

**QUARTERLY MEETING OF THE
ARKANSAS STATE BOARD OF HEALTH
January 23, 2020**

MEMBERS PRESENT

Phillip Gilmore, PhD, President
Balan Nair, MD, President-Elect
Nathaniel Smith, MD, MPH, Secretary
Greg Bledsoe, MD, Surgeon General
Perry Amerine, OD
Marsha Boss, PD
Eddie Bryant, MD
Lane Crider, PE
Dwayne Daniels, MD
Brad Erney, DMD, PLC
Melissa Faulkenberry, DC
Darren Flamik, MD
Thomas Jones, RS
David Kiessling, DPM
Donald Ragland
Mike Riddell, MD
Clay Waliski
James Zini, DO

CALL IN

Vanessa Falwell, ARPN
Catherine Tapp, MPH
Terry Yamauchi, MD
Susan Weinstein, DVM

NOT PRESENT

Anthony Hui, MD
Stephanie Nickols

GUESTS PRESENT

Sherman Smith, Mayor, City of Earle
Danny Clark, Operator, Earle Water
Justin Skinner, Manager, Cotton Plant Water
Richard McMullen, ADH, Senior Scientist
Laura Shue, General Counsel
Reginald A. Rogers, Deputy General Counsel
Teresa Lee, ADH, Engineer Chief
Tom Donaldson, Attorney
Erin Franks, ADE
Shirley Louie, Center Dir. Public Health Practice
Brandy Sutphin, ADH, Senior Epidemiologist
Namvar Zohoori, M.D., Chief Science Officer
Meg Mirivel, ADH, Director of Communications
Danyelle McNeill, ADH
J. Don Adams, ADH, CLPH Field Support Services
James Bledsoe, M.D., Medical Dir., EMS/Trauma
Matt Gilmore, ADH, Boards and Commissions
Greg Brown, ADH, Branch Chief, EMS/Trauma
Appathurai Balamurugan, MD, DrPH, ADH,
Deputy Chief Medical Officer
Haley Ortiz, ADH, Health Policy Director
Angela Littrell, ADH, Branch Chief, Family Health
Lynda Lehing, ADH, Branch Chief, Health Statistics
Ty Ledbetter, Conway Fire
Charles Finkenbinder, Conway City Attorney
Shelly Matthews, ADH, Nurse Facilitator, Women's
Health Program
Taylor Dugan, ADE
Christin Gunn, Mullenix & Associates
Pat Purifoy, ADH, CHA-Family Health
Lori Simmons, ADH, Branch Chief
Kelli Kersey, ADH, Health Sys Licensing and Reg.
Stephanie Williams, ADH, Chief of Staff
Jo Thompson, ADH, CFO, Office of Administration
Martin Nutt, ADH, CLPH Environmental Health
Tamara Baker, ADH, Director, School Health Serv.
Glen Baker, MD, ADH, Director, Public Health Lab
Mallory Jayroe, ADH, CPHP Epidemiology
Connie Melton, ADH, Center Director, Center for
Health Protection
Jennifer Dillaha, ADH, Medical Director, Immunizations

Cristy Sellers, ADH, Center Director, Health Advancement
Michelle Smith, ADH, Director, Office of Health
Equity and HIV Elimination
Brooks White, ADH, Administrative Law Judge
Chuck Thompson, ADH, Managing Attorney
Brian Nichols, ADH, Administrative Law Judge
Gary Wheeler, ADH, Chief Medical Officer,
Infectious Disease
Joseph Su, Ph.D., MPH, UAMS
Michael St. Clair, ADH, Law Clerk
Tressa Williams, ADH, Legal Support Specialist

MEETING OF THE ARKANSAS STATE BOARD OF HEALTH

The quarterly meeting of the Arkansas State Board of Health was held Thursday, January 23, 2020, in the Charles Hughes Board Room of the Freeway Medical Building in Little Rock, Arkansas.

CALL TO ORDER

Dr. James Zini called the meeting to order at approximately 10:01 a.m., stating there were members attending by conference call and asked for a roll call. Ms. Shue conducted the roll call.

Dr. Zini stated it has been an honor to serve as President of the Board and thanked the Governor and Board Members for allowing him the privilege to have served as President. He further stated that he learned how important the Arkansas Department of Health is to the health and welfare of the people of the state of Arkansas. He added that as the President he learned how important the staff and what a fine job they do representing all of the important items that come before the Board to help preserve the health of our state.

Dr. Zini stated that the staff makes our Arkansas Department of Health an unbelievable asset to the health and safety of the people of Arkansas. Dr. Zini extended thanks to the staff for all they do and how it made his job much easier.

Dr. Zini spoke briefly about the Coronavirus. The World Health Organization is meeting regarding what to do with this new crisis as it becomes worldwide because of our ability to travel worldwide so quickly.

Dr. Zini stated it was his privilege to introduce the new President, Dr. Gilmore and passed the gavel.

Dr. Phillip Gilmore stated what an outstanding job Dr. Zini had done as President and thanked him for servicing in that capacity. He indicated that he was honored to serve in the role as President. Dr. Gilmore reminded attendees that AETN was filming the meeting.

APPROVAL OF MINUTES

Dr. Zini moved to adopt the Minutes and Dr. Greg Bledsoe seconded. The Motion carried.

OLD BUSINESS

Nominating Committee Recommendation for Board Chair for 2021

Laura Shue stated that the Nominating Committee met on December 12, 2019, via teleconference with Board members Dr. Eddie Bryant, Dr. Susan Weinstein and Dr. Perry Amerine along with herself and Reggie Rogers. The purpose of the meeting was to put forth nominations to the Board for officer nominations for President-Elect for the 2021 time period.

Physician members were discussed because it is traditional to rotate back and forth between physician members and non-physician members. The committee members asked questions and considered the members' obligations, availability, physical location and board experience. Dr. Bryant moved to accept Dr. Balan Nair, Dr. Weinstein seconded the motion and the committee approved. For the January 2020 board meeting, the committee nominates Dr. Balan Nair as President-Elect.

Ms. Shue stated that Dr. Nair joined the medical staff at CARTI in 1998 and was named Chief Medical Director in 2017. He specializes in hematology and oncology. He attended and graduated from medical school in 1985, having over 34 years of diverse experience. He is affiliated with many hospitals, including Baptist, St. Vincent and Ouachita County Medical Center. He also cooperates with other doctors, physicians and medical groups including CARTI.

Dr. Bryant moved to accept the committee's recommendation and Dr. Erney seconded. The Motion carried.

Travel Stipend and Reimbursement Approval

Ms. Shue stated that this agenda item would require two votes, one for travel and reimbursement and one for the stipend. Every state board may, by a majority vote of the total membership during the first meeting of each year, authorize a resolution for expense and travel reimbursement. The expenses shall not exceed the rate established for state employees for per diem and travel. The Board needed to approve travel and reimbursement allowed under Arkansas Code, 25-16-902. Mr. Donald Ragland moved to approve and Lane Crider seconded. Motion carried.

Ms. Shue stated a second vote is required with regard to the stipend, under Arkansas Code, 25-16-904. Particular Boards are authorized by a majority vote of the total membership of the Board during the first regular meeting of each year, the stipend is not to exceed \$85.00 per day for each meeting, with a caveat that a state employee may not receive the stipend. The expenditure requires the Board's approval. Dr. Nair moved to approve the stipend and Dr. Bryant seconded. Motion carried.

Statement of Financial Interest

Ms. Shue advised all Board members to file their Statement of Financial Interest for the 2019 calendar year by January 31, 2020. The staff can assist with any questions or refer to the Arkansas Ethics Commission, the agency that provides the online forms.

Board of Health By-Laws Revisions

Ms. Shue stated the by-laws had not been revised since October 2013. No questions have yet been posed but staff is available to take any questions and discuss any concerns.

