# CLALLAM COUNTY BOARD OF HEALTH

AGENDA of February 20, 2024 @ 1:30 – 3:30 pm
Clallam County Courthouse
Board of Commissioners Meeting Room 160
223 E. 4th Street
Port Angeles, WA 98362

Board of Health meeting will also be available virtually at:

If you would like to participate in the meeting via Zoom audio only, call 253-215-8782 and join with Meeting ID: 935 7343 5754 and Passcode: 095863

If you would like to participate in the meeting via Zoom video conference, visit https://zoom.us/j/93573435754 join with Meeting ID: 935 7343 5754 and Passcode: 095863

This meeting can be viewed on a live stream at this link: http://www.clallam.net/features/meetings.html

Public comment and questions can be directed to the Clerk of the Board at 360-417-2276 or nan.furford@clallamcountywa.gov

- Call to Order
- Roll Call
- Request for Modifications/Approval of Agenda
- Approval of Draft Meeting Minutes for January 16, 2023
- Action Items: None
- Public Comment for Agenda Items – *Please limit comments to three minutes*
- Health Officer: Infectious Disease Update
- Discussion Items: Environmental Health Budget, Programing, and Proposed Fee Schedule discussion
- Board of Health Public Hearings: None
- Board of Health Presentations:
- Old Business and Information Items: None
- Environmental Health Director
- HHS Director
- Future meeting agenda items:
  1. Vaccination Rates
  2. Air Quality and Noise Ordinance
  3. Climate Change
  4. Update on Behavioral Health Organization (BHO)
  5. Olympic Peninsula Healthy Communities Coalition

- Public Comment – *Please limit comments to three minutes*
- Adjournment

**NEXT MEETING** – March 19, 2024

**INSTRUCTIONS FOR SPEAKING AT A BOARD OF HEALTH MEETING:**

- Members of the public wishing to address the Board on general items may do so during the designated times on the agenda.
- Members of the public wishing to comment at the public hearing are asked to sign in on the sheet provided giving their name and place of residence.
- The Chair may limit the comment period to 3 minutes for each speaker subject to Board concurrence.
- Speakers, generally, will be heard in the order they signed up. All comments must be made from the speaker's rostrum and any individual making comments shall first state their name and address for the official record.
- General comments, applause, booing from members of the audience are inappropriate and may result in removal.

These guidelines are intended to promote an orderly system for conducting a public meeting/hearing so that each person has an opportunity to be heard and to ensure that exercising their right of free speech embarrasses no one.

**Note: Written testimony presented by members of the public during the Board meeting is considered a public document and must be submitted to the Clerk of the Board. Copies of public documents from Board meetings are available by contacting the Public Records Department.**

**Members:**

Chair, Mike French; Vice-Chair, Shahida Shahrir; Dr. Gerald Stephanz; Helen Kenoyer; Tia Skerbeck; Paul Cunningham; Jeff Gingell; Mark Ozias and Randy Johnson

**Health and Human Services Staff:**

Dr. Allison Berry, Health Official; Kevin LoPiccolo, Director; Jenny Oppelt, Deputy Director; Jennifer Garcelon, Environmental Health Director; Nan Furford, Clerk of the Board

# DRAFT MINUTES
# JANUARY 16, 2024

# CLALLAM COUNTY BOARD OF HEALTH

MINUTES of January 16, 2024 @ 1:30 pm – 3:30 pm
Clallam County Courthouse
Board of Commissioners Meeting Room 160
223 E. 4th Street Port Angeles, WA 98362
*Meeting was held via Zoom (Video conference)*

**REGULAR MEETING OF THE CLALLAM COUNTY BOARD OF HEALTH**

**Call to Order:** The meeting was called to order at 1:30 p.m.

**Roll Call:** Members present were Chair, Mike French; Commissioner Mark Ozias; Commissioner Randy Johnson; Vice-Chair, Shahida Shahrir; Community Stakeholder, Dr. Gerald Stephanz; Jamestown S'Klallam Tribe, Paul Cunningham; Lower Elwha Klallam Tribe, Tia Skerbeck; Consumer of Public Health, Helen Kenoyer; Health Officer, Dr. Allison Berry; HHS Director, Kevin LoPiccolo; HHS Deputy Director, Jennifer Oppelt; Environmental Health Director, Jennifer Garcelon

Members excused: City Council Member Representative, Jeff Gingell

**Request for Modifications/Approval of Agenda**
Commissioner Johnson made a motion to approve the agenda, Commissioner Ozias seconded, agenda approved.

*ACTION TAKEN:* The Board had unanimous consent to approve the agenda.

**Approval of Draft Meeting Minutes for October 17, 2023**
Commissioner Mark Ozias made a motion to approve the meeting minutes, Commissioner Randy Johnson seconded, minutes approved.

