

From: [Jill Thompson](#)
To: [Barry Kling](#)
Cc: [Board of Health](#); [Malcolm Butler](#)
Subject: Re: COVID Plans
Date: Wednesday, June 10, 2020 1:49:29 PM

To All

As Chair of the Chelan Douglas Health Department Board (and as a Board Member with health care background*), I am deeply troubled by some of the recent emails and actions by members of the Board. I know emotions are running quite high and I agree that the economy is another aspect of this pandemic that we as political leaders need to be concerned about. However, I would like to take a moment to examine what has really been achieved in the last two months by our Local Health Department.

First off, I would like to note that it is hard to quantify what DOESN'T happen. In research, the effectiveness of an action is measured against baseline data. With the COVID-19 pandemic, we have no baseline to measure against. In actuality, the effectiveness of the actions of the Local Health Department leadership and staff have given us a false perception that the pandemic here in Chelan and Douglas counties was not as severe as in other parts of the world. We are fortunate that the majority of cases have been in the relatively young and healthy portion of our population. That would not have been the case if not for the expertise of our Local Health Department.

For example, when the first cases of COVID-19 showed up in two of our senior congregate living facilities, the Local Health Department staff sprang into action. They went to the facilities, did wide-spread testing, evaluated and improved upon the measures to prevent transmission of the illness in the facility, and followed up to ensure that their recommendations were followed. What was the result? Instead of a 50 to 60% fatality rate found in most facilities of this type, only a couple of the original cases died and the epidemic was stopped in its tracks.

When Stemilt noted illness in their workers, they worked with the Local Health Department and Confluence to do increased testing of asymptomatic workers. When over half of the residents of their H2 housing complex were found to be asymptomatic, lab-positive cases, the Local Health Department arranged for testing in other, similar congregate living facilities to assess the extent of the disease in this sector of the community. They hired Hispanic Community Workers to go into the community to provide guidance and education for minimizing the spread of the disease. They worked with the packing sheds (often by phone to protect Health Department staff) to provide guidance there as well. Due to this tireless effort, the rate of new cases is dropping, instead of spreading to other parts of the community.

The Local Health Department sprang into action to do contact tracing and guidance to those affected by the disease. They found and trained volunteer RNs to assist with this effort and were able to reach most positive cases within 24 hours of diagnosis. Result? The R rate dropped from 3.4 to less than 1.

As Mayor of Waterville, I too am concerned about the economy and I will be working in my mayoral role to support my community in any way that I can. However, when I am serving as a member of the Health Department Board, I must focus my Health Board efforts on the health and safety of our residents. That includes helping our Local Health Department do what they can to minimize the

spread of the epidemic so that we can reopen the economy as soon as possible. Managing the COVID-19 pandemic as well as other diseases such as Legionnaires or Tuberculosis IS the work of the Health Department. Involving ourselves in legal issues (such as determining whether COVID-19 should be considered legally the same as influenza) is beyond the scope and the very limited resources of our Local Health Department. Outside of our Health Department role we, as individuals or local leadership, can join our elected state representatives and other community members in work to reinvigorate the economy.

Instead of criticizing our Local Health Department leadership, we should be acknowledging and celebrating the successes that we have achieved. There is still a great risk that the pandemic will resurge if we return to business as usual too fast. It is important that we stay the course and use the existing plans that have been successful in averting major loss of life in our community. This means continued safety measures such as masks and sanitation. We may need to limit large gatherings and other high-risk activities. It does not mean that we cannot be innovative in how we safely resume our businesses.

Our Local Health Department leadership and staff have worked tirelessly over the last two months, often long hours and 7 days a week. They rapidly put together two proposals for reopening, with the first one becoming a model for the state to use as a guide for the entire state. As the Health Department Board, we need to trust and respect the specialized knowledge and experiences of the leadership and staff that we hired and who are doing the best work that they know to do. We cannot expect our Health Department to have the resources to manage the pandemic in addition to providing the routine public health work while we are pushing them to support our own agendas counter to their expertise. This will only result in the loss of staff and leadership, just when we need them most.

So, let us show support for our Local Health Department by waiting until we have heard from the State regarding our most recent proposal before pushing “the next steps”. Let us listen to their recommendations and try to understand their perspective.

We meet on Monday for our regular meeting which is only 3 business days away, so I am declining to call a special meeting of the Board.

Jill Thompson, Chair

Chelan Douglas Health Department Board

Mayor, Town of Waterville

* For those who may not know: I have been a Registered Nurse for over 40 years. I have worked in many settings, including over 12 years in medical and epidemiological research. I attended the University of Washington graduate school in Public Health, which included a year of graduate level Epidemiology and a year of graduate level biostatistics.

On Wed, Jun 10, 2020 at 10:40 AM Barry Kling <barry.kling@cdhd.wa.gov> wrote:

No doubt there will be discussion of COVID-19 plans at Monday’s BOH meeting. In some recent discussions there has seemed to be a misconception that we do not yet have a COVID-19 plan and are in need of another one. So I am attaching to this emails some documents which will familiarize board members with the planning documents we have

been using. We have shared the substance of the information in these ICS forms with the board on a regular basis, especially with regard to policy, but haven't sent the forms themselves to BOH because they contain a level of detail not normally wanted by the board. But we'd be happy to include members in the weekly emails with updates of these forms.

The earliest of the documents are the first Situation Report and Incident Action Plans we developed very early in the COVID-19 response. You will see that from the beginning we were able to draw on our experience in earlier emergency and outbreak responses to establish a long list of objectives, and to establish priorities among them. Take a look at the last few pages of the IAP – it shows the basics of the planning-and-action cycle we use to provide an organized effort in such a complex situation.

The other two documents are the latest Situation Report and IAP (IAPs are typically not updated as often as SitReps) which will give you some sense for the way the response has developed since the beginning. The response categories are about the same but of course the details are updated as some objectives are completed and replaced by new objectives.

I would also suggest that board members who doubt that CDHD has had and implemented a sufficient COVID-19 response plan should consider asking the opinion of the head of Chelan County's Emergency Response Department, Sgt. Kent Sisson. He has been an integral part of our effort and a tremendous source of help and advice.

I look forward to further discussions on this.

Barry

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Barry Kling, MSPH, Administrator

Chelan-Douglas Health District

200 Valley Mall Parkway

East Wenatchee, WA 98802

Office: 509-886-6480

Cell: 509-264-7045

