

**JEFFERSON COUNTY HEALTH DEPARTMENT**  
**405 Main Street, Hillsboro, MO 63050**  
**August 26, 2021**

**CALL TO ORDER**

Chairman Diehl called the meeting of the Board of Trustees of the Jefferson County Health Department to order at 3:04pm .

**ROLL CALL**

Dennis Diehl, Chairman - Present  
Dr. Amber Henry, Vice-Chairman – Present  
James Prater, Secretary-Treasurer – Present  
Tim Pigg, Member – Present  
Susan (Suzy) Davis, Member – Present

**OTHERS ATTENDING**

Kelley Vollmar, Director  
Steve Sikes, Deputy Director Operations  
Jennifer Pinkley, Deputy Director Admin.  
Christi Coleman, Legal Counsel

Others in attendance:

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| Katelyn Mary Skaggs, Leader<br>Publications<br><br>Mr. Jack Garvey, Carey Danis & Lowe<br><br>Mr. Derrick Good, Thurman Law Firm |
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Chairman Diehl announced that the JCHD Board meeting will not be live streamed but will be open for physical attendance by the public, due to space constraints to 14 people in the conference room, overflow can watch the meeting in the parking lot on closed circuit TV. Mr. Garvey sat at the Board table until conclusion of his presentation on the agenda, whereupon he and Mr. Good left the room. There was one individual who sat outside in the 'overflow' area. Prior to the start of the meeting, Chairman Diehl went outside to ask him if he wanted to come inside for the meeting, as there was ample room, but the gentleman declined and remained seated outside (identity unknown).

**APPROVAL OF AGENDA**

Mr. Pigg made a motion to amend the agenda. Dr. Henry seconded.

A discussion ensued with Mr. Pigg requesting the following amendment(s): move New Business item number two, the Memorandum of Understanding (MOU), to the next

item discussed after the approval of the agenda. Mrs. Davis requested to add items to the agenda; however, referencing the Sunshine Law, Ms. Coleman noted this could not be discussed at this time because proper notice was not given to have it added to the agenda.

Hearing no further discussion, the motion carried unanimously. Chairman Diehl announced the motion had passed.

Mr. Pigg motioned to approve the agenda and Dr. Henry seconded. Hearing no discussion, the motion carried. Chairman Diehl announced the agenda was approved.

Memorandum of Understanding – between JCHD, Jefferson County, and Carey Danis & Lowe (CDL)

Mr. Garvey, from the law firm of Carey Danis and Lowe introduced himself explaining Jefferson County retained their services for the opioid lawsuit. The manufacturers, distributors, pharmacies, and prescription benefit managers. The case is in full litigation and is in the discovery phase currently. The defendants are insisting JCHD have representation in the case since the taxpayer portion of the Jefferson County budget that goes towards the opioid programs would be claimed by the department—this includes both past and future money spent by the department. The defendants' attorneys are insisting JCHD be represented by the four firms involved in this case on the plaintiff's side otherwise they will start a third-party practice which means, JCHD would need to retain their own attorney and the department's records would be subpoenaed. In light of this Mr. Garvey is offering a MOU to represent JCHD in this litigation. The representation would be at no cost for JCHD, and the firm would handle any requests from the defendant's attorneys. In doing so, JCHD's records would not be subpoenaed instead it would be through a request for production of documents which allows for Mr. Garvey's firm to vet and select the pertinent documents to provide. This provides greater confidentiality for the department and its clients. A few JCHD staff would probably be asked to testify; however, Mr. Garvey's firm would work with JCHD's staff to help them prepare for when this goes to trial on June 6, 2022, in front of Judge Rathert. Mr. Garvey's firm is also seeking to enter into an MOU with Jefferson County government and the Department of Mental Health Trust Board and Comtrea. Mr. Barbie opened the floor for questions, to which Mr. Pigg asked Ms. Coleman for her thoughts. Ms. Coleman reported her firm has a conflict of interest, and she has intentionally asked to be excluded from this process. Ms. Coleman stated she has discussed this to some extent with Mr. Garvey because of documents that have already been supplied by staff due to some Sunshine requests.

