

**CITY OF SALEM
BOARD OF HEALTH
MEETING MINUTES**
Virtual Meeting held via Zoom
and
Recorded by SATV
January 12, 2021

MEMBERS PRESENT: Dr. Jeremy Schiller, Paul Kirby, Geraldine Yuhas, Sara Moore, Datanis Elias
OTHERS PRESENT: David Greenbaum, Health Agent, Maureen Davis, Clerk of the Board
ATTENDEES ADDRESSED: Alan Hanscom, SATV and resident

TOPIC

DISCUSSION/ACTION

- 1. Call to Order**

7:02pm
- 2. Approval of Minutes**
(December 8, 2020)

D. Elias motioned to approve the minutes. S. Moore 2nd. All in favor. Motion passed.
- 3. Reorganization of the Board**

J. Schiller said he is willing to continue to serve as Chairperson. He said it has been a very difficult year, but in a lot of ways it has been a privilege to serve at this time and with all of the members. He opened the conversation up to comments.
All members praised his steadfast leadership and thanked him. They agreed it is good to rotate leadership, but it is also good to have some consistency.

P. Kirby motioned to nominate Dr. Jeremy Schiller as Board Chairperson for the 2021 year. S. Moore 2nd. All in favor. Motion passed.

J. Schiller motioned to nominate Maureen Davis as Clerk for another year. G. Yuhas 2nd. All in favor. Motion passed.
- 4. Updates on COVID-19**

D. Greenbaum said he sent out updates for yesterday and today. As of today, we currently have 3,201 COVID cases and a total of 63 deaths. There are 31 active cases. Active case counts are low because lots of people are finishing their isolation and quarantine periods. He reported that yesterday we began vaccinating first responders. Yesterday we gave almost 170 doses of vaccine. He didn't know what today's final tally was, but he believes there were 120-130 first responders registered for today. Suzanne Darmody is not attending the meeting tonight because she is still at the vaccination clinic. Tomorrow we will be at Mass Task Force One in Beverly. That is the urban search and rescue team. They have a site that will be conducive to do smaller scale clinics, like first responders. We will be out there Wednesday, Thursday and Friday. Wednesday and Friday will be from 8:00am-Noon and Thursday

from 3:00pm-7:00pm. We are hoping to vaccinate around 1,000 first responders by the end of the week.

The CDC today recommended that states start to vaccinate anyone 65 and older. We have been told that we can continue to move down the list of groups through each phase. After first responders we can move to our group homes, congregate care and on to home health care workers. We are getting a lot of interest from people who want the vaccine, which is fantastic. He is encouraging everybody to get the vaccine when it is their time. He believes it is the only way for us to get through this. It's been a long road, but we are starting to see a light at the end of the tunnel with this vaccine - it is very exciting.

P. Kirby asked if we have Pfizer or Moderna vaccine.

D. Greenbaum said we have Moderna. It is much easier to handle. It comes frozen and doses thaw within an hour for vaccine administration. The State allows us to transport vaccine to a clinic but does not allow us to transport vaccine back from a clinic. Any vaccine we take with us will have to go into people's arms. We don't waste any vaccine. Once a vial is opened, it has to be used within six hours which hasn't been a problem. Our clinics are only four hours, so we use the doses within the six-hour timeframe. One dose was accidentally dropped on the floor and became unusable, so we had to destroy it, but that was the only one. It was just an unfortunate accident.

J. Schiller encouraged members to read the situation report D. Greenbaum sends them. It is good data. He has found it very helpful for trends, patterns, or trajectories, particularly with the local hospital census and capacity.

D. Greenbaum said he is pleasantly surprised by how the numbers have leveled off two weeks after the holidays. There hasn't been a dramatic increase like we saw after Thanksgiving. He really thought we were going to see a sharper increase in cases, but that doesn't mean we can lower our guard or become less vigilant. Until we get vaccinations up to 75% to 85% of the entire population, mask wearing, social distancing, washing our hands and all the other things we have been doing needs to continue.

