. Kurbes clarified that environmental health staff would inspect the proposed site and determine if any obstacles therein would require an engineer to determine a proposed septic site. He said if that was not to be the case, environmental health staff would indicate on the back of the permit an option for placement of the system such that it would meet the state's minimum requirement. He said that in most cases the contractor followed that diagram. He said in the case of a repair, a similar process is followed. He said that was what happened in this case, and the homeowner opted to modify the line. He said when the work was completed he was out of town and another staff member went out to inspect the site. He said the cross-connection was duly inspected and approved. He said he knew this because the modification was indicated on the back of the original permit of 1990; the modification was finished in June of 1999. He said he first heard from Mr. Price in August of 2002. He said the system worked for about 2 years and 2 months before problems arose. He said he inspected the problem and when Bishop Septic Company opened up the drain field on his advice, it was readily apparent that the contractor had cross-connected the wrong two lines. He said he stayed on site while other lines were uncovered to be sure that the problem was actually corrected. He said the 1999 modification was typical: work was done, environmental health was called to inspect at a given time, inspection done as scheduled, approved, and the modification was then covered up.

Dr. DeCotis asked if the original homeowner was given a diagram of the proposed modification.

Mr. Kurbes replied that it was on the back of the original permit that the septic company worked from, yes.

Mr. Price said he could show the board the diagram, and that he could look at it and not know what was going on. He said it needed an experienced eye to understand it, that the average person could not look at it and understand.

Ms. Peterson said it was a professional looking at the design, not an average person.

Mr. Price said the second company could not look at the diagram and tell what needed to be done. He said somebody had to be knowledgeable in this respect.

Ms. Peterson said it was the septic company's job to be knowledgeable.

Mr. Price said the second company probably did not have a diagram and were ignorant of the system. He said they depended on someone to tell them what to do. He said Mr. Kurbes had just told the board that someone was on site while the modification was being done.

Ms. Peterson asked to be able to speak. She said the septic company that came out to make the repair did know where the lines were because that was their job and they establish where the lines were beforehand. She said it was clear to her that the septic tank company was negligent, that they connected the wrong lines, and that the reason that Mr. Price was not approaching that company to correct their mistake, at their own expense, was because it was not known who the company was.

Mr. Price replied no, that Mr. Kurbes thought he remembered which company did the repair, but that they were out of business.

Ms. Peterson stated that that did not put the onus on someone else. She said that if the company connected the wrong lines, they were negligent.

Mr. Price disagreed entirely. He felt that it was the responsibility of the health department.

Dr. DeCotis requested that all the information be given to the board and it be taken under advisement such that a decision could be made. He felt that the board needed to be careful to have all the facts in hand to make a final decision.

Ms. Redwood and Ms. Peterson agreed.

Mr. Price said this was very important because the homeowner would be misled to believe having the health department on site would be sufficient protection from mistakes.

Ms. Peterson reiterated that no health department staff member was present during performance of the repair.

Ms. Redwood stated that all the necessary information was on hand to make a decision and that Mr. Price would be informed of the decision within 30 days. She was concerned that repetition was occurring and was counter-productive at this point.

Mr. Price commented that it was nice to know that the health department had legal representation at the taxpayers' expense, and that he did not. He thanked the board for its time.

Ms. Redwood asked for an executive session.

Mr. Davenport replied that he wanted to have an executive session today for another matter.

Motion was made to table this item by Dr. DeCotis, seconded by Mr. Bowman. The motion was approved unanimously.

NEW BUSINESS/PUBLIC COMMENT:

Jill Holmes Long: Ms. Holmes Long introduced herself and stated she represented the Coalition Advocating Responsible Indoor Nonsmoking Generations (CARING). She asked the board for its support for tobacco use prevention. She stated that she would like to see Fayette County adopt a non-smoking ordinance such as that adopted by Albany, GA and Dekalb County. She said that the city of Atlanta was considering that issue in today's meeting. She said that regulatory measures were most effective to save lives. She presented various anti-tobacco literature to the board. She said it was the position of CARING that Fayette County needed a consistent voice advocating both individual and the community's health, and that the health department had the wherewithal, both clinically and educationally, to assist citizens in addressing cessation efforts. She called on the health department to lead efforts in tobacco use prevention. She said it could act as the major educational outlet for tobacco information in the county; to advocate for clean indoor air, and to assist smokers with cessation attempts. She mentioned that current concerns about West Nile Virus and Bioterrorism efforts took much staff time, but felt that statistics proved that tobacco-related deaths were more pervasive and were deserving of staff time. She said that prioritizing tobacco cessation efforts was very important. She considered the cost and gave several suggestions to offset these costs: ask the district office to direct the tobacco use health educator to assist with drawing up a community education action plan. She asked that district be asked to partner with tobacco use prevention staff to fund resources and any necessary materials. She asked that the health department actively utilize clinical practice guidelines issued by the US Department of Health and Human Services June 2000, saying that CARING had a PowerPoint Presentation they would share. She asked that tobacco cessation education be sought for every public health nurse, saying that the American Cancer Society had a workshop that is free. She said *Fresh Start* and *Fresh Start Families* were two programs sponsored by the American Cancer Society designed for cessation efforts. She said this training was turnkey type, such that all nurses could train other nurses in this effort. She felt that turnkey trainers could partner with school nurses for further training, and also with physician groups and hospitals to provide a community wide health provider info workshop on cessation. She mentioned last year's West Nile Virus workshop, saying that no deaths had occurred in Fayette County from West Nile Virus, but there had been deaths from tobacco use every day, so why not do a Smoking Cessation Workshop. She asked that the health department partner with state and national resources for free information. She mentioned the pamphlets already available through the health department, which are left to the nurse's discretion to hand out. She suggested that certain pertinent pamphlets should be available in every clinic room for patients. She thought that posters with the Georgia Quit Line should be in every clinic room as well. She said that no one should leave the health department without anti-smoking literature. She suggested that environmental staff be directed to hand out flyers to restaurants, stating that the city of New York has smoke free public areas, including restaurants, and no business had suffered as a result. She suggested that environmental staff make note on the inspection notice that environmental smoke is present, for public display. She also suggested that Cynthia target tobacco use prevention sometime during the year in her monthly newspaper articles. Lastly, she suggested the list of Directory Services pamphlet be edited to include Smoking Cessation Support. She felt that these suggestions were very

cost-effective and not a burden on staff, with the possible exception of in-services. She offered to answer questions.

Ms. Redwood thanked Ms. Holmes Long for her presentation and she felt that perhaps a better job could be done to reduce tobacco use. She asked if a list could be obtained of her eight recommendations and if she would be willing to sit down with staff to see if it would be possible to implement some of them. She expressed concern about staff time, especially with the smallpox issue looming. She hoped that incorporating smoking cessation in every visit would be possible.

Ms. Holmes Long said she would be glad to sit down with Ms. Grant and Mr. Fehr to see what would be do-able.

Dr. DeCotis mentioned that the school system tried to bring anti-tobacco messages to schoolchildren, but that they still smoked. He felt that any way to increase getting the anti-tobacco message out there was good.

Mr. Bowman asked the current status of the smoking regulation in Fayette County.

Ms. Holmes Long said Peachtree City had a *Red Light—Green Light Sign* requirement, with Red Light meaning Tobacco Smoke Present. She said there is no No-Smoking Regulation in the county at large. She felt that the Board of Health should be in the vanguard on this issue.

Ms. Redwood hoped that Fayette County would take a leading role in anti-tobacco use and said she did not know if that should come from the health department or the county commission. She asked if there was model legislation Ms. Holmes Long could give the board.

Ms. Holmes Long replied that she could probably get copies of such legislation for the board, especially from the city of Albany, which had been several years in the making and was very good.

Ms. Redwood asked for any other public comment. There was none.

ELECTION OF OFFICERS:

Ms. Redwood nominated Dr. Michael Strain, seconded by Ms. Peterson. The vote was unanimous.

Ms. Redwood was nominated for Vice Chair by Ms. Peterson, seconded by Mr. Bowman. The vote was unanimous.

MS. CHRIS VENICE:

Ms. Venice introduced herself and said she was Director of Planning. She said she sought the board's endorsement for a pamphlet for proper care and maintenance of septic systems. She said studies show that proper care and maintenance of systems

