

**MINUTES OF THE QUARTERLY MEETING
ARKANSAS STATE BOARD OF HEALTH
April 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
Anthony Hui, MD
James Zini, DO
Thomas Jones, RS
David Kiessling, DPM
Stephanie Nickols
Donald Ragland
Mike Riddell, MD
Catherine Tapp, MPH
Clay Waliski
Susan Weinstein, DVM
Terry Yamauchi, MD

ABSENT

Vanessa Falwell, APRN

GUESTS PRESENT

Stephanie Williams, ADH, Chief of Staff
Renee Mallory, ADH Deputy Director
Naveen Patil, MD, Medical Director, Infectious Disease
Jennifer Dillaha, MD, State Epidemiologist
Laura Shue, General Counsel
Reginald A. Rogers, Deputy General Counsel
Charles Thompson, ADH, Managing Attorney
Brian Nichols, ADH, Attorney
Brooks White, ADH, Attorney
Tressa Williams, Legal Services Specialist
Jake Jankovsky, ADH, Law Clerk

APPEARING VIA TELEPHONE

Cristy Sellers, ADH Center Director, Health Advancement
Mary Claire Hyatt, Department of Education Attorney
Jeff Stone, ADH Director, Engineering
Darren O'Quinn, Attorney
Jackie Hazelwood

MINUTES OF THE ARKANSAS STATE BOARD OF HEALTH MEETING

The quarterly meeting of the Arkansas State Board of Health was held on Thursday, April 23, 2020, in the Charles Hughes Board Room of the Freeway Medical Building in Little Rock, Arkansas. Due to health concerns resulting from the spread of COVID-19, a majority of the Board of Health members and attendees attended by teleconference.

CALL TO ORDER

Dr. Phillip Gilmore called the meeting to order at approximately 10:01 a.m. and called for a roll call. General Counsel Laura Shue conducted the roll call of Board of Health members.

APPROVAL OF MINUTES

Dr. Gilmore called for approval of the January 23, 2020, Minutes of the quarterly monthly meeting. Dr. Susan Weinstein moved, and Dr. James Zini seconded that the Minutes be accepted. Motion carried.

Dr. Gilmore called for approval of the March 20, 2020, Minutes of the emergency meeting. Dr. Nair moved and Dr. Hui seconded that the Minutes be accepted. Motion carried.

COVID-19 UPDATE

Ms. Shue introduced the Medical Director for Immunization Outbreak Response, Dr. Jennifer Dillaha and the Medical Director for Infectious Disease, Dr. Naveen Patil, to present an update on COVID.

Dr. Dillaha stated the first COVID-19 case was found in Arkansas on March 11, 2020. As of April 23, 2020, there were 2,276 cases reported with 42 deaths, and over 27,000 negative test results. The Health Department made the Emergency Operations Center operational in order to work to identify all the cases and their contacts. In the Outbreak Response Section, there are normally three nurses. At present, there are approximately 200 staff working in that capacity. ADH is collaborating with UAMS College of Public Health and New York Institute of Technology College of Osteopathic Medicine to assist with contact investigations. To be done properly, Dr. Dillaha estimates a need for over 900 people.

Dr. Dillaha reported in order to lighten restrictions, new cases need to be identified quickly, isolated, identify their contacts and have them quarantined. Arkansas went from a system of no testing available to now a variety of tests available. Initially tests were only done through the CDC; however, the Arkansas Department of Health Public Health Lab gained that capacity along with multiple commercial labs and products that can be done as a point of care strategy. Isolation is defined as when someone has the disease and need to be in a setting where they cannot spread it to others. Quarantine is when someone has been exposed and are not yet sick but need to be quarantined through the incubation period to avoid spreading the disease to others in the event they do become ill.

Dr. Dillaha stated the Department has worked with hospitals around the state to understand their capacity for surge. The team has worked with the preparedness program in the event there is a need to plan or setup alternative sites. There is a team of physicians at the Health Department that has created guidance for different settings, organizations, and businesses. There are over 100 documents to address these many situations and they are continuing to modify them as the situation changes.

