

Steve Sisolak
Governor

Richard Whitley, MS
Director



DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
Helping people. It's who we are and what we do.



Lisa Sherych
Administrator

Ihsan Azzam,
Ph.D., M.D.
Chief Medical Officer

MEETING MINUTES STATE BOARD OF HEALTH December 3rd, 2021

MEETING LOCATIONS:

9:00 a.m.

This meeting was held online, or by phone. The online and phone meeting location is:

Meeting Link:

Join Zoom Meeting

<https://zoom.us/j/91711965467?pwd=WDc0MWJUVnZGRc85VEp1QnNUUExlZz09>

Meeting ID: 917 1196 5467

Meeting passcode: 422977

Join By Phone:

Phone: 1-669-900-9128

Meeting ID: 917 1196 5467

(Passcode: 422977)

1. CALL TO ORDER/ROLL CALL – Dr. Jon Pennell, Chair

BOARD MEMBERS PRESENT:

Dr. Jon Pennell, DVM (Online)
Mr. Charles (Tom) Smith (Online)
Ms. Judith Bittner (Online)
Dr. Trudy Larson, M.D. (Online)
Dr. Jeffrey Murawsky, M.D. (Online)
Dr. Monica Ponce, DDS (Online)

BOARD MEMBERS ABSENT EXCUSED:

None

DIVISION OF PUBLIC & BEHAVIORAL HEALTH (DPBH) STAFF PRESENT:

Joseph Filippi, Executive Assistant, DPBH; Dr. Ihsan Azzam, Chief Medical Officer; Lisa Sherych, Administrator DPBH; Cody Phinney, Deputy Administrator, DPBH; Joanne Malay, Deputy Administrator, DPBH; Julia Peek, Deputy Administrator, DPBH; Dr. Stephanie Woodard, Medical Epidemiologist, DPBH; Dr. Melissa Peek-Bullock, State Epidemiologist; DPBH; Pierron Tackes, Attorney General's Office DAG; Julie Slabaugh, Attorney General's Office, DAG; Dawn Cribb, Public Information Officer, DPBH; Rex Gifford, Administrative Assistant III; Isabelle Eckert, Administrative Assistant II, DPBH; Bradley Waples, Health Facilities Inspector III, HCQC; Shannon Litz, Public Information Officer, DHHS; Steve Gerleman, Health Facilities Inspection Manager, DPBH; Bobbie Sullivan, EMS Program Manager, DPBH Lindsey Kinsinger, OPHIE Manager, DPBH; Dawn Yohey, Clinical Program Manager III, DPBH; Teresa Hayes, Health Program Manager III, EHS; Stephen Wood, Health Program Specialist I, Behavioral Health Wellness and Prevention, DPBH; Paul Shubert, Health Bureau Chief, DPBH; Dan Messer, Health Facilities Inspector II, DPBH; Kirsten Coulombe, Social Services Chief III, HFCCP; J'Amie Webster-Frederick, Health Program Specialist II, DPBH;

OTHERS PRESENT:

Dr. Colleen Lyons, Health Officer for Carson City Health and Human Services; Kevin Dick, District Health Officer, Washoe County Health District (WCHD); Dr. Fermin Leguen, District Health Officer for the Southern Nevada Health District; Jennifer Carr, Deputy Administrator, NDEP; Sheryl Fontaine, Chief, DCNR; Linda Anderson; Mark Begich; Tyler Shaw; Keith Shellhamer; Amber English; Ken King; Tory Ross; Michael Touhey; Kevin Schwartz; Casey Rodgers; Julie Ellsworth; Melissa Clement; Tony Adams, Nick Tangeman; Tedd McDonald; Marena Works; Louise Buettner, Lincoln County Health Officer; Steve Messinger; Nikole Robinson Carroll; Eron Dixon; Renee Chaffee; Kristen DeBraga; Debra Songer; Valerie White; Windy Price; Charlotte Stewart; Desiree Roth; Nikole Robinson Carroll; Monica Marquez; Laurie Yarborough; Nancy Bowen; Kori MacDonnell; Carla Gallo; Elizabeth Hammick; Nancy Jones; Heather Komani; Cathy N. King; Kelly Adkinson

Chair Pennell opened the meeting at 9:01 a.m.

Roll call was taken, and it was determined that a quorum of the State Board of Health was present. Chair Pennell stated that agenda item number 8 would be heard after agenda item number 4 today.

2. ACTION ITEM: Review and Approval of meeting minutes from the August 10th, 2021, August 20th, September 3rd, and September 10th Board of Health Meeting – Jon Pennell, Chair

Chair Pennell opened the meeting in accordance with the public open meeting laws and regulations. Chair Pennell asked if there were any comments or questions about the August 10th, 2021, August 20th, 2021, September 3rd, 2021, and September 10th, 2021, Board of Health meeting minutes.

Chair Pennell commented that the phrase “Dr. Pennell then called for a motion to approve” should say, “calls for a motion” because he tries to leave the motion decision to approve or disapprove to the Board members.

Chair Pennell then asked if there were any public comments about the August 10th, 2021, August 20th, 2021, September 3rd, 2021, and September 10th, 2021, Board of Health meeting minutes only. Hearing no Board member or public comments about the previous, Board of Health meeting minutes Chair Pennell asked for a motion.

CHAIR PENNELL REQUESTED A MOTION FOR THE AUGUST 10TH, 2021, AUGUST 20TH, 2021, SEPTEMBER 3RD, 2021, AND SEPTEMBER 10TH, 2021 BOARD OF HEALTH MEETING MINUTES AS WRITTEN WITH THE “CALLS FOR A MOTION” WORDING IN FUTURE MEETING MINUTES. A MOTION BY DR. MURAWSKY TO APPROVE AS WRITTEN WITH THE “CALLS FOR A MOTION” WORDING IN FUTURE MEETING MINUTES WAS MADE AND SECONDED BY MR. SMITH. THE AUGUST 10TH, 2021, AUGUST 20TH, 2021, SEPTEMBER 3RD, 2021, AND SEPTEMBER 10TH, 2021 BOARD OF HEALTH MEETING MINUTES AS WRITTEN WITH THE “CALLS FOR A MOTION” WORDING IN FUTURE MEETING MINUTES WERE APPROVED UNANIMOUSLY.

3. INFORMATIONAL ITEM – Health Department/District Regional Health Reports.

Carson City Health and Human Services – Dr. Colleen Lyons, Health Officer, Carson City Health and Human Services (CCHHS)

Nikki Aaker, Director of the Carson City Health and Human Services (CCHHS) was unable to present the report for Carson City Health and Human Services. The oral report was presented by Dr. Colleen Lyons, Health Officer for Carson City Health and Human Services. Her report is attached hereto as Exhibit “A”.

Carson City is no longer using the National Guard. FEMA (Federal Emergency Management Agency) has completed their work with CCHHS such as COVID-19 testing, providing immunizations, and entering data into WebIZ now CCHHS is doing this. In November CCHHS stopped offering community testing because of a lack of demand. If demand for community testing increases, then CCHHS is prepared to reinstitute the program. CCHHS is continuing to help community providers provide immunizations. This is done in smaller lot sizes to reduce vaccine waste. CCHHS is also working with other providers to provide more testing availability in the community, even though the demand is less.

Carson City’s vulnerability index has qualified the city for federal government pay for some of the testing services. Additionally, you can see the new Chronic Disease addition logo on the web. There were 30 different vendors needing permits that participated in the Nevada Day parade which was the highest number of vendors in a long time. It is noted that in reference to mask usage and social distancing effects on influenza the number of influenza hospitalizations in 2019 was 36, and in 2020, with the mask and social distancing mandate in effect, the number of influenza hospitalizations was 2.

Some of CCHHS challenges are that the health division services manager has moved to a part-time position within the department, so CCHHS is looking for a full-time vision manager for clinic services. They are hoping for a registered nurse (RN) in that position. CCHHS had done an interview for the position but is looking for more qualified candidates too. Dr. Lyons asked the Board if they had any questions. No questions were asked.

Washoe County Health District – Kevin Dick, Health Officer, Washoe County Health District (WCHD)

Mr. Kevin Dick, District Health Officer, Washoe County Health District (WCHD) presented the report for the Washoe County Health District (WCHD). His report is attached hereto as Exhibit “B.”

In November, WCHD had a special board meeting which was a strategic workshop for their plan development. WCHD will be providing a plan to the board in the December board meeting. The plan is outlining WCHD plan over the next year on organizational capacity and workforce development. WCHD has learned, like other health departments have, the need to further invest in their workforce and organizational capacity. The board has directed that as WCHD is putting together their budget for the next fiscal year to invest an additional 1.2 million dollars to the development of their organizational capacity. Fortunately, WCHD has a healthy budget due to the influx of federal COVID-19 funding helping fund the staffing shift to the COVID-19 response, so those salary costs were able to be paid out of COVID-19 funding. The local funding shifted from their normal program areas, was saved into the health fund which WCHD is investing moving forward.

