

Chautauqua County Board of Health
MINUTES

Meeting Date/Time: Thursday, November 18, 2021 @ 6:00 p.m.

Location: Virtual Meeting via Zoom

Scribe: Sherri Rater

ATTENDENCE:

BOH Members	P/A	BOH Members	P/A	Others Present	Title
Dr. Erlandson	P	Elisabeth Rankin	P	Christine Schuyler	Secretary, Public Health Director, HHS
Dr. Khan	P	Dr. Tallett	P	Bill Boria	Environmental Health Director, HHS
Dr. Kidder	P	Mark Tarbrake	P	Sherri Rater	Scribe, Administrative Assistant to Commissioner, HHS
Dr. McConnon	P	Nancy Rosario	E	Melonie Witkowski	Executive Director, Prevention Works
Dr. Ney	P				

Call to order	The meeting was called to order at 6:04 p.m. by President Lillian Ney. Roll call was taken by Sherri Rater. Dr. Mark McConnon has joined as a member of the Board of Health. Dr. McConnon is a retired veterinarian who practiced in Westfield, NY, is an Ohio State graduate and interned at Cornell University and does a lot of work in the community. Welcome Dr. McConnon. Dr. Tallett is resigning at the end of the year. Dr. Tallett has been a member of the Board for 19 years. As stated in a letter from the Board read by Dr. Ney - Your voice has been very important through the many years that you have served, including your time as President. You have contributed in many ways, and we appreciate and have benefitted from your firm commitment to public health and safety, your deep knowledge and experience, and the clarity and good sense with which you have contributed to all discussions. The Board accepts Dr. Tallett's resignation with regret and sincere thanks for his many years of service.
Privilege of the Floor	One submission sent in by Chautauqua County resident Doreen Rudnicki: I am writing to express some concerns on the handling of the continuing COVID pandemic in Chautauqua county. 1. Some information is confusing because it is contrary to current CDC guidelines. Maybe I am wrong in this, but here is an example: According to the most recent CDC guidance on mask wearing that I could find (updated October 25, 2021), the CDC says: <ul style="list-style-type: none">• If you are fully vaccinated, to maximize protection from the Delta variant and prevent possibly spreading it to others, wear a mask indoors in public if you are in an area of substantial or high transmission. (https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html) Despite this, even at the previous Board of Health meetings, the website only stated that unvaccinated people are required to wear a mask. According to the CDC recommendations, everyone should have been required to wear a mask regardless of their vaccination status since we are in a high transmission area and the meetings are indoors. Especially at a Board of Health meeting, the current CDC guidelines should be upheld.

2. The communications put out by the Health Department don't seem to be reaching the people it needs to reach in a way that is meaningful and nonthreatening to them. The only way to describe what I mean is to tell you something about myself. I was born in a poorer area of the East side of Buffalo & no one in my extended family ever went to college. Some never completed high school and one set of grandparents never spoke English. To say that going to college and grad school was like being a fish out of water is not far from the truth. Nevertheless, I was lucky to be able to study latent viral replication in grad school and work in research, as well as get another B.S. to become a health care provider later in life.

As I navigated higher ed and then work, I really never forgot that for people who don't have (or didn't take) the opportunity for higher education, anger is a default when they are feeling completely 'out of water' and surrounded by professionals giving them advice to do something they completely don't understand. I think compassion for this feeling is what's missing. In order to preserve their self respect, a lot of people won't admit that they still don't understand a hoot about mRNA & so they don't want it in their bodies. They don't understand how this can't alter their genes or affect their fertility and they are too embarrassed to admit it, especially after over a year of assurances by 'the experts'. I have met so many professionals who have forgotten (or never experienced) what it's like to feel that vulnerable.

Information has to answer the questions they have by explaining what mRNA is, how it doesn't stay in a cell, and how it can't get in the nucleus and change DNA. Easy analogies like: DNA and mRNA are similar in the same way that British and American English are the same language, but just slightly different. Once mRNA is made into the spike protein, then it's like speaking 2 different languages, like Dutch and English. Something like that makes things easier. Short animated workshops presented on different topics that answer questions like these would be helpful. They could be Zoomed to targeted groups and would be a good way to give people a nonthreatening, easily accessible way to get facts. These types of workshops don't just give health advice, they show respect for a person's intelligence that they can understand these topics and make better choices for themselves. Maybe employers will let you Zoom these at employee meetings.

3. I have read that a large group of unvaccinated people have jobs in which they don't get paid unless they are at work. Instead of funding hokey things like a lottery where one person has a chance of winning a lot of money once they get vaccinated, why not find funding for 3-4 days paid leave for as many of these types of workers as you can? Or could franchised businesses be encouraged to get together and donate some of this money and the state or county provide the rest?

4. I also wonder why the Board of Health is not standing up more firmly to promote mandatory mask wearing and vaccination. I have been reading about the history of vaccine mandates in our country and came across a good article on the web (<https://www.history.com/news/smallpox-vaccine-supreme-court>). I'd like to copy some parts of it here and then end the letter. I included the website so you can read the whole thing if you want.

"The highest court in Massachusetts also rejected Jacobson's claims, siding instead with the authority of public health officials to determine the best methods for fighting an epidemic. Not ready to give up, Jacobson appealed his case to the U.S. Supreme Court in 1905, where he was accompanied by officers of the Massachusetts Anti-Compulsory Vaccination Association.

In the case known as *Jacobson v. Massachusetts*, Jacobson's lawyers argued that the Cambridge vaccination order was a violation of their client's 14th Amendment rights, which forbade the state from "depriv[ing] any person of life, liberty, or property, without due process of law." At question, then, was whether the "right to refuse vaccination" was among those protected personal liberties.

The Supreme Court rejected Jacobson's argument and dealt the anti-vaccination movement a stinging loss. Writing for the majority, Justice John Marshall Harlan acknowledged the fundamental importance of personal

	<p>freedom, but also recognized that “the rights of the individual in respect of his liberty may at times, under the pressure of great dangers, be subjected to such restraint, to be enforced by reasonable regulations, as the safety of the general public may demand.”</p> <p>This decision established what became known as the “reasonableness” test. The government had the authority to pass laws that restricted individual liberty, if those restrictions—including the punishment for violating them—were found by the Court to be a reasonable means for achieving a public good.”</p> <p>Thank you for reading this and for considering the information.</p> <p>Ney: Thank you. We will have further discussion after Christine Schuyler’s COVID-19 update.</p>
Approval of September 16, 2021 minutes	Rankin made a motion to approve the September 16, 2021 meeting minutes, 2 nd by Tarbrake, all in favor, motion carried.
Presentation: Health Impacts of Marijuana	<p>Ney: Melonie Witkowski, Executive Director of Prevention Works, will give a presentation on the health impacts of marijuana in just a minute. At our last meeting we talked about the local municipalities having to make decisions on marijuana dispensaries and so we thought it would be good to be more educated on the topic.</p> <p>Witkowski: Thank you. This has been a huge concern with our agency for quite some time. Prevention Works is a prevention agency and we are trying to bring awareness to our communities and are looking to build a safe and healthy environment by providing education to the community on positive life choices. NYS has legalized marijuana and I want to say that there are probably some benefits from it but there is not enough research out there for our community. I want to focus on our concerns, especially as it relates to our youth (see attachment A for full presentation). A survey was conducted this spring with five of our school districts and a total of about 1,100 participants. 28.2% of twelfth graders stated that they have used marijuana; 16.9% stated they have used it in the past 30 days. 60.9% of youth in our community indicate they are experiencing low commitment to school. 64% of youth surveyed do not see marijuana as harmful. Witkowski pointed out that the concentrates in marijuana are much higher. It is not the potency that it was years ago. Back in the 60s and 70s, the THC potency was less than 3%. The average THC potency in the nation is 13.18%. The average THC potency in concentrates (e-cigarettes and vaping devices) in the nation is 55.85%. Marijuana poisonings due to the high potency levels could result in psychosis, suicidal ideation, scromiting, excited delirium, seizures, cardiovascular collapse, pneumothorax, motor vehicle collisions, stroke like symptoms, anxiety, tachycardia, amotivational syndrome, over sedation (can’t wake up), chest pain and palpitation, excessive bleeding and allergic reaction. Many people think that if marijuana is legalized we will see a reduction in drug overdoses. Colorado data proves this to be a myth. Colorado legalized marijuana for medicinal purposes in 2000 and in 2012 it was legalized for recreational use. You will see from the charts that the number of overdoses keep rising.</p> <p>The legalization of marijuana is here and so we need to look at how we can improve services for our community. Prevention Works does have youth intervention services. We need to look at our environment; the main supply source for youth is in their own home.</p> <p>Tarbrake: Are you going into the schools?</p> <p>Witkowski: Part of what we do is go into most of the school districts within the county and provide evidence based programs that have been proven to reduce and stop the initiation of substances with our youth for K-college level students. We also get a lot of requests from teachers, administration, staff, as well as students on marijuana. Vaping has been a huge concern. Some administrations have actually confiscated some vaping devises that they believe THC was used. Some students are actually admitting it when they get caught. The more someone is using, the more issues they are going to have. We already live in a poverty-stricken community and health is</p>

already a concern so adding this substance, unfortunately, is not going to help our cause.

Rankin: I think the general public has a lack of understanding of the risks. We've seen lots of things in the paper about municipalities opting out or opting in and I'm surprised that Fredonia has opted in when they have the college there and so many potential users. One of the things that has struck me are the number of people that don't recognize that it is not legal federally and they are surprised because they have to use cash because it is still federally illegal. I think there is a lot of misinformation out there and so the work that you are doing is so critically important to our community.

Witkowski: One of the issues is that when we do an informational awareness meeting for the community, the people that show up are the people that are for it rather than the parents and individuals that we really want to hear it. There was a presentation in Fredonia and I provided some information to the public. I think also that we are putting the cart before the horse. There could be some things that we could learn from other states and I think that we are unfortunately jumping ahead too soon. If it was just normal and less than 3% THC that would be different but that is definitely not the case.

Berke: The stuff that is out on the streets now is laced with fentanyl and methamphetamines and whatever else. The deaths that we are seeing are from what is on the streets right now and what it is laced with. The real danger right now is that we've had 100,000 deaths this year from basically fentanyl and other synthetic opioids. Of course, this could be considered a gateway drug and I agree, the kids who are starting early end up behind the eight ball for the rest of their life, they lose that developmental stage. People are in their 30s and 40s and still have a 16-year-old brain, so to speak, and never become fully functional adults because they missed certain developmental milestones.

Witkowski: Colorado is looking at passing a bill because they are having so many youth that are using, they are now trying to limit the quantity that people can purchase to 2 grams for age 21-25 and then 8 grams for age 26+. They are also trying to get something in place so that people can't go from one dispensary to another to exceed their maximum amount.

Tallett: One of the problems is the legal studies. The scientific papers that were done was on a 2-3% potency. They couldn't get anything stronger because it was illegal to get it so all the papers that were published were done on a minimal dose of THC. At that level and with it not being contaminated with anything else it is reasonably safe; I'm not saying it is safe. The problem is we now have this high potency THC which nobody has ever looked at and we are finding these problems after the fact unfortunately.