G. Yuhas asked where we will be giving the vaccines in Salem.

D. Greenbaum said that it is still to be determined, but we do have an emergency dispensing site plan and our site is Salem High School. He anticipates at some point having a clinic set up at the high school. He has also had conversations with NSMC, North Shore Health Center and the university about potentially partnering on large scale clinics and potentially using university property to do a large-scale vaccination clinic.

J. Schiller reported that surgeries are starting to be limited again because the census is so high. The State mandate does not allow for any elective overnight admissions, but it is affecting surgeries. The capacity is becoming more and more dominated by COVID, which is concerning.

S. Moore asked if we are still seeing testing at the same rate as before.

D. Greenbaum said we had greater volumes of testing around the holidays. The first one to two hours at Old Town Hall are very busy, but after that it isn't bad. Most days there is no wait for the last half hour of testing. He heard the Salem High site is getting better. The Fallon staff do a great job moving the lines, etc. The City is also doing pool saliva testing for City employees and the School Department. He thinks the Stop the Spread testing will get better over time because there will not be as high demand.

Just before Christmas at the Old Town Hall testing site they did 1,100 tests from 9am-4pm and yesterday they did 700+ tests from 9am-2pm. It was busy, but it was steady and there were not long lines of people like we had been seeing for the last several weeks.

S. Moore gave a shout out to Salem Public Schools. The protocols they have in place seem to be working since there has been very minimal spread since they went back in November.

Attendee Alan Hanscom, 82 Washington Square, asked how the people of Salem can check in daily to see when and where they can get vaccinated. Some people don't know where they fall in the schedule. Maybe the Mayor's Office could send a short message out every day to inform people who is getting vaccinated and where. It is a little frustrating.

D. Greenbaum said when broad vaccinations are available, all the information will be posted on the City website. We will publicize it widely through the press. The CDC has changed their guidelines around what age range can get vaccinated. That State told us we are in Phase 1 with first responders, etc. As we move through the phases, we will make sure to get the information out to the community. He suggested to keep checking both our website and mass.gov frequently.

5. Discussion on Health Disparities and Race Equity

S. Moore said some of the weekly subcommittee meetings were cancelled around the holidays. The main task force is still collecting data via the survey that was sent out to the community. She will try to attend the meeting this Friday.

J. Schiller asked if S. Moore would ask what kind of challenges they are anticipating with vaccinations throughout Salem with populations of people that have had so many issues with the public health system over the years and how that is being addressed.

S. Moore said there is medical distrust in communities of color and marginalized communities.

J. Schiller said he would like to know if it exists and, if so, to what extent. He would also like to know what challenges we face in overcoming that.

S. Moore agreed to mention it.

P. Kirby said we have been so consumed with COVID and he realized we haven't had an update about the opioid crisis situation in a long time. It occurred to him that it may be getting worse, so he offered to contact Mary Wheeler for updates.

D. Greenbaum said he can give a brief update about opioids. Over a year ago the City of Salem was chosen as a Phase 1 community in the Healing Communities Study through NIH (National Institutes of Health). We were one of 16 communities in the State. There were eight Phase 1 communities and eight Phase 2 communities. We have been working with Boston Medical Center to stand up the grant, put the coalition together and to come up with some interventions. The goal of the study is to reduce opioid overdose deaths by 40%. We are in the implementation phase of the interventions. With the assistance of Healthy Streets and Mary Wheeler's team, they are going to be purchasing a van to provide mobile needle exchange and outreach programs that they have been doing anyway. Boston Medical Center is working with them to have the van purchased and registered appropriately and they will own the van outright.

We are also working to build up a bridge clinic at Salem Hospital. Patients that come into the ER or the hospital that suffer from opioid use disorder

can be referred out to the right places. They can go to this bridge clinic and get some services to start and then be referred out to long term care or to more intensive care should they choose to and want to. It's been a very extensive process and it's only made worse through COVID. People tend to fall back into bad habits when they are depressed. He said he could ask the BMC partners to give a brief presentation at the next Board meeting. J. Schiller said he thinks as a country, when we have time to look at the data from the amount of increased deaths associated with the pandemic, the number of COVID-related deaths, not due to COVID illness, will be very high. For instance, he heard a report on NPR that CA has seen increases in cardiovascular disease. MA has apparently done well with that.