The WCHD Board continued to sustain investment in health equity through CDC (Centers for Disease Control and Prevention) Health Disparities grant funding that WCHD is continuing to receive which is a 1.5-million-dollar investment over 18 months which will be sustained in WCHD funding going forward. There will be 7 new staff members hired through continued state grant funding including a Health Equity Coordinator and 2 Community Organizers to increase WCHD engagement in neighborhood communities. There will also be 3 Community Health Workers that will work with the WCHD Clinical Programs to better engage in those programs and provide better follow-up and 1 Communications Specialist.

Unfortunately, the WCHD Board meeting about the Strategic Planning Retreat WCHD did not compile staff reports that complied all of the October information therefor the information Mr. Dick provided is out of date. Mr. Dick apologized and said it will be up to date for the next meeting. During the WCHD Board meeting in October the board adopted amendments to regulations regulating food establishments, which are on the Board of Health agenda later today. There are also new regulations for permitting and fees for underground storage tanks that will be considered for adoption at the December 16th, 2021, WCHD Board of Health meeting.

With staff redeployed for the COVID-19 response and having the responsibility to do the SB 4 inspections for resort properties, WCHD had to terminate their contract with the Nevada Division of Environmental Protection for the underground tank storage program. WCHD now has the capacity to continue that program. Unfortunately, during the interim period, the funding for the underground storage tank program to the state was reduced, so WCHD is working to approve a new contract with the Nevada Division of Environmental Protection, but it will not fully cover the cost of the program. Now there is a \$875.00 fee per permit for underground tank storage going before the WCHD Board of Health for approval to cover the costs that the grant funding does not cover.

WCHD has been monitoring the COVID-19 Omicron variant response. Washoe County has been trending downward in COVID-19 cases and plateauing currently in the upper 80s in new cases per day for the 7 day average. Currently WCHD is at 115 cases per 100,000 over the past 7 days which puts Washoe County in the high transmission category according to the CDC and the governor's mask directive. There has been an increase in positivity over the past week. Currently WCHD is at 12.76% testing positively over the past 7 days. Mr. Dick attributes this to the reduced demand in COVID-19 testing and COVID-19 testing availability over the past week with the Thanksgiving holiday. It is anticipated that the test positivity rate would go up due to less people being tested and those who are being tested are symptomatic. WCHD continues to make progress with vaccinations. WCHD has 60.76% of the 5 years old and older population being fully vaccinated in Washoe County. 68.44% of the 5 years old and older population have initiated vaccinations. WCHD will be demobilizing the drive-thru POD at the Livestock Events Center for vaccinations on December 17th, 2021. The National Guard, which helped with the POD, will be demobilizing on December 13th, 2021. WCHD is grateful for all of the National Guard's support. Vaccinations will be offered through clinic operations and WCHD is

hoping to use a number of locations on a recurrent basis for POD vaccine use. WCHD will continue to do COVID-19 testing at the Livestock Events Center on Mondays, Wednesdays, and Fridays.

WCHD is seeing a higher number of RSV cases this year. This is a national phenomenon. There has been 175 RSV cases reported over the past 4 weeks. Approximately 85% of those cases are occurring in children 0 to 4 years old. Mr. Dick asked if the Board of Health members had any questions. No questions were asked.

Southern Nevada Health District – Dr. Fermin Leguen, District Health Officer, Southern Nevada Health District (SNHD)

Dr. Leguen, District Health Officer for the Southern Nevada Health District presented the report for the Southern Nevada Health District (SNHD). The SNHD report is attached hereto as the State of Nevada Board of Health hereto known as Exhibit “C”.

SNHD plans to build a behavioral health center within the main facility located on Decatur Blvd. This is facilitated by a grant of \$800,000. Hopefully this facility will be finalized by the summer of 2022. SNHD is looking at expanding their capacity in the public health lab not only for space, but capacity to help respond to the needs of the community. The last 2 years has been very challenging for the community in what the lab can provide for the residents and the medical community as a whole. This has resulted in excessive expenses to the county because of SNHD’s inability to provide enough testing.

SNHD opened up a new facility about 2 weeks ago replacing a facility that SNHD left this month. This was a partnership between SNHD and the City of Las Vegas. This will be a community clinic that will deliver limited private Medicare services for sexual health and other services required by the community in the City of Las Vegas.

SNHD has a new construction project for the east Las Vegas health center which will be finalized by early 2022. This new facility, it is assumed, will be opened in March of 2022.

The incidents of COVID-19 have been decreasing lightly. It is almost at a plateau now. The last 4 to 6 days SNHD has seen a smaller number of cases reported, but when you look at the normal level of testing in the last 5 or 6 days, Thanksgiving week, the numbers were very low. Typically, during the weekday there are between 6,000 to 10,000 tests a day. Last week there were between 1,000 and 4,000. This likely means that SNHD missed a lot of cases that might start to show up later. Because of that, the numbers from the last 4 or 5 days might be inaccurate. The positivity rate went up last week, again believed to be because of the reduced rate of testing.

Another issue, that was brought up with state partners, is the number of available home testing kits increased as well as the antigen and PCR tests at the pharmacy and any community level started increasing. This has a negative impact in how we look at the positivity rate. This is because most of the people who test positive with the home testing kits go to the SNHD testing sites to be tested again for conformation. It should be noted that for each positive test received from that group it is doubled because of the home test.

SNHD has been working with local contractors to increase the locality of testing sites in the community. Especially out of concern for the vaccine mandate. If employers are asking employees for testing results SNHD wants to be able to help facilitate as part of the solution to that. SNHD realizes they will not be able to fully answer, but SNHD wants to help as many people as possible if they need it.

SNHD has administered 2.7 million COVID-19 vaccines. Almost 65% of the Clark County population has initiated vaccinations and about 53% of the population is fully vaccinated. SNHD, similarly to WCHD has a low demand for the vaccine in both boosters and initiation of the vaccine. SNHD is promoting vaccinations through messaging and multiple venues, so far Dr. Leguen doesn't call that effort successful because it is not reflected in the demand that SNHD sees from the community.

Last month SNHD met with a representative of the African American community in Clark County. The main objective was to increase the understanding of testing and vaccinations. When you look at the vaccination rates in Clark County through racial ethnic groups, the African American community shows the lowest rate of vaccinations, so SNHD wants to increase communication with the African American community. The meeting was successful. SNHD was able to meet with more than 30 African American community representatives from faith, small business owners, and elected officials. This was very positive.

SNHD is offering COVID-19 vaccinations at their main facility as well as expanded hours during the evening and weekends. Locally UNLV (University of Nevada, Las Vegas) is offering testing and vaccinations at night Sunday through Thursday from 5:00 p.m. to 10:00 p.m. additionally there are multiple vaccination sites at the 3 Southern Nevada College (SNC) locations and several schools from the Clark County School District (CCSD).

Yesterday was world AIDS day. As part of the celebrations in Clark County SNHD opened a new sexual health HIV clinic in partnership with All Saints Episcopal. They will be offering HIV/STD testing and treatment at that location such as pre-exposure prophylaxis (PrEP) to prevent HIV infection and telehealth services. SNHD feels like this is a great partnership and it helps bring SNHD services closer to the community because they understand that there are certain segments of the population that, for many reasons, don't feel comfortable going to a medical facility, government facility, or the health district. That is why SNHD is trying to help by reaching out to a church where people might feel more comfortable. With state and local partners SNHD had a ceremony for the grand opening of the Nevada Fastrack CDC HIV Dashboard. This contributes to share HIV/AIDS information from the State of Nevada to the rest of the world. Dr. Leguen thanked the Board and asked if they had any questions.

Chair Pennell asked if the Board members had any questions for Dr. Leguen. No questions were asked.

State of Nevada, Division of Public and Behavioral Health - Ihsan Azzam, Ph.D., M.D., Chief Medical Officer

Dr. Ihsan Azzam, Chief Medical Officer reported for the State of Nevada. The report is hereto known as Exhibit "D." Dr. Azzam gave a brief overview of his report.

My name is Ihsan Azzam, State Chief Medical Officer. You already have a copy of my report so I will just summarize most the important points. The unvaccinated continue to drive COVID cases, hospitalization, and death in Nevada and nationally. Discrete improvement in COVID morbidity and mortality was observed over the past few months. However, as you just heard, the cases seem to be increasing again. Even though Test Positivity Rates started to slightly increase. The opportunities to slow down and stop this current wave, or probably make it one of the last major surges of this pandemic, continue to be feasible. COVID vaccines are safe and very effective. More people aged five and older are now eligible to receive these vaccines. CDC already expanded their recommendations for boosters, and the new oral antiviral medications seem to be effective. However, there are still many reasons to be cautious. The highly infective Delta Variant continues to actively circulate, and now the newly detected Omicron Variant is spreading.