Witkowski: There are some studies that they are starting to do in Europe with the higher potencies and have found that there are more negative impacts especially for people who use daily or use high potency.

Khan: It's a multi pronged approach. You all are doing a fabulous job educating youth and parents, but then there is a simultaneous long term effect of these youth and using other substances, using during pregnancy and the effect on those children who will be born and so there is a lot of good work going on in the County and Prevention Works is one of those partners, so thank you.

Ney: Sadly, young women are using marijuana before they know they are pregnant. Some of these important developmental stages happen very early in the pregnancy and so the fetus is being damaged and now young women may up the dose, thinking it's legal so it's probably safe and that increases the incidents in communities. For example California has certain pockets with a high severe developmental brain abnormalities. The message is confusing-you have one federal rule and a bunch of different state rules. It is a tragedy for sure.

Kidder: Melonie, have you seen any successes with regulating the potency in other states? My hope is with the dispensaries you are getting a more regulated product and so people know what they are getting.

	<p>Witkowski: I do think that the dispensaries will create some regulation, but unfortunately, the black market will not go away. The misperception is that people think with dispensaries it is all going to be monitored; but the truth of the matter is the black market is still going to be there and is still strong.</p> <p>Rankin: It was great to have Melanie here and as we go forward with the legalization of marijuana, it might be nice to have her come periodically to see how it has impacted the county and just how things are going.</p> <p>Ney: That is a good idea and maybe Sherri can keep track and do something quarterly.</p>
New Business: Agreements to Settle	<p>Boria: We had four agreements to settle. Two were for failing to submit monthly reports for public water supply and two were for failing to submit bacteria samples for a public water supply.</p>
Old Business: COVID-19	<p>Schuyler: The transmission level remains high in the county and throughout the region. The new cases here are now at a level that we have not seen since January 2021. It seems that we are facing a perfect COVID-19 storm. The Delta strain, as you know, is much more contagious than the original strain, vaccine immunity seems to be waning for those vaccinated 6 months ago, fewer people are wearing masks, more people are gathering indoors without social distancing. Add that to some areas with very low vaccination rates, more people are vulnerable. I fully expect the FDA will approve the emergency use application for booster shots to be more widely available to the general population by next week. It is going to be critically important that we make sure those most vulnerable, our elderly, those with underlying health conditions including those things like obesity and diabetes, lung disease and heart disease that we have very high rates of in our county and immunocompromised conditions really take advantage by getting one of the booster shots. We are holding clinics ourselves and it is also widely available at most pharmacies. Full information regarding clinics and places to get the vaccine in our county is on our website (chqgov.com). Schuyler shared our weekly COVID numbers (see attachment B for full report) provided by Bree Agett, our Epidemiologist. Last week we had 436 new cases, 2 new deaths, 23 people currently hospitalized. The reality is that we opened up early this summer and most areas were nowhere near a 70% vaccination rate to reach herd immunity. This disease is very opportunistic and mutates. The Delta variant has really hit us hard and now they say it is more like a 90-95% vaccination/acquired immunity rate to get us to herd immunity. The vast majority of people testing positive are the not vaccinated, but we are seeing breakthrough cases where people who have been vaccinated are testing positive. But the vaccine is doing its job and its job is to keep people from getting seriously ill and needing to be hospitalized or suffer from the worst case scenario with COVID infection. The COVID vaccine doesn't mean that you can't get COVID or that you can't spread it but the viral load associated with someone who has been vaccinated is much lower than someone who hasn't been vaccinated. If someone who is vaccinated tests positive, their viral load is lower and their ability to transmit the virus is lower.</p> <p>Kidder: Do we have any numbers on the county population that has received the booster?</p> <p>Schuyler: I don't have numbers on that yet. We do have some data on 5-11 year olds. Just under 6% of this age group have been vaccinated to date. We have hosted two large clinics, one at JCC and one at SUNY Fredonia for children 5-11 and many pharmacies are offering the vaccine for this age group as well. We are coming into the holiday season and I think that we have some strong messages as a health department and as the board of health. It is important to get these out. We do have some graphics that we plan to share on our website and through social media. They are also available to print out and post. We are in a high level of transmission and the recommendation is to wear a mask in public places, especially those who are not fully vaccinated. In general we have not recommended masks in outdoor settings, but we have to look at how close and how many people are gathered. CDC recommends wearing a mask in crowded outdoor settings. We are</p>

COVID-19 cont'd	<p>recommending to keep your distance from others who are outside of your household and know that people who don't appear to be sick can still spread the virus. Avoid crowds and poor ventilated spaces. Of course, wash your hands, use hand sanitizer, cover your cough and sneezes and wash hands afterwards. We are still seeing a lot of people coming to work sick. It's very important that you watch for symptoms and stay home if you are ill and keep your kids home from school and childcare if they are ill. These are our recommendations and I fully expect that the board of health abides by those same recommendations.</p> <p>Ney: Our board of health has stated in the past to follow the CDC guidelines. I think it is important for the board to agree on a resolution that we strongly recommend that individuals wear a mask in indoor spaces. Clearly as a board of health we recognize the danger. To explain why a fully vaccinated and boosted person requires a mask is because the Delta variant has its own rules and is highly transmissible and is sort of unpredictable and can cause significant illness even in non-immunocompromised people. Vaccine is very protective against serious illness and most hospitalizations. I can understand why people are confused and think that if people can just recognize that wearing a mask in public places is very strongly recommended. That is the best we can do because we cannot outlaw anything different than that.</p> <p>Berke: I think that people are just burnt out on the messages that they have been getting over the last year and a half. Wearing a mask, not wearing a mask and now wearing a mask again. 70% herd immunity things would go away, but it's not happening and we are seeing another resurgence. People are just unable to deal with this and thinking it is going to be life as usual but we are facing another serious winter of our discontent coming up. People are tired of this. The Health Department staff are getting beat up terribly – people are abusive on the phone, they just want it to go away - we are facing an existential crisis because we have a population that, a third of us do not want to hear about it, don't want to get vaccinated, think it's a joke and then all the rest of us who have been vaccinated and we are having trouble getting to the 90-95% vaccination rate that we need to be at, and it is just going on and on and on.</p> <p>Kidder: We as the board of health need to have a strong voice on this and make the public aware as best we can of the high degree of transmissibility and the high positivity that we are seeing in the community and that we agree with the CDC guidelines of wearing masks in indoor spaces. Is there anything helpful that we can do for our businesses or our organizations that the public coming in to have signs posted 'red alert, please wear a mask inside'. If we can make people aware that even though we are in a rural area, that we are in an area of high transmissibility, they may think twice about putting a mask on going into the grocery store, etc. because right now people wearing masks are the minority.</p> <p>Ney: Something like the board of health strongly recommends that all individuals over 2 years of age wear a mask in indoor public spaces. I think we have an obligation to make clear to folks where we stand on this.</p> <p>Tallett: I think we need to fully endorse the CDC guidelines.</p> <p>Berke: Do you think that we should step back for a second. Back to the privilege of the floor statement, we need to think about our message. This is a novel virus; suggestions have been made along the way and they have changed. It has confused people but what we are learning is that we have to do the following things that seem to work and we are learning now that we need to get to 90% vaccination rate. Wearing a mask has to be part of it. We need to make it very simple that we keep changing the message as we learn. The naysayers just keep saying 'see they don't know what they are talking about and keep changing the message on us'. No; we are learning about a novel virus, the virus is very smart and it keeps changing so we have to tell people that is okay.</p> <p>Khan: I think we need to add in that the transmission to children is high and getting higher and it's coming from the adults around them. If we have any hope of families listening, we need to include that in the messaging.</p>
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COVID-19 cont'd

Ney: I think the privilege of the floor comments were about masks and these other things are nice to know, I think we need to reduce the complexity of the statement. The other is good for all of us to know, but not necessary to put into our messaging.

McConnon: Going back to polio and small pox and similar, there is an element here that is a civic responsibility as a citizen of this country you have a civic responsibility to our fellow people and getting vaccinated and wearing a mask is part of that. The other thing I am wondering about is addressing some of the mythology that surrounds this. So many people have many different ideas about this.

Tarbrake: Some of the resistance doesn't have to do with health. I know a few very intelligent people that just don't like to be told what to do. They don't believe there is a real risk out there which is too bad because you really don't know what to tell those people. You can talk to them until you are blue in the face about the health risk, and I have, but they just say that it is their right not to get vaccinated, not to wear a mask, not to do the right thing. Tell me what to tell those people.

Tallett: It is strange how the population has changed. Go back to small pox, polio, chicken pox, measles, everyone was in. You can't go to school unless you've had MMR. I think the whole thing was politicized incorrectly and that's where the root of the problem is.

Rankin: I think a lot of people relate it to the flu vaccine and for a lot of years it really wasn't a big deal politically, you either got it or you didn't. Nobody gave them grief about whether you got it or not. That is different than something like polio where the disease has been irradiated because of the vaccine. You get the flu or the COVID vaccine, you might still get it and I think that has effected people's feeling about it. My whole family has been vaccinated but are surrounded by people who have not and defend their right to that. I will defend their right not to get it but I will tell you that we have done a lot of traveling as a family and as a result it has become a common practice that we have our mask with us wherever we go, hand sanitizer, disinfectant wipes and it has just become a way of how we live. I think if people can understand that this is just a new way of living. In some ways I think we are past the worst part of the pandemic but have to understand that it hasn't gone away and people are thinking that it has.

Kidder: The other thing that I remind my patients of that are not wanting to be told what to do and not at a point yet where they want to get a vaccine or wear a mask is that we are at a breaking point of the healthcare system. Everybody is exhausted, the hospital is full, and people that need regular care or hospitalization for heart care, COPD, a broken leg or a car accident are not getting proper care because we don't have the capacity anymore and that is because of a preventable illness that is filling up our hospitals. That is a scary thought for those of us for both the vaccinated and unvaccinated population. Everybody deserves access to good quality healthcare and right now we are at a point where we can't promise that. I think that is an argument that everyone can use and understand in trying to get through this pandemic.

Rankin: The flip side of that is there are a lot of people who were extremely angry that healthcare workers lost their jobs because they were not vaccinated and that pushed the healthcare system to its limits, to the point that nursing homes were not accepting people, etc. so there is a backlash to that.

