

Weber-Morgan Board of Health
Minutes of Meeting
August 23, 2021

The Weber-Morgan Board of Health held its regular meeting on August 23, 2021 in the Health Department auditorium at 477 23rd Street. The meeting is called to order at 4:00 p.m. with Dr. Frank Brown presiding.

BOARD MEMBERS PRESENT:

Dr. Frank Brown	Alex McDonald-Virtual	Donna Chapman-Virtual
Commissioner Gage Froerer	Jer Bates-Virtual	Neil Garner-Virtual
Tina Kelley	Mayor Leonard Call-Virtual	
Bonnie Wahlen, RN	Kevin Eastman-Virtual	
Dr. Kenneth Johnson	Councilman Jared Andersen-Virtual	

BOARD MEMBERS ABSENT:

Ali Martinez

STAFF MEMBERS PRESENT:

Brian Cowan	Amy Carter	Lori Buttars	Scott Braeden
Stella Martinez			

OTHERS PRESENT:

Brandan Quinney	Angel Castillo	Dr. Ben Heaton	Claudia Chapman
Caroline Crowther	Kevin Lundell	Derek DeBruin	David Lesser
Jerry Chapman	Cindy Whinham	Jessica Fiveash	Stewart Campbell
Rix Robinson	Burnedette Brockman	Michael Lambert	Talya Matheson
Staff and Public - Virtual			

Welcome and Introductions-Dr. Frank Brown

Dr. Frank Brown calls the meeting to order at 4:00 p.m. and verifies those board members in attendance.

Rules of Meeting per Supreme Court – Brandan Quinney Information Only

Brandan Quinney explains the rules of meeting per Supreme Court ruling on limited public forums. Due to the potentially high number of speakers today, the chairperson of the board has implemented the following rules, which govern the conduct of those attending this meeting to include the public comment portion. Purpose of these rules to ensure the meeting is held in an orderly, efficient, and dignified manner. Be respectful to all and disruptive behavior is prohibited. Reminder, chairperson has authority to ask someone to leave if they are disruptive. Board has provided a sign-up list for public comment at the entrance of the meeting room. Due to time constraints and the need to keep meeting at a reasonable length, the board will only be hearing fifteen speakers today. Spaces are available on first come, first serve basis. List is full. Only those on the list will be allowed to speak. Board will call speakers as they have signed up. Speakers have three minutes for comments. Board will notify speaker when the time limit has been reached. No exceptions. Board will not accept comments after the fifteenth speaker. No response will be made from the board on comments except when necessary to enforce a meeting rule. Board encourages speakers to only address items on the agenda. Comments not on the agenda are prohibited. Anyone wishing to contact the board outside of this meeting may go to the Weber-Morgan Health Department website's Board of Health page for contact information.

Approval of Board of Health Minutes of June 28, 2021 **Motion Passes**
A **MOTION** is made by **Dr. Kenneth Johnson** and **SECONDED** by **Tina Kelley** to approve the minutes. The **MOTION** passes unanimously.

Approval of Amended Interlocal Cooperation Agreement – Brian Cowan **Motion Passes**

Brian Cowan explains what the agreement entails. The Amended Interlocal Cooperation Agreement is presented for approval. He informs board members of the proposed changes to the interlocal agreement concerning the operation of the Prosperity Center of Excellence. It is currently operating as a division under the health department and will be set to operate as a department under Weber County with costs being divided equally between Weber County, Weber-Morgan Health Department, and Weber Human Services. Gage Froerer comments on the agreement and indicates that Melissa Freigang, Director of the Prosperity Center of Excellence, was unable to appear today. Over the last four or five months the center has been operating under the direction of Weber County and full direction of Commissioner Jenkins. This is ratification of the informal agreement between Weber Human Services, Weber County, and Weber-Morgan Health Department. Resolution number is clarified. It is #2021-01. A **MOTION** is made by **Gage Froerer** and **SECONDED** by **Kenneth Johnson** to approve the interlocal agreement between Weber County and Weber-Morgan Health Department. The **MOTION** passes unanimously and the Resolution# 2021-01 is adopted.

Attorney Legal Authorities Update – Brandan Quinney **Information Only**

Brandan Quinney presents a PowerPoint presentation on Legal Authorities Update in regards to House Bill 1007 (effective May 28, 2021) and Senate Bill 194 (effective May 5, 2021). House Bill 1007 prohibits a school from requiring masks be worn during school or school activities or on any school property, except in a medical setting at an institute of higher education. Senate Bill 195 focuses on authority of local and state health departments and local and state legislators. Presentation today will focus on local health departments. Utah Department of Health's website has additional information in regards to state laws and regulations. Commission serves as legislative body and executive body for Weber-Morgan counties. Order of Constraint applies to broad orders such as a public health order. Examples given. An order that would apply to all or substantially all individuals or all certain types of individuals or all places, or certain types of places. Topics of an Order of Constraint are listed. A mass mandate in schools would be considered an Order of Constraint.

Protection of public health and in response to the declared public health emergency. Three parts 1. Illness or surrounding circumstances, level of risk and who it might effect. The Health Officer has authority to declare Health Emergency. Procedure the Health Officer has to follow is described. Give 24 hour notice to County Commission before declaring Public Health Emergency. Once declared, it has an expiration date. 1. Health Officer declares it has ended. 2. Automatically expires after 30 days 3. Health Department must provide written notice of the conditions warranting an extension to County Commission at least 10 days before it expires. 4. County Commission can extend that order. County Commission may, at any time, terminate public health emergency.

If a Public Health Emergency declared by the Health Department expires, the Health Department may not declare a new Public Health Emergency for the same illness or occurrence that precipitated the previous public health emergency except if the Health Department can demonstrate exigent circumstances exist. Such as a variant or new disease. Health Department must provide 24 hour notice to County Commission. If the second order is terminated by the County Commission, the Health Department may not declared another new public emergency for the same illness, occurrence or exigent circumstance. Weber-Morgan Health Department is a dual commission and must have approval of both commissions and give them 24 hour notice prior to order being issued. Approval only applies to county over which Commission has jurisdiction. Once Public Health Emergency is issued, that unlocks the authority of the Health Department to issue an Order of Constraint. Once order of constraint is issued the County Commission may order to terminate order at any time. State Legislator may terminate an Order of Constraint issued by the Health Department that has been in effect for more than 30 days.