Dr. Nair noted that, under section 1 (b), it says the Board shall not regulate the practice of medicine or healing, and asked whether, to some extent, is there not a supervisory role or the Arkansas State Medical Board or is that a different issue.

Ms. Shue responded that by law, a statute prohibits the Board of Health from having authority over the practice of medicine. However, with Transformation, the State Medical Board, the Nursing Board, the Dental Board, and other boards and commissions provide information through the Department of Health and to the Secretary of Health in order to facilitate any communication issues that they may need to have a direct line to the Governor.

Mr. Crider made the motion to approve the by-laws as presented and Dr. Boss seconded. Motion carried.

NEW BUSINESS

ADE Scoliosis Screening Rules

Taylor Dugan, an attorney with the Arkansas Department of Education, (ADE), Division of Elementary and Secondary Education, presented a set of rules governing scoliosis screening in schools in Arkansas. Previously, this was a Department of Health responsibility, but Act 843 of 2019 made one minor change, that the Department of Education is to now promulgate these rules in coordination with the Board of Health. The State Board of Education approved the rules at their last meeting, pending the Governor's Office approval, on December 12, 2019.

Mr. Dugan stated they are moving through their promulgation process but the law says that the Board of Health be informed. Through this process, Mr. Dugan will be keeping Ms. Shue updated on the status of the rules.

Dr. Gilmore's question: As far as the Board's responsibilities, we only need to be aware and review them, is there an approval at this point? Mr. Dugan stated that is correct.

Dr. Amerine's question: As far as the approval of the scoliosis screening, you are presenting that today, the Governor then approves, how does that work?

Mr. Dugan stated that in the previous process, ADE would send our rules to the Governor's Office for approval and the Governor would then review them and the rules could be presented to their Board. The rules can then be sent to the Bureau of Legislative Research to be released for public comment. With all the new rules that are having to come out because of that new law that says we have to have promulgated by a certain time, to help streamline that process, we have been able to take it to our Board first and our Board can approve and then submit it to the Governor's Office. The Governor's Office will then review it and allow it to be released for public comment. This one has gone through the ADE Board and is at the Governor's Office. But prior it would go to the Governor's Office first.

Dr. Amerine's question: Ms. Shue, is that part of the new statute as far as the organization of the state? It is different and I am trying to understand how it is working now compared to the past.

Ms. Shue stated the Administrative Procedure Act has not changed under Title 25. The Legislative Review process under Title 10 has not changed. This Rule is unusual because there was an act passed in 2019 that handed these rules, dealing with the scoliosis screening, over to the Department of Education in coordination with the State Board of Health. This one is treated differently because these are rules that were previously utilized by the Department of Health and had already been promulgated by the Board of Health. These are the same rules but were essentially transferred over to the Department of Education in a 2019 Act.

Dr. Amerine's question: Is this unique to this particular legislative act or is this a new working paradigm?

Ms. Shue responded that the Administrative Procedure Act and rule promulgation has not changed. There was a law, Act 517 of 2019 that required all rules that required amendments with 2019 acts to be filed by January 1. All the state agencies made efforts to expedite all of their rules. As you may remember in the August meeting we had 17 rules that went through and in the October meeting we had ten. They are all pending review and approval in the Administrative Procedure Act process and the Legislative Review process.

Dr. Amerine's question: But the Governor is the one that determines when that rule is going to be heard from the public?

Ms. Shue stated there is an Executive Order, 15-02 that requires all of the rules to go through the Governor's Office prior to submission to the Legislature.

Dr. Amerine's question: And that Executive Order took place when?

Ms. Shue replied in 2015 and state agencies still follow that today.

Dr. Bryant's question: When the Governor approves it will it go to the Legislative Committee or to Legislature as a body?

Ms. Shue replied the next step after the Governor approves, will be to file the proposed rules with the Secretary of State and with the Bureau of Legislative Research. It then goes to Public Health. All of our Department of Health Rules have to go through the Public Health Committee by law. And then all agency rules go through the Legislative Council Rule Subcommittee. After they are reviewed and approved by the Legislative Council Subcommittee they then go to the full Legislative Council where they are approved. Agencies can then file a final rule with the Secretary of State and it becomes effective ten days later.

Dr. Nair question: What if a child is home schooled, would they be subjected to these rules?

Mr. Dugan answered they would not. This is for the students that are in actually traditional public or charter schools.

Dr. Boss's question: Private schools will not be having this screening, just public?

Mr. Dugan stated that is correct.

Dr. Yamauchi's question: Do we need another rule? We are going out of order as far as the Governor is concerned and we can do that, this allows us to do that or there is a rule that allows us to do this?

Mr. Dugan answer that is correct. We spoke with the Governor's Office. The process that we are doing right now, the Governor's Office is aware of it.

Dr. Yamauchi's question: Is that a rule, do we have paper or anything that states that?

Mr. Dugan reiterated Ms. Shue's response that these rules are promulgated under the Administrative Procedure Act.

Physical Activity and Nutrition Rules

Tamara Baker presented the changes for the Arkansas Division of Elementary and Secondary Education rules governing nutrition, physical activities standards and the body mass index for age assessment protocols in Arkansas public schools. The first change is the name has been updated to the Division of Elementary and Secondary Education and the Arkansas Department of Health has been taken out in several places. Section seven (7) adds the recess requirement that is reflected in Act 641 of 2019 which requires all elementary schools to have recess for 40 minutes per day. Elementary school is K through 4 and in some cases fifth and sixth grades. Ms. Baker stated that some technical writing errors have been corrected. The school improvement plan name has been changed but there are other changes that have not been made yet. The division's name was changed from department to division. This guides schools in keeping with the mandate. This is up for review and not approval.

EMS Rules Amendments

Charles Thompson asked that this matter be moved to the bottom of the agenda. There is one document that needs to be distributed and copies were being made.

EMS Proposed Final Orders After Hearing

Brooks White, Department of Health attorney, stated that a disciplinary EMS hearing was held in August regarding Mr. Craig Harvey. In March 2018, Mr. Harvey was charged with felony sexual indecency with a child. This was a friend of the family's; a child that stayed with Mr. Harvey's family often and the child told the prosecutor that while she was staying there that Mr. Harvey said that he noticed a rash on her arm and asked her to take off all of clothes in front of him. He then had her lay on the bed and spread her legs apart ostensibly to examine her rash. Based upon that, we eventually moved to revoke his license.

Mr. White said the case continued and no other alternative version of events was ever offered by Mr. Harvey. However, the prosecutor testified at the hearing that was held in August and she said that her office has a policy that when it is a young child involved in a sexual indecency case, for obvious reasons, they will give deference to a great extent to the wishes of the child as

to whether or not she wants to proceed to a trial. That is obviously going to be traumatic to a child. This child did not want to, the prosecutor said. The prosecutor offered a plea deal to Mr. Harvey where he would plead guilty to a charge of criminal harassment, a misdemeanor, in exchange for dropping the felony charge. Mr. Harvey accepted that offer and he was allowed to plead guilty.

Mr. White went on to state that with the misdemeanor charge there was never any other alternative set of facts offered. The plea deal was simply a result the prosecutor said of the child not wanting to go through trial. There was never any exculpatory evidence, anything that came forward to exonerate Mr. Harvey.

Mr. White stated that he asked the prosecutor specifically at the hearing were the charges that he plead guilty to, was it based on the same facts as the felony information and she answered yes it was, it was based on the same facts as the original report. It is important to realize when you plead guilty to something, you have to go before the judge and admit under oath that you committed the crime that you are accused of. In Arkansas, when you plead guilty to harassment, the elements of that offense are that you do something with purpose to harass, annoy or alarm a person. He had to admit that he acted with purpose to harass, annoy or alarm this child when he plead guilty under oath to the charge of harassment.