Schuyler: The perfect storm that I mentioned at the start of this update. The vaccine mandate has had a small impact on staff but what we are really seeing with disease is, not just COVID, but people who have delayed healthcare over the last year and a half so we are seeing people coming into the healthcare system who are definitely sicker than they used to be, people who have missed their preventative care appointments, who have not taken care of themselves, their blood pressure, diabetes, the lump that they noticed but just put off; so people coming in for treatment now are sicker. Olean General Hospital in Cattaraugus County has been in delay status off

COVID-19 cont'd	<p>and on for weeks now and has been on official diversion from the NYSDOH for the last few days and talking with my counterpart there, it is a really sad state of affairs. Official diversion means that the hospital cannot accept patients; there is no room. I don't think our population realizes that if you are in an accident, have a heart attack, a stroke or call for an ambulance, there could be a wait and that wait means lives. Our Emergency Services Staff (EMS) are stretched. Many are volunteers. Many cannot respond to calls now because what used to be an hour is now going to be 3-4 hours turn around time because they are going to sit in the bay at the hospital waiting for the hospital to have room. EMS is looking at a comprehensive plan amongst the hospitals in the southern tier of how to better manage the patient volume that we are seeing. Our neighbors in Warren County, PA are seeing the same thing. If you have a 9-bed emergency room and 12 patients already boarded, waiting for transport, you're in trouble. I don't think people are realizing the domino effect that this is having on the entire healthcare system. So everyone needs to do their part here. I also would like to see our entire healthcare community really help us out on the outpatient setting. I know there are many physician practices who are still not seeing patients in their practice if they have respiratory symptoms. I think at this stage of the pandemic when most healthcare workers, even in outpatient settings are vaccinated and they have effective PPE; we need help. We at the Health Department need help; we can't continue to do what we are doing anymore. We have got to have the healthcare community outside of hospitals and urgent care centers begin to do more COVID-19 testing; and we need help with more vaccinations. It's great that are pharmacies are doing a lot of vaccinating, but we all know that when you go see your own physician, where you can have that honest heart to heart conversation with your patient about the pros and the cons and whether or not you should receive a vaccine or any other treatment. As a health department, we have got to start offloading some of this stuff, because as Dr. Berke said, my staff are burnt out. We have been at this 24/7 for over 20 months. We have fewer than 60 staff in this health department and that includes all of environmental health, early intervention, not just our very small nursing staff, one epidemiologist, one health educator, who has been doing this. We have to have more help from our outside partners when it comes to testing and vaccination.</p> <p>We have partnered with our schools and allowed the schools to use our limited service laboratory license and our standing physician orders from our Medical Director, Dr. Berke. We have set up rapid PCR testing locations at the Hewes and LoGuidice Boces where students and staff can receive a rapid COVID-19 test all in an effort to try to keep our kids in school. We have also provided Binax testing, which is the antigen testing kits, to schools who wanted them so that they can actually test someone if they become symptomatic with a rapid test while they are at school. This has been a huge undertaking for my staff that really hasn't been recognized for as much work that goes into that day in and day out on a daily basis. Monday is National Public Health Thank You Day and I would like to thank all of you as members of the Board of Health and our staff on this call. Thank you for your service and for all that you do to support us in the Health Department and to protect our community. We will be doing some things to recognize our staff here. I find it sad that public health workers are still not recognized as the true front line of this pandemic. The true first responders who have not had a break. They are really sick of being yelled at, sworn at because they are in quarantine and don't like it. People are angry and we understand that, but I have given the directive to tell people that I will not be screamed at, if you calm down you can call back. We are not going to do this anymore. We as the administration and the Board of Health need to protect our public health staff.</p> <p>Rankin: I just want to let you know that at the debates that I had during the election period, I did everything I could to recognize how hard the Department of Health has worked and to thank staff for their roles; to recognize the challenges you've had with the State and how proud I am to be part of this committee. So kudos to you for what my opinion is worth that was a big part of what I said in my promotions.</p>
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COVID-19 cont'd	<p>Ney: Is there anyone who would prefer not to be included for the bandwagon for the board of health recognizing and supporting the CDC guidelines and the strong recommendation to wear a mask in indoor public settings because of our high degree of transmission in our county at the present time?</p> <p>Rankin: We are not making it a mandate, we are making it a recommendation and for that reason I will support it.</p> <p>Many others agreed.</p> <p>Schuyler: (CDC flier shown on screen) The CDC guidance as shown on the screen and to go with this recommendation, the best way to keep your family and friends safe is to get vaccinated, wear a mask in public indoor settings, avoid crowded poorly ventilated spaces. What is important for people to keep in mind is that if you you have any symptoms, whether they are COVID symptoms, respiratory or gastrointestinal symptoms stay home. Don't host a gathering and don't attend a gathering.</p> <p>Kidder: Maybe offer up an 8 x 11 poster stating high alert transmissibility, wear a mask.</p> <p>Schuyler: We were talking about a postcard or something similar. We do work well with the chamber of commerce, Chautauqua County Health Network, healthcare providers and schools to get the information out. I do think that we need to be cognizant of how our message is delivered and making sure it reaches all of our audiences.</p> <p>On the states communicable disease call this week, the state is seeing three times as many influenza A cases as normally for this time of year pre-pandemic. We did not see a lot of influenza last year, but last year we were masking and social distancing and now that is not happening, a lot of people's immunity against influenza is definitely down. We are encouraging the flu vaccine again this year. I think it is going to be a really rough year for respiratory illness.</p> <p>Ney: On behalf of the board, I hope you will give our very warm thanks to the public health staff on Monday and every day for the fabulous work that they have been doing and we all have to remind ourselves that public health has been defunded on a national level for a long time. The work that you do is amazing considering those facts, so thank you very much. We understand and feel badly about the burnout and the overwork. We can only say thank you for the good that you are doing.</p> <p>Boria: We are initiating a COVID wastewater pilot surveillance program at one of our wastewater treatment plants here in the county and is funded by our laboratory capacity COVID money. We were also just awarded a grant from the National Association of County and City Health Officials (NACCHO) to augment that project and that program will start the first of the year. It will be another tool to identify COVID spread in communities.</p>
Other: Environmental Health Fee Schedule	<p>Boria: The environmental health fee schedule is outlined in the county sanitary code. A proposed fee schedule was discussed. The only difference in the new fee schedule is that we will have a two year permit time period instead of one year for many operators like swimming pools, beaches, mobile home parks, hotels, etc. This will eliminate a lot of administrative burden on our department and on the businesses. In most cases these establishments are here for a long period of time, so a two year permit makes sense. We also want to eliminate the radon test kit from the fee schedule. We no longer carry the test kits because they are now readily available at local hardware stores.</p> <p>Tallett: Will the fee be changed?</p> <p>Boria: The two year permit will be double the amount of what the one year permit currently is. We are not raising the overall rate.</p> <p>Tallett: I make a motion to make the recommended adjustments to the environmental health fee schedule.</p>

	<p>Khan: I will second.</p> <p>Ney: all in favor? Motion carried.</p>
Other: ARPA	<p>Boria: We presented a relief for our permitted facilities that had a hardship in 2020 and 2021 including restaurants, swimming pools, temporary food service facilities who vend at festivals. In order to relieve these operators from a small amount of financial burden we have proposed to use ARPA funds to pay for their permit fees for a two year period for 2022 and 2023.</p> <p>Schuyler: I applaud Bill for his creative thinking here. It is a way in local government that we can try to provide even a small amount of assistance to businesses who really had some financial hardships during the pandemic and utilize those recovery funds in a small but meaningful way by using those funds to cover the permit fees for two years.</p> <p>Boria: We issue 1438 permits per year on the routine basis. Those permits generate approximately \$118,000 of revenue per year, so over a two year period we are looking at close to \$240,000 that we will be giving those facilities.</p> <p>Kidder: I move that we go ahead with the ARPA permit relief program and relieve our local businesses that Bill has discussed, of their 2022 and 2023 fees.</p> <p>Rankin: I will second. I think this is a great use of the ARPA funds.</p> <p>Ney: All in favor? Motion carried.</p>
Other: Harmful Algae Blooms	<p>Boria: I was asked to prepare a short report about harmful algae blooms (HABs). We have three programs that track HABs in our county lakes. One is NYSDEC reporting program and is primarily carried out by lake associations and their volunteer monitors who submit information on where they see blooms to the DEC and the DEC publishes those to an online map at NYHABS. NYHABS had 47 HABs observations made with the first one, a small localized bloom, being reported on 5/22/21. On 6/29/21 we had the first confirmed large localized HAB and on 8/4/21 we have the first widespread bloom on Chautauqua Lake in the south basin. The last reported widespread bloom was on 10/15/21 and that extended into Bemus Point. On 10/7/21 we had a large localized bloom in the north basin that extended up to Maple Springs area. That is the DEC program. Then we have our bathing beach program where we do routine water sampling at all of our bathing beaches. If one of our staff or a beach operator observes a HAB they are to notify us immediately. In Chautauqua Lake we had a widespread bloom in the south basin and we did have to close the YWCA lake lodge beach on 8/9 and it remained closed for the summer. Lakewood beach would have been effected but they were not open due to staffing issues. Long Point beach had several closings as well. Those are handled by the NYS Office of Parks, who monitors their beaches on a daily basis. The only other lake we had HABs on was Findley Lake and that was through our bathing beach program. On 7/20/21 we observed blooms on the lake outlet and then on 8/20/21 blooms were observed at one of our bathing beaches and we had to close that beach. The third program that we use is on Chautauqua Lake only and we use the public water supplies that provide drinking water to the community. We have an arrangement with NYSDOH where they pay for the analysis of raw or untreated drinking water samples and we also submit treated or finished water samples to a lab paid by the state. We start collecting those samples when we start to see widespread blooms in Chautauqua Lake, which is typically in August. This year we started 8/9/21 and weekly samples were collected. No HABs were detected in their untreated water until 10/12/21. Weekly we saw detections and that declined in November. All of the treated drinking water samples came back with no detection of HABs which isn't surprising because we use a charcoal filtration system that is able to remove that microsystem. The other toxin we are concerned about is Anatoxin-a which is very short lived in the</p>

	<p>environment and we do not have a sampling program for that. It has been identified in a couple samples in the past. Those are the three programs we have. I think this was a pretty typical year for HABs.</p> <p><u>Rankin</u>: The people that live on the lake are familiar with HABs, what the look and smell like. Is there general information for the public about when to be concerned and how to respond or behave when HABs are present.</p> <p><u>Boria</u>: In early July we know that this is coming and we do several press releases and give the public tips on how to protect themselves and their pets from HABs and their associated toxins. Then throughout the summer we typically do a few other press releases, especially when we have new blooms, as a reminder. We provide the website for our bathing beach program so that people can see a real-time snapshot of our bathing beaches for Chautauqua Lake, Findley Lake, Cassadaga Lake, and Lake Erie. We also partner with the Chautauqua Lake Association and they do a good job about getting the word out too.</p> <p><u>Erlandson</u>: I have seen signs at various places around the lake warning of HABs, which is good. Have you shared the data that you presented with various entities that are doing research on the lake?</p> <p><u>Boria</u>: I have not shared that, but it is a great suggestion. I will look into that. There is a lot of research being done on the lake but I will research that.</p> <p><u>Ney</u>: Regarding ways to educate the public, it is very difficult to get the word across. I think people are inundated with so much information that the word doesn't get to the people that need to hear it, whether in regards to HABs or COVID. An idea was mentioned in the privilege of the floor letter, about more creative ways to try to present data because there is not only misinformation, there is a lack of knowing how to reach the people that don't know the more scientific aspects. I like the idea of creating videos. Reaching people with information is extremely important to us.</p> <p><u>Boria</u>: We have tried different methods in the past, like weekly reporting to media, hoping they could post the update in the paper like where they post the weather. Videos are a good idea although it seems that you may reach the same people. The real challenge is how to get it to the visitors without creating widespread panic. These Algae Blooms move around pretty quickly sometimes with the current.</p>
Adjournment	Motion to adjourn by Tallett. Meeting adjourned at 8:10pm
Future Meeting Dates	1/20/22, 3/17/22, 5/19/22, 7/21/22, 9/15/22, 11/17/22

...BUILDING A SAFE AND HEALTHY ENVIRONMENT BY EFFECTIVELY
EDUCATING THE COMMUNITY ON POSITIVE LIFE CHOICES

PREVENTION **W O R K S**

Educate ▪ Collaborate ▪ Motivate

Cannabis



Attachment A: Health Impacts of Marijuana

IT'S ALL ABOUT THE YOUTH

28.2%

According to the 2021 Clyde survey, 28.2% of 12th grade students in Chautauqua County used Marijuana in their lifetime!