Dr. Patil reported the Department of Health has been heavily involved with nursing homes and congregate settings in the state. There are about 250 nursing homes and 50 to 100 congregate settings. Congregate settings include homeless shelters, drug rehab centers and behavioral health centers. The Department is currently working with approximately 50 of these, about 35 nursing homes and 15 to 20 congregate settings.

Dr. Patil reported the VA is helping by running 80 to 90 tests per day. Apart from this, the team has visited 25 nursing homes and congregate settings that have been badly infected. The Cummins Unit

houses almost 1800 inmates and over 500 staff. About 1500 inmates have been tested of which about 700 were positive. Thirty-five to 40 staff have been infected. In the federal prison, which houses more than 3000 inmates and have 600 staff, about 75 inmates are positive and more than 10 staff have been infected. In Cummins, testing will be done on every inmate and staff today. For the federal prison, CDC will take on all testing.

Dr. Patil went on to report a few of the nursing homes are severely affected. He said Dr. Smith gave a mandate on nursing homes and/or congregate settings that if any staff or resident tested positive, every resident and all staff facility are to be screened. This has been accomplished throughout the state. In reviewing the statistics and data that is released every day, there are five heavily infected nursing homes. Most of the other nursing homes have had just one or two cases and this has been due to an aggressive approach in testing, onsite visits, daily contact with the team and helping as needed.

Any advisory accommodation guidance that ADH provides is done rapidly. On an identified nursing home, testing is completed and results are known within 24 to 48 hours. Within 48 hours, the status of the entire staff and residents is known so that they can be segregated. Positive cases can be moved away from the negative cases to prevent infections.

Dr. Terry Yamauchi asked how many different tests are being used in Arkansas and are all the tests compatible in sensitivity receptors.

Dr. Nathaniel Smith reported on the tests that are currently being utilized and the different labs and hospitals that are assisting in testing.

Dr. Yamauchi asked whether the tests being used are from different companies have the same sensitivity.

Dr. Smith replied the false positivity and false negativity rate depends on the population that is being tested. The sensitivity and specificity depends on the timing, the quality of the collection but they are all PCR assays so they tend to be very sensitive and certainly very specific.

Dr. Eddie Bryant asked once a person in an institution has tested positive and is either appearing well or feels well, when would be a time period that they can receive routine care.

Dr. Smith replied according to CDC guidance, the standard criteria for recovery is seven days from the onset of symptoms and at least three days free of fever. In very high-risk settings of a hospitalized patient, before taking someone out of isolation, they must have two negative PCR tests. Similarly, in other high-risk setting with a health care provider coming back and caring for high-risk individuals, the hospital would require that worker have two negative tests before returning into that high-risk setting. UAMS is requiring test-based criteria just for that reason.

Dr. Patil added for long-term care facilities, they have different hallways and buildings for positives and negatives. The staff that cares for positives will remain on the positive side and the staff that cares for negatives will take care of the negative side. As for testing, they get two tests and both have to be 24 hours apart. If both are negative, they can be moved from isolation to the other side of the building. For healthcare workers, some of the nursing homes have adopted similar strategies of waiting 14 days. But because the positivity of tests may not be testing them but every nursing home,

staff is masked and symptom screened so they do not transmit infections. If there is a shortage of staff, sometimes the staff comes back early but most of them have waited for 14 days without testing strategy.

Dr. Bryant asked if a healthcare worker has recovered but there is not availability of test-based criteria, when they could return to work.

Dr. Patil replied that most of these healthcare workers are symptomatic. Anyone with symptoms, whether they have a positive or negative test, they cannot work and everyone is masked. No one with symptoms is allowed to enter a building. If they are asymptomatic, are positive and there is a shortage of staff, only then can they return to work and the positive staff member will work only with the positive resident. They cannot work on the negative side of the nursing home. Dr. Patil added the CDC criteria of one week off for symptoms or three days without fever is adopted but most nursing homes are taking the approach of two weeks.

Dr. Mike Riddell asked if there is a sense of what the positivity rate would be for asymptomatic people in the street.