Director's Report – Brian Cowan/COVID-19 Update- Amy Carter Information Only

Brian Cowan reports that there was an Awards banquet held last week at Weber State University to recognize all of the volunteers that assisted with the COVID-19 response efforts over last 19 months. There were over 11,000 volunteer hours completed. The majority were vaccine distribution however others were answering calls, scheduling appointments, and completing case investigations. Health Department is very thankful for their service. Joyce Holbrook was recognized for completing the most hours (245 hours). Our partners were also recognized. Weber State University, local fire departments, and Utah National Guard. Event was successful. Over 150 people in attendance.

Brian Cowan updates the board members on the progress of the bidding of the completion of the Annex building. Extensions of time line were granted to accommodate those interested in bidding the project. Bidding closed last week. A meeting is scheduled for August 30, 2021 to start the review process of the bids. Health Department will report back to board in a future meeting of those results. We received our budget timeline to finish out the budget for 2021 and prepare the budget for 2022 with Weber County. We received the files last week with instructions to have them completed and returned to Clerk Auditor's office by September 10, 2021. Budget hearing with Weber County Commission will be held on September 27, 2021. They are expecting to have a tentative budget adopted by Weber County by October 26, 2021. Budget will then go to public hearing process. Finance Committee was to meet tomorrow however that has been proponed due to delay in RFP process and just having received files. Health Department needs additional time to prepare budgets for workgroup to review.

Brian Cowan discusses difficulties with COVID vaccination efforts due to recent approval of a third dose for the immunocompromised in our communities. Health Department has begun administration of third doses. There are over 40 partners in our communities that are also administering third doses. It is anticipated these will be available to general public in late September. Health Department is planning a response effort. Community partners will be able to assist with the demand.

Amy Carter introduces herself and provides her credentials. Reports current COVID-19 case numbers for Weber and Morgan Counties. Provides National, Statewide, and local numbers through PowerPoint. Nationwide over 37.5 million cases since pandemic started. Under one million cases in U.S. in last seven days. Since beginning of pandemic there have been 625,375 deaths. State of Utah numbers are provided by the Utah Department of Health and are constantly being updated. Utah has over 451,000 cases with over 2500 deaths. Weber-Morgan consistently number four with highest number of cases in the state. Transmission index is provided as a resource from UDOH and updated every Wednesday evenings. Weber moved to high risk a couple of weeks ago, Morgan has remained in moderate risk level. Majority of state has been in high risk transmission. Weber-Morgan has 35,631 confirmed cases. Total accumulated hospitalizations at 1,672. The number of deaths is at 251. Weber-Morgan counties currently in growth trend.

Weber-Morgan combined is averaging 16.5% positivity rate with 97 cases a day in last 7 days. Weber is averaging 19.2% positivity rate with 94 cases a day. Morgan is averaging 10.4% with 3 cases a day. Chart shows Cumulative Weber-Morgan COVID-19 hospitalized by age since the pandemic started. Highest overall categories and hospitalization. Youngest death reported was in 15-24 year old category. There have been 15 deaths this month in Utah. Age Distribution in past 14 days. There have been 110 cases in 9 years old and younger, 156 cases in 10-19 year olds, 245 cases in 20-29 year olds, 256 cases in 30-39 year olds, and numbers go down in older groups. **Amy Carter** reviews numbers in K-6th Grade as they cannot be vaccinated. Highlights 0-19 year olds. Weber-Morgan counties has had 5,655 COVID-19 cases in 5-18 year olds since pandemic started and 69 have been hospitalized. Of those cases, nine developed multisystem inflammatory syndrome (MIS-C). Currently the Delta variant is the dominant strain of the virus in most COVID-19 cases. Utah children are getting COVID-19 at 2-5 times higher rates than last year at this time. Approximately 90% of pediatric cases in Weber-Morgan counties are among school-aged children. We anticipate higher numbers this year in children. Currently there are 6 active case in 5- 12 years old in Morgan and 101 active in Weber. There are 1,129 active cases in all in Weber and 30 active cases in Morgan. Chart broken down by elementary, middle, and high school students. Numbers are per 100,000 in 14 day case rates. Other non-school aged, 0-4 years old and 18+ increased 145% last year in first month of school starting. Review of vaccinated individuals in our population by age groups. Partially vaccinated 12-18 year olds at 48% to 70+ ages at 91%. Good news 12-18 year olds are increasing administration of vaccination. Chart shows administration of vaccine by all eligible age groups and ethnicity. Weber-Morgan counties are 44% fully vaccinated. Statewide 47.3% of population is fully vaccinated. Weber-Morgan counties have administered 249,386 doses. Provides information for Weber-Morgan Health Department's clinical services and appointment requirement. Individuals can go to any community partner as well. Weber and Morgan average 300 vaccines per week. We continue to promote availability and safety recommendations for third dose for immunocompromised and individuals 12 years and older with full Pfizer approval.

Gage Froerer requests clarification on one of the charts. Vaccination rate for 50 years old and under indicates one out of two or 50% are vaccinated. Is that correct? Ms. Carter indicates at least 50% have received at least one dose. Ms. Carter's opinion based on research, her education and experience why she thinks people are not getting vaccinated. **Amy Carter** indicates that research/studies show throughout the U.S. and here in Utah that some reasons are fears or concerns of side effects, vaccine safety, and emergency use authorization. Some are waiting for FDA full approval. Some believe that the vaccine is not needed as natural immunity after getting sick is higher and risk of getting sick is less. Some are willing to risk the chance of contracting the virus. Vaccine immunity is stronger than natural immunity. After having COVID-19 the natural immunity protection goes down after 90 days. Protection from vaccine is more like six to eight months. Public misinformation is another reason. Weber-Morgan Health Department provides public with credible information and resources to verify the information. We encourage anyone who has questions call their local health department, state health department or their care provider. Last, we believe some do not have time to get vaccine therefore the health department continues to offer a variety of clinics. **Dr. Frank Brown** thanks Ms. Carter for the presentation.

Public Comment

Dr. Frank Brown reminds everyone that one hour has been set aside for public comment. Speakers are asked to approach the podium, identify themselves, and what county they reside in. **Dr. Kenneth Johnson** will be timing the speakers and **Dr. Frank Brown** will call the speakers. Public is reminded that they may cheer and applaud however all of that time will go against the speakers as there is only one hour allotted for public comment. Public comment begins. First speaker is called.