"Marijuana use has been linked to impairment in motivation, attention, learning, and memory"

-Drug-free.org

"Marijuana smoke deposits 4X more tar in the lungs and contains 50 percent to 70 percent more cancer-causing substances than tobacco smoke does."

Attachment A: Health Impacts of Marijuana





64%

Of Chautauqua County youth do not perceive marijuana as harmful



21.4%

Of Chautauqua County 12th grade youth have reported eating marijuana products in their lifetime

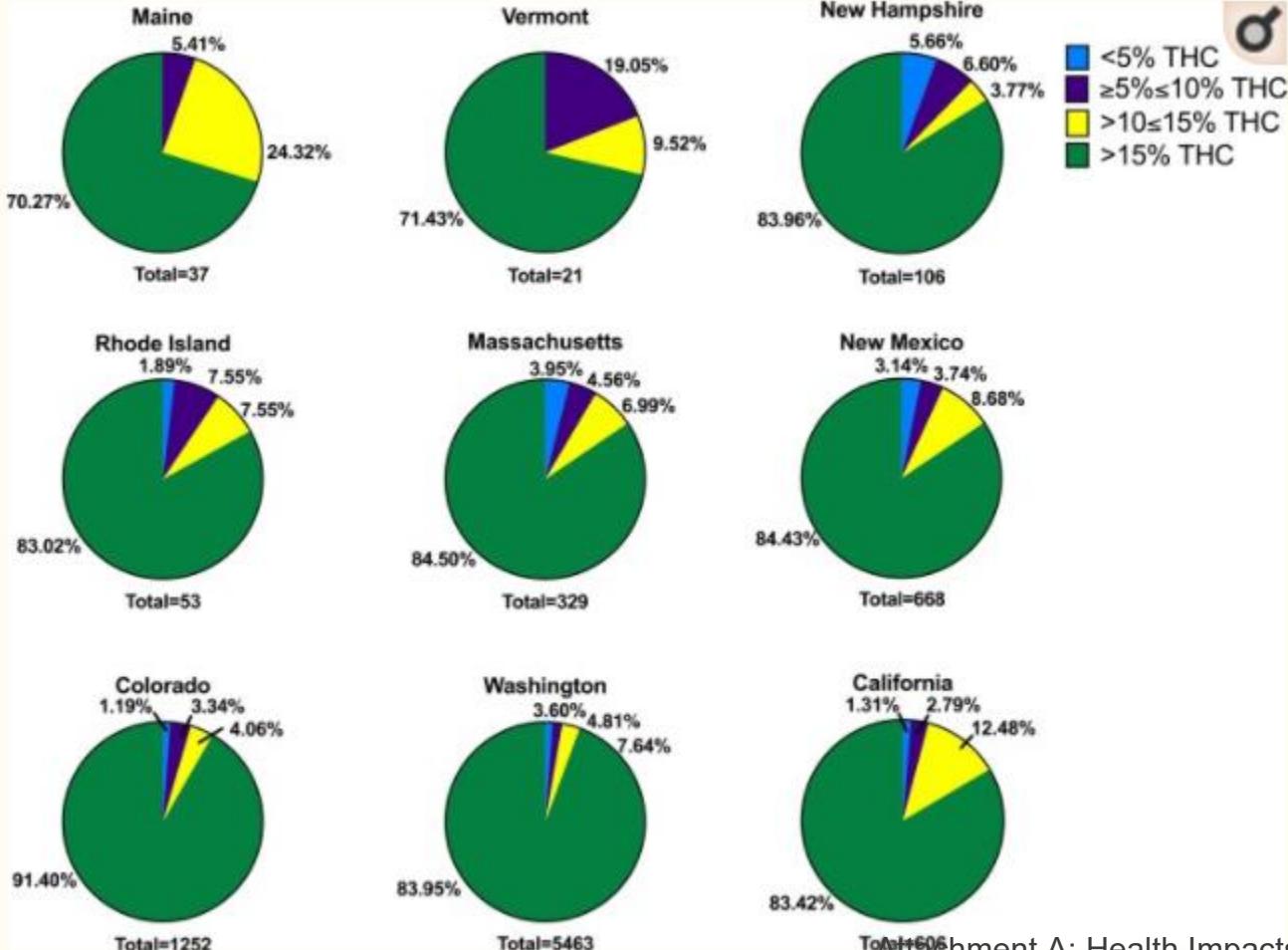


16.7%

Of Chautauqua County 12th graders have used marijuana in the past 30 days

QUICK FACTS

- Marijuana Concentrates are often ingested through e-cigarettes and vaping devices.
- Marijuana concentrates are also in edible products like cookies, brownies, and gummy candies.
- These new forms of marijuana present challenges to parents, educators, law enforcement as they are easier to conceal and ingest than traditional leafy marijuana



Average potency (nation) = 13.18%

Average potency (Seattle) = 21.62%

Concentrates average potency (nation) = 55.85%

Concentrates average potency (Seattle) = 71.71%

Marijuana Poisonings

- Psychosis
- Suicidal ideation
- Scromiting
- Excited Delirium
- Seizures
- Cardiovascular Collapse
- Pneumothorax
- Motor Vehicle Collisions
- Stroke like symptoms
- Anxiety
- Tachycardia
- Amotivational Syndrome
- Over sedation – can't wake up
- Chest Pain and Palpitations
- Excessive Bleeding
- Allergic Reaction



Excited Delirium



26-year-old man brought in by paramedics and law enforcement **kicking, screaming, spitting, flailing** in a **violent** outburst. He was home alone tearing up his apartment when neighbors were concerned.

After chemical sedation and 8 hours in the emergency department his toxicology test was positive **just for THC**. He was a nice young man and admitted to using a single marijuana gummy bear.



Anxiety/ Psychosis



19-year-old called 911 because he was sure he **was dying**. He came to San Diego from Kentucky to visit a friend. They were doing bowls of marijuana together. She was very sedated, and he was extremely paranoid.



Scromiting



- A daily diagnosis in most emergency departments
- “Audible” Diagnosis
- Scromiting – Screaming and Vomiting, also known as Cannabis Hyperemesis Syndrome
- Scromiting + NSTEMI
- Scromiting + Methamphetamine poisoning

Attachment A: Health Impacts of Marijuana



Seizures



- 23-year-old man brought in by paramedics for generalized tonic clonic **seizure**. He uses marijuana to help his seizures and has questionable compliance with his Keppra. This is his 3rd visit to the emergency department in the past month.
- First time seizure - ask about marijuana/ spice



Pneumothorax



23-year-old presented to the emergency department with **chest pain and shortness of breath** at peak of California pandemic. He was taken to the **COVID section** of the emergency department. His COVID test was negative. His CXR showed a **pneumothorax**, a popped lung.



Attachment A: Health Impacts of Marijuana



Stroke?



38-year-old businessman traveling cross county for a convention awoke with slurred speech and inability to grip in one hand. He was worked up for **possible stroke**. CT scan and angiogram were negative. After several thousand dollar \$\$\$ of medical tests, he remembered the “Hangover Remedy” gummy bears he ate while having munchies in his hotel room.

Hangover Remedy



Attachment A: Health Impacts of Marijuana



Syncope



54-year-old woman with history of fibromyalgia has been taking **marijuana gummy bears** for 2 years without any problems for her chronic headaches.

She came to the ED after **passing out**, hitting her head, and sustaining a **head injury**.

She just took a single dose of a new batch of gummy bears.



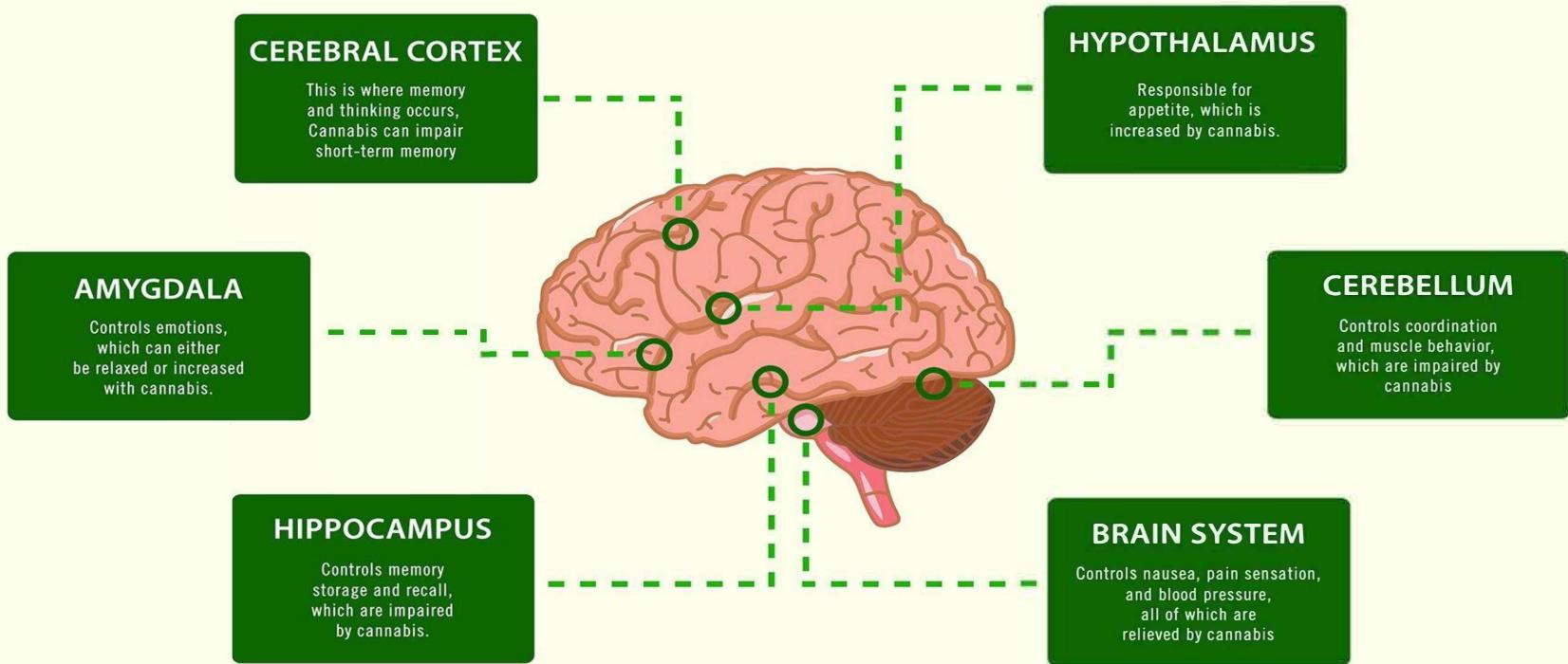
Dermatology

- The potential for the discovery and development of effective dermatological treatments using cannabis –derived products is present, but sufficient human trials are lacking.
- Adverse dermatologic effects have been reported from cannabis exposure, systemic and cutaneous, intentional, unwitting, or second hand.
- More research, especially human clinical trials, is required to accurately and completely measure and describe the characteristics and clinical significance of these untoward events.