**Action Items: Election of Chair and Vice-Chair for 2024**
A motion was made to authorize the 2023 Chair to continue for a second consecutive term. Motion was moved by Paul Cunningham, seconded by Gerald Stephens. Motion passed.

A motion was made to approve the reelection of Mike French as Chair for 2024. Motion was moved by Gerald Stephanz, seconded by Commissioner Randy Johnson. Motion passed unanimously.

A motion was made to authorize the 2023 Vice-Chair to continue for a second consecutive term. Motion was moved by Paul Cunningham, seconded by Gerald Stephanz. Motion passed unanimously.

A motion was made to approve the reelection of Shahida Shahrir as Vice-Chair for 2024. Motion moved by Gerald Stephanz,, seconded by Paul Cunningham. Motion passed unanimously.

**Public Comment for Agenda Items:**
None.

**Health Officer – Infectious Disease Update – Dr. Berry**
Dr. Berry reported that we have 3 viruses in our area – Covid, flu and RSV. We are seeing an uptick in Covid-19 emergency room and hospitalizations but it's not as severe as other areas in the rest of the country. About 1/3 of our population has received the updated vaccine. RSV and flu have likely peaked in our area, based on the data. Please remember there are people out there that are at a higher risk than others to get sick through transmission; those who are immunosuppressed, people over 75, and the very young (kids under 1 year of age). Please stay up to date on vaccines, mask in a crowded public space, and stay home when you are sick. The newest variant of Covid-19 is JN1. It is most dominate and more transmissible. If you have had the vaccine update from the end of Fall, you will have good protection against JN1. Clallam County has had a relatively mild flu year. Public Health in Port Angeles carries all pediatric vaccines but RSV. Discussion followed.

**Board of Health Hearings: None**

**Board of Health Presentations:**

1. **Clallam County Prosecutor Office – Opioid Death Overview – Mark Nichols**
   Mark Nichols presented the County Coroner Update and data. Discussion followed.

2. **Harm Reduction Report/Dashboard Overview – Public Health Staff**
   Moni Madjdi and Siri Forsman-Sims presented on the Harm Reduction Program and about the overdose data collection and reporting systems. Discussion followed.

**Discussion Items:**
None.

**Old Business and Information Items:**
None.

**Environmental Health Director - Jennifer Garcelon**
Environmental Health has 2 unfilled positions and received 2 of the 6 or 7 positions that were indefinitely deferred. One in onsite septic permitting and we will have less staffing support. The other position is a customer service specialist who is going to administrative and provide customer service and database support to the new database. This affects our response time for complaints/code enforcement.

Environmental Health staff are having their annual staff meeting on January 25th to work on their annual report. Discussion followed.

**HHS Director- Kevin LoPiccolo**
None.

**Public Comment**
None.

**Adjournment**
Meeting was adjourned at 3:50 p.m.

**Next Meeting** – February 20, 2024

PASSED AND ADOPTED this _____ day of _____, 2024

CLALLAM COUNTY BOARD OF HEALTH

_____
Mike French, Chair

_____
Allison Berry, MD, MPH, Health Officer

ATTEST:

_____
Nan Furford, Clerk of the Board

# ZELENKA
# EMAIL

# FW: Public comment for February 2024 Clallam County Board of Health meeting

Furford, Nan <nan.furford@clallamcountywa.gov>
Thu 2/8/2024 3:34 PM
To:LoPiccolo, Kevin <kevin.lopiccolo@clallamcountywa.gov>
Forwarding to you for the upcoming BOH.

***Nan***
***Clallam County HHS***
***360-417-2276***

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**From:** K Zelenka
**Sent:** Thursday, February 8, 2024 2:34 PM
**To:** Furford, Nan <nan.furford@clallamcountywa.gov>
**Subject:** Public comment for February 2024 Clallam County Board of Health meeting

Hi Nan,

I would like to submit this comment/testimony for the record and also request a response from the Board:

--Kathy Zelenka (my contact info is at the end)

Dear Clallam County Board of Health,

Because this is an unmet, significant public health need, I write to renew my request that CCBOH begin working with our state and federal representatives to acknowledge and address covid vaccine injuries in our community, state, and nation. Please reach out and urge lawmakers to secure funding for research into complications and treatments, as well as reform the failed compensation system. We need your help because they don't listen to constituents. I've been trying for three years.

I'm also contacting you again because I've spoken with individuals in Port Angeles who are afraid of the stigma connected to their own covid vaccine complications. One of the functions of public health is to eliminate stigma surrounding medical issues and ensure non-discriminatory, equitable access to health care. Your attention is needed in this area too.