1. **Angel Castillo** with the Ogden NAACP has two comments. One officially on behalf of her organization and the other as a citizen. "Ogden NAACP is concerned for the safety and well-being of the children that are returning to school with the Delta variant sweeping through our great state of Utah. It is imperative that the Ogden School District follow Center for Disease Control guidelines which state "All students and staff in K-12 schools should wear masks whether they are vaccinated or not." Data for Utah shows ethnic communities of color are disproportionately impacted by COVID. We are particularly concerned for our children of color in Ogden School District. OSD student body is a 58% majority Hispanic population. Your decision today on whether or not to allow school districts to mandate mask wearing is literally a life and death decision. We respectfully request that you follow the CDC guidelines which state that "All students and staff in K-12 schools should wear masks whether vaccinated or not." Ms. Castillo now states her personal comment. "In Weber County Commission meetings always opens with a prayer. I cannot think of anything else the science has not already told you on the slides. I can only ask for help." Ms. Castillo says a prayer.
2. **Dr. Ben Heaton** is a practicing physician trained in public health, disease outbreak, and served 12 years in the U.S. Air force as a medical officer through four pandemics. Dr. Heaton maintains a board certification in preventive medicine. "I have become increasingly concerned with the misguided notion that we must follow the public health guidelines that are pushed from the Center of Disease Control.

When a physician attends to a patient that has active tuberculosis he or she is required to be fitted with a respirator and proper protective equipment that include airborne precautions. A face mask is not allowed as it cannot provide adequate protection. The bacteria that cause tuberculosis is two to four micrometers in size. Technical difficulties. Time is stopped. Speaker resumes comments. COVID-19 is 100 nanometers. That is 20 to 40 times smaller than the bacteria. If a cloth or surgical face mask is unable to provide adequate protection against the bacteria that cause tuberculosis, how are the same types of masks able to provide protection against a virus that is 20 to 40 times smaller? In May 2020 the Center for Disease Control published a meta-analysis looking at the effectiveness of non-pharmaceutical measures against influenza pandemics. Researchers looked back over 70 years across 14 separate randomized control trials and were unable to find evidence that face masks reduce the transmission of influenza. Meta-analysis are concerned to be the strongest of the various study designs. My conclusions drawn from these studies are superior to lower quality studies. In 2015 randomized control trial found that higher rates of infection among healthcare workers who used cloth face coverings compared to surgical. While a study from Stanford concluded that "face masks are ineffective to block human transmission of bio and infectious diseases such as SARS, CV-2 and COVID-19 supporting against use of face masks." In a large, randomized control trial from Denmark published in the Annals of Internal Medicine it was concluded that face masks did not result in decrease of COVID-19. I have only mentioned a few of the many higher quality studies that are available in the published literature. The sources that are used by the CDC to conclude that face masks are effective are those that are the weaker studies on the pyramid hierarchy of scientific evidence. These weaker studies rely on estimation, small sample size, animal study, self-reporting, indirect evidence, modeling, and subjective opinions. None of these studies are able to control for bias or confounders. These are the sources that the majority of the public health officials are relying on because they are too lazy, indifferent, or complacent to search out the high-quality studies in the published literature. The Center of Disease Control and numerous public health officials have done the American public a disservice to the public by ignoring the findings contained within the studies that I have mentioned and other higher quality studies. This is to be expected from an organization that deliberately mislead the public concerning the outdoor transmission of COVID-19 and allowed powerful teacher unions to dictate policies of reopening schools." Time is up. **Dr. Heaton** request additional time due to technical difficulties. Dr. Brown indicates that full three minutes was given, and he is not allowed to give additional time.

3. **Claudia Chapman** agrees with Dr. Heaton. "You people need to understand that we the people are fully intelligent enough and capable of researching and verifying their information. I also pray that six months from now, nine months from now, you all can deal with what you all have not paid attention to because you are fully able to access the same information that I and many others have accessed. I decided to look at this from a fifty-thousand-foot view today. You are going to hear evidence, data, and statistics. I could have given you all of that, but I have a few things I want you to consider. How is it that the local

board of health across this nation has been given the unelected power to trample on the God given health and safety rights of millions of American children? I know you were elected Mr. Froerer but I don't believe the rest of you were. With the exception, the public would do well to dig deeper into the agenda that has given you this foreseen power nationwide and I don't believe it's good. Just what is foundational goal to mask population as a whole? I submit that giving the overwhelming evidence that masks do not and were not intended to prevent the spread of COVID-19 or other viral disease as the previous speaker spoke. That public health cannot possibly be the end goal as multiple outcomes have been demonstrated due to a restriction of healthy respiration. That multiple evaluations by physician and mental health professionals have given overwhelming evidence that the negative harm being done to our children and youth by such masking mandates in school and social situations. So, none of the widely purported reasons for masking seem to be actually scientific valid. Masking is most likely being used to further control our people and keep fear levels high and perhaps to continue your receipt of COVID relief money from the government. We know a fearful people are an easily controlled people. Families in America are removing their children at a higher rate than ever because they see it as blatant child abuse to send their child to school. If you ignore the will of the people, whose responsibility it is to oversee and give our consent to our government it seems fear that the coax of our schools is now well underway. We ask for you to stand with those who and trying to protecting those of us here today and those who could not even come in to listen. Ayn Rand said years ago "We can evade reality, but we cannot evade the consequences of evading reality."

Dr. Frank Brown thanks everyone for their respect and calls Jeni Haden. **Caroline Crowther** indicates that she will be speaking for Jeni Haden with her permission as she did not feel that she could articulate her comments. **Branden Quinney** indicates that he does not see an issue with her speaking.

4. **Caroline Crowther** is a Registered Nurse and mother of four boys. Boys' ages are 8 years old to 11 months. "As a nurse I intimately understand the fear of COVID and effects on community and state. I am here to advocate for my children. No matter what you believe please about COVID, freedom or whatever please consider the whole child. COVID is one aspect. Children need to see faces. They need to understand when they look at their teachers and their friends what those emotions mean. They need to learn from each other, from their faces. I know understand that you guys you deal with so much and I appreciate you being here. It shows that you care and love community. I just pray that you think about those 24 hours before you declare that state of emergency in our county that you think long and hard about these little children that need to see faces. I felt so relieved as I entered here because I saw Dr. Frank Brown that I had the privilege of working with. Many of you maybe don't have a personal relationship but I know he is a good man, and he will have that whole child in his mind. I pray that the rest of you will as well."