Dr. Smith replied that asymptomatic individuals currently are not being tested. Symptomatic individuals and asymptomatic individuals who are in high-risk settings that are known to have been exposed are being tested. The average person on the street is probably pretty low. The positivity rate from the commercial labs and UAMS have been less than five percent. Overall, for all the testing that has been done, 29,440, it has been 7.7% overall. In some of those settings where UAMS has gone out to test symptomatic individuals in underserved areas, they will come back with zero or one positive.

Dr. Marsha Boss asked if the Department will control the type of test for outpatient surgeries, and whether they have to be a PCR or an antibody test.

Dr. Smith replied that it would have to be a PCR test. Antibody tests or serologic tests would not be appropriate for these settings. We use the term NAAT, Nucleic Acid Amplification Test, the same as a PCR test.

Dr. Bryant asked once elective surgeries start, even though they are asymptomatic and can have no contacts, are they required to have testing.

Dr. Smith stated yes, there is a phased approach here that we are taking in the current directive. We have only focused on Phase I but Dr. Jim Bledsoe is preparing a much longer document that lays out the entire strategy. To avoid confusion and to make it easy to understand and implement, only the bare minimum has been included to inform people what they need to know to start Phase I but it does require testing within 48 hours of the case. Rural hospitals under 60 beds were exempt from the initial restrictions on elective procedures. Those hospitals that fell under that and had to stop the elective procedures will have to do that testing. They will have to gain that capability or arrange with a commercial lab that give rapid turnaround. If a commercial lab is used and arrangements are made to prioritize those, they can be done within 48 hours easily.

Dr. Nair asked when the peak is anticipated in Arkansas and the status on PPE.

Dr. Smith stated we are getting reports that more facilities are in better shape in regard to PPE. PPE is pushed out through the Department of Emergency Management, but we are also getting reports from FEMA that they are pushing out PPE to the commercial suppliers for them to get them to the facilities. Not all PPE going to facilities is coming through us, so we do not have complete visibility on that but from reports from FEMA there is much more PPE available than there was. This weekend we will be receiving from FEMA a decontamination unit that will have the capability of decontaminating about 80,000 units of PPE per day. That should also help to extend our supply. This obviously is not appropriate for all settings but something that can help us while supplies are still somewhat limited.

The predicted models concerning the peak have varied widely none of them have matched our data and have not been entirely helpful. Probably the one that has been most referenced is from the University of Washington, the IHME model, and they recalibrate their model every few days. If you look at our actual cases, it has become so flat that it is difficult to identify. We actually may have already hit our peak, but we will not know it because our curve is so flat.

Dr. Yamauchi asked if there is any information on viral load in positive tests while asymptomatic and/or after the disease symptoms have gone and they still test positive.

Dr. Smith explained that what is being used is qualitative PCR, not quantitative. We do not have data from our clinical testing; and, it is somewhat site specific. Research studies have seen that the peak or quantity of virus collected tends to peak shortly before the onset of symptoms. Then it drops off after that and late in the course of infection you could get a negative PCR result but there are some patients intermittent shedding at a lower level that it can either persist or be intermittent in some cases for weeks.

Mr. Clay Waliski asked for clarification on the Cummins numbers, that there were 348 tested with only three showing symptoms, and serologic testing.

Dr. Smith replied reports on the number with symptoms is not being reported. There were three hospitalized. In regard to the serological or antibody tests, there is some limitation. They are not useful for detecting acute infections so that cannot tell reliably whether someone is infected now. What they can tell is whether they were infected in the past. That is useful information but not clinically useful and is not the priority right now. The second challenge is that not much is known about serologic tests. The third thing is the quality of the tests themselves. There are over 70 different antibody tests available but only a handful have received the FDA's emergency use authorization. Finally, although we will move ahead and do what is right for Arkansas, we also want to coordinate with other states and our federal partners. It would probably be better for us to partner with them and what they are doing in collecting the data in an orderly fashion that will be comparable from state to state.

Dr. Smith further stated that those antibody tests will not tell you whether you are no longer communicable nor whether you are protected. There is a lot of enthusiasm over antibody or serologic tests; but clinical pathologists are saying they are definitely not ready for prime time based on the usefulness and the performance characteristics of those tests.

Dr. Zini asked about relapse.

Dr. Smith stated there is not much evidence about the issue of relapse or reinfection.