Mr. White continued stating at the hearing, Mr. Harvey's defense was that he did not do anything, that the child essentially made this whole thing up and that he is innocent of any wrongdoing against this child. That is obviously problematic because of his guilty plea and in addition the prosecutor found this girl credible, she found her to be highly intelligent, found her to be nothing that was subject to question about the credibility of her story. The police found her to be credible. His main piece of evidence that he had at the hearing as to why he did not do this was the opinion of a DHS Administrative Law Judge, ALJ.

Mr. White added that there was after he plead guilty to harassment, there was a proceeding at DHS to put Mr. Harvey on the Child Maltreatment Registry. This ALJ did find a very brief statement that says, "whether or not Craig Harvey depicted, opposed or postured EM for any use or purpose (EM would be the child), no I find that evidence was not sufficient to prove that Craig Harvey had EM take off her clothes and lay on the bed and spread her legs for him to look at her because the testimony under oath by Craig Harvey denying the allegations was more credible than the recorded statements of EM in her interview. In her recorded statement EM was very dramatic and theatrical and she used big words that an eleven year old would not normally use which caused her statements to lack credibility. EM's demeanor during the interview was very unusual and she seemed to be seeking attention which caused her statements to not be believable. In contrast, Mr. Harvey's demeanor was very appropriate. Also the petitioners felt Bridgette Harvey testified that they do not have any orange or red lighting in their home in contrast to statements that EM made that they did have such lighting."

Mr. White stated that that the prosecutor, in the interview that he watched and drew those conclusions based on was the interview with the prosecutor that testified. She completely disagreed with this ALJ's assessment of this child and her credibility. She explained that the child was very intelligent, very articulate for her age and that she found nothing out of the ordinary about her or incredible about the child. This ALJ was in a minority of people that did

not find this child credible. The police, prosecutor, and everybody did find her credible and found her allegations to have merit and to be true.

Mr. White added again, Mr. Harvey cannot at one point plead guilty to doing something wrong with this child and then after that say that he did not do anything actually that he just did it go get it off his back. The subcommittee that heard this case was Dr. Gilmore, Dr. Weinstein and Dr. Riddell. They heard all of that evidence which I have recited and they concluded that his gentleman's license should be revoked and we are asking that that determination be adopted by the full Board.

Mr. White stated that Mr. Harvey's attorney, Randy Hall, will speak.

Randy Hall stated that he was present on behalf of Mr. Harvey. He specifically referred to the testimony at the hearing that is under oath. Mr. Hall's first point is that Mr. Harvey pleaded guilty to harassment, which is a misdemeanor, not felony sexual indecency with a child. I will point to you the record. I am quoting the hearing officer. "Both of you have stipulated Mr. Harvey has not been found guilty of a felony crime as alleged in the felony conviction." That is on page 43 of the transcript. Again the hearing officer said, "Both of you have stipulated that what he plead guilty to is not the offense he was charged with." That is on page 43 of the transcript.

Mr. Hall stated that his second point is that Craig Harvey did not plead guilty to a sexual crime and I am going to refer to the transcript and quote it to you again. On page 67, the prosecutor to which Mr. White referred, this is her, "Your Honor," quoting the prosecutor at the actual hearing where he plead guilty, "Your Honor, the State's proof at trial would be that on or about March 1, 2018, the defendant engaged in conduct that alarmed another person and that served no legitimate purpose." There is not a single solitary shred of allegation of any sexual crime in those words. In quoting the prosecutor again on page 71, the question was, "And your statement as to the State's proof at the hearing, you said the defendant engaged in conduct that alarmed another person that served no legitimate purpose. That's the only facts that were set forth in the plea transcript, correct?" And she answered, "correct."

Mr. Hall stated that Craig Harvey never admitted that he sexually abused or exploited anyone. As a matter of fact, this is what Mr. Harvey said at the hearing on page 88, question, and this was a question by Mr. White. "Mr. Harvey do you contend that you didn't do anything wrong to this child?" He answered, "Well, I guess I did somehow alarm her by raising up her shirt because she had a rash but that is all I did." There is nothing inconsistent with what Mr. Harvey testified to at the hearing before the subcommittee and what he testified to when he plead guilty to harassment.

Mr. Hall stated continuing, on page 89, question by Mr. White again, "so you admit you raised her shirt up?" Answer, "yeah." Question, "you think that's appropriate for a grown man to lift up the shirt of an eleven year old girl?" Answer, "yeah, when she has got, sitting there itching to see that, to see what she is itching, I raise it up to here," and he indicated it was below her breast. "I would do it to anyone in my care."

Mr. Hall stated Mr. Harvey was acting out of compassion and care for this child. He was acting to see what was wrong with her, not to sexually exploit her and no circumstance anywhere did he plead guilty to having sexually exploited this child.

Mr. Hall continued on with point 3. What happened when the State Police received this allegation and charge they had two duties. Number 1 they filed a criminal information against Mr. Harvey. The second thing they did is they had to report him to the Child Maltreatment Registry and that is what spurred this ALJ hearing that Mr. White quoted from. There is evidence in the record at that particular hearing, the Arkansas State Police investigator that actually interviewed the child was present at that hearing and testified.

Mr. Hall stated that the Judge was Tracy Bagwell, a career lawyer and ALJ, who has been on the bench nine years for DHS. Before that, he was employed by DHS in the Child Maltreatment area. He is an expert. He has been at it a long time. Imagine how many cases or similarities that he has heard like this and he has had to make decisions like this. He is trained in seeing witnesses. He is trained in understanding. He is trained in looking for inconsistencies in statements because when you get in a situation like this, it is he said she said and more times than not it all balances on the credibility of the witness because there was absolutely no forensic evidence whatsoever. It was Mr. Harvey's word against this child's.

Mr. Hall continued stating this issue is presented to experts, an expert judge. A judge that is charged with doing the exact thing that reporting predators and he found that his child was not credible. He pointed, I am sorry to belabor this point but I have to read what the judge found again because I have to make a point and take you to another area. This is quoting from the Order. "Whether Craig Harvey depicted, posed or postured EM (that is referring to the child) for any use or purpose." And the answer is "No, I find the evidence is not sufficient to prove that Craig Harvey had EM take off her clothes and lay on the bed and spread her legs for him to look at her because the testimony under oath by Mr. Harvey denying the allegation is more credible than the recorded statements of EM in her interview. In a recorded statement, EM was very dramatic and theatrical and she used big words that an eleven year old would not normally use which caused her statements to lack credibility. EM's demeanor during the interview is very unusual. She seemed to be seeking attention, which caused the statements to not be believable. In contrast, Mr. Harvey's demeanor was very appropriate. Also the petitioner's spouse, Bridgette Harvey, testified that they do not have any orange or red lighting in their home in contrast to statements that EM made that they did have such lighting."

Mr. Hall stated there are two points about this. He asked the prosecutor upon which Mr. White referred to as an expert in this, "are you an expert and are you certified?" And what I was referring to is in the forensic questioning of children and she said, "I went to the Child First Training and I did get a certification for that but I wouldn't claim to be an expert." That's appealing. We got a prosecutor with four years' experience making a judgment against an Administrative Law Judge of 29 years' experience. Going further with inconsistencies, the second point about that statement is that the judge found that there was inconsistencies in the child's statement, he only found one, and that was about the orange and red lighting in the Harvey's house. There's more. Here are some of them. The date of the incident on the Goshen Police Report it is an exhibit to the packet submitted to the committee dated March 20, 2018. E**** told my husband that a week and a half ago, Craig Harvey, The point is a

week and a half ago. The child turns around the next day and says from the interview E**** stated this happened with Craig Harvey about a month or two ago. We are talking about less than 24 hours and this child changes her story. It is not a week and a half ago; no it is a month and a half ago. Mr. Hall stated there are more inconsistencies. In the Goshen police report, also an exhibit for the committee it is stated "E**** stated it happened it happened once before about a year ago."