I've previously shared with you about my husband's colleague, Michelle Zimmerman, whose life-altering adverse reaction was written about in the British Medical Journal as an exemplar of how broken our system is. She is also party to a lawsuit challenging the cruel, unconstitutional response to covid vaccine-injured Americans.

https://www.bmj.com/content/377/bmj.o919
https://www.reuters.com/legal/government/column-covid-vaccine-black-hole-injury-claims-is-unconstitutional-lawsuit-says-2023-10-10/

Next month marks the three-year anniversary of the life-altering adverse reaction that left her abandoned by every entity which should have quickly provided medical help and humanitarian support, conducted research, and protected others.

Instead, public health, lawmakers, and much of the medical establishment continue to marginalize covid vaccine injuries as "rare" and do not support our neighbors who were harmed by what was promised to be safe. It took further injuries and deaths before J&J was pulled off the market, but there's still no comprehensive effort to help the people injured by *any* of the covid vaccines.

https://www.reviewjournal.com/rj-magazine/grit-and-faith-las-vegan-battles-after-rare-covid-19-vaccination-reaction-2928326/
https://www.seattletimes.com/seattle-news/king-county-woman-in-late-30s-becomes-first-person-in-washington-to-die-of-jj-vaccine-complication/

In light of this ongoing, serious problem, I would like to share with you an update on Michelle's post-vaccine condition in her own words, recently conveyed publicly via twitter. https://twitter.com/mrzphd/status/1753957077641515209

"Insurance still declines covering portable oxygen-one of many things keeping me homebound except the 23 medical appointments I had in Jan alone. One on my care team is concerned about such low quality of life. She suggested snow on a cloudy day, to at least get beautiful view

2/ When theres Vestibular hypofunction & vision damage from brain injury, motion and light flicker in cars is horrible and worsens symptoms. That's a challenge to get there. When I get there, since there's elevation, SpO2 drops faster. So, I buy Boost oxygen for mountain climbers

3/ Because the ataxia and gait stability is bad, the suggestion was using ski poles to support walking and balance rather than just trying to sit in one place in the cold. My mom had to help me walk and then got video of the ataxia. And what it looks like with my leg collapsing

4/ why cloudy day and why snow? Snow insulates and muffles sound, descending the cognitive load of sound sensitivity, but a sunny day and reflective off of snow would be far too much with the severity of light sensitivity. Because PT wants me to start trying any movement with

5/ ankle weights, the suggestion was to try light weight snow shoes, to make it easier to stand in the snow, with the polls like walking with two canes for support and balance. With a lot of stopping and inhaling oxygen. And not to stay long. Just to try something. It was rough.

6/My left ataxic side (both the arm with the pole for support, and left leg) feel like they're part of a different body than my right side. Feels like that side of my body takes so much effort & slow motion. I struggled to regain balance several times, but poles made a difference

7/ Ataxia is a problem with muscle coordination. Because of my background in dance and vestibular hypofunction, it took over two years to get that part accurately diagnosed because the hair instability was assumed part of vision & vestibular damage. I compensated a lot.

8/ Since it will be three years of being unrecovered in March, the muscle loss is profound. And I can't keep having so much muscle wasting. My parents drove me to another medical imaging scan on the way to the snow. Muscle loss continues to progress. But, I'm not cleared for

9/ cardio (which I why I had to keep stopping for Oxygen, SpO2 dropped to 82% in 2 min last time PT supervised stationary bike two weeks ago), and weight training results in severe PEM. To try this, I loaded up on 1.5 h HBOT daily, increased NAD+ & photobiomodulation just before

10/ B12 injection, and amino acids before and after plus HBOT and Photobiomodulation again after, all to try to mitigate the known acquired mitochondrial dysfunction that results in severe post exertional malaise and what looks like new concussion with worsened vision sx like TBI

11/ This is what is going on as just one layer. It's not just deconditioning. It's ongoing damage. So why even try? (You may ask).

12/ Many people got pandemic fatigue. This is an entirely different category. It's being in dark rooms to survive. It's the equivalent of getting new concussions over & over with setbacks. Like concussion, it's not even able to watch movies or seated activities like theatre.

13/ The verbal speech and cognitive function means not being able to handle calls or FaceTime with friends and family without getting worse. It's not being cleared to drive myself. It's losing career and independence and being immersed in anything science to try to make progress

14/ "Reductions in quality of living" is so understated, and if you're not surging through it, it's incomprehensible why people in this condition not uncommonly say they're more terrified to keep living like this than the thought of dying. From able bodied contributor to

15/ ...needing your parents to help you put shoes on if anything other than slip on Crocs & not being able to even live independently or walk independently or watch a movie. Why did I even bother trying? (You may ask), Because I'm fighting to live, not this ( https://time.com/6186429/suicide-long-covid/)

16/ All of this quality of life talk, it's not for lack of motivation or not trying hard enough. Many of us who pushed ourselves to achieve think if we just try harder, we'll make enough progress to get out of this. No. For us, it takes a team of rehabilitation specialists to

17/ reign us back in and train us the game has changed and that high motivation to persist through pain can cause more damage in the process. Until the science catches up and until people acknowledge the damage that is well documented in research, the rate will exceed 1 in 3.