With such a slow intake of the vaccine in the US, and a very low vaccination rate worldwide - the risk for even more dangerous variants to emerge seems to be inevitable. The Division of Public and Behavioral Health (DPBH) strongly advises all eligible Nevada residents to fully vaccinate as soon as possible, and before the emergence of even more concerning variants. As you recall, a significant uptick in the number of COVID cases occurred around the holidays last year, so we need to be prepared for similar trends. Especially if vaccination rates continue to be that low in Nevada. As COVID continues to circulate without interruption for almost 2 years, it is important to start planning to shift our collective response to an endemic mode. Nevada residents need to protect themselves by getting fully vaccinated and receiving booster shots when it is appropriate. Also, by complying with face-mask-use and practicing other prevention measures which can also reduce the risk of influenza and other infections.

Now I will briefly update you on the current status of the Pandemic in Nevada. Between 400 to 900 newly confirmed COVID cases are reported every single day. There have been about 5,586,000 COVID tests with about 460,000 confirmed COVID cases. So far more than 1 in 7 Nevadans have tested positive for COVID. The Test Positivity Rate has risen from a low of 6.3% in late October to 7.3% yesterday. As vaccines are keeping most people out of the hospitals, death rates are currently much lower than those observed last summer. Nevada has experienced a total of 8,050 COVID deaths. Just in the three months period since our last Board meeting in September, Nevada added about 68,000 newly confirmed cases of COVID and 1,780 COVID related deaths were recorded. COVID vaccines continue to be performing very well against the widely circulating Delta Variant, and vaccines continue to be our best defense against the newly emerging Omicron Variant.

As the brief natural immunity developed after recovering from COVID infections is unreliable, and it does not provide adequate protection. Full vaccination is strongly recommended for all eligible individuals. Even the solid vaccine-induced immunity seems to gradually wane over time. That is why the CDC and DPBH is strongly recommending booster shots for all fully vaccinated adults. To date more than 3,636,000 COVID vaccine doses were administered in Nevada, and so far, about 62% of Nevada residents aged 5 and older have initiated their vaccination with almost 53% completing their vaccination series.

Seasonal influenza is upon us. This season is coinciding with the heavily circulating COVID Delta variant. It seems that our Quadrivalent Influenza Vaccine is a very good match this season. It can provide good protection against the currently circulating influenza viruses. As the activity of influenza circulating viruses is increasing the full COVID vaccination, in addition to receiving a flu shot, is critical. Especially as we head into the busy winter holidays. Dr. Azzam concluded his report summary and asked the Board if they had any questions.

Chair Pennell asked the Board members if they had any questions. No questions were asked.

4. ACTION ITEM – Consideration and Approval of Variance #728 regarding the COVID-19 mandate for Nevada System of Higher Education (NSHE) institutions under Emergency Regulation NAC 441A.755 for exemption waiver submitted by Cameron Mathew Rose. – Dr. Ihsan Azzam, State of Nevada Chief Medical Officer, DPBH

Dr. Ihsan Azzam, State Chief Medical Officer. The applicant requested that the State Board of Health grant him a variance waiving the requirements of the Emergency Regulations adopted on August 20th, 2021. These regulations required any individuals enrolling in a Nevada university, community college, or state college, on or after November first, to provide proof of a completed COVID vaccination series.

Since March 2020, COVID infected almost 460,000 Nevada residents. Including 8,050 who needlessly died from this infection. The pandemic is ongoing and COVID continues to spread. It replicates and actively

mutates. Unvaccinated individuals are driving cases, hospitalizations, and deaths due to COVID in Nevada and nationwide.

The Applicant asserts that he is against all pharmaceuticals unless there are no other alternatives. He also asserts that compliance with the mandate will result in him becoming homeless. It is unclear from the application how compliance with the mandate will result in the applicant “becoming homeless.” Statements in the Application seem to suggest that the Applicant has a philosophical objection with the COVID Vaccine, and more broadly with all pharmaceuticals. Such philosophical objections do not create an exceptional or undue hardship which would justify a variance.

The emergence of highly infective lineages such as the Delta Variant, and just recently the Omicron Variant, increases the risk of COVID spreading in both the homeless communities and educational institutions. Unvaccinated individuals can transmit the infection to other students and staff. According to CDC, FDA (Food and Drug Administration), and other national research, COVID vaccines are safe and effective.

Under the most intense safety monitoring in history, more than 432 million doses of COVID vaccines have been administered in the United States (U.S.). The CDC recommends all eligible individuals receive a COVID vaccine as soon as possible. Additionally, it has been determined by the Governor’s Medical Advisory Team (MAT) and the Nevada State Board of Health that COVID vaccine is necessary for the safety of all NSHE students and staff. The intent of this regulation is to protect all students and staff at all NSHE institutions. Vaccinating all eligible individuals is the only way to control this pandemic.

In asserting a philosophical objection to the COVID vaccination mandate the applicant has not established the exception, or undue, and unique hardship. Philosophical objection to the COVID-19 vaccine, or more broadly, all pharmaceuticals, does not constitute a unique circumstance which would justify granting a variance.

If granted, this variance would cause substantial detriment to public welfare and substantially impair the purpose of NAC 441A.755. Denying this variance is consistent with CDC recommendations, and it would be in the best interest of the Applicant, other students, and staff in the NSHE as well as the Nevada community as a whole. Receiving the COVID vaccine is the only way to protect the applicant and others from contracting severe COVID infection as well as transmitting it to other individuals, or even dying from it. It is recommended that State Board of Health deny the variance for Case #728. Dr. Azzam concluded his review and asked to answer any questions from the Board.

Chair Pennell explained that the Board of Health members would ask Dr. Azzam questions. Then the applicant Mr. Rose would be able to respond to Dr. Azzam’s review of his variance request. After that the Board of Health members would be able to ask Mr. Rose questions about his variance request. Lastly the public would be able to comment on the variance request. Chair Pennell then asked if the Board had any questions for Dr. Azzam. No questions were asked.

Chair Pennell informed Mr. Rose that he would be able to respond to Dr. Azzam’s concerns and how denial of the variance would result in Mr. Rose being homeless.

Mr. Rose thanked everyone for attending. Mr. Rose stated that he would like to disagree with Dr. Azzam’s assessment. The reason that Mr. Rose would become homeless is that before starting school Mr. Rose was homeless, and he has been homeless for a long time in his life. By getting into the University of Nevada, Reno (UNR) it has helped him not be homeless anymore. Mr. Rose is in UNR housing, and he has been in UNR housing since fall of last semester. Mr. Rose stated that he had no issues with any of the COVID stipulations, and in fact, we have drastically transgressed away from our original stance against COVID. For example, Mr. Rose was unable to have visitors at his dorm, but now he is able to have visitors. Mr. Rose has no issues with

the school when it comes to flu vaccine and COVID testing which he was free and clear from. The reason that Mr. Rose would go back to being homeless is because if Mr. Rose does not take the vaccine, and avoid the mandate, Mr. Rose has no other option than to return to the street. Mr. Rose has no other place to go. It is not a philosophical objection; it is by losing his housing and his ability to be enrolled in the school Mr. Rose has no other option than to return to the streets. Mr. Rose does not see where the vaccine is going to be beneficial not only for himself but his peers. As we can see, even those who are vaccinated can still get the COVID virus. There is no guarantee that you are exempt from it. There are other ways without Mr. Rose getting the vaccine that he can continue school without having to be forced into this circumstance. Mr. Rose does not believe that it is necessary.

Chair Pennell asked Mr. Rose that in reading his application early on he had an adverse event to, maybe a biologic, why not just go for a medical exemption rather than what you are doing now?

Mr. Rose answered that he went to the variance. He has been educating himself about laws. While he was homeless, he studied the law, and he is working towards practicing law. In his search he doesn't feel that, or to his understanding, the only way that he can get a medical exemption is to be allergic to the vaccine and that is it. To Mr. Rose's understanding he doesn't feel that a medical exemption would work. He has investigated getting a PTSD (Post Traumatic Stress Disorder) related exemption, but from his understanding there is no basis for this. Not that there isn't a basis that he couldn't get it the exemption due to PTSD, but it has not been tried before.

Chair Pennell opened the meeting to questions from the Board of Health members.

Dr. Murawsky stated that there are other vaccination requirements for freshmen to attend UNR. Did you receive those vaccines?