5. **Kevin Lundell** is a Weber County resident and father of 7-year-old and 9-year-old starting school tomorrow near here. "They had been attending a summer school for the last couple of weeks. My son and daughter were one of the few who have showed up and chosen to wear masks. Yesterday my son had a friend come to our house and this friend came over with her mask. We told them to play outside because it is safer to play outside. My son came in and said "Where's my mask?" I said "It's okay your outside you don't have to wear a mask." He said "It's okay, I know how it feels." I learned two things from my son yesterday. One is that wearing a mask is not just about you. It's about those next to you, it's about seeing the person next to you, and caring about the person next to you. Second thing I learned is that my son is being bullied at school for wearing his mask. Our children have disincentive to help and love those who are next to them. We are in the midst of a health crisis. One that will affect our school children when they go back to school. If any of us here in this room were in a personal healthcare crisis all of us would go to the doctor with the most expertise. We would ask that doctor to give us their advice and we would heath their advice and follow them and ask them to save our lives. I ask you on the board today to heed the advice of those in our community who are fighting this and those who are recommending masks. We see it on the news every day. They are recommending masks. Dr. Andrew Pavia, Director of Epidemiology at Primary Children's Hospital said this when speaking about the mask recommendation from the Salt Lake County. He said "If people overturn those recommendations and kids get very sick and kids die, they should realize that it's their responsibility." This is your responsibility today. Heed the advice of those who know, who are the experts in our community. Just as you would if you yourself were in an acute healthcare crisis. Thank you."
6. **Derek DeBruin** is a Weber County resident. "Members of the Board of Health thanks for your time and consideration today. As the assistant team leader for Mountain Rescue in this county. I have diligently followed the Center for Disease Control recommendations such as masking as appropriate throughout the pandemic. As part of standard union rules I take the precautions anytime I provide aid or medical care to the residents and visitors of Weber County. As a first responder I was also fortunate to be among those who received the vaccination. Whether a mask or vaccine, I can take measure to protect myself but in order to protect my family and my community I need the help of that community. I am a Weber County resident as I mentioned and my son begins kindergarten this year. He is not eligible for vaccine and a mask remain his only possible form of protection. To protect all of the children in our community, I request that masks be required in schools this year at least until such time that vaccines are available for those under the age of 12. There are many reasons for this. One, we know from the last 18 months that masks reduce transmission rates and are most effective when worn by all. Two, masks lower virus rates which prevent the spreading COVID to others. My wife is immunocompromised. I cannot possibly imagine how devastated my family would be if my five year old contracted COVID, brought it home and killed my wife and his mother. The reason transmission and infection rates slows and prevents mutation and variance as much as we are seeing now in Delta. Masking

prevents the need for quarantining and keeps our kids in school. I feel that we could all agree that our children could benefit most from in person education. Certainly if we are concerned about seeing people face. It's even more problematic if you are seeing faces over the internet. When children must quarantine or learn online this has economic impacts. Parents have to arrange for child care, effects of those who work and there's the big agi effect there. In addition to Mountain rescue I spent most of my career as a professional mountain guide and I am no stranger to risk management. In that line of work we talk a lot about free safety. Things that are low or no cost tools or technics that create safer systems to prevent negative outcomes. I do not encourage a mask mandate out of fear. This is a straight forward risk analysis to me that prevents needless death. I regularly place myself in harm's way to serve our community and failing to enforce a simply rule such as basic masks in our schools endangers the community I spent serving. This is a simple matter of public health and I do not think it has to be politic but if it must I remind this board that the constitution establishes our government for the purposes of general welfare. To me that would include public health. A mask, in my opinion, is no more an infringement on civil liberty than a prohibition against drunk driving. As a parent, as a responder I think a mask is a small price to pay in serve of our community. Americans have combatted disease in the past and we can meet that challenge again right now. I think we can do so with a simple mask mandate. Thank you for your time!"

7. **David Lesser** thanks the board for the opportunity to appear this afternoon. "I am speaking for myself and also on behalf of wife, Dr. Rosemary Lesser, who represents parts of South Ogden and Ogden in the state legislators. Through her medical practice she has witnessed firsthand the devastating effects of COVID on mothers and their newborns. Unfortunately another obligation prevents her from being her today. Like many other people I stopped wearing a mask in indoor spaces a few weeks ago. I felt that sense of elation that life was returning to normal but things have changed. We have learned that the effects of the virus on any of us is unpredictable and can range from mild symptoms to long lasting disability and even death. And more importantly we have learned that the Delta variant is six times more contagious than the original virus that we dealt with last year. School districts in other states that have opened without masks have already experienced a big jump in cases. For example in the first week of school in Hillsboro County, Florida 500 students tested positives for the virus and 5600 students were sent to isolation or quarantine. Just a few hours ago the Utah Department of Health reported 534 cases in school aged children over the weekend. So now we are in an important juncture for our county. We must learn from the experiences of school districts across the country that opened without mask requirements and suddenly saw a surge in cases. I understand that the public is frustrated and angry by confusing and fluid guidelines by CDC but the fact is that the guidelines have had to change as the viruses change. If we ever hope to emerge from this pandemic. Our public policies must be more nibble than the virus. As a physician I have worn a mask for up to 10 hours per day and I can verify that a mask does not impair the ability to perform tasks requiring intension concentration and manual

dexterity. There is no down side to mask. Imposing a mask mandate in the face of a vocal but ill-informed opposition will require politic courage but there is no doubt that failure to do so will lead to more illness and death. It is the responsibility of our schools to provide a safe environment for students to learn and for teachers to teach. As vaccine immunity decreases over time our teachers will get even greater risk in an un-masked environment. They deserve our protection. Please follow the advice of experts in the infectious disease community. They have no political agenda and are only motivated by the desire to improve the health outcome and save lives. Thank you for this opportunity to speak to you. Parenthetically, Rosemary and I have spent 45 years combined in the Air Force working to preserve freedoms we enjoy in our constitution but we do not have the freedom among one another.