Mr. Prater moved to approve the MOU. Dr. Henry seconded. Hearing no discussion, the motion passed. Chairman Diehl announced the MOU was approved. Chairman Diehl signed the MOU.

### **APPROVAL OF July 6, 2021 Special Meeting MINUTES**

Dr. Henry made a motion to approve the **July 6, 2021** minutes. Mr. Pigg seconded.

Hearing no discussion, the motion carried with Mr. Prater abstaining from voting because he was not in attendance at this meeting. Chairman Diehl announced the motion had passed.

### **APPROVAL OF July 22, 2021 MINUTES**

Mr. Pigg made a motion to approve the **July 22, 2021** minutes. Mr. Prater seconded. Mrs. Davis asked if the motion was for the July 6<sup>th</sup> minutes to which Chairman Diehl clarified they were for the 22<sup>nd</sup>.

Hearing no further discussion, the motion carried Chairman Diehl announced the motion had passed. Ms. Coleman requested clarification regarding Mrs. Davis' vote, as she did not vocalize her vote. Mrs. Davis voted to approve the minutes.

### **July 2021 APPROVAL EXPENDITURES**

Dr. Henry motioned to approve the June 2021 expenditures in the amount of \$216,401.69. Mr. Pigg seconded.

A discussion ensued with Mrs. Davis requesting a more detailed breakdown of the attorney's bill. Director Vollmar reminded the board that each time they do not follow the guidance of the board policy, which is to go through the board chair or the executive director when communicating with the board attorney that those are billable minutes. Chairman Diehl instructed Mrs. Davis provide him with a list of the specific questions she has, and he will relay them to the attorney.

Hearing no further discussion, the motion carried with Mrs. Davis being the only dissenting vote. Chairman Diehl announced the motion had passed.

### **July 2021 APPROVAL ELECTRONIC PAYMENTS**

Mr. Pigg motioned to approve the electronic payments for July 2021 in the amount of \$491,595.73. Dr. Henry seconded. Motion carried with Mrs. Davis being the only dissenting vote and Chairman Diehl announced the motion had passed.

### **September 2021 PRE-APPROVAL ELECTRONIC PAYMENTS**

The list of vendors for pre-approved electronic payments for September 2021 presented to the board with an estimated amount of \$580,787.25. Mr. Pigg motioned to pre-approve the September 2021 Electronic Payments. Dr. Henry seconded. Motion carried with Mrs. Davis being the only dissenting vote. Chairman Diehl announced the motion had passed.

## **VISITORS AND GUEST REMARKS**

None

## **DIRECTOR'S REPORT - KELLEY VOLLMAR**

The Jefferson County Rotary Club will hold their third annual golf benefit. The Rotary Club of Jefferson County has been extremely gracious and donating the proceeds. The proceeds of this event will go to the Jefferson County Health Department Wellness van, which provides services to individuals who are uninsured or underinsured in Jefferson County and those services include anything from a Wellness visit with a dietician to flu shots and more. The tournament will be September 17th at the Oak Valley Golf course and we just want to encourage everyone who is interested to go ahead and sign up and spread the word. Chairman Diehl questioned what needed to be done to sign-up a team, to which Director Vollmar stated he needed to submit a registration form to her, and she would ensure the Rotary Club receives it. Chairman Diehl asked if he could pay the registration fee at the event to which Director Vollmar stated she believed he could, and she would check to make sure it was ok.