Mr. Rose stated that he has had the vaccinations prior to attending school. Mr. Rose said he believes there is a huge difference between trying to compare vaccines that have been approved for years and something that is new. We don't even know for sure that it is working. We are trying to say that it is working, but he can see that rates are still going up. Mr. Rose said he was at this meeting since the beginning, and he heard that the COVID numbers are still going up even though there are vaccinated people. Mr. Rose does not believe that it is the same thing, and as far as he is concerned it is an experiment. We are experimenting and hoping it goes right. Mr. Rose stated that as far as he is concerned it is not going to make a difference if he gets the vaccine or if he doesn't because if he catches COVID and he is on the street it is going to be 10 times worse, and it doesn't matter if he is vaccinated or not. The vaccine is not guaranteeing that Mr. Rose is not going to get COVID. In fact, that is one of the problems that Mr. Rose has had with the vaccine is that everyone that he knows that has gotten the vaccine has gotten sick with COVID. Mr. Rose thinks that is an issue and that we need to be questioning if that, maybe the vaccine is compounding the issue of rising cases of COVID.

Dr. Larson asked Mr. Rose when did he develop this philosophy of not using any pharmaceuticals?

Mr. Rose stated that is a very good question. This is a 20 year long tradition, you can call it philosophical, I won't object. Mr. Rose grew up on pharmaceutical medications, psychotropic medications, in fact Mr. Rose stated he has tardive dyskinesia due to the extensive use of pharmaceuticals. By the age of 16 he was taking 300 mg (milligrams) of Thorazine every day and able to have a functional coherent conversation at the same time. That is why they took him off of it, because they thought that was absurd. Because of the massive amounts of drugs, he was forced to use as a kid Mr. Rose is anti-drug completely. Mr. Rose stated that he needs to see a reason and it clearly needs to state, "this is going to work". As Mr. Rose made clear earlier if he was guaranteed that he would not get COVID, and that the vaccination is going to do something, he would take the vaccine

because he is getting a guarantee it is not going to happen. He is not getting a guarantee and he doesn't see anything happening. If Mr. Rose doesn't take the vaccine, he will have no other option than to become homeless. Mr. Rose said that is not respectable and it is a definite hardship in exceptional undue circumstances. Because the choices are to be homeless or get the vaccine and continue school. Why can't I continue school? Because even if I don't get the vaccine, it is not going to spread the variant more and I'm not going to make it to where faculty or students couldn't continue their education as well.

Chair Pennell asked if there were any more Board members that would like to ask Mr. Rose any questions. No questions were asked. Chair Pennell then opened the Board of Health meeting to public comments reminding everyone that the public has 2 minutes for comment. Chair Pennell also reminded everyone that this is a public comment period, not a public question and answer period.

Ms. Elisabeth Hammick wanted to speak on Mr. Rose's behalf because she believes that this sweeping mandate is a bad idea to begin with. I know that Pfizer just released their trial data by court order about a week ago and they had 158,993 adverse events. Nervous system, muscular, skeletal, connective tissue, gastro, skin, respiratory, and spontaneous abortion. This is just part of the list, and I think this young man is smart by doing his own research. I don't think that any of you can guarantee that he will not have an adverse event by coercing him into this. I want to go into the variance rules themselves. First of all, Dr. Azzam, I apologize I have never done this before. He says the vaccine is very effective and safe in his reply; reducing severe infections, hospitalizations, and death, but we know it does not prevent severe infection, or hospitalization or death because SNHD report said there were multiple deaths of the vaccinated. It is not effective and safe for everyone. You don't know who will have an adverse effect. The CDC and Dr. Fauci has told us that it does not stop contracting or spreading of this. I feel this could cause undue hardship to Mr. Rose if it gave him myocarditis, maimed him with a neurological disorder, or any of the other 30,000 adverse issues that have been reported through the VAERS System (Vaccine Adverse Event Reporting System). Thank you.

Casey Rodgers stated that she is in complete agreement with Ms. Hammick's last statement as well as being in favor for Mr. Rose. I think it is completely tyrannical what is happening in our state right now. Especially knowing the adverse effects this has done to people and you guys keep saying that it is safe and effective. In fact, the conditions of people are under reported and we know it is reported at under 1% and at the numbers that are already in the system you guys should have halted this and quit continuing the lie and propaganda for forced inoculation. Especially since we have other treatments that are available that are inexpensive. Therapeutics like Ivermectin, which Dr. Pierre Corry told you guys in a Senate Committee in the United States of America in December 2020, so this propaganda, this lie, this safe and effective is invalid. Untrue, this is not a vaccine it is a gene therapy, and the CDC changed the word of vaccine recently to accommodate this gene therapy that is harming people. Absolutely unacceptable and each and every one of you know it. Look up your Nuremburg Codes because we the people know what is going on.

Nancy Jones is a representative of Health Freedom Nevada. I appreciate the opportunity to speak at this meeting, and I would like to remind this Board that all of the current COVID vaccines available in the United States are under Emergency Use Authorization only. The only approved COVID vaccination is Comirnaty, and it is not currently available to consumers in the United States, so mandates, requirements, regulations requiring people to get this vaccine are illegal according to United States law. Parents are responsible to make health and medical choices for their children and adults are responsible to make health and medical choices for themselves. No medical treatment should be coerced, forced, or mandated upon anyone, and has been demonstrated by the two previous comments, the notion that these vaccines are 100% safe, and 100% effective is false. It is propaganda and it is untrue. These vaccines do not prevent infection or transmission of SARS-COV-2. They are advertised as a way to reduce symptoms and severity of illness in the injected person only. That means that a COVID vaccination cannot be represented as a public health measure. We do not have to protect the vaccinated

from the unvaccinated. It is simply a personal medical choice, and it should have always been that way. This mandate needs to be completely reversed for NSHE, and in Mr. Rose's case, the variance should be granted immediately. Thank you.

Charlotte Stewart, I just want to go with what was said in the previous comments. The vaccine does not prevent transmission. In fact, the vaccinated often bare symptoms of COVID after being vaccinated. Increasing the spread. The only lasting claim the vaccine has is that it might reduce symptoms. How is it reducing transmission? It isn't. One could argue that the reduction of symptoms could be increasing the spread of COVID. In fact, places with the highest vaccination rates have the highest COVID cases and severity. Fact, places with the lowest vaccination numbers have the lowest number of cases and severity. Fact, places using Ivermectin have the best outcomes. Ivermectin is still an approved treatment. It is safe and effective and therefore there is no need for unknown injected therapeutics with grave side effects. Fact, people have had COVID and not been vaccinated have anti-bodies which are safe and more effective against COVID cases. What you guys are doing is you are completely ignoring anything that goes against the vaccine. This amounts to crimes against humanity. If you guys continue, you will be held accountable. Thank you.

Valarie White, I support and hope that you allow Mr. Rose's variance, but I would also hope that you would do that for any student who request to be excused from taking this vaccine. This isn't a vaccine. The previous speakers were very clear and provided data and factual information. Including information from the CDC. It should convince you that these shots should not be mandated. There are so many reasons not to force people to do it. They are not effective. You are going against reason and logic by insisting that all students be jabbed. I would ask that you allow Mr. Rose to decline this vaccine, but any other student as well who doesn't want to take it. If somebody wants to get the jab, why not, but don't force people who have reasoned and who are in charge of their own bodies. This is just tyranny and the last speaker who said you will be held accountable. You are forcing inhumane, illegal, mandates on people. I am just wondering when your humanity is going to step forward and say this is wrong. I keep hoping for someone to be courageous enough to go against the CDC and the World Health Organization (WHO). All their lies and propaganda. When are you going to stand up for humanity? That is all.

Heather Komani, I have listened to so many things, and I have heard some stuff. I know that the health boards in lots of tyrannical states like our state with Kevin Dick and Sisolak having been pro-mandate. You don't care about VAERS, and you don't care about Nuremburg Code and all that. No one acknowledges that even though Pfizer stuff is still in phase 3 trials. Which means that they are still experimental because the experiment is not over. The point is that this is a brand-new vaccine that is still going under phase 3. All the vaccines that we currently give to students that are required to attend school are decades old. They are not brand new. They have been put through the ringer. We already know the long-term effects on those. We already know that they are safe. We are still figuring that out with these new mRNA (messenger RNA) we are still learning about it. They are still under trials. They are still in phase 3. It hasn't been 10 years. It hasn't been 20 years. It is unconscionable for the Health Department to even consider mandating this for students. Especially for kids that are 5 years old. We have no idea if the vaccine will or will not make them sterile, and if we learn that 10 years from now, think of all the moms and dads that won't get to be grandparents if you approve this and mandate it.