Dr. Dillaha added that there is a lot to learn about this illness. We know that other human coronaviruses cause illness and are a frequent cause of the common cold and humans do not develop lasting immunity to those viruses. We have not learned whether that is the case with the virus that causes COVID-19. She added that many of the antibody tests can cross-react with the other coronavirus.

Dr. Erney asked Dr. Smith to address dentistry in Arkansas.

Dr. Smith stated he has been working with Dr. Lindy Bollen to develop guidelines and get dentists back up and going as safely and quickly as possible. Expect something to come out by the end of the week or early next week.

OLD BUSINESS

Stipend and Travel Forms Reminder

Ms. Shue gave a reminder to members to submit forms for receiving a stipend. There is a statutory allowance for a stipend for every Board meeting or subcommittee meeting.

Rule Promulgation Update

Ms. Shue reported 17 rules were approved in the August 2019 Meeting. At the October 2019 Meeting, ten additional rules were approved. As of March 13, 2020, the Governor's Office has approved all rules and they are all moving forward. There are several pending in different stages of the Administrative Procedure Act.

Appeals Update

Ms. Shue reported the April 3, 2020, directive on elective surgeries was issued and has been enforced. There was a cease and desist order issued by the Department of Health to the Little Rock Family Planning facility on April 10, 2020. The Little Rock Family Planning Services facility challenged the State's enforcement of that directive and the Governor's Executive Order. The directive in question was regarding elective surgeries and those procedures that could be safely postponed. The cease and desist order stated that any further violation of that directive would result in immediate suspension. Little Rock Family Planning filed a motion in an ongoing case in which the State has already been banned from enforcing three 2019 Acts and a federal district court in Little Rock granted an emergency temporary restraining order on April 14, 2020. The Department was temporarily enjoined from enforcing the directive and the court asked for written arguments while the order was pending and scheduled a hearing for tomorrow at 9:00 a.m., for which three Department of Health witnesses are still under a subpoena. The Attorney General's Office represented the State in that case and filed an appeal to the Eighth Circuit. The Eighth Circuit issued an opinion granting a writ of mandamus that found that the directive does not act as an outright ban on all abortions because medication abortions are still available up to ten weeks and because of the timing of the directive, was not permanent. In its order, the Eighth Circuit again stopped surgical abortions, which are available at Little Rock Family Planning Services, from taking place during the pandemic. As she understood, another court filing was filed today, and litigation will continue.

Dr. Marsha Boss asked if the hearing on Friday was an in-person hearing. Ms. Shue replied that members of the public will have to utilize social distancing measures; but they do have access to the federal courtroom at 9:00 a.m. Friday morning. Ms. Boss asked if Judge Baker had already filed an order to reinstate it. Ms. Shue replied no, but the Little Rock Family Planning Services has filed another motion. Ms. Boss asked that a copy of the Eighth Circuit's opinion be sent to members of the Board.

Mr. Reginald Rogers, Deputy General Counsel, gave an update on ongoing efforts to fluoridate water systems that are applicable in the State of Arkansas. The Ozark Mountain Regional Public Water Authority is recalcitrant. This Board of Health issued an order in 2016, ordering Ozark Mountain Regional Public Water Authority to fluoridate their water pursuant to Act 197 of 2011. They refused and appealed the Board of Health's order to Boone County Circuit Court. The judge entered an order in the Board's favor. The Attorney General's Office also intervened and appeared but only to support the constitutionality of Act 197 of 2011. The Ozark Mountain Regional Public Water Authority appealed that order to the Arkansas Court of Appeals. The Court affirmed the Board's ruling on March 18, 2020. The mandate to that decision, which is a required course stating that that order stands, was issued on April 21, 2020, by the Arkansas Court of Appeals. In that mandate, the court ordered the appellant, Ozark Public Water Authority, pay appellees, the Board of Health, \$36 for brief costs and the Attorney General's Office \$48. The attorneys for Ozark Mountain, the Friday Law Firm, informed us their efforts in this matter have ended and directed us to contact Mr. Andy Anderson, Chair of the Ozark Mountain Regional Public Authority. A board meeting of that public water authority is set for the next few weeks and we do not know Mr. Anderson's position on the order. Mr. Jeff Stone, Director of Engineering, has sent the first letter stating a \$500 per week civil penalty will be assessed and those letters will continue each week until compliance. If that fails, we will have to go back to court.