6. Chairperson Communications

J. Schiller said D. Greenbaum has been excellent. They are pretty much texting daily. They have had several meetings with the Mayor and met with Dr. Roberts a while ago. He feels that should things change, we are well positioned to respond if we need to. He thanked the people of Salem who have commented on that. He feels we have tried to be as engaged as possible in a very difficult situation. We are doing the best we can do, and he thinks we are doing okay. We have the support of the Mayor and we are in good contact with Beverly and Salem Hospitals. The Board has been very responsive as far as meeting when we need to.

D. Greenbaum said the Mayor had a meeting with eight other communities on the North Shore and partially on Cape Ann about potential regional rollbacks to Phase 2. The conversations were intense and very well attended. People made some really good points on both sides. In general, the sentiment was they weren't quite prepared to take further action on business at this point. Two or three communities were ready, Salem was one of them. Some of the other communities were really concerned about the economic impact on people. He doesn't disagree that economics plays a huge role, but from a public health perspective, for Salem to take any real action it really has to be a regional action, so it levels the playing field.

J. Schiller said we are in an impossible position between public health and economic impact.

D. Greenbaum agreed and said economics and public health are always at odds. Should the cases start to skyrocket, he thinks the communities are willing to come back together and have further discussions and take some more stringent action if need be. It's not completely off the table, it's just a pause in the process at this point.

S. Moore asked if there were any conversations about what the metrics would be in deciding closures.

D. Greenbaum said for the hospital presidents, their real concern is hospital capacity, what is going on in their ICUs and how many COVID patients they have. These are some of the metrics that need to be looked at when making these decisions. These are the things that really affect the overall health of the community, in addition to whether or not businesses have to be closed for a period of time. Some of the things the Board needs to look at are case counts and positivity rates. Whether or not you are seeing cases in one industry or one sector of business over another should not be the metric used to decide what businesses to close. He feels it is the hospital data that really tells the picture.

S. Moore said, as we discussed at our last meeting, we know that the contact tracing data is not strong enough to show proof of spread in specific

areas of business.

D. Greenbaum said while we may not be able to definitively say it is spread in gyms or restaurants or any other sector, we have had confirmed positive cases amongst employees in many different businesses and every industry. At this point there is no way to tell if the spread is coming from the employees to the public or from the public to the employees.

J. Schiller said it was universal consensus among towns and cities that data was not weighed into the decisions whether or not to rollback. The Board is strictly following the data, but unfortunately the data is not so clear or reliable. He said the most important, and most worrisome, metric is hospital capacity, or lack thereof, along with daily case counts and positivity rates.

S. Moore said she thinks it is important to have this conversation in a public space because she worries that the move to not rollback or close down may be seen as there is not a problem. There are a lot of issues at play. We were making our decision based on data, which is not realistic because the data is not strong enough.

J. Schiller said we should also be clear that we didn't make decisions whether or not to rollback based on new data. It was the reality of the situation; the economic impact coupled with a weak federal response to provide funding to allow decisions to be made purely based on public health. If decisions were made purely based on public health but supported by the federal government, there would have been universal agreement a while ago that we need to shut down to save lives. Now, very complicated decisions have been left up to local leaders and municipalities, which is not our fault, but it's been our responsibility unfortunately.

The message wasn't that we took a closer look at the data and realized there was not enough to support our decision. The data is there to support it because the case counts are very, very high and the capacity at the local hospitals is very low. The data is not the issue. It's the reality that we don't have the federal support we should have. That's a really difficult situation for Mayor Driscoll and other mayors and town administrators to be in.

D. Greenbaum agreed and said that includes governors, too. If the national response had been what it should have been, we would not be in the position we are in today. As a nation we could have done more to mitigate the pandemic than we did.

J. Schiller said our message is clear; there is no diminishment of the problem, rather it is the hard reality of the cards we have unfortunately been dealt.