Renee Chaffee, I just want to go on record that I agree with the guy who is with UNR, and he is going to get kicked out and all the great speakers that have given you tons of data that I am not going to repeat. I am also going to go on record and say that I have never spoken at one of these meetings before. I have always sent in public comment. I have sent an email tracker and you guys have yet to open the email. That makes me really worried. Also, I don't understand the mandate purpose. If we know that people who are vaccinated can also get COVID and transmit COVID. The vaccine that was rushed and made was in 2019. Viruses replicate. That is why they make a flu virus every single year. Because variants change. COVID has replicated over, probably,

250 times, so why are we mandating a 2-year-old product for our children to have an education that we pay taxes for? My children are vax injured. I will never go to let them have an education and risk their health, ever. I already did that, and you know what, it makes me not trust the doctors. Because as I was in there every month my child had chronic bronchitis and allergy induced asthma. I was the one taking care of them. They have no liability. You are pushing a product on children that have no liability. It is wrong. You guys need to look into this. I am done.

Cathy N. King, I am a resident of Reno. I am a wife, a mother, a nurse, a medical practitioner, and I am a future grandmother. I strongly oppose the vaccine mandate for all Nevadans. As I sit here before you, I feel strongly that we are standing at the brink of global totalitarianism. I realize that it will not matter one bit if I throw facts, data, statistics, or science at you right now as it will fall on deaf ears. I agree 100% with everything that every speaker has said before me. For decades academics before me have done inquiry into mass formations of psychosis. Our society is sick right now. We have fallen into a hypnotic state. Our communities have been fragmented and nothing makes any sense anymore. People have lost their ability for rational thought. Our leaders can say anything they want, and people will believe it, and anyone who says anything contrary to the narrative will be attacked. This is the consequence of censorship and propaganda we are subjected to. There is a bigger threat here than a virus. We are on the threshold of losing body sovereignty and personal freedom. In the last year and a half, the pandemic has not affected life expectancy, but lockdowns have. We have covered our faces with masks, and we have lost control over human expression. Children's I.Q. levels have fallen 25 points over the last 2 years. Is this the world we want to live in? When does this infringement on our personal freedoms stop? I ask you today to take a moment and envision the world you want to live in. I feel a deep sadness for the children that are growing up and living in a world of fear, anger, and submission. It no longer feels like the United States of America it feels like the Divided States of America. Let's stop the games and charades and let Nevada stand for truth, sovereignty, and freedom. Let us return Nevada to the land of the free and the home of the brave.

Monica Marquez, I am a mother of four and I just cannot understand the mandates. There is no reason for them. This is a personal choice, and it should be a choice. We are already masked. We are already made the choice to wear a mask every single day, some of us even against our health having issues like asthma or whatever else it might be. This mandate is ridiculous, it is disgusting, and it needs to go away. This is not communist China. We need to stand up for ourselves. We do have the freedom to do whatever it is that we want, and it feels like little by little, inch by inch, they keep taking our freedom. They keep coercing us into a corner, into doing things. I don't know if you guys know, there are fake vaccination cards on the rise. People are choosing to go to jail rather than get this vaccine. Kids have no right to even think about a vaccine that has to go into their body. The HPV (human papillomavirus) shot was introduced and passed within 4 days. Vaccines should be a personal choice. We still live in Nevada where we have a religious exemption. It is against our religious beliefs to not put fragmented DNA (deoxyribonucleic acid) into our body. We don't know anything about this mRNA vaccine, and we can't even begin to describe what it is doing to people. The VERS reports show crystal clear what is going on with heart diseases, Bell's palsy, uncontrollable seizures, my kids are vaccine injured with seizures. To think of an adult, what they are experiencing, what 2-year-old and 3-year-old kids should not be experiencing is not acceptable. We are in Nevada, like the previous person said, this is the land of the free.

Kelly Adkinson, I just want to say that we submitted a notice of maladministration to the Nevada Board of Health. Not only have we sent in 150 of them, but you also received them by JotForm. I would like to read a few statements submitted. The people don't have to provide an exemption in order to be free from a mandate, mask, vaccine, or testing if that person's faith prohibits him, or her from doing so. Furthermore, take notice that in a republican form of government you are never given authority to deal with private matters of the people. Health is a private matter. Also, under US Title 7 Civil Rights Act of 1964, it is unlawful to discriminate in a place of public accommodation. I will remind you that UNR, universities, grocery stores, schools, all of those

things, banks, everything is considered public accommodations. If it is legally defined as public accommodation, you may not prohibit discrimination by discriminating anyone for their medical condition due to disability or religious views. If someone is unable or unwilling to wear a mask for any one of those reasons you may not prohibit entry, nor may you file a charge of public trespassing because of their legally protected status. Just as you would not be able to deny entry to someone based on their skin color or the fact that they are in a wheelchair you may not deny entry to someone based on their bare face. Thank you.

Ericka Neely, I am a mother of 4 children, I have 6 children, but 4 are school age. I just want to tell you that I am against the mandate. I also want to tell you that I am speaking for my children. They cannot come in here and speak on this forum, but I can, and I can tell you that this phone call is 5 votes that are against the mandates. I would ask you to please consider as a parent that I don't want this. My children don't want this. I love my kids. I have my kids, and what you are doing is overstepping in my parenting rights. I just want to tell you that I am against it, so I hope you consider it. My kids don't want them. I don't want them. I love my kids. I want to protect them. I have that right. I have that choice, and I am just asking you to respect it please. Thank you.

Mr. Kevin Dick, WCHD Health Officer, I just wanted to make sure that people in the public that are watching this understand that misinformation is a huge public health threat, and I get all of the deaths from COVID-19 that are reported in Washoe County come to me in an email. While we have less than our population that is unvaccinated. The vast majority of the deaths from COVID-19 are in people that are unvaccinated, so clearly the vaccine is preventing deaths. It is not a guarantee, but this is about risk and benefits from the vaccine. The benefits far outweigh the risk. It is a very safe vaccine, and people are literally dying because they are making the choice not to be vaccinated based on misinformation. I fully support the recommendation that you have from Dr. Azzam. Thank you.

Deborah Songer, regarding mask mandates, you could get tuberculosis through the mask. You guys can't say this is saving lives. Also, I want to know how much money you are getting? You know the government is getting paid for it and you know you guys are getting paid for it. We know the doctors are getting paid for it. Especially Medicaid and that. If I tell Medicaid I want a different medicine they won't give it to me, even though it saved my life. I want to know why this is an emergency, when we have other medicines that we can take that will make us well. Plus, the Nuremburg Code, law, whatever you want to call it. You can mandate, you cannot unless we consent. Give us a trial, because we are still in the trial part, don't make us take it, and if you do, we will take you to court on the Nuremburg. There should not be a mandate.

Mr. Filippi asked Ms. Songer if she had a specific comment to this variance application. Ms. Songer said no, I'm telling you there is no mandate. That is law period. The president did not go through congress to make it a law, so how can you say it is law? For us to do it? When OSHA (Occupational Safety and Health Administration) can't even do that. You guys have a good day and I'm sorry I get very upset because I have seizures.

Mr. Filippi let Ms. Marquez know that she has already had time for comment in this forum about this agenda item and that if she had further commented she can during the general comment period. There were no more public comments.

Chair Pennell thanked everyone for their comments and stated that comments have come in through email and the Board members have all of those emails up to as recently as 20 minutes before the Board of Health meeting.

Chair Pennell addressed Mr. Rose and stated that it seems like this objection is more philosophical than anything and you could apply for a medical exemption. Based on what you have on your application. I am not the doctor who sees you. Chair Pennell asked if there was any further discussion.

Mr. Rose replied that it is impossible to get a medical exemption if you cannot see a doctor. That defeats the whole purpose.

Chair Pennell thanked Mr. Rose for his comments and reminded him that this discussion period is only for the Board members. Chair Pennell then asked the Board members for a vote on the motion.

CHAIR PENNELL REQUESTED A MOTION FOR VARIANCE #728 REGARDING THE COVID-19 MANDATE FOR NEVADA SYSTEM OF HIGHER EDUCATION (NSHE) INSTITUTIONS UNDER EMERGENCY REGULATION NAC 441A.755 FOR EXEMPTION WAIVER SUBMITTED BY CAMERON MATHEW ROSE. DR. LARSON MOVED TO DENY THE VARIANCE OF CAMERON ROSE. MR. SMITH SECONDED THE MOTION TO DENY THE VARIANCE. THE MOTION WAS DENIED UNANIMOUSLY.

5. ACTION ITEM 8 PULLED OUT OF ORDER - Approval of requesting all Nevada County Boards of Health to provide quarterly reports to the State Board of Health, pursuant to NRS 439.340. – *State Board of Health Members*

Ms. Julia Peek, Deputy Administrator, Community Health Services, Division of Public and Behavioral Health provided with a few comments regarding the agenda item. Thank you for the opportunity to discuss this agenda item requesting all Nevada County Boards of Health to provide quarterly reports to the State Board of Health, pursuant to NRS 439.340.