8. **Jerry Chapman** indicates that he wasn't supposed to speak today however he arrived prior to those who were wishing to speak. "In the past I was called the "silent majority". Few years back we were tagged as the "Deplorables". This last week we see on TV that we are tagged as "terrorist" because we are against some of the COVID things that are going on, that's wrong. I think this meeting here is more for optics. I think you most of guys have made your mind made up. This goes to the county. I was planning on speaking to the county. I did put notes together to do something today. The first presentation we had, to me, a lot of statistics in there are nonsense. They're not issues, they're relevant to what we are. My background, I am retired now, was in finance going through statistics, going through regulatory issues and sorting out what's nonsense and what's real. Based on the standards on her answer at the end, is that I think what used to be a standard or herd immunity was some place around 45%. We'd have herd immunity. Based on her testimony it is over 45% not counting those who have already had COVID which I am one of them. We are not in a public health emergency. The one statistic left off presentation, in the middle of it I heard one term I have never heard before COVID associated deaths. There have been descriptions about how they classify what somebody has died from and that definition keeps changing. What hasn't changed is numbers. In Utah the mortality rate is about 1.1%. In the United States, as a whole, it's around 0.97% / 0.98 %. Last time I checked, a couple months ago, those numbers have not changed statistically in any reasonable difference from what they were pre-COVID. If we're in a pandemic there should be bodies in the streets and trucks lined up. In fact they were showing us when we first started this. That didn't happen. Six months ago we had a meeting with the sheriff at liberty hall about 50 of us. We got to ask questions for over two hours. Thank you."
9. **Cindy Whinham** resides in Weber County and lives in Roy. "I taught school for 32 years. I have been retired for 10 years. I was teaching in 2010 when H1N1 come out. In January of that year I had, out of 30 students, 19 absent. By the time middle of February hit it had run its course and we were back to school as normal. What they told us to do during this massive horrific H1N1 pandemic, wash doorknobs, wash the drinking fountains and I had my students Clorox wipe their desks every Monday and wash our hands after recess and before lunch. I need to see my students' faces in classroom just like I want to see your faces.

Social cues are important. They need to see my face. We need to breathe. We need to not re-breathe our toxins we're getting rid of. This doctor already told you. Thank you! Masks aren't it. Every box I have seen says "not medical use." I think mask just hinder our communication. As a retired school teacher "We need to see faces. Thank you!"

10. **Jessica Fiveash** lived and taught in Weber County. "I taught in Weber County and have two kids still in school here. I am also Executive Director of Academic Integrity Movement, Advocates and Watchdogs for parents, students, and teachers across the country. We spent the last month worked on this same issue in Salt Lake County and although City Mayor Mendenhall has taken it upon herself to create a tyrannical mask mandate in city schools. The County Council was able to overturn the Salt Lake County Health Department Dr. Angela Dunn's K-6 mask mandate. It may not appear there's just as much support here in Weber county and Morgan for the parent's right to choose to send kids in masks or not but I assure you the people will be heard, and we will keep showing up. Primary Children's Hospital currently has just one patient who has tested positive for COVID. Because of GRAMA request documents my organization has received, it appears that some of the information being released to councils and press isn't necessarily true. If money talks, how many students is it going to take leaving public and charter schools for the Health Departments, counties, and boards to realize the will of the people is to allow for freedom. Let parents make the best decision for their kids when it comes to their health and safety. The government agencies are overreaching. We the people do not consent. Go to Academicintegritymovement.org to learn more about the misinformation happening and possibly coming soon we will have to look into the Weber-Morgan communications as well. Let's use Salt Lake County as a precedent for this decision. Instead of everyone playing out another act of this dystopian political theater. Thank you."
11. **Stewart Campbell** thanks everyone. "Last year our Governor required masks in all of our children. Many of us did not have a choice. It was forced on our children. I as a parent of Weber County am looking at the whole child just as I expect you as a healthcare professional to do. Look at the whole child. I am not looking at just COVID as many parents have said. I am looking at their physical, emotional, social, intellectual, and spiritual well-being. You guys are our public health officials and you're looking at this virus too narrowly. You want to keep people 100% safe from anything. An example; Utah State legislature years ago increased the maximum speed from 65 to 80 on the highway. If we left all of those decisions up to our health board you would have us going at miles 30 miles an hour. Our elected officials have overridden that and said no we are okay with taking on a little bit more risk. The buck stops with our elected health officials. Ultimately I am here to ask that you do not impose a mask mandate on our school aged children. Everyone says follow the science and the data. There is no science that says masking six and seven year olds in elementary schools will protect them or our community all day long, every day from this virus. There are 73 million children in the United States. 625,000 COVID deaths, less than 360 children have died from COVID. Kids under 12, according to Center of Disease Control's website as of today, there were 674 deaths from all

causes in Utah in children under age 17. None of those, I know you had one, none of those said they were school aged children. So there are other reasons why children are passing away. I saw 13 cases of Pneumonia. Focus on Pneumonia. Zero have died from COVID. Focus on the reasons kids are passing away. Thanks to our Governor he's providing masks for children and those who want them. There are lots of options. Online options for those who want to but what we experienced last year, us parents didn't get an option to let us choose for our children. That was pretty frustrating as parents when we had to make decisions. My kids got medical exemption last year during school. They were tagged by the school district. They were identified and targeted by school teachers and other kids. Talk about kids that are bullied wearing masks. My kids were bullied for not wearing masks last year. So what I hope, and I have said this to the commissioner and Dr. Brown over the phone last week, what I hope is that if you issue a mask mandate today or tomorrow as school starts on Wednesday. We don't want a clash between administrators and parents in school. We don't want that. We want to keep it all safe in the schools for children. Thank you."

12. **Rix Robinson** has been a resident of Ogden since 1993. This morning I sent an email out to board and several county offices. If you did not receive that I'll will read a few comments from that. I want you to know that I admittedly against requiring minor children and students to wear masks in and around schools and public buildings. Whether any students should wear a mask in any public or private school should be an individual and family decision. My rationale includes considerations like making such a requirement, I believe is beyond the scope of your authority. Such a requirement asserts parental rights to make choices for minor their children. Such a requirement removes one's God given agency. Science and experience prove that mere cloth masks do not and cannot stop the virus particles from being inhaled, exhaled, or otherwise exchanged. I included in my email some exhibits. One was a five minute video from an industry expert with over 19 years of experience dealing with and training professional people in the industry and she flat out stated that these kinds' masks are totally ineffective. She gives a good explanation and demonstration on why she feels that way. I encourage you to watch that video. I also included a list of 30 studies that say the same thing and that came to the same conclusion that masks are ineffective for filtering out and stopping the spread of any virus particles. I would challenge you to watch the video, examine the studies and then find conflicting data, if you can, then decide whether to require minor children to wear masks in schools. If you can find factual evidence to refute these exhibits, then and only then can you reasonably consider issuing a mask requirement for the students. At that point we can address on how that is beyond your scope of authority. My sign here says "dissolve corporation." I would be glad to elaborate on that too. Thank you."

Dr. Frank Brown indicates that we are doing well on time and appreciates the respectful discussion. He informs all that the board has received many emails and we are reviewing those, following up on the studies and looking at videos. The Board appreciates their time to be here and efforts to inform the board. It is important and the board is listening.