18/ And yes, it can happen to you. It's not just people with underlying conditions. I have none. I had no risk factors. I was fully vaccinated. I masked (N95). I did not vote for Trump. I have a PhD. I'm not uneducated. None of that prevented life-altering. It's not political.

19/ The longer people keep trying to "other" & politicize this, the longer they try to make it about Democrat/Republican, or pro-vaxx/anti-vaxx, the more thorough data collection is avoided and good science isn't supported, the more polarizing this will keep getting & dismissive

20/ Science missed out on a gold mine of data that could have been collected in March 2021 fr vaccinated people like me to quickly narrow down mechanisms of damage to compare: never covid, covid & recovered, covid & unrecovered, covid + other things, unvacc, AND vacc &unrecovered

21/ By politicizing (but not questioning the quality of manufacture of early products, including variance in concentration of active substance), and by polarizing and originally isolating both

#LongCOVID and unrecovered vaccinated with identical symptoms in the absence of virus,

22/ ...there was massive missed and collectible data, that could have increased trust in science an authorities, helped advance vaccine manufacture, and protective measures that work to decrease ongoing infections that spiked higher this year already vs any other time but 1st

23/ Instead, people are STILL focusing on political lines and increasing polarization rather than actually investing in science. There are very solid research teams who are investigating and fighting to get funding to keep this work going, to advance knowledge and solutions

24/ So I ask, if you made it this far, and you are following the #LongCOVID scene, please be part of the solution and start redirecting the focus back on science and don't get sucked into the distractions of blaming (while forgetting to ask essential questions)

25/ At some point, it needs to stop. Lumping in all people who were harmed by taking a vaccine and doing the right thing with "antivaxxer" just because we were irreparably harmed is not okay. Nor is saying "don't talk about it" while failing to conduct research, or giving access

26/ ...to data. There were known manufacturing problems. Not talking about it and hoping it goes away is just as unscientific as people who...well...don't want to see data if it doesn't conform to their personal beliefs. That's not good science. Neither is avoiding those of us who

27/ have been harmed and carry crucial information to unlocking the aspects of #LongCOVID and complex chronic conditions that existed in the absence of viral load or viral persistence. By finding the commonalities and differences, counterexamples, and challenging assumptions

28/...have been disconfirmed like (only severe COVID results in Long COVID debilitation). And the uncomfortable counterexamples like me, who have identical severity and damage for 16 months before the virus. This means, the debilitating can occur in absence of viral persistence

29/ but does not discount that viral persistence can drive chronic conditions. When people think acknowledging the existence of counterexamples undermines their core belief, and ignoring it is better, scientific progress gets delayed at best. We need good science,

30/...good science that is not unnerved by counterexamples, walks away from the turning categories of people into dehumanized political examples while driving polarization of the damage and harm people are living even higher, and instead, seek answers (that may be uncomfortable).

31/ So why do I try to keep living though the damage caused to me by doing "the right thing"? Because I am unwilling to go through this much suffering to let history repeat itself and without contributing to knowledge. "If you care enough about the people who come after you...

END/ I was told, "Don't give up looking for answers. No one will help you. It's too new." Since FDA revoked J&J, research halted, access to data & info - denied. 100 years ago, the Radium Girls experienced similar. They cared enough about the people who came after. I do too."

Michelle and other injured Americans have been ignored, stigmatized, or told things like, "No one will help you." These horrible responses are morally wrong. It's not anti-science or anti-vax to acknowledge reality and help suffering people. It's pro-humanity, pro-health to care about accountability and justice. I ask for you to come alongside in your capacities as public health leaders and to convey the necessity of action to lawmakers. This affects people in our own community, who you serve.

I'll close with three quotes. One is from Dietrich Bonhoeffer, one from Albert Camus, and one from Adolf Hitler. Which of these ring true to you?

"Silence in the face of evil is itself evil: God will not hold us guiltless. Not to speak is to speak. Not to act is to act."

"Every insubordinate person when he rises up against oppression, reaffirms thereby the solidarity of all men."

"The common good before the individual good."

I'm not conflating what's happening to the vaccine-injured with specific historical events as a direct analogy. But, throughout history, we've seen that violations of underlying ethical principles are precursors to tangible, large-scale harm: *if we live in a system wherein it's deemed acceptable to violate the inalienable human rights of a subset of our population for the purported "good" of others, then we are going down the wrong path and must course-correct.*

Foundational medical ethics are: do good, do no harm, respect a patient's free, informed choice, and ensure fairness. These are excellent guiding principles, and therefore it's no surprise that pandemic-era departures from them have caused immense harm to individuals as well as society as a whole. It's not too late to do better.

Sincerely,

Kathy Zelenka
[redacted]