Mr. White interrupted and asked Mr. Hall to use the child's initials.

Mr. Hall continued stating in the Goshen police report the child stated that it happened once about a year ago. The next day the child stated he had done the same thing to her twice in the past year or so. You see the story evolving and changing. If you refer to the actual reports, this child was using words and referring to our police force as the cops.

Mr. White lodged an objection, stating this could have been presented at the hearing of this matter. A lot of it was presented at the hearing of this matter and this is not an opportunity to retry the evidence in this case. That is why we have a three member subcommittee so they can hear evidence that he wants to present. A lot of this stuff is not appropriate for comment. The purpose of this is supposed to be limited to commenting on the evidence that was presented and this is going beyond that. I am going for the record to lodge an objection to that.

Dr. Bledsoe's question: Am I correct in assuming they had a thorough hearing before the subcommittee, is that correct? Mr. White responded yes and the subcommittee recommends that we revoke this gentleman's license.

Dr. Bledsoe moved to go to a vote. Seconded by Dr. Zini.

Dr. Gilmore asked if there was any further discussion. Mr. Hall stated he needed to respond to Mr. White. He stated Mr. White was given a full opportunity to make his presentation and he did comment on the facts and I am commenting on the facts that were before the subcommittee. There is a vote to take this man's license away permanently and he is entitled to due process of law to present his case before the subcommittee because this is the one that is going to be binding upon him. I think the whole Board needs to know and have a view of the actual facts that was before the committee. Otherwise, aside from the individual Board members having read the entire transcript and reviewed all the evidence, you would be unable to discern, make an appropriate vote regarding the evidence.

Dr. Bledsoe stated my understanding is this is not the opportunity to retry the whole case and that was supposed to be done in the subcommittee, that was the thorough hearing and that this is a recommendation that we get an overview and the recommendations of the subcommittee, is that correct? Mr. White stated that is correct.

Dr. Zini called the question.

Dr. Gilmore asked the question and the motion carried.

Dr. Gilmore stated that the document is in the packet and it can be read that and see the results of the subcommittee's deliberations and recommendation there.

Cotton Plant Waterworks

Reginald Rogers, Department of Health attorney, presented proposed findings of fact and conclusions of law and Order concerning Cotton Plant Waterworks. Cotton Plant Waterworks is located in Woodruff County. This matter was heard before a subcommittee of this Board and recommendations are noted. There were several items that the subcommittee found after receiving recommendations from Arkansas Department of Health Engineering staff and those are contained in the proposed findings. Many of those items have been completed by the City of Cotton Plant. Water operator Justin Skinner appeared for remarks. The hearing committee deliberated, unanimously found the respondent guilty of several items and made recommendations. The first recommendation was that Cotton Plant meet the water operational licensure requirements within 60 days after the final Court Order. Mr. Skinner has now completed the appropriate level of licensure for that water system.

Mr. Rogers stated, the second recommendation was to acquire the tank inspection report or have a new tank inspection performed, initiate and complete needed repairs that are identified in the inspection report. A tank inspection has been conducted and the report was received by ADH staff on December 12, 2019 and the report indicated no sanitary deficiencies.

The third recommendation was that the City of Cotton Plant repair the water treatment plant controls so that the automatic operation is enabled. ADH staff believes that this will be complied with this month.

The fourth item was that the water operator be supplied with a hand held propane torch for sterilizing water taps for bacteriological sampling and a propane torch has been purchased by the City.

The fifth item was to continue with the payments to the Public Water System service fees until a zero balance is achieved. Cotton Plant is a small community in a distressed area and they are making efforts. A recent payment of \$750 has been received by ADH Engineering staff payment office.

The sixth item was to impose the penalty of \$17,460.00 but suspend it if these items are completed within 90 days of the final Board Order and most of these items have been completed. Mr. Rogers stated that Mayor Clara Harston-Brown for appeared before the subcommittee. Mr. Rogers asked that Mr. Justin Skinner be allowed to say a few remarks.

Justin Skinner stated that Cotton Plant had been struggling due to a lack of maintenance and reporting to the Department of Health. He has received training from operators at the Clarendon plant. He started at the Cotton plant in March. Mr. Skinner stated that the plant was in disarray. He said after signing a Consent Order with the Mayor they began the processing of getting things is back on track. They have 200 active water services and a population of 457 people.

Mr. Skinner stated they have the high service pumps working on automatic; have installed the viper control from the elevated tank; and reprogrammed the red line, which is the Opra metric like the SCADA system that gives you your call system. He went on to say they got new floats installed in the well and the wiring need to be completed. Samples are being taken, being submitted and coming back absent. He they have removed iron like per requirements and are proud of their progress.

Mr. Rogers thanked Dr. Weinstein, Mr. Ragland, the chair, and Lane Crider for participating in hearing this matter. The transcript is available.

Dr. Gilmore's question: This is coming from a committee does it require a second or what? Mr. Rogers stated that traditionally it does.

Dr. Amerine offered a second and asked whether the Department of Health has grants that can be applied for by for water systems?

Mr. Jeff Stone, Director of Engineering, replied that the Department does not handle the grants nor the loans. We work with the Arkansas Department of Natural Resources to work with these communities and through that process we can help concur with improvements and help them get the help they need. Grant monies are not so available but loan monies are and we have also helped with providing Cotton Plant with financial technical assistance to where they can better engage in that process.

Dr. Gilmore's question: What is the continued source of funding and is this going to be funded in perpetuity, what is the current source of funding?

Mr. Rogers stated it is in a part of the state that faces difficult circumstances. The Mayor did attend the hearing and explained that. She took over from a prior administration that had some challenges.

Mr. Skinner stated they were not receiving monthly funding other than state turn back. They were in debt with their recent loans. They misappropriated funds, causing them to be backtracked and underfunded.

Dr. Gilmore called for a vote. The motion carried.

Dr. Gilmore encouraged the Board members to take time and sit on these hearings. It is very helpful to the Department of Health and they really need that help with the problems and decision making.

Earle Waterworks

Mr. Rogers presented the proposed findings of facts and conclusions of law and Order concerning Earle Waterworks. It was brought to the attention of Engineering staff that there was a concern that certain required documents under the Lead and Copper Rule were falsified. Engineering staff contacted the system and contacted the Mayor, who is present today, of Earle, Arkansas. Mayor Sherman Smith went to the residents that these alleged falsification of their

signatures occurred and took statements. The transcript of this matter was sent to you by email.

Mr. Rogers stated that most of the day was spent at the Dale Bumpers Rural Water Training Facility in Lonoke. This matter was heard by subject matter experts. Usually it would be a subcommittee of the State Board of Health but for drinking water licensure operator issues, it is heard by the Drinking Water Advisory and Operator Licensing Committee pursuant to Arkansas Code 17-51-104. That is comprised of one member is an engineer, others members are active and running public water systems in the State of Arkansas. They heard this matter and made recommendations to you. This matter was not heard initially heard by any of you, it was heard per statute by the Drinking Water Operator and Licensing Committee under 17-51-105 also, 104 and 105. Their recommendations are before you and you have had the benefit of the full transcript and exhibits. The recommendation is that Mr. Danny Clark, who is present, along with his counsel, Tom Donaldson of Marion, Arkansas and I believe Mr. Donaldson would like to say a few remarks.

Mr. Rogers stated he would not go forward into all of the details of it because the Board members have had the benefit of the transcript and exhibits. The Licensure Committee of the Drinking Water Advisory Committee found that the violations were proven as charged; that the signatures of these residents that should have taken the lead and copper samples themselves were falsified. Also there was an admission by Mr. Clark that he did so. The Water Operator Licensing Committee recommends revocation of the respondent's license but the respondent shall be eligible to sit for the required water operator licensure exam after a period of six months and upon completion of the training courses required for examination he would be eligible.