CANNABIS AND BRAIN

AMONG THE HUNDREDS OF COMPOUNDS IN THE MARIJUANA OR CANNABIS, PLANT ARE MORE THAN 100 CALLED CANNABINOIDs THAT CAN ALTER THE RELEASE OF MESSENGER CHEMICALS IN THE BRAIN AND NERVOUS SYSTEM



WHY DAILY USE AND HIGH POTENCY MATTERS

- Increased risk of psychosis
- Increased risk of substance use disorder/addiction
- General anxiety disorder
- Impact on attention, concentration, and memory
- Impact of substance use on sleep quality
- Other Health and Mental Health Risks





Smoking/Vaping & Coronavirus (COVID-19)

Give your lungs a fighting chance

How is your risk of COVID-19 increased?

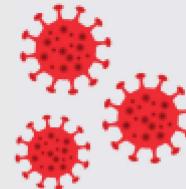
SMOKING OR VAPING

CANNABIS OR TOBACCO

- Damages lungs
- Harms the immune system
(body is less able to fight diseases)



COVID-19 Exposure



Infection is ↑ more severe



more severe

We can help you quit!

WASHINGTON STATE TOBACCO QUITLINE



1-800-QUIT-NOW

SMARTPHONE APP

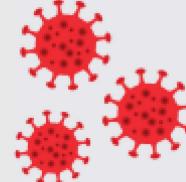


doh.wa.gov/quit

When you quit smoking or vaping,
your lungs and your immune system get healthier



COVID-19 Exposure

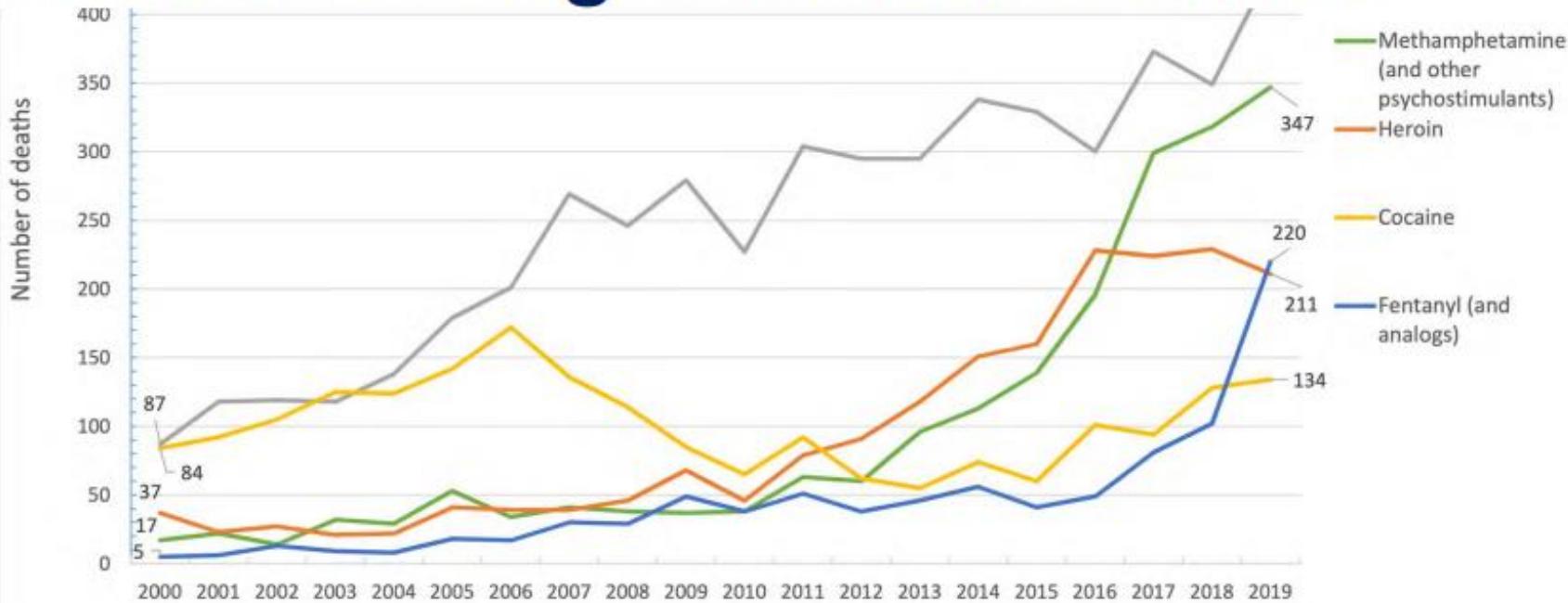


Infection is ↓ less severe



less severe

Colorado Drug Overdose Deaths



Source: Vital Statistics Program, Colorado Department of Public Health and Environment

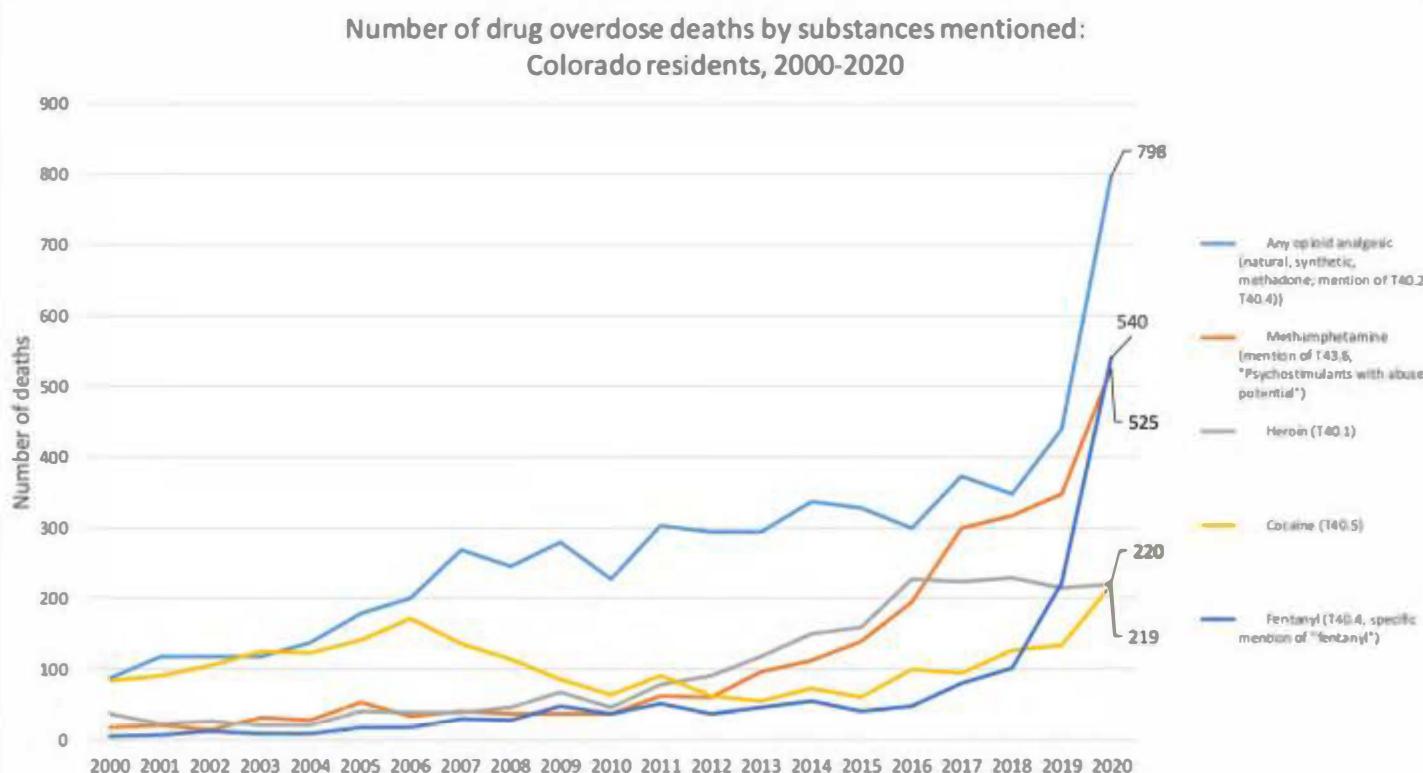
2019 data

- **24% increase** (433 total) in prescription opioid overdose deaths and
- **115% increase** (220 total) in fentanyl deaths

Attachment A: Health Impacts of Marijuana



Colorado Drug Overdose Deaths

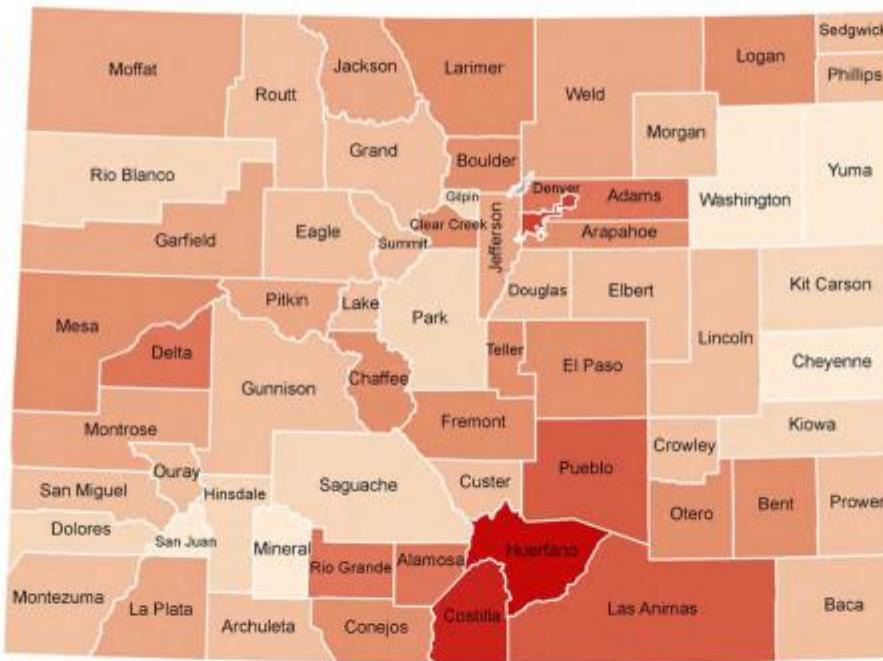


Source: Vital Statistics Program, Colorado Department of Public Health and Environment