Up until the pandemic, there were a few County Boards of Health in our rural and frontier counties that met regularly to discuss public health matters in their community. However, once the pandemic occurred, the Boards really were formed, and I think all met at least once if not more. Per NRS 439.340, the County Boards of Health are subject to the supervision of the Division and shall make reports up to the State Board of Health under this relationship.

On these informational reports, we would like them to be very similar to what you heard from our partners at the Carson City Health and Human Services, Washoe County Health District, and Southern Nevada Health District. I will note that many of the rural health officers serve in this role in addition to a full-time job outside of public health, so they may not be able to physically attend these meetings and may provide written reports. Like the reports you heard earlier, we expect this will include information on resolutions recommended by the boards, any regulations proposed, information on new programs, programs that may have changed or ended, successes in their programs, and any challenges that they are facing.

We also had several rural counties that did not have a county health officer prior to the pandemic, and now we do have full coverage, and are trying to meet monthly with them to ensure coordination with those leaders. There are several of the county health officers that called into this meeting to see how it functions and get an understanding of the reports provided by the health districts so they can be prepared in the future.

That concludes my comments and I appreciate your consideration of this request.

Chair Pennell thanked Ms. Peek and stated that he looks forward to hearing from the other county members if this does pass. Chair Pennell then asked if there were any questions for Ms. Peek from the Board members.

Dr. Larson commented that even though we continue to struggle with this pandemic one positive thing has been the advancement of more formal public health options in the counties that will improve the health for all Nevadans, so like Chair Pennell, I look forward to hearing from some of the other counties.

Chair Pennell opened the meeting to any county health representative to comment if they would like. No comments were received. Chair Pennell then asked if there were any public comments. No comments were received. Chair Pennell then asked for a motion.

Ms. Louise Buettner, Lincoln County Health Officer said this is a fairly new thing for their County. Someone has been assigned to this, but Ms. Buettner doesn't know what the State Board of Health wants, exactly. Ms. Buettner asked the Board of Health to provide a list of what they are requiring, such as COVID cases, or what the Board of Health is requiring. That would be appreciated. Thank you.

Chair Pennell responded that he is sure Ms. Peek will be in touch with you. Then Chair Pennell asked if there were any other comments. Hearing no further comments Chair Pennell asked for a motion.

CHAIR PENNELL REQUESTED A MOTION. APPROVAL OF REQUESTING ALL NEVADA COUNTY BOARDS OF HEALTH TO PROVIDE QUARTERLY REPORTS TO THE STATE BOARD OF HEALTH, PURSUANT TO NRS 439.340 WAS MADE BY DR. MURAWSKY AND SECONDED BY MR. SMITH. THE MOTION WAS APPROVED UNANIMOUSLY.

6. ACTION ITEM 5 PULLED OUT OF ORDER – Approval of the following Consent Agenda Items:

Chair Pennell requested that Consent Agenda item 5a be pulled and asked if the Board members had any other objections to the Consent Agenda? No objections were heard.

Chair Pennell asked the staff to clarify on page 3 of the staff recommendations for 727 agenda item “e” it says 725 and it should read 727. I am assuming that is just a typo.

Mr. Filippi asked Chair Pennell if it was agenda item “e” for variance 727?

Chair Pennell, right on page 3 of staff recommendations it says, “case number 725”.

Mr. Filippi stated that would be fixed for the record.

Ms. Hammick asked about commenting on agenda item “f”. Mr. Filippi stated that usually the Board of Health approves the Consent Agenda items together and asked Chair Pennell if he wanted to take public comments on the Consent Agenda items?

Chair Pennell confirmed that the Board has not asked for a motion on the Consent Agenda items yet, after conformation he asked Ms. Hammick to state her concerns.

Elizabeth Hammick has some questions about item “f”. She asked that since it was already approved and signed, is it typical that the Board would approve and sign for the item is brought before the Board? Is it looked over before the Board of Health meeting? Because you are talking about placing lab clinics on multiple high schools. I am just wondering if the parents have been notified. If the parents are aware of who, and the implied consent that their children are there on a certain day and this is just testing, but let's say they decide to vaccinate, if the kids are there on a certain day it is a implied consent. I am just wondering if the parents were given any notice of this since it was already signed off on September 29th. Then they were given 6 months from the 13th, which is weird also, they are allowed to have these clinics here without licensing or permitting. I am just curious if the parents of any of these high schools have been notified of this or comment on it?

Mr. Filippi answered that the division does have staff that have assisted with this compliance agreement. He then asked if Mr. Brad Waples would be able to answer the question. Mr. Waples did not respond. Mr. Filippi then asked if Mr. Paul Shubert would be able to answer Ms. Hammick's question.

Mr. Shubert responded that he is not able to answer the question specifically because it appears to be asking whether or not we made any attempt to inform parents of this compliance agreement and it also appears that there is a notion that the compliance agreement allows for these laboratories to be put into the schools without them being licensed, or certified. Mr. Shubert stated that he can respond to the second part of the question which is no. They would need licensed and certified prior to conducting any testing. This compliance agreement would allow for those laboratories to receive that licensure and certification.

Mr. Filippi thanked Mr. Shubert for his comments and stated for the record that Mr. Shubert is the Bureau Chief of Health Care Quality and Compliance (HCQC).

Chair Pennell asked if there were any other public comments. No public comments were made. Chair Pennell then asked the Board members for a motion.

Charlotte Stewart, It is my understanding that the tests that are used are still under Emergency Use Authorization as well as they are cleaned with a chemical that over time, if you look it up, that yes, other places in the hospital are cleaning with the same chemical, but you are inserting it far up into your nose. It causes cancer, so I want to make sure that if you guys are implementing these things, that you are notifying the parents of what could actually happen to their child. Rather than, we have to do this because of COVID. The tests have not been proven to be effective. Some of them give off false positives. Some of them give off false negatives. How can you do this without getting approval from parents? And if the parents don't want to consent to it, what are you offering them so that they don't have to consent?

Chair Pennell thanked Ms. Stewart for her comment and asked if there were any other public comments. No further comments were made. Chair Pennell then asked for a motion on the Consent Agenda with item 5 "a" being pulled which would be items "b" through "g".

CHAIR PENNELL REQUESTED A MOTION. APPROVAL OF THE CONSENT AGENDA ITEMS "b" THROUGH "g" WAS MADE BY DR. MURAWSKY AND SECONDED BY DR. LARSON. THE MOTION WAS APPROVED UNANIMOUSLY.

Chair Pennell asked the Board of Health members to review Consent Agenda item 5a separately as an action item.

7. ACTION ITEM – Consent Agenda item 5a. Discussion and Possible Approval of Variance #721 regarding use of chemical feeders and other disinfecting materials and methods in NAC 444.178 submitted by Carson City Holding, LLC – Teresa Hayes, Environmental Health Manager, Environmental Health Section (EHS), DPBH

Ms. Teresa Hayes, Environmental Health Program Manager. I am here today to respectfully ask you to deny the variance application from Mr. Begich. Carson City Hot Springs is requesting to modify the variance #694 provided in September of 2018.

Mr. Begich states that strict application of the regulations would be unduly burdensome and abridge his property rights. Mr. Begich has stated that modification of the previous variance would give him greater latitude to modify the temperatures in the pools and spas and to eliminate the costs of automated equipment which provides the regulated temperature to not surpass 104 degrees. He bases this in his facilities in New Mexico which are not required to have a turnover rate and are cleaned just every 72 hours. Also, in Wyoming there is no turnover rate and cleaning occurs every two weeks. I called Wyoming to determine why a turnover rate was not required and was told by staff that it is not based on current science. New Mexico did not return my call. In addition, Mr. Begich stated during our discussions that the Model Aquatic Health Code (MAHC) does not

require turnover rates. The MAHC is based on disinfected aquatic facilities and not on waters from natural sources such as that used by the Carson Hot Springs.

It is DPBH staff opinion that this variance should be denied as it would cause detriment to the public welfare or impair substantially the purpose of the regulation. Ms. Hayes concluded her testimony and asked the Board if they had any questions.

Chair Pennell asked if any of the Board members had any questions. The Board did not have any questions. Chair Pennell asked if there were any questions from the public or if Carson City Holdings, LLC would like to respond.