Mr. Tom Donaldson stated he is an attorney practicing in Marion, Arkansas and here representing Danny Clark. He also indicated that Mayor Sherman Smith for the City of Earle is present. He stated Mayor Smith and two members of the Earle Water Commission were also present at the hearing and all testified on behalf of Mr. Clark and all pleaded with the folks that heard this initially not to revoke Mr. Clark's license because, in their opinion, he has done a good job, that he put no one's health at risk in this particular incident, and they have an extremely difficult time in rural Eastern Arkansas with getting water operators, especially ones that are competent like Mr. Clark.

Mr. Donaldson introduced Mayor Smith to say a few words on behalf of Mr. Clark.

Mr. Smith stated it is very difficult to find licensed persons in their area and Mr. Clark, prior to this incident, had not been in any trouble of any sort through the years and has done a good job in helping to improve the quality of water and the operation. Other than this incident, we feel that he has done a good job and we would like to ask for some mercy on his behalf.

Mr. Donaldson stated the Committee that heard this is recommending that his license be suspended and the basis for that is alleged fraud and deceit. That term appears nowhere in the governing statute. It does appear in the licensing rules and regulations but there is no explanation therein about what constitutes fraud and deceit or how you go about finding that. I think that is important because at the hearing the chair, Mr. Erin Benzing, inquired of the hearing officer as to the legal definition of fraud but he was told only by Mr. Rogers and the hearing

officer, "it's in your rules and your statute." The last part of that is not correct. The word fraud and deceit appear nowhere in the statute. Again, fraud and deceit does appear in the rules of the Water Operator Licensing Commission; however, there is no direction given to them about what does that mean, how do you go about finding that. Mr. Donaldson stated in general, under Arkansas law for there to be fraud or deceit, there has to be some intent on the part of the person alleging committing fraud or deceit.

Mr. Donaldson stated Mr. Clark has been a licensed water operator for 42 years. He took one 14-year break to run a utility supply business but when he returned, he got his license back. He has been running the Earle Water System for nine years. He also runs two other small rural systems in Eastern Arkansas, the Northern Ohio System and the Parkin Rural System. During all the time he had a license, Mr. Clark has not had any other disciplinary action against him. The unrebutted testimony at the hearing in this matter was that Mr. Clark had lost his lead and copper testing plan in a flood and that he had took the samples and filled out the forms himself and written the people's names on the form because he believed he was under an extreme time crunch. He never has denied that. He has not tried to deceive the Department or anybody else. He did all this in front of his other employees. If he was trying to hide something he would not have done that.

Mr. Donaldson stated in a memo to the file, the Earle Waterworks File dated May 2, Trent Gephardt, pages 137 – 138 of the transcript, Trent Gephardt, the senior environmental specialist memorialized a telephone conversation with Mr. Clark where he said the operator admitted over the phone to taking all ten of Earle Waterworks compliance samples from outside sources of all ten locations. Again, Mr. Clark has never tried to deny the way he went about taking these particular samples.

Mr. Donaldson said he also memorialized a meeting shortly after May 2, 2019. Remember this sampling that is at issue here took place in 2018. There was a meeting between Mr. Gephardt, Jake Chapman, who is the District 4 engineer, Mayor Smith, Mr. Clark and George Stein, who is a member of the Water Commission. In his memo to the file, Mr. Gephardt says during this meeting Danny Clark, water operator, reconfirmed exactly what process he used to conduct his lead and copper sampling in 2018. He did not follow proper sampling procedure. We do not contest that. He did not follow the site plan and also reconfirmed that he wrote inaccurate times on the collection report forms. Most significantly, Mr. Gephardt concluded that memo with the following, "It is my (Trent Gephardt) opinion that operator Danny Clark did not intend to do any harm to any of the customers of the Earle Water System or was attempting to hide any issues within the system. It appears that the operator's conduct was purely due to indolence" which I believe means laziness essentially.

Mr. Donaldson continued that in a subsequent memo to that same file dated a few days later, May 15, Jake Chapman, the District 4 engineer wrote "Mr. Clark admitted to improper sample procedure and claimed it was not malicious or intentional. Instead it appears to stem from a misunderstanding of proper sampling procedures. Mr. Clark said he collected the samples very early in the morning from outside the houses; he was familiar with the residents of each house and chose them in an attempt to avoid generally hostile homeowners. It is my opinion that Danny Clark misunderstood the purpose of collection but did not intentionally attempt to alter any results with the collection method."

Mr. Donaldson stated that same day, May 15, another department employee, Teresa May, wrote another memo to the file stating she had talked to Eric Bolden and she says that Mr. Bolden told her that he was fired from the City of Earle. He said he was discriminated against because of color. He stated the water operator personally collected all the samples for the lead and copper, would turn them in as if the owners collected the samples. Through that May 15 that from the Department's records they had full knowledge of Mr. Clark's actions and that Mr. Clark had no intent to defraud or deceive anyone.

Mr. Donaldson continuing, subsequently on June 19, 2019, Jeff Stone, who is the Director of the Engineering section wrote Mr. Clark a letter and concluded that letter by saying this letter serves as a warning that any future lack of diligence of this type or any incidents that fails to properly report water quality problems may result in a hearing before the Arkansas Drinking Water Advisory and Water Operator Licensing Committee or other action that might be appropriate. At that time in June '19 and this testing occurred in '18, Jeff Stone was of the opinion that this essentially warranted a warning letter. Something transpired after that that ended up in a hearing to the Department. No new facts occurred after that.

Mr. Donaldson added there are two things in Mr. Stone's June 19 that are worth mentioning. One is he says all previous lead and copper monitoring from Earle Water System have indicated acceptably low corrosion. And the second was the results of repeat testing have been attained and results show the water pod be acceptable and lead and copper levels below the level of concern. But for a brief suspension when the City first learned of it, not by the Department but brief suspension of his employment by the City, Mr. Clark has gone back to work and he has worked up until today. He is sitting here today operating the Earle Water System without incident.

Mr. Donaldson stated that system is a new system. It is all PVC and lead free copper. There have been no issues before or after with any lead or copper in the system. At the time that this testing was performed they were a three testing cycle because it was a low risk system. Again the Mayor and two members of the Commission testified on behalf of Mr. Clark and all testified that they did not think there was any risk of harm to the public. Under all the facts and circumstances, we think that revocation of Mr. Clark's license for any period of time is harsh and unreasonable and therefore arbitrary and capricious. Accordingly we would submit that the Board not impose any revocation of Mr. Clark. If anything, the Board is authorized by Arkansas Code Annotated 25-15-217 to impose alternative sanctions including monetary fines, a requirement for example that Mr. Clark complete additional training in this particular type of testing. If the Board feels that some action is necessary, rather than revoking Mr. Clark's license and not only punishing somebody that has had no other issues up to the period and had no intent to defraud anybody and more importantly punishing these three rural water systems who have extreme difficulty finding operators, that the Department impose some alternative sanction such as a fine, additional training. The Board can actually also require him to retake his test if it so chooses. That is what we would request.

Mr. Rogers disputed the timeline, particularly Jeff Stone and Mr. Gephardt as to when we discovered this falsification issue. The Department does take falsification very seriously. The public system water operators are held to high standard. A lot of what they do is on their own.

The Department of Health has staff but they are not able to go out and look over the shoulders of everyone. This was discovered by someone reporting to us a year after this had occurred.

Mr. Rogers added that the lead and copper rule is very important, as we have seen in other systems around the country, particularly the Flint, Michigan situation with lead. Lead can be very harmful to children and to adults. These samples need to be taken in the home and at certain timeframes. Mr. Clark took the sample at taps outside the home, which is not a true indication of whether there is lead in the piping in the house. That is the whole point of having it done of having it done inside the home and not from the tap outside the home.