Breast Milk Standards (Revised)

Ms. Cristy Sellers presented revised rules for breast milk standards, which were initially approved by the Board in August. The initial rules addressed processing, storage and distribution. After the public comment period, it was decided in the best interest of the public health of our citizens to expand those rules because of other areas governing donor qualifications and screening, milk bank records and the tracing of the breast milk. The guidelines are from the Human Milk Bank Association of North America.

Dr. Hui stated on Page 5 at 4.4.3, the reference to a certified laboratory needs clarification.

Mr. Charles Thompson, Managing Attorney, stated he would present that to Dr. Baker and report back after the meeting.

Dr. Hui moved and Mr. Ragland seconded that the Breast Milk Standards revision be approved pending Dr. Baker's clarification of certified laboratory. Motion carried.

Body Art Establishment Rule (Revised)

Mr. Thompson stated this is the final approval on the body art rule. During the promulgation process, there was disagreement and lack of understanding regarding Act 990 of 2019. Act 990 was

at first understood to include all occupations within the Arkansas code. However, it was written very specifically and had one section of text that meant that the Act 990 background checks and prohibiting offenses not include Title 20 occupations and Title 20 occupations include body artists. That language was taken out.

Dr. Boss asked if Title 20 occupations could be accessible online to see who does not have to have criminal tests.

Mr. Thompson replied there is no easy way to do that. He will make a list of Title 20 occupations and provide it to her.

Dr. Susan Weinstein stated she does not understand in the packet how to know what change was in the rule. There was not a marked-up copy provided.

Ms. Shue stated that a copy of the final rule was provided to show as it would be used without the underline and deletion. Generally, when an initial rule is presented, the underlines and deletions will be utilized to show what the changes are. The final rules will not always be presented unless changes have been made throughout the process. This is one of those instances.

Dr. Weinstein stated that every rule is presented differently and that makes it confusing, occasionally.

Dr. Nair moved and Mr. Ragland seconded that the Body Art Establishment Rule revision be approved. Motion carried.

NEW BUSINESS

Rules for Immunizations

Mary Claire Hyatt with the Department of Education presented the rules for immunizations. There were three changes made to the rule. The biggest was the formatting. There were comments that the rules were hard to read so they made them easier to read and navigate. Throughout the rule, staff changed the name of the Department of Education to the Division of Elementary and Secondary Education, consistent with the Governor's transformation. In section 7.02 and 7.03, additions were made to reflect changes made in Act 676 of 2019, which dealt with reporting by school districts. The public comment period ended three days ago. There were two public comments from schools but there was no need to create any new changes to the rules because of those two comments.

Rules for Interpreters for Individuals who are Deaf

Mr. Thompson and Mr. Brian Nichols, ADH attorneys, presented the latest update to the deaf interpreters' rules. Sections 9, 10, and 11 are updated based on the red-tape and occupational licensing review legislation regarding temporary and automatic licensure. That is all that same standard language we are using the executive branch agencies for the purposes of compliance with the occupational licensure law. The one thing that is substantive is the application fee and the reduction in application and licensure fee from \$120 to \$90 and the annual renewal fee reduced from \$90 to \$75.

Mr. Waliski moved, and Dr. Boss seconded to approve the Rules for Interpreters for Individuals who are Deaf. Motion carried.

Drinking Water Advisory and Water Operators Licensing Committee Appointments

Mr. Jeff Stone presented new members to the Drinking Water Advisory and Operator Licensing Committee. The Committee oversees licensing issues as well as advises the drinking water program. This committee is composed of seven members; four are water operators, holding the highest-grade license available. One is a consulting engineer; one is an engineer on the teaching staff of a state institution of higher education with expertise in drinking water and one from the Department of Health. Requests were sent from the Drinking Water Professional Organization to make recommendations for these positions. For the teaching position, we received a nomination from the University of Arkansas that one of their adjunct teachers, Larry Lloyd, be put on this committee. Mr. Lloyd is recently retired from Beaver Water District, is very familiar with the program, the drinking water industry, and is very well qualified for this position. The other position is one of the water operator's positions. We received two nominations for that position. Arkansas Rural Water nominated Brian Smith, who is the manager of Grand Prairie Regional Water Distribution district in Stuttgart; and, the Arkansas Water Works and Water Environment Association nominated Sharon Sweeney. Ms. Sweeney is Compliance Manager at Central Arkansas Water of Little Rock.