Mr. Mark Begich, Carson City Holdings, LLC responded by thanking the Board for their attention to this matter. Thank you for your time here. We did submit the application, and we do appreciate what you did here before. The 6-hour turnover rate that we currently have we appreciate. We came here requesting up to a 12-hour turnover rate, or no regulation. Mr. Begich wanted to clarify that he appreciates EHS staff, Ms. Hayes has been very helpful getting Carson City Holdings LLC information. I do understand that Ms. Hayes is under some restrictions, and I have some ideas to help solve this problem. Ms. Hayes is right on the MAHC scale. Mr. Begich stated that he is on the technical committee for the CDC's Model Aquatics Health Code. For the purpose of this issue, and hot springs across the country, the MAHC does not fully address them, and in fact, if you go back in history, there was some attempt to regulate it, but they realized how hard it is because it is a flow through system. Mr. Begich offered to explain that in more detail to the Board if they would like. Mr. Begich also acts as the President of the National Trade Group of Hot Springs Association that deals with hot springs across the country. Mr. Begich explained this so that the Board understands the background of his experience here. They have operated this facility since 1998 in Carson City, so the need and water flow that goes through these pools is not new to them. Mr. Begich want to clarify a couple of things. Ms. Hayes is correct in Wyoming, but in New Mexico they eliminated the turnover rate in 2016. In Montana they do not have a turnover rate because flow through pools water flows through on a regular basis. This is very different, 100% different, from the pools that are usually the ones that cause illnesses and other things that you read about in the paper. As a matter of fact, in the 20 plus years they have operated the hot springs in Carson City there has been no issue of disease or outbreak of any kind. If you look at the COVID issue we are very proud to follow the standards of the state and they required us to do certain things due to COVID and they did not have any incidents with customers and operation. In hot springs that belong to the trade association have also had no outbreaks across the country. We have looked at this issue very carefully and we are trying to balance it because as you move the water in, we naturally cool the waters as it goes into the pool. As it starts getting too cold, we add more water to keep the temperatures in the right requirement space. As they get too hot, we have to drain the water to get it cool. It is a very careful balance, but if we are unable to get the right turnover rate, we now have to introduce city water. As you can see in the application that costs Carson City Holdings, LLC a lot of money, \$5,000 to \$6,000 a month. This occurs predominantly in the summertime because the air is hotter, and the water retains, and we have to balance that very carefully. We understand the safety issue because if we have a safety issue we are out of business. Our customers pay as they come in, if we can't allow them to come in it will affect us financially. In New Mexico, as stated, we have no regulation except testing, cleaning, notification, and ensuring that the customer knows how the facility is cleaned and maintained. Carson Hot Springs has been around since 1849. Carson City Holdings, LLC has improved the property. The past owners should have been dealt with by the Health Department and the Board of Health, in Mr. Begich's opinion. Carson City Holdings, LLC has upgraded the facilities significantly. They have invested a lot of money. The statement that Carson City Holdings, LLC is avoiding automatic temperature control equipment is not correct because we have automated that equipment. The reason to automate that equipment is to carefully balance the water temperatures and the consumption of water. The past owner of the facility wasted water. When we discharge water, it comes through separate pools. None of the pools are connected, they do not share water. When the water is discharged out it feeds the Carson City wetlands. Without water from the hot springs the land would basically dry up. We are in a

unique place where we want to balance the water, treat it properly, and make sure it is natural in its aspect. We suggested to eliminate or get the hot springs to a 12-hour cycle. When I read the response by the department and they said between 6 and 8 hours I suggested that if we get 8 hours, we get 2 extra hours to help us balance this temperature issue, but because of the way that the Attorney General has given the department guidance they can't change the application even though we as the applicant are ok with it. Even though we don't agree with your report, we will take the 8 hours. That helps us, every hour we get lowers the cost of city water which we do not want to waste that city water. Frankly, it is very expensive. We have very high health standards in our facility. The flow through water pools is not a new phenomenon, since they have been around a long time. Regulators are figuring out how to regulate them, or not, how to deal with them. That is why Mr. Begich is serving on the MAHC Committee for the CDC to help resolve this issue. They are very motivated because they see the challenge of regulating these and they want to figure out the right approach. We think we have done it well for 20 plus years. We are happy to work with the department, but there might be an issue with the way the attorney general has suggested to staff. Every hour we get on our turnover rate is a benefit to the use of the water, the temperature, and cost. Safety is our first priority. Without safety we are out of business. Mr. Begich offered to answer any questions from the Board.

Chair Pennell thanked Mr. Begich and asked Ms. Hayes to respond.

Ms. Hayes responded, to clarify Mr. Begich in Carson City Hot Springs already has a 6-hour turnover rate. This was granted by Variance #694, so he already has that 6-hour turnover rate. I don't think the same amount of homework went into it when we gave him the original variance that I did. The department would be willing to discuss an 8-hour turnover rate if the department can get some data from Mr. Begich for Carson City Hot Springs to look at not more than 8 hours. Except for in his spas, that would significantly reduce the number of turnover, and they are not cleaned in between clients as required by Nevada state law. The department thinks it needs to separate whether it is a pool or a spa and based on the number of gallonage in order to make this request work. The department will certainly work with Mr. Begich to work out how we can do that effectively and still maintain public health.

Mr. Begich stated that this is the problem with flow through, and with all due respect to the health officials, we have operated these. The best data is that Carson City Holdings, LLC has operated the hot springs since 1998, prior to that in operation from 1849, there is no record of a health issue caused by these pools. Not only that the flow through pools around the country have not had these incidents that are being claimed. The problem is when you think of a spa you think of a hot tub. That is not what this is. These are flow through pools and they are different sizes, small ones, large ones, middle size ones. The minute you say we are going to "add a bench" into the pool it is considered a spa, which is irrelevant to the definition of a spa. These are pools that have benches, or no benches. On our request there was extensive work done and on top of that first request Carson City Holdings, LLC had to get an exemption to put benches in. Despite the fact I can go to Hawaii and go to pools with benches in them because the definition, in my view, is not clear when it comes to flow through hot springs pools. Hot spring pools are different size facilities that have both jacuzzi style movement of water as well as benches or some without benches, some are just wading, some are 3 feet, some are 5 feet, it varies. Trying to fit them into a classification that recirculation pools are does not make any sense from the sense of operators.

Chair Pennell requested a 10-minute recess to reconvene at 10:54 a.m.

Dr. Pennell called on the meeting to reconvene at 10:54 a.m. for the Board of Health members to continue discussion of the agenda item.

Mr. Filippi took roll call of the Board of Health members to make sure quorum was still valid. The following Board of Health members were present for quorum after the break:

Dr. Jon Pennell, Chair
Dr. Jeffery Murawsky, Vice Chair
Dr. Monica Ponce
Mr. Charles Smith
Ms. Judith Bittner
Dr. Trudy Larson

With quorum verified the Board of Health meeting continued at 10:54 a.m.

Chair Pennell reminded the Board that they were discussing Consent Agenda item 5a. and suggested to the Board to make a vote to table the agenda item to give the applicant time to consult with the State. Chair Pennell then asked if there were any other public comments. There were no further public comments. Chair Pennell asked for a motion on Consent Agenda item 5a.

CHAIR PENNELL REQUESTED A MOTION. MR. SMITH MADE A MOTION TO TABLE CONSENT AGENDA ITEM 5A TO ALLOW BOTH PARTIES TO MEET, REVIEW, AND WORK OUT FURTHER DETAILS. THE MOTION WAS SECONDED BY DR. LARSON. THE MOTION WAS APPROVED UNANIMOUSLY.

8. ACTION ITEM - Consideration and Adoption of Proposed Regulation Amendments to the new regulations governing food establishments passed by the Washoe County Health District (WCHD) Board of Health.– *Michael Touhey, Senior Environmental Health Specialist, WCHD*

Mr. Touhey, Senior Environmental Health Specialist with the Washoe County Health District, I am here to present on the consideration and adoption of new regulations governing food establishments in Washoe County. In October the Washoe County Board of Health voted on and unanimously passed these new regulations. To recap, the major changes in this regulation update were the addition of term limits to those serving on the Washoe County Food Protection Hearing and Advisory Board. A new chapter dedicated on catering operations, and updates to the supplement to the 2017 food code that was published in 2019. Before the regulations were presented the food safety team at Washoe County conducted public workshops, both in person and virtually. At the conclusion of the workshops there was no negative feedback and attendees accepted all the changes. Mr. Touhey offered to answer any questions from the Board.

Chair Pennell asked the Board members if they had any questions. No questions were asked. Chair Pennell asked the public if they had any questions. No questions were asked by the public. Chair Pennell asked for a motion.

CHAIR PENNELL REQUESTED A MOTION. DR. MURAWSKY MADE A MOTION TO APPROVE AGENDA ITEM 6 AS PRESENTED. THE MOTION WAS SECONDED BY DR. PONCE. THE MOTION WAS APPROVED UNANIMOUSLY.

Dr. Murawsky thanked the Washoe County Health District for the detailed report.