Mr. Rogers stated that Mr. Clark has over 40 years of experience but by that very nature he was well experienced and should have known that you cannot write some other individual's names on a document that the federal government requires us to perform these kinds of tests. The document itself, which is in the exhibit packet, specifically states that water samples are being collected to determine the contribution of faucet fixtures and to be completed by the resident of the home. It says here that water was last used on a particular day, sample collected on a particular day. I have read the above instructions and have taken this tap sample in accordance with said instructions. These are standard forms for the lead and copper rule compliance. And he wrote other people's names down and led the Department of Health to believe that those residents had conducted those samples. That is practicing fraud or deceit. That is not his ability to do that. The resident needs to do that inside the home.

Mr. Rogers added there was a memo that improper samples were taken but that is before the Department was fully aware that these are not the signatures of the residents of the home. We do take this seriously. Past falsification cases and the Department in this case recommended two years. I think that the advisory committee was quite generous and took into account Mr. Clark's situation and reduced it from the two years recommendation of staff to six months which they had the authority to do so after hearing all of the evidence. We urge you to adopt the recommendation of the subject matter experts, the Drinking Water Advisory and Licensing Operator Committee.

Dr. Amerine moved and Dr. Bledsoe seconded to adopt the recommendation as presented.

Tom Jones, Dr. Mike Riddell and Dr. Smith abstained from the vote as employees of the Arkansas Department of Health.

Motion carried.

Midwifery Advisory Board Nominee Ashley Craig

Shelly Mathews from the Women's Health Section presented for approval for the nomination by the Midwife Advisory Board for Ms. Ashley Craig to take the Consumer Position that was vacated when Chelsea Cameron moved out of state.

Mr. Crider moved and Dr. Riddell seconded to approve the nomination of Ashley Craig. Motion carried.

County Health Officer Appointments for Marion and Ashley Counties

Dr. Namvar Zohoori, Chief Science Officer of the Health Department presented to ask for approval for appointment of two county health officers. We have a county health officer in every county in the state. With your approval of these two appointments, we will have a full slate of 75 county health officers. Dr. Zohoori stated these two county health officers are for Marion and Ashley Counties.

Dr. Zohoori stated for Marion County, we have a letter from Judge John Massey as well as Valerie Jackson, who is our Marion County Health Unit Administrator for the appointment of Dr. Shawn Bogle as our health officer for this county. Dr. Bogle is a graduate of UAMS. He received his medical degree in 1998 and did his residency in family medicine at the University of Tennessee in Jackson. He is currently a family physician with Main Street Medical Clinic in Harrison since 2006. He does have medical license in the State of Arkansas and he is board certified in family medicine.

Dr. Zohoori continued that for Ashley County, we have a letter from Judge Jim Hudson as well as Tammy Cook who is our local health unit Administrator in Ashley County for the reappointment of Dr. Felicia Watkins-Brown. Dr. Brown is also a family medicine physician who obtained her degree at UAMS and her family medicine residency in St. Louis, Missouri. She is board certified and also holds a state license. She is currently with the Hamburg Health Clinic as a family physician since 2016.

Dr. Zohoori stated that both are highly recommended by their nominators and asks for the Board's approval of these two appointments.

Dr. Riddell move and Dr. Zini seconded for the approval of both appointments. Motion carried.

Cancer Registry, SEER Grant Amendments to Rules

Abby Holt presented modifications to the Arkansas Cancer Registry rules. The cancer registry has been at the Health Department for over 25 years and for the past several years certified as a gold registry by the North American Association of Central Cancer Registries. We are applying for funding from the National Cancer Institute to participate in their SEER Registry. SEER is Surveillance, Epidemiology and End Results. We are collaborating with UAMS on this project and this would help them with their NCI designation application. In order to participate in the SEER program we are asking for modifications in the rules that you have in your packets. A lot of the changes are language changes. On page 2, there are references to a 2011 Hospital Reporting Manual throughout the document. We would like to remove that so we can update that manual annual as needed. Ms. Holt added on page 5, part B, we would like to accelerate the dissemination of cancer registry data by allowing the Health Department's Science Advisory Committee to provide final approval for data releases.

Ms. Holt added, on the same page, part C, would like to expand data linkages to other organizations because if we are awarded the SEER funding, NCI would like to link our Cancer Registry data with Medicare claims files. The subcommittee has reviewed these changes. Dr.

Bala, a principal investigator on this project, and Dr. Joseph Su, from the UAMS Cancer Institute are present to answer any questions.

Mr. Crider, question: On page 2 where you are striking item J, is it the intent to re-letter the rest of those or are you combining that with I?

Ms. Holt replied, no, the multiple primary and histology coding rules manual is outdated. It is now called Store but we could include the new manual here but it is going to change over time.

Mr. Crider stated he has no issue with the language as presented, just that there are a couple of errors in what you are presenting to us. On page 5, paragraph B, same thing. You seem to be striking paragraph 1 but leaving paragraph 2. I recommend that you make those necessary changes.

Catherine Tapp moved and made a comment that to be invited to be a part of the SEER Registry is a big feather in the cap of all cancer registries. Seconded by Dr. Zini. Motion carried.

NAACCR Data Assurance Agreement 2019

Brandy Sutphin, Epidemiology Supervisor with the Arkansas Department of Health presented a request for the cancer registry. Every year the cancer registry is required by their grant to submit data to the North American Association of Central Cancer Registries. Along with that agreement is a number of ongoing data requests that need to be re-approved every year. This has been approved by our SAC, the cancer subcommittee of the Board of Health and the executive committee of the Arkansas Department of Health.

Dr. Zini's question: Is there is a cost involved to the Department of Health?

Ms. Sutphin replied no, this is part of our grant requirement.

Dr. Nair's question: Currently do you submit to an actual registry?

Ms. Sutphin replied yes, every year our data is collected, cleaned and submitted to the North American Association of Cancer Registries. They are the ones that gives us the money to run the cancer registry and have given us a gold star for quite a number of years.

Ms. Tapp moved and Dr. Nair seconded to approve the request of the cancer registry. Motion carried.

EMS Rules Amendments

Chuck Thompson, a Department of Health attorney, stated that additional amendments to the EMS rules were required to show a difference in the language when the vehicle is being operated as an advanced response vehicle. That was clarification language received in meetings with the Municipal League and other officials from local municipalities for clarification

when it comes to fire departments' advanced response vehicles. Greg will talk further on that and that change.

Greg Brown stated there were eight changes which had been made or updates to this particular section. To give you an idea of what an advanced response vehicle is, most of us are familiar with these that are operated across the state. Most of the time you will find when there is an emergency within a city or municipality you will see the fire department or supervisor vehicle roll up to the scene first because they can get there quicker. We license those vehicles so that can start providing advanced response care before the ambulance arrives. We license, permit and regulate those.

Mr. Brown stated one of the issues with that within the current rule is a stipulation and how this started was they had to operate twenty-four (24) hours a day, seven (7) days a week. That can be problematic to a fire department or an ambulance service that only operates that supervisor during the day or during the busy hours. On page 6, (b), clarification of the definition of an advanced response agency. It is a non-transporting licensed vehicle. This is the licensing of the actual agency that operates that. It can either be a municipality or another ambulance service.

Mr. Brown stated on page 25, bullet No. 5 (b), the twenty-four (24) hour provision was struck and it says it shall be a government entity or license ambulance service for the service area for which they are currently licensed to operate. They cannot operate outside of their licensed area.

Mr. Brown stated that Section (f) talks about government entities must have unified guidelines and protocols within the transporting ambulance service in the service area providing coverage. That is to ensure that the first responding ALS vehicle is not providing care that the transporting ambulance services cannot provide by their medical director. It makes sure that their protocols and guidelines are unified so that care can be continued throughout the transport. No one had an issue with this. Mr. Brown introduced Municipal League partners and Conway fire fighter, who are in support of this. The Ambulance Association did not have any issues with this language.