Dr. Gilmore called for a motion.

Dr. Hui moved and Dr. Weinstein seconded approving Larry Lloyd for the educational position and Sharon Sweeney for the water operator position on the Drinking Water Advisory and Water Operators Licensing Committee Appointments.

EMS Cases

Mr. Brooks White, ADH attorney, presented with three disciplinary cases. The first was Tabitha Henry. Mr. Darren O'Quinn presented as Ms. Henry's attorney. This case when to hearing in January 2020. It involved Ms. Henry's employer receiving a call from a hospital where she was dropping off a patient and she seemed impaired. An investigation was done and a few days later she was called into the office at her employer. During the course of the interview, they noted some kind of problem. She was drug tested with an in-house drug screen that came up positive for certain drugs. She did a follow-up drug test that had different results than the in-house test. The case was presented; and, a three-member subcommittee comprised of Dr. Riddell, Mr. Ragland and Dr. Flamik concluded that no offense under the rules was proven.

Mr. O'Quinn stated they contested the hearing based on the evidence. The subcommittee came up with a unanimous decision and ask that that decision be adopted.

Mr. White stated that the proceeding was to have her license disciplined in some manner. The burden was on the Department to prove the offenses that were alleged; and, the subcommittee found that by a preponderance of the evidence those offenses were not proven. The subcommittee found that she was not guilty of any disciplinary violation.

Dr. Mike Riddell moved, and Dr. Darren Flamik seconded to confirm the findings of the subcommittee that the allegations did not support the allegations of a violation of law and no disciplinary action would be taken against Ms. Henry. Motion carried.

Mr. White proceeded with the next case on Charlie Tacito, an emergency medical technician in West Memphis. Mr. Tacito submitted multiple altered certificates evidencing his continuing education requirements for his license renewal. He failed to appear at his hearing and it was conducted in his absence, which is permitted. The committee found that the offenses were proven and that the two offenses were obtaining a license or certification by fraud, deceit, misrepresentation by concealing material facts and falsification of continuing education documentation. The subcommittee found that this warranted revocation of his license. The National Registry of Emergency Medical Professional also revoked his certification based upon this activity. The national certification is something that in Arkansas you have to have in order to practice.

Dr. Weinstein moved and Dr. Riddell seconded to accept the recommendation of the subcommittee to revocation the license of Charlie Tacito. Motion carried

Mr. White presented Mr. Kristoffer Fields, an emergency medical technician. Mr. Fields submitted a card that had an altered license expiration date to a prospective employer as proof of the currency of his license. Mr. Fields appeared and was very contrite. He is in the military and was awaiting deployment. He wanted to be able to get his license back so he could serve in the military again. The subcommittee, based upon his disposition towards the matter and that he wanted to be of service, recommended one-year probation plus additional education requirements.

Dr. Weinstein moved to accept the recommendation of the subcommittee of a penalty of one-year license probation and additional ethics continuing education. Motion carried.

Dr. Gilmore strongly urged Board members to consider serving on some of the subcommittees.

Shady Acres Mobile Home Park

Mr. Rogers presented and introduced Ms. Jackie Hazelwood who would be representing Shady Acres Mobile Home Park, located in Miller County. Shady Acres had some issues with sending in sampling and monitoring their own well water and needed to provide disinfection. A three-person committee met on this matter. Mr. Lane Crider served as Chair and Dr. Boss was on the committee as well. In the proposed findings of facts and conclusions after deliberations at the time the recommendation was that Shady Acres Mobile Home Park must be connected to the Texarkana Water Utilities within 60 days after the Board of Health's final decision. Civil penalties will not be appropriated to the mobile home park if the owners decide to discontinue the use of the well within 60 days of the Board of Health's decision. The mobile home park sits in an area adjacent to several water pipes that they can connect to join the City of Texarkana. This is a park that would be fair to say is dilapidated.