significantly prolongs the life of the system. She said it was felt important to let the public know that they are on a septic system, and how to properly care for and maintain it. She said brochures were the best way to get out this information, but the question was how to get the information into the hands of residents. She said the draft brochure given to the board in their packet fit the requirements. She said it was *The Homeowner's Guide and Maintenance Record*. She said the author of the brochure had agreed to modify it to meet Georgia requirements. She mentioned that it would be printed on a blue manila folder, with a tab that indicates the name. She said the hope was that the homeowner would file the folder with other household papers and have all the information in one place. She said it was hoped that the quality of the paper, the format and the usefulness of the folder would encourage homeowners to keep it. She mentioned the front cover, which has a place for recording maintenance records, location of the tank, and local pumpers, names, etc. She mentioned that inside the folder was a description of how a septic tank system works, and how to take care of it: what pumping is, how often to do so, why pump, and so on. She said the back page had tips on caring for the system, with authorship and printing privileges. She said it was estimated that approximately 17,000 households in Fayette County are on individual septic systems, which is about half of the total population, and every year roughly 500 new permits are issued. She said an initial printing of about 20,000 is anticipated, which would allow for every current owner to have a copy, with several years reserve on hand to pass out at the time of final inspection. She said the goal was to have the building inspectors leave a copy on the premises when the inspection is complete. She mentioned that she would take the Board of Health's endorsement to the Board of Commissioners for final approval and funding. She offered to answer questions.

Ms. Redwood commended the efforts of Ms. Venice and Planning. She said the Board of Health had been looking at a similar effort for some time; at least four years. She questioned the lines drawn through the section titled "Installer." She said it might be nice to have such a record on hand.

Ms. Venice said they had thought about deleting that section to allow more room for maintenance records, since people do not usually know whom their installer is, the builder does. She said she didn't know what kind of paperwork would be left with the homeowner.

Ms. Peterson felt that it was important to leave that section in, so that people who do know the installer's name would write it down.

Ms. Venice agreed, saying that leaving that section in might at least cause people to ask the question. She said it could be left in.

Ms. Peterson said otherwise its one of those things no thought is given to.

Ms. Venice said the brochure would be brought before the Board of Commissioners in February, so she offered to consider other information any board member might like to see added.

Ms. Peterson asked for the Board of Health's name to appear on the back of the brochure.

Ms. Venice agreed to ask the Board of Commissioners about that. She said a line would be added to instruct homeowners that a copy of the drain field might be available from the Environmental Health Department..

Mr. Bowman asked if another instruction could be added to let the homeowner know that modifications to existing systems would require a permit from the Environmental Health Department.

Ms. Venice was concerned that such a line would cause the Environmental Health Department to be inundated with calls.

Ms. Peterson mentioned that if a homeowner called the commission they would be referred to the Environmental Health Department anyway. She felt that Mr. Fehr would best be able to compose an instruction line.

Ms. Venice said she would meet with Mr. Fehr to discuss this issue.

Ms. Redwood asked if the Environmental Health Department had been consulted on the brochure.

Ms. Venice replied that most of the changes were suggested by Environmental Health Department staff.

Ms. Redwood asked if Mr. Davenport had any additions.

Mr. Davenport said he had looked into it about three months ago and had settled legal matters then.

Ms. Peterson asked if the brochure Mr. Fehr had been working on could be incorporated into this brochure.

Ms. Cook said she wanted to share with the board that the brochure referred to had been done as a district project, and about 2,000 copies had been sent to the Environmental Health Department. She said it was very similar to this brochure. She asked if Ms. Venice had seen that brochure.

Ms. Venice said she had not seen it.

Ms. Cook described the brochure and said it was almost identical to the one presented this morning. She recommended that Ms. Venice and Mr. Fehr get together to review the two pamphlets. She said that district office had already gotten that pamphlet set up at a local printing press and about 10,000 copies had been distributed throughout the district. She said much of the work had already been accomplished. She said district office would like to get together with the county.

Ms. Venice said it would be nice to save the licensing and copywriting fees for the pamphlet the county was considering, by using the district's pamphlet. She said the primary goal was to put the information in a folder form, but she said they were advised that if they put even their own information in a vehicle like that it would infringe upon the copy write. She said that was their dilemma.

Ms. Cook said district office's information included all types of septic systems, and their problem was how to get the information into the hands of the homeowner. She said it was wonderful to have Planning work with them to achieve this goal.

Ms. Venice said she wanted to meet with Environmental Health Department staff to see what the options were—she said one goal was to make the homeowner aware that they were on a septic system, as many people had no idea that they were, and how to care for and maintain it.

Motion was made to endorse the brochure by Ms. Peterson, seconded by Mr. Bowman. The motion passed unanimously. There was no further discussion.