13. **Michael Lambert** thanks Dr. Brown, the Board of Health, and everyone else that is here. I come in the spirit of humility and gratitude for the opportunity to be engaged in this process. I want to recognize everybody here that has diverse opinions. Along with my opinion that I am about to share now, my hope is that our communities we can work around pandemic and the various challenges we face and be cognizant of the things that sometimes tears us apart because we really do need each other. Right now that we are talking about schools I am grateful for public for schools. As a stakeholder as a parent, I have a daughter starting school this week and another child at home younger than her as well. I speak on behalf of our family regarding them. Personally I am a social worker. I have worked in the field for 20 years beginning with Primary Children's specializing in mental behavioral health for children, young adults, adolescents, and families. I know the Complexity of issues being raised here are important. I am practically advocating for the requirement of masks in Kthru6 because those children do not qualify for the vaccination. I believe they are the most vulnerable. Whether it be for particular children or families that are vulnerable, I think that it is important because they do not have the option to mandate. When we are looking at public schools and we are looking at a public health issue then it is appropriate to do that. I also think that task of this board is to make medical public health decisions and as we know the Center for Disease Control has made this recommendation, Utah Department of Health, American Academy of Pediatrics, Infectious Diseases Society of America and Pediatrics Infectious Diseases Society have also made this recommendation. When Utah State legislature passed the current law we were in a different time in the pandemic. This was in the spring and early summer. Vaccination rates were increasing and the pandemic was getting better. When those legislators were asked about revisit the law, House majority Representative Val Peterson, who sponsored the bill, talks about how this puts the responsibility for what is a health issue in the hands of health departments, it creates a mechanism for county government to work with its health experts to decide the best course of action. We have clearly laid out that the pandemic is increasing. It is increasing as a risk for our children and this is our mechanism our Board of Health to be able to make that decision. Also, house majority Representative Mike Schultz said we have made it hard to require masks but if things get difficult there's still an avenue for health departments to make that move. Thank you for hearing me."

14. **Burnedette Brockman** is the Director of Operations of the Academic Integrity Movement. "We represent parents from Weber County and from across the state. To begin I am surprised the recovery rates, the adverse reactions data or that the number of patients already vaccinated who have admitted to the hospitalized with COVID hasn't been mentioned. I have heard a lot of statistics but the one number I haven't ever heard uttered by anyone of authority is "what percentage can the government guarantee my family's safety by mandating masks." Can they guarantee it ten percent, twenty-five percent, or fifty percent? I have friends and relatives that submitted to practically every rule the government put on them in the name of keeping them safe. They quarantined, they isolated themselves, they didn't travel, they worked from home, they bought their groceries and other goods online and they

wore masks. They also caught COVID. In other words the Government in its effort to play God control outcomes could provide zero percent guarantee of safety. Every institution has its limits. At a certain point humility demands that we work within those limits and assess the probability of acceptable risk. If my children catch COVID they have a .06% chance of dying from it. Statically kids ages 18 and under are the group less effected by COVID but if they are forced to mask up for another year school the chances of their teacher misunderstanding them through their masks, of them missing opportunities to make friends, and of them suffering psychologically are practically guaranteed. This virus as in the case as in all viruses will eventually run its course. As it mutates it will become more easily transmitted but mutations almost never result in a virus becoming more deadly. As natural immunity is acquired people across all demographics will have a real defense against COVID. Masking only provides a false sense of security and it hasn't kept the virus from spreading. All the studies that show masks work were studies with no control group. That's hardly good science. A large study "effectiveness of adding a mask requirement to other public health measures to prevent SARS COV-2 infection in Danish mask wearers. A trial randomized controlled trial was conducted last spring, early summer in Denmark that looked at the protective effectiveness in masks and found no difference between those who wore masks regularly and those who didn't. In 2019 the World Health organization published a Meta study of the effectiveness of non-pharmaceutical health measures on the spread of influenza like illness and found no difference in mask groups and controlled groups. Mask compliance in Sweden has hovered well under ten percent for the past year and their experience with COVID-19 has been relatively mild compared to other nations with very high mask compliance. Thank you."

15. **Tally Matheson** is a resident of Weber County and lives in Eden. "I am coming to you today as a parent. I have four children. Three of them are still in school system. I have a senior who is 18 years old, I have a 7th grader, and a 9th grader. I want to tell you their story just a little bit because it's a little different than everything else you might have heard. Last year my senior was a junior and he was mandated to wear a mask during his classes. He had a 90% closed septum which required surgery and wearing a mask for eight hours a day made him very, very ill. He was sick all the time. So much so that we have spent thousands of dollars in medical care trying to help him get better. He was a star athlete on the mountain bike team in the top ten percent of the state and is now barely able to ride his bike because he is so ill from wearing a daily mask every single day in school. My 9th grader was an 8th grader last year. She was a cheerleader at her junior high. Because of the state mandate and mask mandate she did not go to school because she has anxiety. So every time something would cover her face she would have panic attacks. She choose to pull out of the school system because she could not handle it. I have here and I carry it in my wallet, for the entire year, signed medical exemptions from my provider that have been ignored every single day, saying that my children should not be mandated to wear masks. They had to come out of the school. We had to pull them out because they were not upheld legally. My 7th grader is going into junior high again this year. She pulled out of school because

her medical history, she gets chronic hives because of autoimmune issues and when she wears leotards, or sandals, or tight clothing she gets hives. She could not physically wear a mask on her face because she would be covered in hives all over her faces which would eventually go down her throat and not allow her to breathe. We carry an EpiPen wherever we go. This is from my 9th grader. She made this sign "Let me choose." She wants to be able to choose. We have heard a lot of situation today and a lot of different opinions and really it just comes down to choice. This one is from my 7th grader she says "Do not discriminate against me." Do not force her to be home alone and lonely at home schooling again. Let her go to school. Let her choose. I just want to end with personal experience all last year. One in three women in the United States are sexually assault. Most of the time the assault victim at some point covers their mouth. If you think these masks are creating so much good and so must health, they are damaging women and we have one in three in our high schools that are sexually assaulted who are feeling the abuse daily. Please do not do this. Thank you."