Jefferson County has been chosen to participate as a monoclonal antibody infusion treatment site. There are several sites across the state of Missouri in which the state is working with the local health department and hospitals to be able to put these treatment centers into place. It's basically a 30-day treatment center, but they are able to serve up to 20 patients a day and will be operating 12 hours a day, seven days a week. JCHD is fortunate that Mercy Jefferson is partnering with us on this and are looking at how we can further this type of partnership and extending it past the 30 days. It's an honor the state chose JCHD as a location. The monoclonal treatment helps increase chances of recuperating at home and avoiding hospitalizations for individuals and people who are high risk and develop mild to moderate symptoms and tests positive for COVID. Early treatment with these monoclonal antibodies will help to prevent it from progressing to more severe disease requiring hospitalization. The treatments are available at no cost to the participants. There will be more information to come on this. Chairman Diehl asked how many sites the state funded, to which Director Vollmar stated she believed it was 18 and she would check on that information. She further explained, in the Region C area, which includes Saint Louis, Saint Louis City, Franklin, Jefferson, Warren, along with 6 other counties there are two sites and a potential third site. There will be five sites total in our region. Mercy Jefferson will have a 5-bed unit and each bed is able to serve four individuals a day.

Director Vollmar also reported, that Jefferson County's COVID case have decreased a little since last week. Jefferson County is still in the red with approximately 235 cases per 100,000 in the last seven days, but that's down from the 276 reported last week. The present positive rate is about 13.3% compared to just under 15% last week. Those are encouraging numbers, but with kids going back to school and we're starting to get closer to fall it is encouraged people maintain those preventive measures. It was noted that the first COVID fatality within the 20-29-year-old age range occurred this week. Additionally, the number of cases for the youth, 0 to 19, have slowly increased over

the past year to approximately 15%. When looking at the time period last year compared to this year for the same week, there were about 25 cases during this week last year. This year during the same week there are about 100 cases, so we are definitely seeing an increase in youth cases. It's encouraged for kids to get that vaccine. The Pfizer vaccine has been approved for ages 12+. Mrs. Davis interrupted stating she wanted to discuss what was currently being reported. Director Vollmar requested for the Chairman to let her finish her report, which Chairman Diehl granted. Mrs. Davis continued to argue her point and Chairman Diehl instructed her to hold her comments until the end of the report.

Director Vollmar continued on with her report stating the vaccine has been fully approved for age 16 and older. Although it is still available for the 12- to 15-year-old range. She noted, unfortunately, the 0 to 11 year old age group still do not have a vaccine option, so it is very much encouraged those around this age group get vaccinated, as well as practice those prevention measures to ensure that they are in a bubble of safety. Mrs. Davis interrupted to which Director Vollmar stated she would like to finish her report. Mrs. Davis requested she be allowed to ask a question. Chairman Diehl directed Mrs. Davis to follow the rules and wait until she has the floor to speak. Mrs. Davis asked when she would have the floor, to which Chairman Diehl stated she would have to wait until he gave her the floor. Mrs. Davis asked if that would be at the end of the report, stating her point would be irrelevant by then. Chairman Diehl stated Director Vollmar had the floor, then instructed Director Vollmar to continue.

Director Vollmar reported in Jefferson County about one in three residents have completed the full series, meaning they received the two-shot series for Pfizer or Moderna, or the one-shot series for Jansen. There's a significant difference between our younger generations and our older generation, so when looking at our older adults between 56% and our 60-year-olds to about 67% of our 80, plus age range have been fully vaccinated. The concern is when looking at that 12- to 19-year-old age group where they have the opportunity for the vaccine, only about one in five are fully vaccinated. Jefferson County is sitting at about 18% fully vaccinated in that group. Again, that's less than one in five kids that are eligible for the vaccine have received it. Another important note is if for those individuals those kiddos were younger than 12, they certainly do not have a vaccine option. Mrs. Davis interrupted to provide her opinion. Chairman Diehl called for order in the board room. Mrs. Davis continued providing her opinion, and Chairman Diehl again called for order in the board room. Mrs. Davis continued providing her opinion. Director Vollmar requested she have the floor to finish her report. Mrs. Davis continued providing her opinion. Chairman Diehl noted what she was providing was her opinion not fact. Mrs. Davis continued to provide her opinion. Chairman Diehl called Mrs. Davis out of order and called for order and instructed Director Vollmar continue. She did so providing the following information, this week over 86% of the new cases were unvaccinated individuals and 13% were vaccinated breakthrough cases. The same percentage is true for hospitalizations—approximately 86% of the individuals hospitalized with COVID are unvaccinated. Looking at the age range of individuals with COVID it's in our younger generation that is not vaccinated. Generations that have high numbers of vaccination

rates are not experiencing probate at the same rate as we're seeing in our youth, so again, expressing the safety of the vaccine as well as the encouragement for our community members to go ahead and look at the vaccination as a way to protect themselves as we are facing the delta within our community.