ENVIRONMENTAL HEALTH OFFICE SPACE:

MR. FEHR: Mr. Fehr mentioned that Fayette County had been a growth county for a number of years. He said this growth had an impact on every part of the community, including the health department, which necessitated staff additions over the years. He said as staff and responsibilities increase additional space was necessary. He said the department was now at the point where it was necessary to locate additional space. He referred to the handout given to the board which showed total patient contacts over a six-year period. He said the overall effect was that patient count had doubled. He mentioned that in the last year or two Ms. Crowe had obtained a copy of the block grant received by Henry County Health Department, which enabled them to build a new health department facility. He said a copy had been given to the county budget director. He said that might be the route Fayette County government chooses to follow, and that other methods to finance additional space could be pursued if the board of health deemed it advisable and necessary.

Ms. Redwood asked if the primary need was for Physical or Environmental Health. She wanted to know if the problem was with lack of exam rooms or counseling space.

Ms. Grant replied that Physical Health had definitely outgrown its allotted space. She said physical health had topped out in daily patient numbers. She said visits were now more complicated, and that nursing staff had not been increased in ten years. She said the schedule was maxed out, and because client visits were now more involved, it took more time for each one. She said it seemed that every year more mandatory in-servicing and classes are required, thus taking nurses from the clinic and reducing the number of patients that could be seen. She said numbers indicate that staff was topped out and could not see as many patients as they would like to; this meant longer wait times for patients and longer wait times to get appointments. She said it needed to be made known that the patient load was approaching the point where a family planning patient would not

be able get an appointment for a month, before that point was actually reached. She said one of the originally intended clinic rooms was being used by environmental health for its lab/office space, so that there was no room to put a new nurse should approval be given to hire one. She said there was one half-time nurse on staff and possibly another half-time nurse could be hired to fill the other half of that position, thus utilizing the same clinic room. She said one corner of the conference room had been turned into an office for the dietitian because there was no office to put her in; the point of needing another nurse was rapidly approaching and there is no clinic room for her.

Ms. Redwood asked if there was some mental health space on the premises, or any space that was not being utilized all the time.

Ms. Grant replied that there was not, unless office space was turned into a clinic room. She said that would not work because patients would then be routed away from the clinic area and through the medical records room, which is not a possibility, especially with HIPAA regulations going into effect in April. She mentioned that one of the two nurses' offices had two nurses doubled up and three were sharing the other one. She said the offices were necessary for nurses to perform follow up with their programs and could not be given up. She mentioned that a personal computer was necessary for follow up, and these are located in the nurses' offices.

Dr. DeCotis asked if any space could be designated in the new courthouse.

Mr. Fehr said he had spoken with county staff, and that the new building was strictly for court offices. He said Judge Edwards' office was moving there but that the space vacated by his office had already been allocated.

Dr. DeCotis asked that options be explored and recommendations be made to the board so that the board of health could endorse and recommend them to the board of commissioners. He said it certainly appeared that space was needed and that the board of health could be an advocate to the commissioners. He mentioned that the board of health did not know what was needed and would depend upon staff's recommendations.

Mr. Fehr said that county staff had asked for the same thing; that it would be incumbent upon the board of health to make recommendations to the commissioners. He said the law required the county to provide a facility for the health department, but did not specify size or location. He said he felt that sufficient information and recommendations to the board of commissioners would be taken under consideration.

Motion was made by Dr. DeCotis to have staff provide recommendations for additional space to the board such that they could endorse and provide it to the board of commissioners, seconded by Ms. Redwood. The motion passed unanimously.

STAFF REPORTS:

MS.GRANT: Ms. Grant updated the board on the status of the dietitian who had been housed in Fayette County. She said she was transferred to Coweta County Health

Department due to changed circumstances in the district. She said that the dietitian still worked at Fayette two days a week, but was now headquartered in Coweta.

She mentioned emails she sent the board regarding questions on smallpox and whether dealing with that issue would pull resources away from other programs. She thought that the best person to address that question would be Dr. Michael Brackett. She introduced a new staff member present at the meeting as district epidemiologist Shantay Thomas.

DR. BRACKETT: Dr. Brackett said he was glad to welcome Ms. Thomas on board and commended her. He said having two epidemiologists onboard would allow district office to focus more on statistics.