Attachment A: Health Impacts of Marijuana



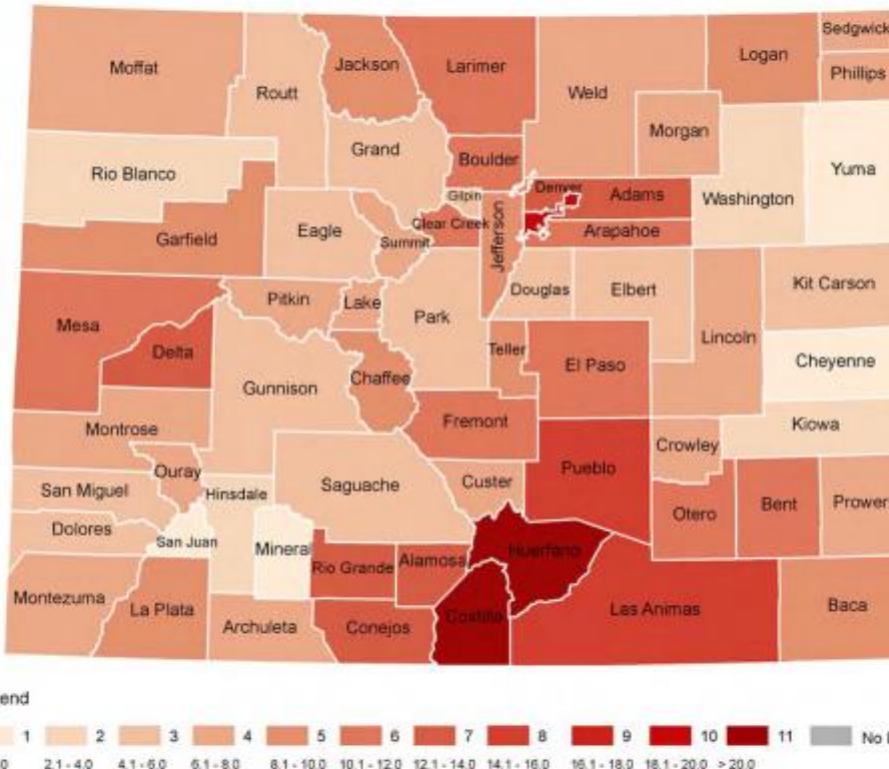
Colorado Drug Overdose Death Rate, 2002



Legend

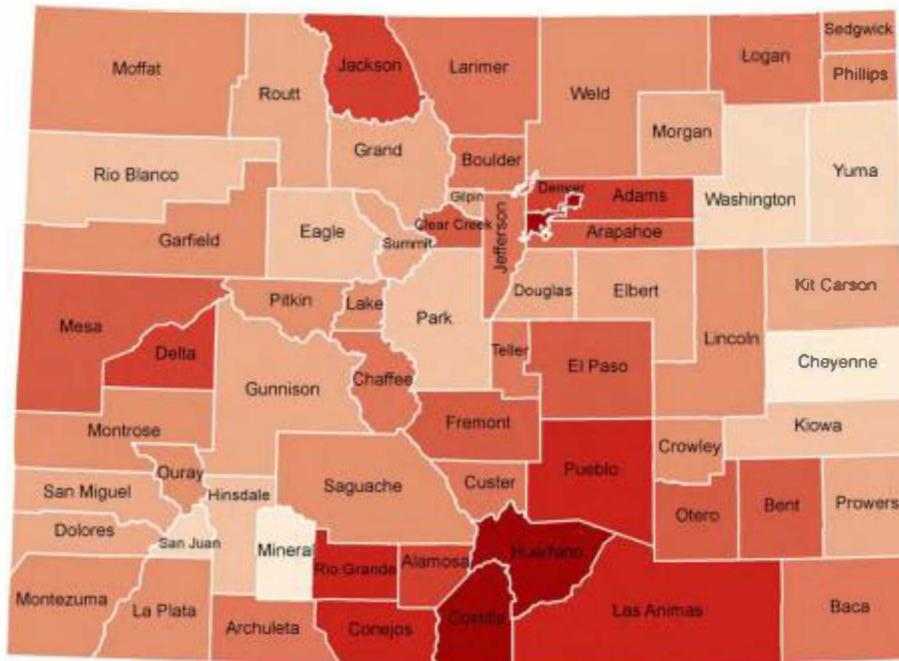


Colorado Drug Overdose Death Rate, 2005



Attachment A: Health Impacts of Marijuana

Colorado Drug Overdose Death Rate, 2008

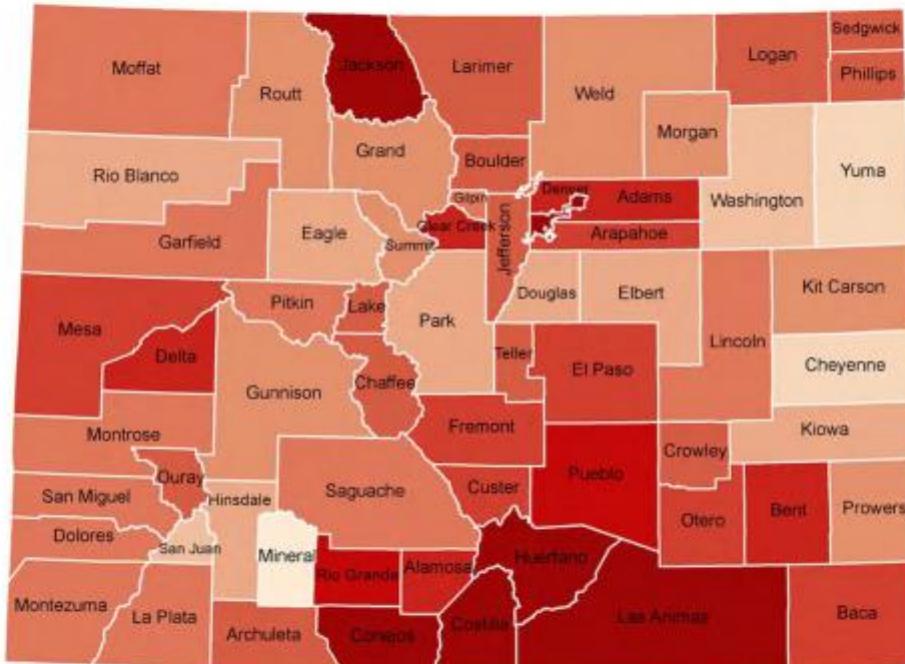


Legend

1	2	3	4	5	6	7	8	9	10	11	No Data Available
0 - 2.0	2.1 - 4.0	4.1 - 6.0	6.1 - 8.0	8.1 - 10.0	10.1 - 12.0	12.1 - 14.0	14.1 - 16.0	16.1 - 18.0	18.1 - 20.0	> 20.0	



Colorado Drug Overdose Death Rate, 2011



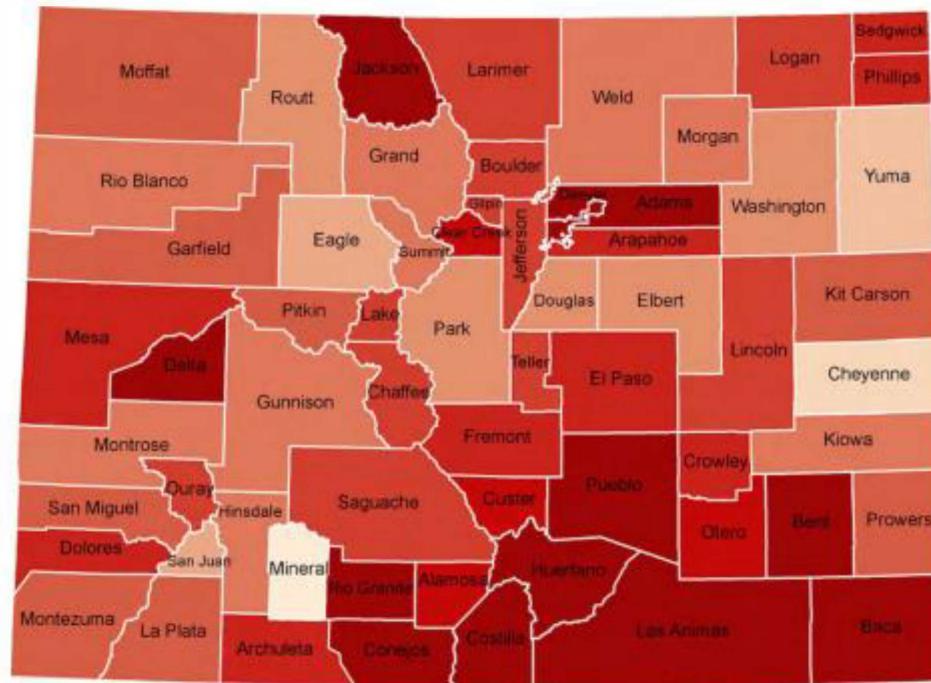
Legend:

1	2	3	4	5	6	7	8	9	10	11	No Data Available
0 - 2.0	2.1 - 4.0	4.1 - 6.0	6.1 - 8.0	8.1 - 10.0	10.1 - 12.0	12.1 - 14.0	14.1 - 16.0	16.1 - 18.0	18.1 - 20.0	> 20.0	

Attachment A: Health Impacts of Marijuana



Colorado Drug Overdose Death Rate, 2014



Legend

1	2	3	4	5	6	7	8	9	10	11	No Data Available
0 - 2.0	2.1 - 4.0	4.1 - 6.0	6.1 - 8.0	8.1 - 10.0	10.1 - 12.0	12.1 - 14.0	14.1 - 16.0	16.1 - 18.0	18.1 - 20.0	> 20.0	

Attachment A: Health Impacts of Marijuana



Cannabinoids and Opioids

- There is no evidence supporting the use of dispensary cannabis for chronic non-cancer pain
- There is no evidence for substituting opioids with dispensary cannabis
- Cannabis users are more likely to develop opioid use disorder or misuse their opioids and have higher depression and anxiety scores, and other negative psychiatric effects
- States with medical marijuana programs typically have higher opioid overdose deaths than non-medical marijuana states
- Any real or perceived benefit outweighed by current evidence
- Support FDA drug-development of natural cannabinoids that are proven to be effective