Mask Mandates – Dr. Frank Brown

Motion Passes/Information Only

Dr. Frank Brown thanks everyone for their testimony and perspectives and appreciates everyone. Engages board members to give their comments in person first and those attending virtually give their perspective on this and at some point we will entertain a motion if the board feels that an action or recommendation needs to be taken. **Dr. Kenneth Johnson**, appreciates comments and let's public know that his mind is not made up prior to coming to meeting. He has read the emails, looked at studies carefully. One of the studies says at the end "I no way am I saying, don't use masks". I have a granddaughter and we are not sure if we should send her or not, what are her rights and how can she be safe. I have been touched by some of the comments. I am a volunteer not an elected official. I care. Going to restaurant is clean because of public health. We are lucky to have the public health workers we have. I am torn in any decision. We received word from Summit County and their Health Officer submitted an order that if numbers got to a certain threshold that mask would be mandated at schools. If parents get vaccinated then we will be better off. Apologizes for students' experiences. Granddaughter did online school. She will attend in person this year however I am scared and worried. I am in support of our Health Officer as he has sound judgement and I also respect the Commissioners and Morgan County Council. It will ultimately come down to the Commissioners' decision.

Commissioner Gage Froerer reports that his office has received over 350 emails. Majority were against mask mandate. About 50-50 now in terms of public comments. This is not a clear decision that we make in terms of the public. Thanks everyone for comments. Appreciates the public reaching out to us. Your responses were noted. We take the duties that we are given under House Bill 107 are taken very seriously, recommendation that may come forth will be taken seriously, it will be in public's best interests. Great to have freedom to disagree on issues. Unfortunate that we could not hear everyone in the hall way. I encourage those on either side continue to be civil, engage your public officials, your voices will be heard. Personal view point, I take the citizens right for self-determination. I passed the first cannabis bill and the first bill on hospice. I firmly believe in personal choice. Government does not always get it rights. Commission will take into

consideration data driven input and can be backed by scientific stand point. Thanks board members for their time they volunteer as their expertise and acknowledge as they move forward with these tough decisions.

Bonnie Wahlen, RN- If I were to have surgery I would want them to have a masks on. I would not want to risk my health with them not wearing a mask. The more people that have masks on the more immunity we all have. Proven in scientific journals. I am for masks. I am a nurse and done studies and it all leans to masks do help and keep children safer. Adjustments may need to be made for those who cannot wear masks. All of us need to work to solve that problem.

Tina Kelley points out that it is not a board decision. It should be made by Mr. Cowan, as director, with advice by staff and board and commissioners. I am not for or against masks. I've made masks and my friend has made masks and given out. We do what we can with information on hand. I've listened and been open minded. I have read every communication that has come through the health department and thought long and hard about this and I think that people need to educate themselves and make an educated decision for themselves and their family. That's is not a decision that I can make for anybody else. That is what my family does. No one can know what another person's situation is and why they make the decision to choose to mask or not mask. I believe it is an independent choice. Commissions will listen. I have served as an elected official for eight years and six years as an un-elected official on this board.

Dr. Frank Brown allows board members that are appearing virtually to comment.

Neil Garner echoes what was mentioned. I thank you all as well. We have read emails and data with open minds. References comment from Cindy. "I have been a pediatric nurse and went through H1N1. I would like to emphasis and that is importance of infection prevention. The importance of hand washing and wiping down high touch areas. If you are sick stay home or take precautions to stop the spread of disease to others. I cannot emphasis enough the sadness I experienced when seeing children who had the opportunity to be immunized who caught a preventable disease. Also, I personally watched a five month old baby with Pertussis who struggled with that disease and ultimately succubed to that because she was not able to get a vaccine due to age. As we assess this we will look at the information and be diligent with everything that has been shared. I want to emphasis be diligent with your infection prevention."

Donna Chapman is a member of the board. "My desire is not pro or anti masks. It is a desire to be available to our community. Works at local hospital. COVID patients are there anywhere from a couple of days to 6 weeks. Shortage on health workers nationwide. No beds available to other injuries or illness. Easy to require masks, social distancing and hand hygiene. I am an advocate for all of those measures. I want to avoid crisis standards of care in our community. I believe there are neighboring states that might have to enter crisis standards of care. I would like to avoid that for our community. Thank you."

Alex McDonald also a member of board. References social worker saying that we all need to pull together to get through this. I used to work for organ donation organization. Utah has approximately 93% of licensed drivers registered as organ donors. Neighbors pulling together and helping

each other says a lot about this community. We can work together to find common ground. My personal experience has been that I have a niece who is healthy and didn't think she needed a mask. Brought COVID home almost killed her father. My mother in law died from COVID. Work to find common ground that will work for everyone. We need to do something. Thank you."

Jared Andersen is the Morgan County Commissioner. He is an elected official and has been on this board 6 months. Commissioner Andersen's background is not in health area. He appreciates all public input and concerns. He echoes Commissioner Gage Froerer's comments. Expresses appreciation for residents who have expressed their concerns. There is no cure all decision. Very concerned with mask mandate for young children. Experienced mask not coming home or different mask coming home. Concerned how that works and how it will be enforced in school. Encourages washing hands, wiping doorknobs, or whatever needs to be done. Appreciates comments, Health Department and Director Cowan for giving the information needed to make the best decision.

Jer Bates sends his apologies and his comments will be forwarded to the board. Mr. Bates written comment is as follows: "Please share my apologies. I appreciate the public participation today. We can all agree that we want what is best for children. The challenge is that we do not always agree on exactly what is best for children. Ogden School District will fully support any directives of the Weber-Morgan Health Department. I will abstain from voting on mask mandates in schools."

Leonard Call is the mayor from Pleasant View and the representative for the WACOG. Expresses his concern that issue that should be a public health has become so political. Board has been put in an awkward situation. Board to make best recommendation to director. **Leonard Call** trusts the County Commissioners will make best decision given all the facts. Know them personally and believes they will do what's right and correct whatever decision is made. "I had COVID last year, my wife had COVID, and my daughter who is a school teacher has COVID. My son is nurse treating patients in Florida and have heard many horror stories. I respect the rights and understand that parents' want to make that decision. Our biggest concern is that we have taken common sense out of it and put politics to it."

Dr. Frank Brown reiterates the limitations that were presented by Brandan's presentation. Will entertain a motion by board. **Bonnie Whalen, RN** motions for Board of Health strongly support the recommendation for K-6th grade wear masks based on **Amy Carter's** numbers. **Dr. Frank Brown** requests clarification on motion and asks if anyone seconded the motion. **Alex McDonald** questions if additions can be made to motion. **Dr. Frank Brown** indicates no we cannot discussion or add until there is a second motion. **Tina Kelley** indicates that there can be a substituted motion. He is in favor of the motion however I think we need to work on something like what Summit County has done where there are certain requirements that have to be met prior to a mask mandate being placed. Seconded by **Alex McDonald**.