He said he was present to answer questions on smallpox and that he had no agenda in mind. He told the board that he was on the state Smallpox Task Force. He reminded the board that the president had made an initiative that mandated vaccination in a series of phases to a group of loosely defined individuals. He said Phase One would capture those individuals involved in epidemiological investigation, interaction with the CDC or immediate care of an index case of smallpox, should one occur; also included would be public health staff, CDC staff that obtain or transport specimens, probably FBI staff, and hospital staff throughout the state. He said hospitals designated as trauma centers would have staff vaccinated as part of Phase One. He said this was not written in stone and was not an exclusionary concept, it was just a first step and that the target number was about 500 individuals. He said Phase Two was an expansion of phase one, to include the classic first responder group: EMS; police; other practitioners such as doctors /nurses, and outlying non-trauma hospital staff. He said Phase Three would include an opportunity for members of the public who felt at risk to have the vaccination. He said he felt that Phase One and Two would probably come to fruition, but that Phase Three might or might not. He said he had been in Washington and found that some areas had tens of thousands of people who would be vaccinated in Phase One. He felt that Georgia was slow to embrace the idea of vaccination. He said there were many reasons to be reluctant. He said the vaccine is not without risk: that it had a significant complication rate and was a live vaccine, which was not how vaccines were usually administered today. He said the potential complications from a live vaccine were dramatically different from the flu-like symptoms generally felt after a killed vaccine. He said this type vaccine was a true infection, which could overwhelm a person's immune system and could be spread from that individual to others who could also be overwhelmed. He mentioned that there were also liability-related issues: for example if a hospital worker was indicated to be vaccinated; was vaccinated, recovered from the vaccination; did well, but accidentally spread it to a patient who suffered: who bore that responsibility? He said there were also costs for lost work time associated with this vaccination. He said generally vaccine receivers have achy, flu-like symptoms; a swollen, red arm; fever and inflammation, especially with the first vaccine. He said the second vaccination is uniformly less severe, but that there were many people on the indicated list who had never received the first smallpox vaccination.

He said some of the liability issues were cleared up last week by Secretary Thompson. He said none of the trauma centers in Georgia have signed up and Grady Hospital in particular

had indicated a non-participating stance. He said he would not participate if he were the CEO of a private hospital because from a business standpoint it makes no sense at this point. He said it did make sense from a community standpoint.

He felt that no vaccinations would occur prior to January 24 because insurance regulations kick in then; other than in the military, which makes its own decisions. He said he was trying to get involved with the military effort because theoretically the health department could become involved in a civilian hospital setting with a patient vaccinated by the military. He said identification of such a case could be critical. He offered to entertain questions.

Ms. Redwood asked if the health department would be administering vaccine and was concerned about any attendant liability. She said she had read there would be 1 / 220,000 deaths from the vaccine. She wanted to know how administering the vaccine would affect normal operations of the health department if it became necessary to do so.

Dr. Brackett said this was totally uncharted territory; any statistics that would be quoted would come from pre-seventies information and may or may not be applicable to current circumstances. He said organ transplants, travel, HIV, etc. issues would be factors to consider today that were not factors then. He said the vaccination risk/benefit issue would be clear if smallpox was a vibrant disease today as it was pre-seventies: it would definitely require vaccination. He said the risk/benefit analysis today hinges on the actual threat of release. He said that made the decision hard, especially since classified information is not generally released to the public, which meant that no estimate of volume of proposed injections was possible. He said he had studied the situation and if there was no clear indication that he should be vaccinated, he would not do so. He said if the proper educational material was presented and people make a logical decision, very few would actually get the vaccine. He felt that much depended on education. He felt that District IV would have two or three centrally located vaccination sites which would not impact any health department in the district. He felt that Phase Two depended on buy-in within the first responder community. He pointed out that smallpox vaccinations were given on a fairly routine basis not that many decades ago. He thought that the total cost would not be as great as projected. He said that vaccinations being aggressively pursued in other countries—particularly Israel—had gone better than predicted due to their tight screening program. He said the vaccine was just not being given to patients believed to have a contraindication, therefore the complication rate was quite low.

Ms. Redwood asked for the board to be kept abreast of the situation, Dr. Brackett agreed.

Dr. Brackett thought that mid-February would see vaccines being given, but he felt that it would number 500 or less.

EXECUTIVE SESSION:

Mr. Davenport asked the board about timing for the Executive Session he had requested. He introduced his new associate, Allison Cox.

Motion was made to adjourn to Executive Session by Ms. Peterson, seconded by Mr. Bowman. The motion passed unanimously.

RECONVENE:

The board reconvened after Executive Session. Motion was made by Mr. Bowman for Mr. Davenport to send a letter to Mr. Jarrett Price with the board's decision not to reimburse him for his expense. The motion requested Mr. Davenport to send the letter by February 11, 2003. The motion was seconded by Dr. DeCotis and passed unanimously.

ADJOURNMENT:

The meeting was adjourned at 9:25 am.

Michael Strain, Chair

Merle Crowe, Secretary