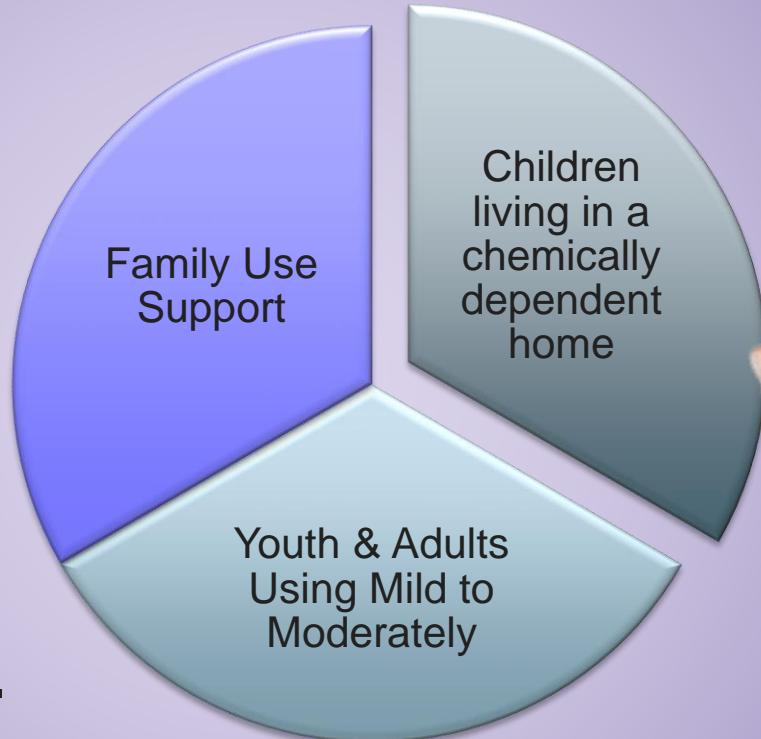
Medical Organizations with Position Statements

- Association for Addiction Professionals
- American Academy of Neurology
- American Academy of Ophthalmology
- American Academy of Pediatrics
- American Cancer Society
- American College of Medical Toxicology
- American College of Obstetricians and Gynecologists
- American Dental Association
- American Epilepsy Society
- American Glaucoma Foundation
- American Heart Association
- American Lung Association
- American Medical Association
- American Society of Addiction Medicine
- Australian and New Zealand College of Anesthetists
- International Association for the Study of Pain
- State Medical Societies Concerns with State Legalization of Recreational Marijuana
- US Surgeon General's Advisory: Marijuana Use and the Developing Brain



INTERVENTION SERVICES

Working with children and families one on one to provide education, life skills and support.



IF THEY CAN'T BUY IT, THEN DON'T SUPPLY IT!

Protecting Our Youth from Marijuana

Protecting Our Youth from Marijuana

**KEEP OUR YOUTH UNDER 21
SAFE & YOURSELF OUT OF
TROUBLE.**



Drug - Free Communities
Coalition





Drug - Free Communities
Coalition

HOPE Chautauqua

An initiative of

PREVENTION
W O R K S

Educate ▪ Collaborate ▪ Motivate



Healthy Opportunities for Prevention and Education

Attachment A: Health Impacts of Marijuana



COVID-19 Statistics for September 15, 2021

(updated at 12:30 on 9/16/2021)

Total Cases	New Cases	New Deaths	Active Cases	Total Recovered	Currently Hospitalized	Total Deaths	People in Quarantine	7-Day Average % Positive*	CDC Level of Community Transmission
10989	71	0	424	10396	31	169	1001	9.3%	HIGH

2 duplicates from 9/14 and 1 duplicate from 9/15 removed on 9/16

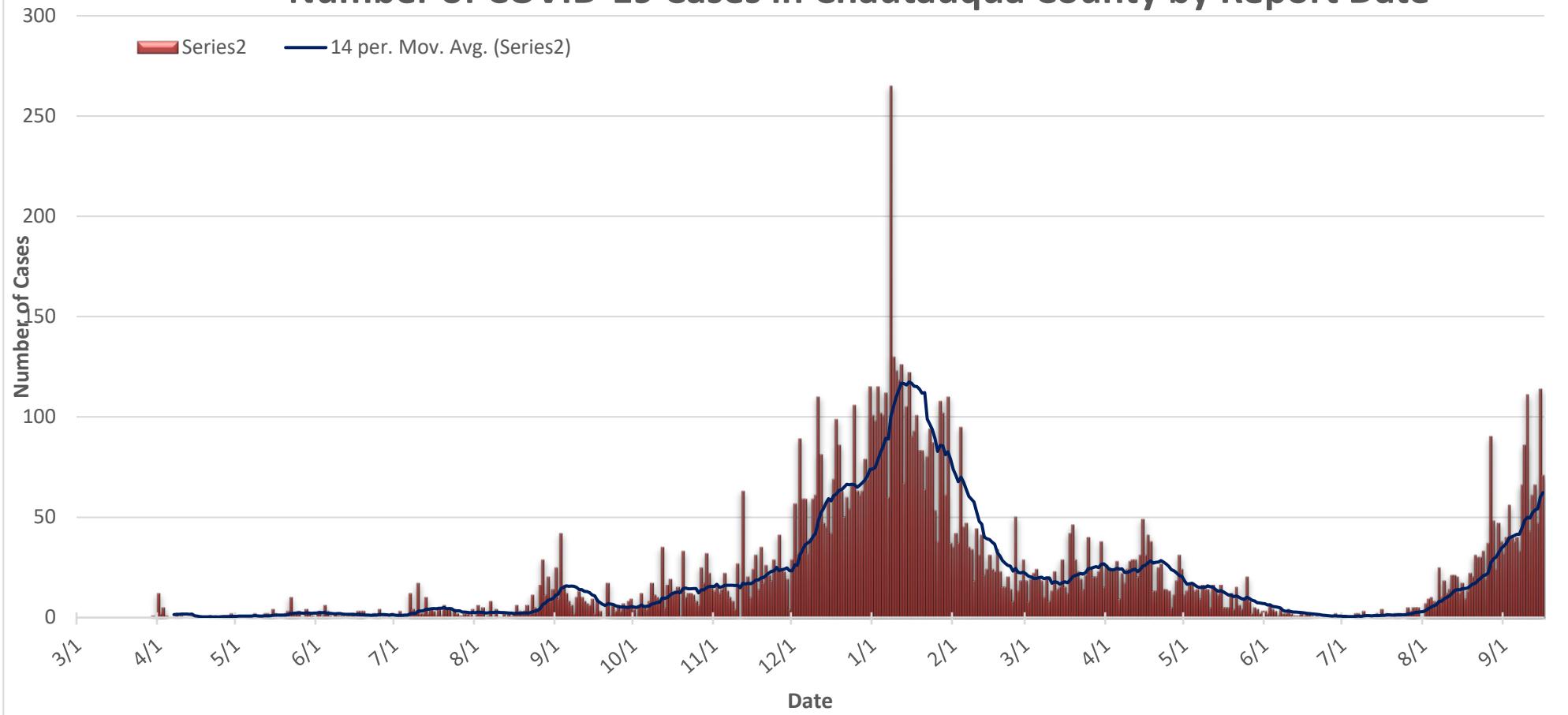
*<https://forward.ny.gov/percentage-positive-results-county-dashboard>

CDC COVID-19 Integrated County View: <https://covid.cdc.gov/covid-data-tracker/#county-view>

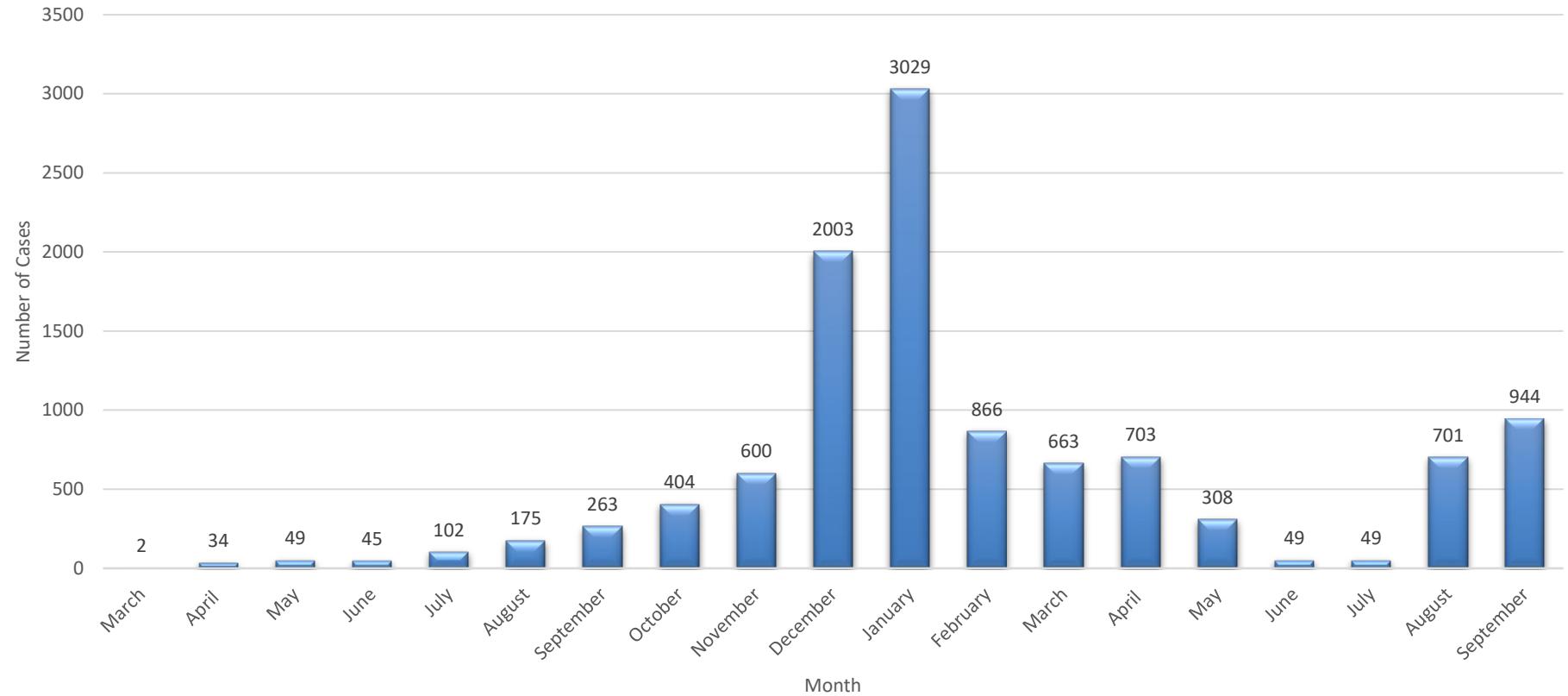
COVID-19 Cases Reported Since August 1, 2021 by Case's Vaccination Status

Vaccination Status	Number	Percent
Partially Vaccinated	118	7%
Fully Vaccinated	237	14%
Not Vaccinated	837	51%
Unknown	452	27%
Total Cases	1644	100%