Tina Kelley questions if there are any findings that **Mr. McDonald** would recommend? **Dr. Frank Brown** would like to rather than have amendments later. Would there be a time limit? **Bonnie Whalen**, thinks that time limit is needed and a threshold is met. **Dr. Kenneth Johnson** reports that

threshold is two percent of students in one school or 1500 students or fewer is 30 students. **Bonnie Wahlen, RN** recommends following Summit. **Dr. Kenneth Johnson** inquiries about time limits. **Dr. Frank Brown** clarifies that a time limit would be the number of days, like 30 days. **Dr. Kenneth Johnson** says that is legislative decision. **Dr. Kenneth Johnson** would rather motion to support our Health Officer if he chooses to make that decision. **Bonnie Wahlen, RN** reiterates it would be a recommendation not a mandate. **Dr. Frank Brown** indicates that his understanding is that the motion is in support of a recommendation for masks for our school aged children and not a mandate. **Dr. Kenneth Johnson** inquiries that the motion has been amended. **Dr. Frank Brown indicates that the** motion is to strongly support mask mandate in school aged children in K-6th grade when the threshold hit two percent. **Bonnie Wahlen, RN** formally withdraws her motion as further decision is needed. Dr. Frank Brown indicates that the Board will continue to review COVID issues in future meetings as they have over the past 18 months. Dr. Kenneth Brown would like to hear from the Health Officer.

Brian Cowan speaks on matter. Being Health Officer is a unique opportunity. Utah legislators have granted specific authority to incite action under health emergencies. Greatly respects that authority and it needs to be used in discretion. Health Department has been positioned in the middle of a few different communities. There are parents looking for ways to reduce risk for their children from infectious disease and others want to reduce risk from mental health issues. Teachers and staff request consideration for ways to reduce their risk and ways to improve their experiences from last year. Health Department is working with local education authorities and an urgency has been communicated over the last weeks as school starts next week. Health Officer would be remiss in duties if a decision was made related to identifying public health emergencies and issuing public health orders. Information is solicited from elected officials as defined by legislators earlier this year. Health Departments are to collaborate with elected officials. It is a benefit to solicit input from board and appointed stakeholders that represent our community. Health Officer comes from scientific background and looks at data, substantiated cause and effect research, public health literature and then arrive to a decision.

Brian Cowan does not feel that initiating a mask mandate for next 30 days is the best approach. Look at Salt Lake County issuing an order and County Council rescinding that order. This only further illustrates the need to make these decisions with a collaborative effort with those identified and with input from members of our community. Look at Public Health Order and mask mandate used in Grand County schools. It is effective use of their ordinance for the southeast and County Council's desire to govern at the local level. Government works best at the local level and working together to find the best solution. Summit County released their Public Health Emergency and Public Health Order last Saturday. **Brian Cowan's** opinion is that Summit County's order is a more focused approach to address this issue because it defines a threshold for when the mask mandate will go in effect and that threshold is in line with state statute already in place for test to stay in schools. That threshold being two percent of student body or smaller schools with less than 1500 students, it is 30 positive students over 14 day period. Based on input from community, other Local Health Officers,

and State Health Department, if Health Officer were making the decision alone, **Brian Cowan** would recommend similar approach to Summit County. Health Department hired Case Contact Investigators to work closely with schools. Contact Tracer team will identify cases that need to be isolated or quarantined. Students identified as needing to quarantine may continue to go to school if they wear a mask or test negative after seven days of exposure. There are other effective tools to help manage these issues. Mask mandate after two percent threshold is met is an additional tool to control case numbers in schools. Ultimately the focus is on schools. **Brian Cowan** reiterates that Summit County's approach is a better approach than a mask mandate for next 30 days for all schools.

For record first motion was withdrawn. **Commissioner Gage Froerer** motions to have the Board of Health collaborate with County Commission to review options from other counties and then report back with recommendations. **Dr. Kenneth Johnson** seconds motion. **Commissioner Gage Froerer** clarifies intent of House Bill 107 was to setup collaboration between elected officials and Board of Health. Understanding is that without collaboration it will not be satisfactory to either body and no progress is made. Good legislation and ordinances are made with discussion, input, and facts. **Commissioner Gage Froerer** has full faith in that **Brian Cowan** will come up with a policy or ordinance that is best for this county. Without collaboration the community would be at a 50/50 split. **Dr. Kenneth Johnson** questions motion and his concern with school starting next week. Do not know when County Commission meets next. **Commissioner Gage Froerer** indicates County Commission will begin meetings under work session ordinance possibly next week and this issue could be addressed in that meeting. The Board can be called to meet prior to the regularly scheduled meeting to ratify a decision. **Brandan Quinney** addresses the Board of health is regards to their authority. Board of Health is the policy or rule making authority. Board does not approve or ratify. They recommend or support a decision because the authority to declare a Public Health Order lies on the Health Officer. When it comes to issuing an order itself, which would be effectively legal would be the Health Officer with approval by County Commission. **Commissioner Gage Froerer** would like the Board to get additional input from the Commission. **Bonnie Wahlen** inquires when the next work meeting will be held. **Dr. Frank Brown** wants to ensure that all concerns are addressed due to potential urgency before we move on. **Tina Kelley** requests clarification as Morgan County and Weber County Commissions are separate. **Commissioner Gage Froerer** encourages **Brian Cowan** to meet with Morgan County Commission. **Commissioner Jared Anderson** appreciates Tina Kelley's comments and agrees. He met with the Morgan County Attorney today and a 24 hour notice is required for County Council to meet. Morgan County Council would like to have a public meeting as soon as possible with Brian Cowan to discuss this issue. Additional comments, no.

Vote taken by **Stella Martinez** from each board member on motion made by Commissioner Gage Froerer.

Bonnie Wahlen - Aye

Alex McDonald – No response (offline)

Leonard Call - Aye

Jer Bates - Aye

Donna Chapman - Aye

Kevin Eastman – No response (offline)

Tina Kelley - Aye

Jared Anderson – Aye

Gage Froerer - Aye

Kenneth Johnson - Aye

Neil Garner – Aye

Vote is unanimous.

Chair's Report-Dr. Frank Brown

Information Only

Dr. Frank Brown does not have anything to report.

Tina Kelley requests information on Utah Association of Local Board of Health upcoming Symposium. Brian Cowan has post cards with information for board members.

Motion by **Dr. Kenneth Johnson** motions to adjourn, **Donna Chapman** seconded the motion. All vote Aye.

The meeting adjourns at 6:07 p.m.