



AD HOC COMMITTEE ON COVID-19 ECONOMIC IMPACTS AND RECOVERY

THE RECORD OF ACTION FOR
JULY 2, 2020

Supervisor Candace Andersen, Chair
Supervisor Karen Mitchoff, Vice Chair

Present: Chair Candace Andersen
Vice Chair Karen Mitchoff

Staff Present: Chris Farnitano, M.D., County Health Officer
Julie DiMaggio Enea, Senior Deputy County Administrator

1. Introductions

Chair Andersen called the meeting to order at 1:30 p.m. and introduced the Committee and Dr. Farnitano.

2. Public comment on any item under the jurisdiction of the Committee and not on this agenda (speakers may be limited to two minutes).

All public comment was taken under Agenda Item 4.

3. RECEIVE update on most recent COVID-19 developments and on questions recently received from community members.

Chair Andersen introduced the meeting agenda and summarized the most recent COVID 19 developments. The County had anticipated opening more activities but saw our numbers change dramatically. The State issued new and different requirements due the change in our numbers, so we will have to take a three-week pause in the recovery. She then deferred to Dr. Farnitano to answer questions that had been received during the week prior to the meeting, and to provide any additional updates.

Dr Farnitano marveled at the difference a couple of weeks had made across the State and the nation, and in our county. We've had 3,326 cases since the initial outbreak; 1,015 are active and we had 80 new cases today. The case-per-day average has increased from 39 to 105 in just the last two weeks, almost a tripling of the daily case rate. Testing has increased only slightly during that same period, but the number of positive tests increased from 3.1% to 6.8%.

More people have required hospitalization: 41 compared to 24 two weeks ago. We do have non-County admissions in our hospital system but, on net, the County has more

people hospitalized out of County than it has non-county people hospitalized within our county. Of those 41 currently hospitalized, half are in ICU and half of those in ICU are on ventilators fighting for survival. The odds of survival if on a ventilator are about 50%.

Our hospital capacity is currently adequate but Dr. Farnitano is concerned about overwhelming that capacity if this surge continues. We have 160 ICU beds across the county system. 50% of ICU beds are currently filled, so about 80 beds are open, but only about 17 of the open beds are currently staffed.

More people are dying. Half of the County's COVID-related deaths have occurred since June 7. The surge is statewide. LA County is severely impacted. We have paused our reopening plan. The State has required certain counties that had already opened certain sectors to close them again. For our county, we were not scheduled to open those sectors until July 1, so we will delay opening them for at least three weeks as required by the State.

The most significant change in the State order was to prohibit singing and chanting at religious gatherings. The County continues to strongly recommend that these gatherings be done virtually rather than in person, and minimally outdoors rather than indoors.

The Bay Area Health Officers are still waiting for clarification from the State on outdoor breweries.

Dr. Farnitano is very concerned about July 4 weekend. He will soon issue a statement encouraging people to stay home and not gather with friends and family. Social gatherings are leading to spread of the virus. He said we are clearly in our second surge.

He detailed that we are seeing the highest case rates so far in younger people aged 20-30, for Latinos, and African Americans. Richmond, San Pablo, Pacheco, and Bay Point are the cities most impacted in this surge; however, the South County has seen 100 cases over past 14 days, so the impact is countywide. He acknowledged the many questions and requests for more discrete data but must respect patient confidentiality.

He explained that the data is teaching us how the virus spreads. Nationwide, the death rate is 5%; in Contra Costa, it is 2.5% but that is still 10-20% higher than influenza. Most of our deaths occurred more recently, which has given us some time to learn how to help people survive the virus. Also, we can treat people in hospitals that are not overwhelmed, which has helped survival rates in our county. 20 year olds, for example, have about a 1% risk of being hospitalized if they contract COVID, children even less risk. Older people have an incrementally higher risk of being hospitalized. Thus, It is of great concern that more young people are being hospitalized.

He discussed pre-existing conditions such as obesity, asthma, and high blood pressure. Most of the co-morbid conditions are common conditions found throughout the population. About half the people who get COVID are symptomatic,

and about half of those who are symptomatic end up in the hospital.

Latinos have experienced a higher rate of hospitalization and death. African Americans also have a higher death rate but not a higher hospitalization rate, which may indicate that they are not seeking medical help soon enough or that other medical factors are impacting survival.

He said the County's testing infrastructure is being stressed. The County's Public Health Lab is being expanded and giving priority to high-risk occupations and living environments. Rapid tests have been found unreliable. Regarding test statistics, he clarified that if a person took three repeated tests that were positive, it would be counted as three positives. However, he further said that they generally do not retest people who have already tested positive, so he does not believe that the data is skewed in this regard. He does encourage people in high-risk professions to get tested at least monthly. He encouraged coaches of kids' sports programs be part of a regular testing program. More testing sites are being added. Testing is free of charges regarding of symptoms.