Mrs. Davis asked if it was true that the Delta variant has no tests to detect it? Director Vollmar responded that was incorrect the variant can be determined by studying the genome sequencing-- looking at where it came from, what its origins are, how it's put together. Mrs. Davis argued it should just be called COVID and not be identified by the variant type. Director Vollmar explained the variant type is important because each of the different variants have different characteristics and those different characteristics may make the transmission rate higher or make the lethality higher. It could make the transmission lower, so it is very important to distinguish between variants in order to understand what you're dealing with when you're looking at community transmission.

Dr. Henry asked for clarification regarding the age groups and the vaccine. Director Vollmar replied, Pfizer has been fully approved for ages 16 and older. At this point in time, the age group 12 to 15 has been approved for emergency use but has not been fully approved by means of the regular approval process.

Chairman Diehl asked Mrs. Davis if she had any further questions, to which she responded she did. She proceeded to ask about the rate of breakthrough cases to which Director Vollmar reported five breakthrough cases have been known to be hospitalized, when looking at our breakthrough cases that number is extremely small. In terms of the breakthrough cases that we are seeing again, as we've mentioned before, the types of symptoms that you're seeing are mild to moderate illness compared to very severe hospitalizations, ICU venting, and possible deaths occurring more frequently with the unvaccinated individuals. Mrs. Davis then asked if there were any treatments for people with symptomatic COVID. Director Vollmar reminded Mrs. Davis of what was discussed in the earlier part of her report referencing the collaboration with Mercy Jefferson to provide the monoclonal antibody infusions. Mrs. Davis stated that was for high-risk people and she wanted to know what was available for less severe cases to keep them from needing to go to the hospital. Director Vollmar stated as a public health entity JCHD's role is to prevent the spread of disease through masking, vaccinating, social distancing, etc. She stated she could not speak on behalf of JCHD's medical partners or the hospital community. Chairman Diehl asked if there were other treatments approved for COVID, to which Director Vollmar stated there are no other treatments that have been approved. Mrs. Davis argued her opposing opinion; however, there was a dispute about whether her opinion could be cited by reputable sources. Chairman Diehl asked if there were any other questions. Hearing no response, he moved on to the next agenda item.

### **OLD BUSINESS**

None

### **NEW BUSINESS**

Resolution 21-08-26-01 – Authorizing JCHC to request qualifications from Architects for the design and construction of a new building

Chairman Diehl introduced resolution 21-08-26-01 which authorizes JCHD to request qualifications from architects for the design and construction of a new building. Chairman Diehl asked Ms. Coleman if the resolution had to be read aloud, to which she replied it did not. Mr. Pigg motioned to approve the resolution, and Dr. Henry seconded. Hearing no discussion, the motion carried unanimously. Chairman Diehl announced the resolution had been approved.

Chairman Diehl moved on to the next agenda in which approval was being sought for renewing a lease for real estate property. Deputy Director Sikes provided information about the request stating for the landlord of the building across the street that JCHD has been leasing requires a 120-day notice prior to the renewal to let him know what our intentions are. If we were planning to end our lease, he would use that time to advertise. However, JCHD is not planning on moving from the property yet and would like the boards approval to notify the landlord we will renew the lease in January. Chairman Diehl asked how long the renewed lease would for, to which Deputy Director Sikes stated it was a year. Dr. Henry asked if the space was still needed, to which Deputy Director Sikes stated the space was still being used. He explained all of the office space was filled with people and there is a lot of equipment there which gets it out of the way of our clinical area in the main building. It was also noted the additional parking it provides is very much needed.