Mr. Brown stated on section (h), it must be staffed anytime the vehicle is operating as advance response apparatus. Often times our firefighters and our fire departments will license a fire apparatus to be an advanced response unit. If there is no paramedic that day, it becomes a fire fighting apparatus. We did not want to license it to require a paramedic on there all the time and then it has to sit in the station, unable to operate.

Mr. Brown said on section (i), only transfer care to a licensed paramedic transporting service or advanced level of care throughout the transport. Once you start advanced care you cannot hand off to a low level of care. It must be handed off to another ALS transporting unit or that paramedic must ride in with the ambulance if it is a base to life support unit. Maintaining that continuity of advanced care once it is started.

Mr. Brown stated on section (j), agencies not operating on a twenty-four (24) hour seven (7) days a week bases should work with a licensed transporting ambulance service and provide

them with their response schedule and coverage area. That is out of courtesy to make sure that those who are transporting the patients know when and when they will not have advanced response going to those scenes.

Mr. Brown went to page 32, item 4, Advanced Response Permitted Vehicles. This is a permitted at the paramedic level only. It is only going to be permitted at the paramedic level and only has to be staffed when that vehicle is being operated as an advanced response unit. Item (b), the transfer of care clarification, once you start ALS care it must be continued throughout the transport either by you riding in with a lower level service or transferring care over to another paramedic.

Dr. Zini moved and Dr. Nair seconded to accept the changes as made. Motion carried.

OTHER BUSINESS

Administrative Updates

Audit Findings Report

Stephanie Williams reported the findings of the Legislative Audit for the period ending June 2018. Each year we have an extensive audit that is conducted by the State Agency Division of Legislative Audit. They are on-site in the Department a minimum of nine to ten months. Each year they issue an Audit Findings Report. The 2019 May Audit Finding Report contained two findings. When we receive those findings we work with the programs or the areas that are responsible for the issues identified and develop a corrective action plan. The two findings were related to the management and oversight of our Ryan White inventory, our pharmaceutical inventory for that program. At that time we did not house all inventory in-house. We have a pharmaceutical company that manages part of the inventory but we did still have a portion of that inventory stored at the Department. The auditors found that we did not have sufficient controls to monitor that inventory. They recommended that due to the dollar amount of that inventory that we enhance it and have a separation of duties. We implemented an electronic system for monitoring. Each month we had two program staff as well as two staff from our pharmacy division to monitor that inventory.

Ms. Williams stated the other finding that we had related to travel processes. They audited our ten highest volume travelers, the people that received the most reimbursement throughout the year. Generally these are people that are based out in the counties and travel a wide region. It was identified that there had been an overpayment of a little over \$600 for travel. The reason being occasionally travel would initiate from the home instead of the official station. Occasionally she was traveling a longer distance that she would normally travel from her home base. Occasionally she was reimbursed a little bit more that she should have been. Since that time we have implemented an electronic travel system that the traveler enters their home location. If they are traveling from home it is a separate entry. You cannot do that as a matter of course without there being a reconciliation. The new electronic process also has steps for review. When a traveler submits their travel it is reviewed by their immediate supervisor. It is then reviewed by financial manager and then ultimately in the Finance Office. There are three stages of review.

Ms. Williams stated when the Corrective Action Report was filed it was accepted by the Legislative Audit Team. They then refer us to the Legislative Committee. We go before the Committee, answer any questions they have and they are allowed to review the steps that we put in place. Ms. Williams stated she and Dr. Smith appeared before that Committee on September 12. There was one question and the travel process was explained. They accepted the corrective action at that time. Since the time of that audit and our report to the Committee, we have eliminated storage of the Ryan White drug inventory in the Department. Our pharmacy contractor that manages that inventory has expanded their capabilities and now they handle that inventory so that is no longer an issue that should come up.

Ms. Williams introduced the new Chief Financial Officer Ms. Jo Thompson. Jo has a Bachelors in Sociology from UAPB and a Master's Degree in Research and Statistics from UCA. She joined the Department a few years ago as our Deputy CFO. She worked in several divisions at DHS. She has worked for the Office of Health Information Technology. She took over as CFO in September.

Ms. Williams stated a Deputy CFO, Mr. James Caldwell, has been added to the Finance Department. He came to the Department a few years ago. He has a background in accounting and worked with our Cost Allocation System and our grants monitoring. He has worked with the Division of Information.

Ms. Williams introduced Ms. Connie Melton. She most recently served as the Branch Chief for our Health Facility Services and Licensing Branch. She will now be working with all of the programs in our Center for Health Protection as the Center Director. You will now see her for PDMP, Injury and Violence Prevention, the Immunization Program, Preparedness.

Ms. Williams stated we do not have a financial report today due to the educational session following this meeting.

PUBLIC HEALTH SCIENCE/PROGRAM UPDATES

Afternoon Educational Program

Dr. Gilmore asked what the afternoon education program would cover. Dr. Zohoori stated the educational session would start after lunch. It will be a two-hour session from 1:00 – 3:00. There are four topics on the agenda that presenters will be presenting covering immunizations, opioids, e-cigarettes and vaping product related injuries and ending the HIV epidemic in Arkansas. These are some of the most important programs we have in the Department and you will be hearing from people who are intimately involved with these programs about what we do in the Department to address these issues.

PRESIDENT'S REPORT

Dr. Gilmore stated he is honored and pleased and look forward to be serving in the role as President and any way he can help the staff he wants to do that.

DIRECTOR'S REPORT

Dr. Smith thanked all Board members for serving in their capacity. The work of the Board of Health is only more important as the years go on. Thank you for the expertise that you bring. He looks forward to servicing with all members in 2020.

Dr. Smith stated that Arkansas is hosting a national meeting today. This is a partnership between representatives from the National Emergency Management Association, the Association of State and Territorial Health officials of which he serves as President his year, and the Governor's Health Secured Advisory Committee. The focus is on being prepared for all sorts of particularly health related emergencies; health related events and many events that have health components to them. This national partnership was actually started by our previous director, Dr. Paul Halverson, and previous director of ADEM, Dave Maxwell. It was started ten years ago which is why they brought the conference back to Arkansas on the tenth anniversary. He had a chance to hear Dr. Halverson and Mr. Maxwell give a brief presentation this morning.

We also have at that conference the new director for the Center for Preparedness and Response at the CDC, Dr. John Dreyzehner. One of the things that is on his mind is the 2019 Novel Coronavirus that started in Wuhan City, China. He asked Dr. Jennifer Dillaha to give a brief update on that because if you have not heard about it already, you are going to be hearing about it and want you to know that we are tracking that very carefully here.

Dr. Jennifer Dillaha, Medical Director for Immunizations and Outbreak Response, presented one visual, the most current map of the outbreak. A little background information on coronaviruses. The current new coronavirus is part of a family of viruses and this family is important pathogens for animals and humans. Some viruses infect just animals others humans and they are noted to mutate frequently. For humans, the coronaviruses are primarily respiratory pathogens that cause lung infections, although some of them are known to cause enteric infections. There is a range of the types of illnesses that they cause in terms of severity. It can range from a frequent cause of the common cold to something called SARS, which means the Sever Acute Respiratory Syndrome. There was an outbreak of that in 2002 and 2003 that also began in China. It resulted in over 8,000 cases worldwide and over 750 deaths, which is why this outbreak is being taken so seriously.

Dr. Dillaha stated that the current outbreak of this new coronavirus was reported to the World Health Organization by China on December 31. It was associate with a seafood and animal market that was closed on January 1 in Wuhan, China. At first it was thought to not be transmitted from human to human but now it appears that is the case and there have been cases among healthcare personnel who have cared for ill patients. Since its appearance in Wuhan, it has appeared in other cities around China and you can see the dots there that indicate the presence of cases.