D. Greenbaum thinks it's important to reiterate that just because no action was taken at the time of the meeting, doesn't mean there won't be in the future. If things start to spiral out of control, he would anticipate that a lot of mayors, town managers, health directors and fellow boards of health would come back together to discuss this again and could very well take action.

P. Kirby asked about the latest hospital capacity.

J. Schiller said the situation report goes through admission and capacity very well. Capacity is in very bad shape. Capacity is low and we're starting to rollback on elective procedures. The important point Dr. Roberts made is that these numbers are coupled with the fact that the way of responding to admitted and ICU patients is much better than in the

spring. Even with the better response of lower intubation rates and knowing how to provide supportive care the capacity is very low. That's why the prevalence of positivity rate becomes even more important. As positivity rates go up, and if there are more contagious variants out there, which is a real possibility that they're here, that just means there are more people infected.

D. Greenbaum said in answer to P. Kirby's earlier question, as of January 8th the current situation at the hospital is 66 confirmed COVID patients hospitalized, 7 ICU patients confirmed, 51 inpatients and ER patients under investigation. The hospital is at 100% capacity. Dr. Roberts said they can send patients to any other Mass General Brigham hospital for some relief, however, as the hospitals in Boston and other areas fill up, they are going to lose that ability and it is going to impact NSMC in a negative way again.

7. Monthly Reports-Updates

a. Public Health Nurse's Report

Report not available.

b. Health Agent's Report

D. Greenbaum will continue to send a copy of the weekly situation report to the Board.

Budget season will start shortly. It will be another difficult year for budgeting in the City, but we will have conversations about that.

J. Schiller said one good thing he is seeing coming out of the pandemic is that the number of flu admissions is way, way down because of masks and social distancing.

D. Greenbaum agreed and said we haven't seen a lot of flu cases this year. He hopes that will continue. He said Asia had it right all along wearing masks during flu season because their flu prevalence has always been negligible. That may be something we see going forward here in this country, especially during flu season. If we can get this pandemic under control, battling the flu will become a lot easier.

He said our activities as a Department have been really diminished over the last year because of the pandemic, but he will continue to provide the Board with the situation report. There will be more about vaccinations in the situation report each week as we move forward.

He reported that the State DPH has provided cities and towns with a program known as PrepMod. It is a registration appointment scheduling system that communicates with the State's immunization record keeping system, MIIS. Everything we do with immunizations will be done through PrepMod. All the appointments will be made there, all the clinics will be scheduled through it and it will track all our vaccine allocations so we can maintain our inventory of vaccines. It will upload all the vaccines that are administered straight to MIIS, so we don't have to submit paper forms to them and enter them in by hand.

S. Darmody has worked really, really hard to get it up and running so we could start to use it yesterday and she did an outstanding job. She made sure it was user friendly for all the people at the clinics that had to use it. He can't say enough about all the work she has done, and we have all done, through this whole thing. Getting these vaccine clinics up and running has been a huge plus and has put the wind back in the sails for everybody because, as he said earlier, he feels vaccines are our way out of this.

c. Administrative Report

Copies available at BOH office.

d. Council Liaison Updates

Patricia Morsillo had a conflicting meeting, so she could not attend tonight's meeting.

S. Moore motioned to accept the reports. P. Kirby 2nd. All in favor. Motion passed.

8. New Business/Scheduling of Future Agenda Items

S. Moore said at our last meeting we talked about writing a letter in support of the Signature Parks bond. She we wrote the letter, along with input from both P. Morsillo and Board members, and P. Morsillo read it at the City Council meeting. The letter was well received, and the matter passed with almost unanimous support. Everyone agreed it was a great letter and thanked S. Moore for her work.

MEETING ADJOURNED:

P. Kirby motioned to adjourn. G. Yuhas 2nd. All in favor. Motion passed.
7:50pm

Respectfully submitted,

Maureen Davis
Clerk of the Board

*Next regularly scheduled meeting is
Tuesday, February 9, 2021 at 7:00pm
Virtual Meeting Via Zoom*