He called on the public to use extreme caution during this second surge. Violators should be reported at 925-957-8608 or to local law enforcement. He said that contact tracing is becoming more of a challenge with the recent surge but, clearly, the increase in social mobility and interaction is increasing the spread.

He advised that the County offers hotel rooms to people who test positive and have no other means to isolate. He also advised that the City by City dashboard is on the website, which will be updated soon with the most recent cases.

He clarified that reusable shopping bags and beverage mugs can be brought into stores if employees do not have to touch them.

Dr. Farnitano said he believed that hospitals receive no additional compensation for accepting COVID patients, but nursing homes do in recognition of the extra staffing and PPE (personal protective equipment) required.

He explained that the goal of the Shelter in Place and other social restrictions is to keep the numbers of people infected down to a manageable level so that our hospitals do not become overwhelmed. He acknowledged the tradeoff between social freedoms and keeping the virus in check but emphasized that situation can morph quickly from manageable to out of control.

He wished that people could spend a day with an ICU nurse to better understand what heroes they are. He described how the nurses are dealing with heartsick families who cannot see their loved ones in ICU, how the nurses are daily witnessing great suffering and death, and how many cannot go home to their own families for fear of bringing the virus into their own households and infecting their family members, so they are staying alone in hotels. The nurses are putting themselves at risk every day and are very worried about the rising numbers.

Regarding the rate of drug overdoses, he said our County has been on an increasing trend even before COVID, due partly to a higher prevalence of Fentanyl, but has not

seen a significant increase since the outbreak of the virus. Neither has the County seen a jump in suicides.

4. DISCUSS the June 16 Health Order and any subsequent updates to the timeline for future resumption of business and community activities.

Chair Andersen opened the public comment period. The following individuals commented:

- Nancy, a cranio-massage therapist, acknowledged Dr. Farnitano and the ICU nurses. She expressed concerned about returning work, since it is very risky and asked the County to continue postponing resumption of her business sector.*
- ToniR asked if the Board paid \$10,000 for a sales tax poll, which Vice Chair Mitchoff confirmed but also said she hoped a sales tax measure would not be placed on the ballot. Toni commented that the lack of social interaction is taking a negative toll on people and she doesn't understand why healthy people are being quarantined. She commented on how the testing statistic were being counted. She asked what the County's "end game" is. She said she was uncomfortable being asked to "snitch" on violators of the health order. She contrasted the prohibition of singing/chanting in church with singing and shouting during protests, a permitted activity.*
- Barbara Csider spoke about the demoralization of the community due to the COVID restrictions and asked about nursing home outbreaks.*
- Jared Thomsen commented about how religious gatherings are being singled out as opposed to public protests. He asked the County to push back on what he views as State contradictions in rules.*
- Thomas Braum, a spa owner that employees massage therapists and aestheticians, commented that his back rent and expenses are piling up. He understands the delays but needs policies for financial assistance and relief. He described pressure from landlords, who are not negotiating and want to be paid.*
- Doug Smith said the data he can access conflicts with County data and requested more clarification on how County data is stratified.*
- Allision Snow, a hospital healthcare consultant, said there was a cognitive disconnect, citing the County's conservative approach to a modest virus. She requested deidentified patient data to better inform what is going on in our county. She cited 77 COVID deaths, most of whom are elderly. Why didn't we quarantine only the high-risk groups? She asked for a more holistic view of the County, taking into consideration mental health. She said there is distrust among people, who are free under the Constitution, and then under God.*
- Cheryl Iacone, a hospice worker, requested more transparency about COVID commitments to nursing homes which she described as lighting a match to a tinderbox. She asked if those nursing homes accepting COVID payments are doing so for the reimbursement and how many were out of county patients? She said that this data should be made publicly accessible.*
- Dave Bowers opined that church restrictions are arbitrary and wanted to know why the size of church facilities are not factored into the maximum number that may be gathered for an indoor service.*