Ms. Hazelwood commented that she lives in DeCamp, Texas. She is the daughter of the owner of the mobile home park. They cannot afford to clean it up and no longer want it to be a mobile home park. They want to clean it up and let it be a home place again for family only. There are currently ten people living on the property in seven mobile homes. The remaining mobile homes are badly

damaged and uninhabitable. She stated that the well has been there since 1971 and at one time there were 52 mobile homes. She stated there is a chlorinator on there.

Mr. Crider related that the original evidence and testimony brought before the subcommittee by the property owner included that non-family members and an infant were using the well. Also, testimony from the Department of Health staff indicated that, although a chlorinator was in place, lack of routine maintenance of the equipment was an on-going and historic issue. For those reasons, the subcommittee recommended that Shady Acres be required to connect to the municipal system.

Dr. Smith moved and Dr. Boss seconded to remove Shady Acres Mobile Home Park proposed Findings of Facts and Conclusions of Law from consideration because the mobile home park water system is now considered semi-private, serving less than 25 residents. Motion carried.

County Health Officer Appointment for Washington County

Dr. Namvar Zohoori present two recommendations for Washington County Health Officer, one as primary and the other as alternate. The previous county health officer resigned in mid-January. Judge Wood nominated Dr. Daniel as the county health officer and Dr. Young as an alternative.

Dr. Smith asked if the Board is able to make their selection as the county health officer or does it have to follow the county judge's recommendation.

Mr. Rogers stated the Board of Health makes the appointments with the consultation of the county judge.

Dr. Smith moved and Dr. Dwayne Daniels seconded to appoint Dr. Daniel Young as primary County Health Officer for Washington County and Dr. Jess Daniel as alternate. Motion carried.

OTHER BUSINESS

Center/Office Updates

Ms. Stephanie Williams reported that the program and administrative update was provided in the earlier COVID presentation.

PRESIDENT'S REPORT

Dr. Gilmore thanked everyone for their diligence in all that is taking place. He also commended Dr. Smith regarding his appearance in a recent newspaper article that labeled him as man of the hour. He stated he is extremely proud of the work being done by the Department of Health during this crisis.

DIRECTOR'S REPORT

Dr. Smith stated he appreciates all the support he receives from the Board. These have been unprecedented historical times and he is pleased in the way the Department has been able to respond to the COVID-19 outbreak in Arkansas. He commended the Governor for his leadership and steady hand in the face of criticism.

Dr. Smith announced that Dr. Dillaha has taken over as State Epidemiologist and Dr. Patil is now leading the Outbreak Response Team for Facilities.

Dr. Smith announced that Dr. José Romero is Chief Medical Officer. Dr. Romero is a nationally recognized scientist and is currently serving as Chief of Pediatric Infectious Diseases at UAMS and Arkansas Children's Hospital. This summer, he will be on staff fulltime at the Department of Health. He also serves as the Chair of the CDC's Advisory Committee on Immunization Practices (ACIP).

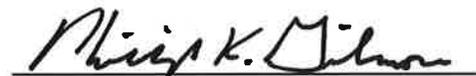
Dr. Atul Kothari has also been added to our staff since the COVID-19 outbreak. He is an infectious disease physician and is currently 50% with ADH and 50% with UAMS. He has a background as a clinical microbiologist and has been key in the laboratory clinical connection. The plan is that in July he will be with the Department fulltime.

Special commendations were given to Chief of Staff Stephanie Williams and Deputy Director Renee Mallory for managing an outbreak response of this scale and continuing the Department's other activities as well as commendations to the entire Legal team.

Dr. Gilmore stated that there would be a called meeting of the Board in the next few weeks to update members on matters that may come up in light of the pandemic. That meeting will be by teleconference.

The next regularly scheduled meeting of the Board of Health is July 23, 2020.

Meeting adjourned at 12:15 p.m.



Phillip Gilmore, PhD, MS, MHA
President
April 23, 2020