Dr. Henry moved to approve notifying the landlord of JCHD's intention to renew the lease. Mr. Pigg seconded. Chairman Diehl asked for clarification that what the board would be approving today was an informal confirmation of JCHD's intention to renew the lease, to which Deputy Director Sikes concurred. He further noted he was unsure if there would be a penalty should JCHD decide in January that they would not renew the lease. It is presumed JCHD would have to pay some rent or fees under those circumstances to cover the 120 days. Chairman Diehl asked Ms. Coleman if she had any concerns or guidance to offer. Ms. Coleman stated she would need to review the lease, which she did not have in front of her at that time. In light of questions pertaining to the lease and the actual 120-day notification not being due until October this item was tabled until the September 23, 2021, board meeting. Dr. Henry rescinded her motion.

Chairman Diehl moved onto the next item, and asked Director Vollmar to speak on the approval request of the updated APRN Collaborative Practice Agreement. Director Vollmar provided the following information: a collaborative practice agreement is established between the Mobile Wellness program nurse practitioner Mary Tongay and the supervising physician, Dr. Gaudreault. The agreement was revised to add a section for an alternate supervising physician to be included so that should Dr. Gaudreault be unavailable we would have someone to cover for him. It was also identified that other information needed to be added to the agreement in order to ensure compliance with the following Missouri regulations: 20 CSR 200-4.200(5) and 334.104, RSMO of the revised statutes of Missouri, and the changes are highlighted in yellow in your versions.

Chairman Diehl asked if there were any questions. Deputy Director Pinkley clarified the CSR is the State Board of Nursing and general rules from the Department of

Commerce and Insurance. Mrs. Davis moved to accept the APRN Collaborative Practice Agreement as stated. Mr. Pigg seconded the motion. Hearing no discussions, the motion carried, and Chairman Diehl announced the agreement was unanimously approved.

Chairman Diehl moved on to the final item under New Business, COVID Contact Tracing Strategy during Critical Staffing Crisis. Director Vollmar introduced Jeana Vidacak who provided information about the update being made to JCHD's contact tracing strategy. Director Vollmar noted this was more informational for the board, but as things have changed from last year to this year, JCHD is looking at what our available staffing is; what we are capable of doing; and how we're going to meet our requirements underneath our statutory obligations to do contact tracing. Mrs. Vidacak reported last year at this time JCHD had more people working case investigations but fewer cases than what we have currently. Last July we had just a little over 860 cases for the month. This July we had a little over 1,500. August of last year we had 1,369 and so far, we've had 2,034, so we are definitely seeing an increase from this time last year. Last year I had over 30 employees working case investigation. Today I have five on a good day, so our caseload has almost doubled, and I have a very reduced staff so looking at that and knowing that the staff I have are under a grant. Basically, I have about 180 hours that I can pay under our grant for case investigation. Right now, I'm covering about 140 hours, and it takes about an hour to do a single case. So, I can do about 146 cases a week and we have more than that coming in by a long shot. As the health department we are responsible for the control and investigation of any disease or condition that's listed in the 19 CSR 20-20 which I think has been provided for everybody. That's what we operate on and what we are required to do, which means stopping investigations is not an option. However, we are going to have to amend our strategies to fit the resources that we have. Looking at the CDC, they have a section for high burden jurisdictions, which we fall under, it's a backlog of cases where it's at least twice the number that any interviewer can do. Each day we have exceeded that, so when we're looking at that hybrid status, we're going to prioritize our cases for investigation. People get living and settings that have the potential for extensive transmission, so we're really looking at these facilities in settings where people have to congregate. They don't have a choice. Long-term care residents don't have a choice just to get up and leave and go somewhere else. And in our school settings our children don't have a choice not to go to school. They don't all have a choice to be vaccinated, so they're a high-risk population and so that is how we prioritize how we're going to do our investigation.