- *Beth Baron, a massage therapist, expressed her appreciation for Dr. Farnitano and this committee forum. She said that the scheduled reopening of her business sector should be commensurate with the risk. She said that her business sector is categorized with less risky services and she believes there is not enough research to support opening her service sector.*
- *Lydia questioned the wisdom of accepting out of county patients if capacity is a concern. She asked if the Health Officer denounces the policy of payment to nursing homes who take in COVID-positive patients and if there is any effort to curtail this policy.*
- *Elias Mandilaras said he understood the need to adjust the reopening plan but wanted more information about the path forward. He asked when the County will reassess the sectors that were scheduled to open here on July 1.*
- *Robert Garvin asked if there were any changes to what is in Appendix C-2 regarding children camps. Soccer appears to have been singled out as not approved, which has led to confusion. He asked if the infographic could be changed to not single out soccer.*
- *Mike McDermott appreciated the age breakdown for the virus risk but doesn't understand why then kids are so locked down since their risk is so low. He likewise doesn't understand singing is prohibited in religious services if the singers are wearing masks. He also suggested that at each committee meeting, we have a briefing on how our County compares to other counties and the State in terms on hospitalization rates and deaths.*
- *Kimba Joy requested data on the numbers of asymptomatic persons who tested positive. She asked if the new, less invasive COVID test is reliable. She expressed gratitude for the stay on reopening massage therapy because of concerns about coagulopathy, which is the #1 contraindication for massage. She doesn't plan to return to work very soon and reported that 75% of her conferees do not plan to return soon.*
- *Ellen Mossman complained that it is difficult for the public to obtain information about the importance and need for more testing. She suggested a public information campaign specific to testing.*
- *An unidentified caller complained that some people have gotten bills for COVID testing because their insurance is denying payment. He also thought the data reporting is biased, noting that 3,000 COVID cases are being reported, but only 1,015 of those cases are currently active.*

Chair Andersen closed the public comment period and deferred again to Dr. Farnitano for response to comments/questions.

Dr. Farnitano explained that singing spreads the virus particles more than ten feet and that even masks don't fully protect. He said the limit for indoor church gatherings is set by the State, not the County, in reference to the extra danger associated with large gatherings being indoors: the larger the group, the more difficult to monitor for social distancing and the greater potential for higher exposure and infection rate.

Regarding our hospital capacity, he explained that counties participate in a mutual aid system to optimally utilize capacity across the hospital network statewide but that, on net, we are sending more County residents out than we are taking in non-county

residents. This is mostly due to Kaiser in Alameda County taking in Richmond patients. The mutual aid agreements have been in place for many years and there may come a time when our County needs such aid. None of the counties are islands and we must support each other. He then repeated the current County ICU statistics.

He reiterated that outdoor gatherings are safer than indoor gatherings, which is why outdoor dining is allowed but indoor is not, for example.

He reported that bars will be moved to later in the timeline because there is more and more evidence of the higher risk, i.e., lots of people in close proximity; loud music requiring people to talk loudly; people not wearing masks because they are drinking; and consumption of alcohol, which may interfere with peoples' judgment (they may become more careless about social distancing). We are continuing to study how the virus is transmitted and adjusting the timelines and sectors accordingly.

He clarified that there were no real changes to the stable groups/social bubbles. The concern is that people are stretching the rules. He said he would review the infographic regarding soccer. He acknowledged that children are at less risk of contracting and transmitting the virus than originally thought but the playground restrictions come from the State, and the County cannot be less restrictive.

He recommended not to pay insurance bills for COVID testing. The State made free testing very clear. If it is a bill from the County health system, those bills would be waived.

Vice Chair Mitchoff directed listeners to the Long-term Care Dashboard on the County website. She explained that the County is using every method possible to get information disseminated. She recommended checking the County's website regularly, conducting Google/web searches, calling their County Supervisor, and helping to spread information by word of mouth. She discussed how the length of time to obtain death certificates contributes to a delay in reporting current data on cause of death. She also emphasized that due to HIPAA rules, the County cannot disclose patient information except in an aggregated format.

- ToniR again asked that the "end game" is in terms of data. She also complained that fireworks contribute to sleeplessness, which reduces immunity to the virus. She asked why three-year-olds must be masked.*

Vice Chair Mitchoff commented that the 4th of July is the worst holiday for law enforcement and that law enforcement is working diligently to curtail illegal fireworks demonstrations.

Chair Andersen commented that we all wish we knew how this would all play out but all we can do is monitor and make informed adjustments and decisions.

Dr. Farnitano said that the goal (end game) is a vaccine, but we don't know how soon that will come. Therefore, some of those high-risk activities may not be able to be resumed until we have a vaccine.

The Committee approved the Record of Action for the June 25th meeting as presented.

AYE: Chair Candace Andersen, Vice Chair Karen Mitchoff
Passed

6. The next meeting is currently scheduled for July 9, 2020.

The Committee confirmed the July 9 meeting date.

7. Adjourn

*Chair Andersen invited people to submit questions to the Supervisors' offices and track the County's website, which is continually updated.
She adjourned the meeting at 3:15 p.m.*

For Additional Information Contact:

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