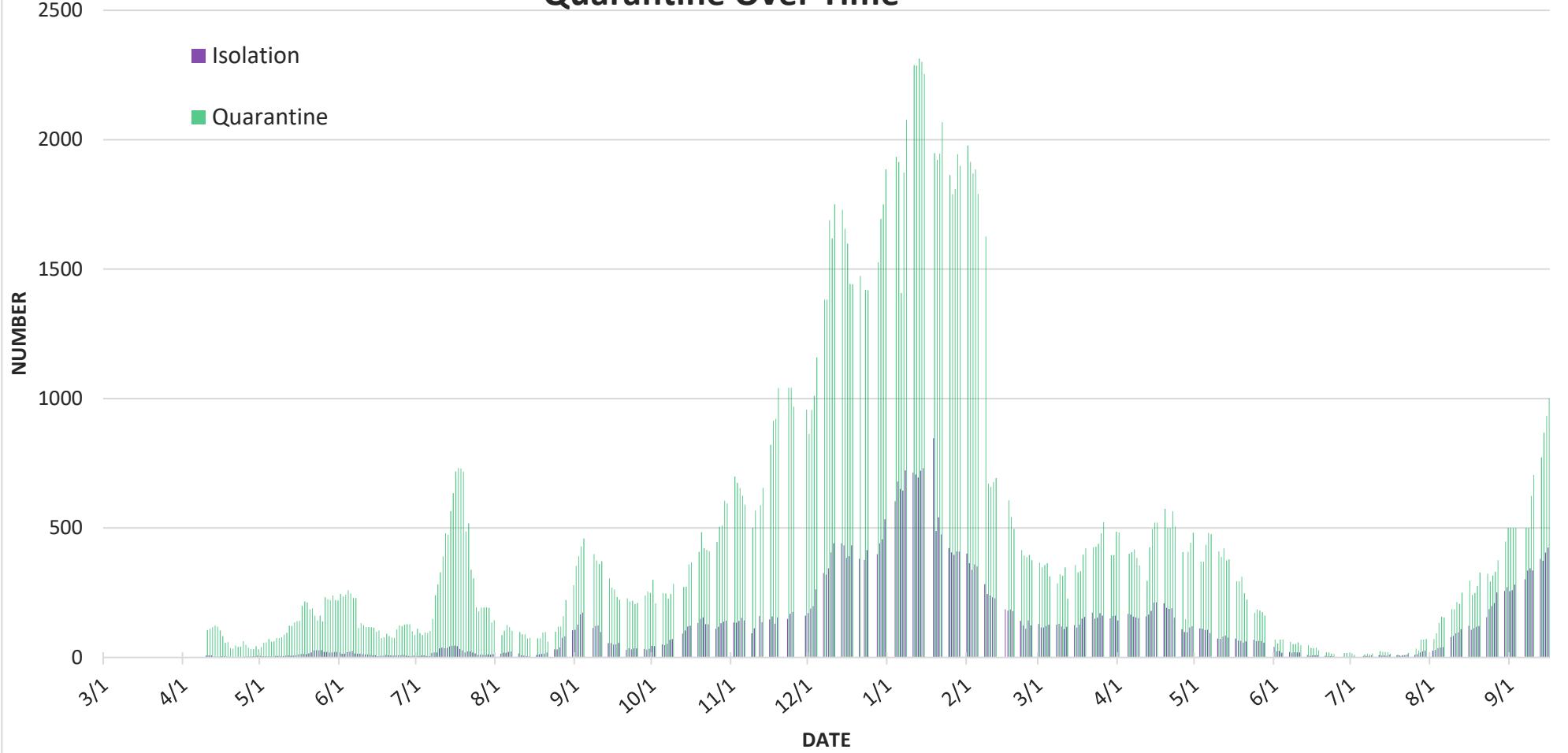
Number of COVID-19 Cases in Chautauqua County by Report Date

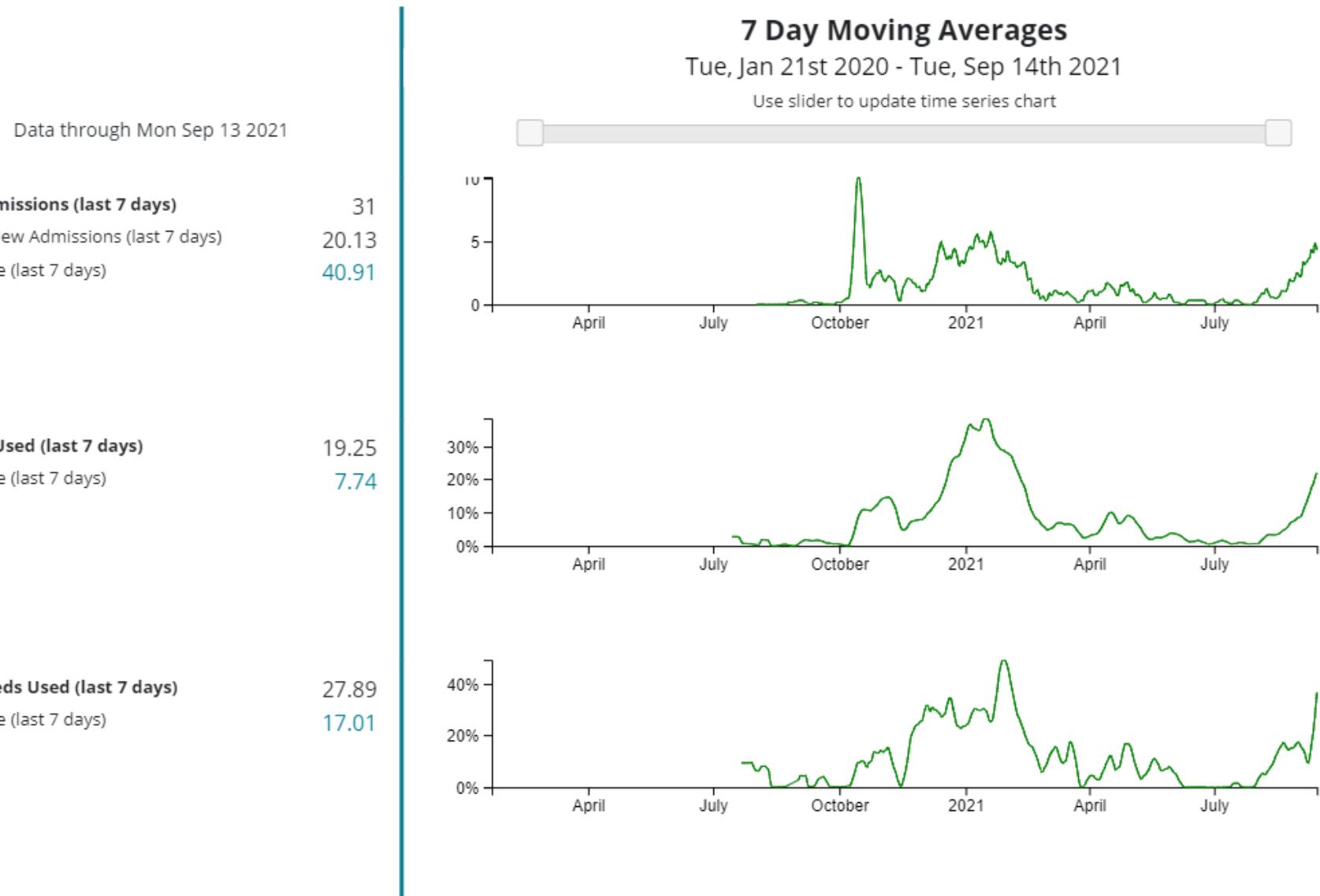


Number of COVID-19 Cases in Chautauqua County by Month



Number of People in Chautauqua County in Isolation or Quarantine Over Time





Chautauqua County Residents Vaccinated for COVID-19

	At Least One Dose		Fully Vaccinated	
People Vaccinated	Number	Percent	Number	Percent
Total County Population	68,788	54.2%	62,653	49.4%
Population ≥ 12 Years of Age	68,787	62.4%	62,653	56.8%
Population ≥ 18 Years of Age	65,020	64.2%	59,334	58.6%
Population ≥ 65 Years of Age	22,079	84.0%	20,370	77.5%

Source: <https://covid.cdc.gov/covid-data-tracker/#county-view>

Data as of September 15, 2021

COVID-19 Cases by ZIP Code of Residence

Zip Code	New Cases	Daily Case Rate per 100,000 residents	Total Cases	Percent of Total Cases
14048- Dunkirk	8	56.4	1741	15.8%
14062- Forestville	0	0.0	274	2.5%
14063- Fredonia	3	20.4	1269	11.5%
14081- Irving	0	0.0	85	0.8%
14136- Silver Creek	2	43.9	406	3.7%
14138- South Dayton	0	0.0	44	0.4%
14701- Jamestown	34	85.6	3143	28.6%
14710- Ashville	5	153.0	229	2.1%
14712- Bemus Point	0	0.0	364	3.3%
14716- Brocton	0	0.0	297	2.7%
14718- Cassadaga	2	100.6	105	1.0%

14720- Celoron	1	167.5	38	0.3%
14722- Chautauqua	0	0.0	6	0.1%
14723- Cherry Creek	0	0.0	79	0.7%
14724- Clymer	0	0.0	143	1.3%
14726- Conewango Valley	2	109.3	30	0.3%
14728- Dewittville	1	96.8	53	0.5%
14733- Falconer	1	26.0	296	2.7%
14736- Findley Lake	0	0.0	22	0.2%
14738- Frewsburg	2	61.6	336	3.1%
14740- Gerry	0	0.0	106	1.0%
14747- Kennedy	1	45.4	170	1.5%
14750- Lakewood	1	22.3	399	3.6%
14757- Mayville	1	30.3	292	2.7%
14767- Panama	0	0.0	69	0.6%
14769- Portland	0	0.0	73	0.7%
14775- Ripley	0	0.0	150	1.4%
14781- Sherman	4	191.5	143	1.3%
14782- Sinclairville	0	0.0	160	1.5%
14784- Stockton	0	0.0	93	0.8%
14787- Westfield	3	63.3	374	3.4%
Total	71	54.8	10989	100.0%

ZIP Code 14048 (Dunkirk) includes cases from 14135 (Sheridan) and 14166 (Van Buren Point). ZIP Code 14710 (Ashville) includes cases from 14785 (Stow). ZIP Code 14712 (Bemus Point) includes cases from 14742 (Greenhurst). ZIP Code 14718 (Cassadaga) includes cases from 14752 (Lily Dale). ZIP Code 14726 (Conewango Valley) includes cases from 14732 (Ellington).

COVID-19 Cases by Known Age

Age	Number	Percent
0-19	1856	16.9%

20-29	1916	17.4%
30-39	1558	14.2%
40-49	1427	13.0%
50-59	1498	13.6%
60-69	1246	11.3%
70-79	682	6.2%
80-89	410	3.7%
90+	187	1.7%

COVID-19 Cases by Presence of Symptoms at Time of Interview

Symptoms	Number	Percent
Yes	6520	73.0%
No	2411	27.0%
Symptoms Known	8931	

Fatality Rate by Age Group

Age Group	Total Deaths	Fatality Rate
All Ages	169	1.54%
0-39	1	0.02%
40-49	4	0.28%
50-59	8	0.53%
60-69	19	1.52%
70-79	36	5.28%
80-89	62	15.12%
90+	39	20.86%

NYS Fatality Rate: 1.6%

US Fatality Rate: 1.6%

Source: CDC COVID Data Tracker (https://covid.cdc.gov/covid-data-tracker/#cases_deathsper100klast7days)

Attachment B: COVID Update

Link to Chautauqua County COVID-19 Map (Updated Monthly):

<https://chautauquacounty.maps.arcgis.com/apps/dashboards/012d07321ad6415c8cf17c4f673643c9>
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