Mrs. Davis interjected her question and opinion regarding whether children should be considered a part of the high-risk population.

Chairman Diehl called for order in the board room, and Mrs. Davis continued arguing her point while ignoring the requirements that JCHD are mandated by the state to follow. Chairman Diehl called Mrs. Davis out of order. Mr. Pigg questioned if Mrs. Davis read the document; however, she ignored his question and continued arguing her point. Chairman Diehl called for order in the board room. Mrs. Vidacak continued with her presentation stating JCHD is going to continue looking at that CDC guidance, their recommendation, for congregate living facilities, including with the potential for extensive transmission. JCHD is prioritizing school districts and the long-term care facilities because of their high risk and the limitations on the protective measures they



can implement. Mrs. Davis interrupted stating JCHD should stay out of the school districts. Director Vollmar noted JCHD has been working with the schools for over a year now and have developed a good rapport with them. Mrs. Vidacak reported JCHD is going to continue with the strategies that were in place last year so we can mitigate those positive cases. Those facilities are doing their contact tracing, so they have their residents, their students, or teachers. They know where those contacts are, and they are going to facilitate that. We do have our task force is set up and those facilities know how to get ahold of us. Mrs. Davis interjected requesting to ask a question regarding rapid testing and then proceeded to argue her point. Chairman Diehl instructed Mrs. Davis to stop talking and allow Mrs. Vidacak to respond. Mrs. Davis continued to argue her point. Director Vollmar interjected requesting for decorum and respect from Mrs. Davis by allowing staff to finish presenting her report. Mrs. Vidacak began to speak, and Mrs. Davis interrupted, to which Director Vollmar asked that she let staff finish the presentation, otherwise she would ask the Chairman to call her out of order.

Mrs. Vidacak continued stating for the community members and employers, we know that we're not going to be able to make all of our phone calls. We are definitely behind. The general community members are not considered priority cases and they are encouraged to follow the CDC guidance should they test positive. The guidance is available on our website, and they may call our office should they have additional questions. Isolation and quarantines, as soon as we receive the lab reports from the state with confirmed and probable cases, we send them a letter that explains they have been identified as having tested positive for COVID, and instructions on how to isolate, how to determine if they've exposed someone, and what an exposed person should do are provided. We're going on the good faith of the community that they will follow those rules. At this time, we are asking for everyone to isolate and stay home if they are sick. Don't go to work if you're sick or if you're in quarantine, don't go to work. We're still not going to be able to catch everybody, so at the end of the day, my job is to make sure that I'm educated, the community that I've notified when there's an exposure. The new variants of COVID that's going through, move very fast and spreads quicker. Last year we had two or three days to contact folks before they were ever even going to be transmitting that illness. We have about 24 hours at this point from the time you're exposed to the time you, potentially expose others, so time is critical this year. Our schools and our long-term care are amazing, and they are getting the notifications out instantaneously. In the event that we can't get that information out instantaneously, we will be posting alerts on our website. If we get to a point where we know that there was an exposure at a volleyball game and we cannot identify who was exposed quickly enough, we will put that on our website to say there was an exposure on these days.

Sometimes exposures can last three days. If we've got a student playing sports and they were at practice every day, they may have been transferring that disease for three or four days before it was caught. We will put that information on our website. I want to make sure that parents are aware, that family members are aware, that you are aware if you have been exposed at the end of the day. That's my job, and I also want to make sure that if you were coming into a situation, if we haven't been able to do all of

the isolation and quarantining, you're coming into a situation with awareness of what you're walking into when we can do that. In the instance that we cannot conduct isolation, quarantine, contact tracing, there will be an alert on our website and that will stay up for the duration of what that quarantine period is. Once the period has ended the alert will be deleted from our website.