Dr. Dillaha further stated that it has also appeared in other countries, Thailand, Taiwan, South Korea, Japan and the U.S. had its first case already, which was in Washington state. As of midnight on Wednesday, according to the latest figures I have, there were 571 cases and 17 deaths. There has been a very rapid global response. The World Health Association met yesterday to consider whether to declare this a global emergency. They are going to meet

again today to further consider that question. We now have technology that we did not have in 2002 and 2003. We already know the genetic sequence of this virus. It has been published and now we can use that and the CDC is able to use those sequences for diagnosis of any person who may be under investigation for having acquired this infection.

China yesterday imposed some travel restrictions out of Wuhan and other cities. It is important to know that the cultural significance of this because this is the Chinese lunar New Year which is thought to be the greatest global migration that occurs every year. They have stopped flights and travel out of that area, imposed limitations in Wuhan and nearby cities. Prior to this change, the U.S. had already implemented screening of passengers arriving by air from Wuhan in three U.S. airports, San Francisco, Los Angeles, JFK and New York and they are prepared to add Chicago and Atlanta this week. With flights not coming in from Wuhan, she is not sure how that will stand but they were able to screen the off boarding passengers and they were actually being screened before they left Wuhan. If they are not ill at the time, they are given information about what to do if they do become ill later.

What we are doing in Arkansas is to make sure that we are communicating. We have lines of communication with health care providers, especially hospitals, emergency departments and EMS about what to do if they have an ill patient who is from Wuhan or has traveled there; what kinds of isolation, what kinds of tests they need and who to call and who to contact. We are paying very close attention to the new information about this virus. We are learning more about it every day and the kinds of illnesses that it causes. It appears to be relatively mild in many people but there have been deaths mostly in persons who had health conditions that made them vulnerable. We are wanting to monitor if this is air borne or is it just by cough and sneezing kind of things, transmission to people who are close by. It appears at this point that it is close contacts and we are interested to know does this illness have an enteric or gastrointestinal component to it.

Dr. Bledsoe's question: I saw the data about the 17 deaths. Do you have any idea of the age grouping of the deaths, range of age or is it hitting young people?

Dr. Dillaha replied she has not seen any data about the ages but has read comments that they were people who had pre-existing conditions.

Dr. Zini's question: It is my understanding they were also screening people coming in thermally to see if they have temperatures, that there has been deaths where they did not have temperatures was reported, is that correct?

Dr. Dillaha responded she has not read about the temperature component about that. I know what they are doing in terms of screening in air ports they do take a thermal image and the person who arrived at the U.S. was not ill at the time that he arrived and he became ill later. He learned what to do and called the proper people in his state and was seen and was not particularly ill. He was hospitalized nevertheless for isolation and for examination.

Dr. Boss's question: What about healthcare workers, how many have gotten it and have any of them died?

Dr. Dillaha stated she has not seen numbers about how many are healthcare workers. There are some healthcare workers in that total but I do not know how that breaks out and I have not seen in terms of the number of deaths whether of them were healthcare workers.

Dr. Smith replied that there was one report of 15 healthcare workers in China but I am not sure if that is up to date. I think aggressive efforts are being made. We are a lot further ahead on this than we were with SARS. If you can image from detection of the cluster or reporting the cluster to the genetic sequence being online in four weeks, this in an incredible pace. But, viruses spread very quickly and with international travel even with the most robust screening there are going to be cases that get through. That is why we are prepared here and we are trying to education folks, get people the most recent information. This is one of those where last week it was not suspected to be human-to-human transmission now we know that is the case and so this is part of that effort to get it on your radar screen. If you have questions, especially if you are hearing different things because as sometimes as these things go on different people say different things that are not necessarily accurate or up to date, feel free to reach out to us and we will update you with the most recent information.

Dr. Dillaha stated there are groups working on a vaccination for this but it will be at least a year before anything is available.

Dr. Smith stated I would encourage as many of you as you can to stay for our educational session. This is where we try to get you actual information on hot topics, upcoming topics. Obviously this one arose after we had already set our curriculum.

Dr. Gilmore stated if you have a chance to look at the by-laws, the mission of the Board is to protect and promote the health of the citizens of Arkansas. We have a big responsibility here with this Board. He thanked those who signed up for a committee and encouraged those participating via phone to let someone know.

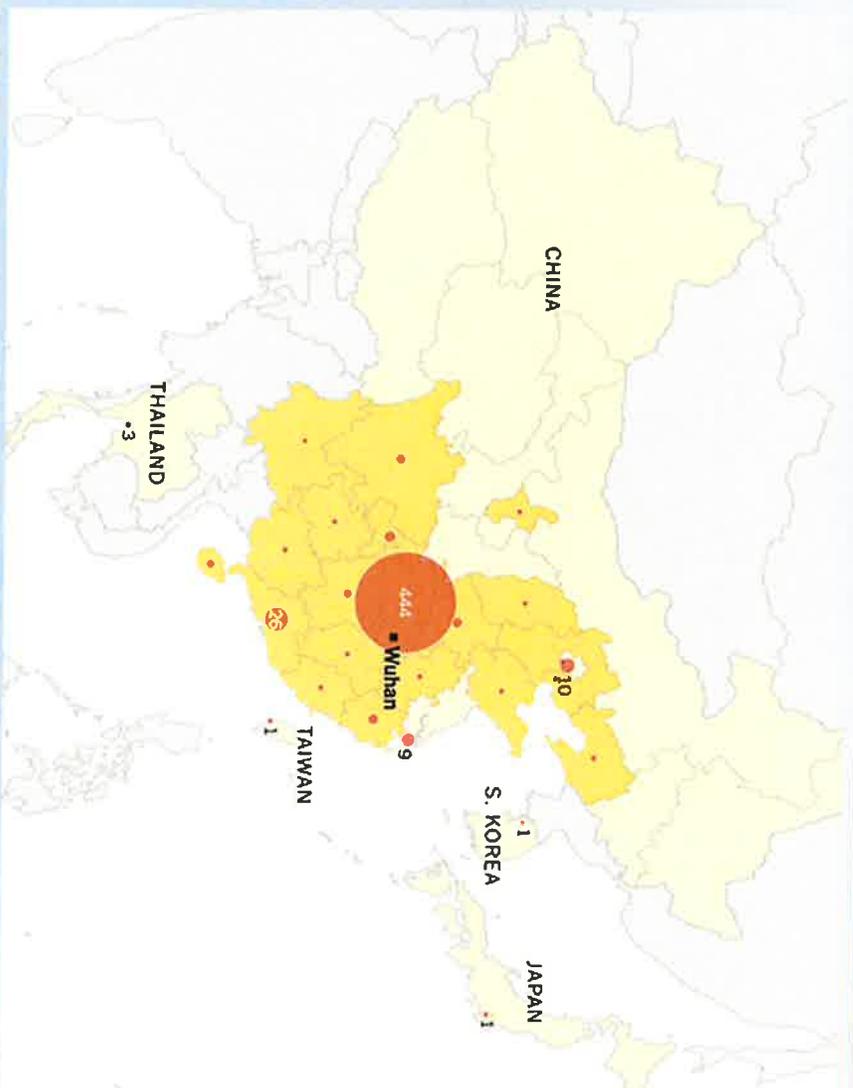
Mr. Rogers announced a meeting of the Cancer Subcommittee after the meeting adjourns.

Meeting adjourned at 11:57 a.m.

A handwritten signature in black ink, appearing to read 'N. Smith', written over a horizontal line.

Nathaniel Smith, M.D., MPH
Secretary of Health
January 23, 2020

Where the Wuhan Coronavirus Has Spread



New York Times, Jan 22, 2020