Mrs. Vidacak stated in the strategic plan that we gave you; we outlined some definitions such as confirmed cases are those with positive PCR. We have a rapid test that is rapid. It is a test that's done under a clear license and that's the Clinical laboratory improvement amendments. The tests were done under licensed facilities, which can be done from here, or from schools, pharmacies, etc. Diagnostic inflammatory home tests do not count as diagnostic tests to us, so it is not going to get you out of quarantine early, and we are also not going to be able to use that solely to confirm a case that's considered a suspect case. When we get those calls that an at the home test was positive, we're going to have to do some more investigation. If you're actively sick, if you've had an exposure, if you meet that probable case definition that I've listed, then you are a probable case. Dr. Henry asked for clarification referring back to the volleyball scenario asking what a person should do if they are unsure if they were exposed. To which it was answered they would be encouraged to err on the side of caution.

This year they symptoms are sometimes a little different. It's not just respiratory, we know that it's not for every time, so going through the full list which you will see a lot of different ways the disease presents. We've had a lot of people that didn't catch it quick enough because they thought they had the stomach flu. When you have an upset stomach and that's kind of how it's starting and so people are missing it for a little bit longer, it's taking them longer to get diagnosed.

Director Vollmar thanked Mrs. Vidacak for her fantastic overview and reiterated, a lot of time was spent on the phone with the state to really go through these at home tests and to get clarification on them. The one thing that the state epidemiologist and everybody really wanted to stress is a positive is a positive is a positive. We just want people to know that if you get that positive, you should treat it as a positive without the illness and you need to follow up with doing the case investigation and all the things that come with them. It's far easier to get a false negative than a false positive so everyone is encouraged to be proactive and cautious.

Chairman Diehl summarized the purpose of this presentation was to make board members and hopefully the public aware of the fact that going by CDC guidelines or going by state recommendations and partnering with the resources that we have will lead to the best outcomes. He then opened the floor for questions. Mrs. Davis asked a question pertaining to a document they were provided regarding what constitutes an outbreak of a particularly dangerous disease. Director Vollmar responded in the very same document that she referenced on page one it states "COVID which is listed under 19 CSR 20.20 is actually a disease within the immediately reportable disease category because it poses a risk to national security because it can be easily disseminated or transmitted from person to person. Results in high mortality rates and has the potential for major public health impact..." Mrs. Davis attempted to interrupt; however, Director Vollmar continued to read the document to answer Mrs.

Davis' original question. Mrs. Davis argued her point of why she disagrees with the document, to which Director Vollmar explained mortality is not the only indicator and public health is about saving lives and preventing illness, not just about death.

Mrs. Davis continued to argue her opinion, speaking over the rest of the board members as they proceeded to the next agenda item which was to go into closed session. Mr. Pigg motioned to go into closed session citing Sunshine Law Statute 610.021 Sections 1 and 2. Dr. Henry seconded the motion. Chairman Diehl, Dr. Henry, Mr. Prater, and Mr. Pigg all voted in favor of going into closed session, all the while Mrs. Davis continued to argue her opinion. Ms. Coleman advised Mrs. Davis a motion and a second were on the floor to go into closed session. Chairman Diehl requested a roll call vote with the results as follows:

Chairman Diehl—Approve

Dr. Henry— Approve

Mr. Prater— Approve

Mr. Pigg— Approve

Mrs. Davis— Approve

Chairman Diehl announced the motion carried and they were now in closed session.

Mr. Pigg made a motion to re-open Open session. Dr. Henry seconded. Chairman Diehl requested a roll call vote with the results as follows:

Chairman Diehl—Approve

Dr. Henry— Approve

Mr. Prater— Approve

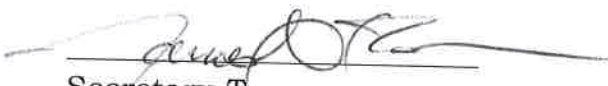
Mr. Pigg— Approve

Mrs. Davis— Approve

Nothing to report from Closed Session.

### **ADJOURN**

Mr. Pigg motioned to adjourn the meeting. Dr. Henry seconded. Motion carried unanimously and Chairman Diehl announced the motion had passed. Meeting adjourned at 4:33 PM.



Secretary-Treasurer