9. ACTION ITEM - Consideration and Adoption of Proposed Regulation Amendments to Chapter 422 of Nevada Administrative Code (NAC) Regulations for the certification of tenancy support services which is authorized under NRS 422.3964, 433.324 and 439.200. LCB File No. R030-20 – *Stephen Wood, Health Program Specialist I, Behavioral Health Wellness and Prevention, DPBH*

Stephen Wood, Health Program Specialist I, Behavioral Health Wellness and Prevention, stated he is joined by Dawn Yohey from DPBH as well as Mark Disselkoen and Nick Tangeman from the Center for the Application of Substance Abuse Technologies (CASAT) to help answer any specific and technical questions that the Board might have.

Today, we will be presenting R030-20 for your approval. This regulation was developed by the Division, working with stakeholders and CASAT, to amend NAC chapter 422 in an effort to establish standards of service and create a mechanism by which Medicaid can reimburse for Tenancy Support Services. This will be accomplished by the establishment of a program for the certification or recertification of providers of Tenancy Support Services including the application process, certification fee, provider qualifications and duties, and technical assistance. Tenancy Support Services are defined in NRS 422.3964 as “services authorized pursuant to federal law that assist a recipient of Medicaid in obtaining and remaining in housing the Division determines to be adequate.” These services are intended to help those dealing with behavioral health or substance use disorder issues, among others, find and maintain stable housing, many of whom have been impacted by Nevada’s housing crisis.

The proposed certification process will be very similar to others administered by the Division. The fee for certification and recertification is set at \$100, and the regulations sets the specific requirements for a provider of Tenancy Support Services to be certified by the Division. Those requirements include having a designated operator, having policies and procedures, confidentiality of records, employment requirements and records, liability insurance, and qualified supervision of staff.

R030-20 also requires certified providers to report certain things to the Division including any changes to their program that might affect their certification, any incident that could put a client, employee, or visitor at risk of harm, as well as the death of a client during the provision of services. The regulation also outlines the grounds for the Division to deny an application or revoke a certification as well as the appeals process in the case of a denial or revocation.

A public workshop was held for this proposed regulation on September 30th. Only one member of the public offered comment, and they said that they were grateful that the Division was moving forward with this regulation.

We respectfully request that the Board of Health adopt R030-20, and we would be happy to try to answer any questions that you might have.

Chair Pennell thanked Mr. Wood for his presentation and asked if any Board members had any questions about the regulation.

Dr. Larson asked for an example of who might be providing these services?

Mr. Wood referred the question to Mr. Nick Tangeman from CASAT. Mr. Tangeman stated many of the providers in the northern Nevada and southern Nevada area are already providing similar housing services. It would be organizations in the community. Many of them are providing substance use, or mental health services.

Mr. Wood added that as part of the regulation there is a requirement that the providers that apply for certification must have 2 years of experience providing these services since we have not had certification prior to now, so providers that will be certified will have experience providing these services.

Dr. Larson thanked them and said it was very helpful.

Chair Pennell asked the Board members if they had any questions. No questions were asked. Chair Pennell asked the public if they had any questions on agenda item 7, and again none were asked. Chair Pennell asked for a motion.

CHAIR PENNELL REQUESTED A MOTION. MR. SMITH MADE A MOTION TO ADOPT REGULATION R030-20 AS SUBMITTED. DR. LARSON SECONDED THE MOTION. THE MOTION WAS APPROVED UNANIMOUSLY.

Chair Pennell thanked Mr. Wood and Mr. Tangeman for the presentation.

10. ACTION ITEM - Discuss and vote to designate a member of the State Board of Health to serve on the State Environmental Commission (SEC), pursuant to NRS 445B.200 (f). - *State Board of Health Members*

Chair Pennell reminded the Board members that the information for this action item was in their Board of Health meeting packets. Mr. Smith has stated an interest in serving on the State Environmental Commission.

Mr. Smith stated that he would be very interested in sitting in this position on the Board. I am concerned about the environment and health and wellbeing. As far as being on the Board of Health I am also in the construction industry, so I think it is important that we protect our natural resources.

Chair Pennell thanked Mr. Smith and asked if any other Board Member had an interest in serving on the SEC? No other Board members expressed interest.

Dr. Murawsky nominated Mr. Smith because he believes Mr. Smith has the right background to serve the bridging between the two Boards and his desire to serve is admirable. That is why he chose Mr. Charles Smith.

Chair Pennell asked for any other nominations. Hearing none Chair Pennell closed the discussion and asked for a vote.

DR. MURAWSKY NOMINATED MR. CHARLES SMITH TO SERVE AS THE BOARD OF HEALTH MEMBER ON THE STATE ENVIRONMENTAL COMMISSION (SEC). MR. SMITH'S NOMINATION PASSED UNANIMOUSLY.

Chair Pennell congratulated Mr. Smith and thanked him for his service. Chair Pennell stated that he appreciates Mr. Smith volunteering to serve on the SEC, and said he knows Mr. Smith will do a great job.

11. ACTION ITEM - Approval of proposed 2022 State Board of Health meeting dates – *State Board of Health Members*

March 4th, 2022
June 3rd, 2022
September 2nd, 2022
December 2nd, 2022

Chair Pennell asked the Board members if there was any discussion about the proposed 2022 Board of Health meeting dates.

Mr. Filippi let the Board of Health members know that the dates are consistent with when the Board of Health usually meets which is the first Friday quarterly throughout the next year in March, June, September, and December. If the Board approves these dates as proposed it would be consistent with what the Board has done in prior years.

Chair Pennell thanked Mr. Filippi for his comment and asked if there were any public comments for this agenda item. No comments were received. Chair Pennell then asked for a motion on the 2022 State Board of Health meeting dates.

DR. MURAWSKY MADE A MOTION TO ACCEPT THE 2022 BOARD OF HEALTH MEETING DATES AS PROPOSED. DR. LARSON SECONDED THE MOTION. THE MOTION PASSED UNANIMOUSLY.

12. ACTION ITEM – Recommendations for future agenda items. – *State Board of Health*

Chair Pennell asked the Board if any of the Board members would like to recommend any future agenda items.

Dr. Larson stated she would like to propose that on the Board of Health agendas there is a report from Mr. Smith updating the Board on the State Environmental Committee.

Chair Pennell thanked Dr. Larson for the idea, and he was not sure when the State Environmental Committee met, but he was sure it was about 3 or 4 times per year.

Mr. Filippi let the Board know that there are representatives from the State Environmental Committee in the meeting. Mr. Filippi offered to connect the Board with the Commission so they could coordinate about the quarterly update from the Commission to the Board.

Chair Pennell asked the Board if they had any further recommendations. There were no more recommendations. Chair Pennell then asked if there were any public comments about this agenda item. No public comments were made.

13. GENERAL PUBLIC COMMENT- Action may not be taken on any matter brought up under this agenda item until scheduled on an agenda for a later meeting.

Chair Pennell opened the meeting to public comments. Chair Pennell reminded everyone that public comment open to any topic and discussion is limited to 2 minutes. All of the written and emailed comments have been received by the Board of Health members as mentioned earlier. Use of obscenities or other behavior that disrupts the extent that it is disorderly conduct as made impractical may result in forfeiture of the opportunity to provide public comment and removal from the meeting. The public comment period is now open for any subject.

Casey Rodgers, the Nevada System of Higher Education under health wellness and prevention stated on July 27, 2021, that, and I quote “there is currently no vaccine for Coronavirus” after they have already implemented that they were going to be mandating this vaccine, so I would hope that the gentleman who was on here prior seeks legal counsel, and I am willing to help donate to that fund. Also, apparently you don’t open emails so since the Board of Health is a public entity you are subject to Nevada Open Records Act so here is my FOIA request. I want full proof in your words that your words that were said earlier match what you said “information” is misinformation to start. Proof that COVID-19 SARS-2 actually exists, and it has been isolated.

Proof that they do not cause COVID-19 or the like. Proof that you have given informed consent to all of its ingredients and adverse effects and the like to all participants in this experiment as well as those considering it. Proof that there are no other therapeutics in use in our country that are either preventing or curing those who have contracted SARS-2 or COVID-19. Proof that this is not a gene therapy. Proof that the CDC did not try to change the definition of vaccine within the past 2 years. Proof that masks work to prevent the spread of Coronavirus COVID-19, SARS-2 and that it stopped the spread when it was implemented. If there is any cost over \$100, please inform me, however I would like to request a waiver of these fees as your department is the one making claims that should be verified by, we the people as we are in the best interest request. If it takes longer than 30 days, I would like to be notified. I will also be sending this to you by email, you might want to check it. Thank you.

Elizabeth Hammick, you all seem kind and highly intelligent. Pardon my emotion, but I came across this yesterday. By you accepting funding from any form of the government COVID relief plan you will automatically agree to any existing or future direction or guidance. Including to the point of quarantine and isolation. Sadly, I see Australia in our future, but here is the deal. Testing is completely discriminatory. You need to fix that. The unvaccinated are getting tested far more than the vaccinated. In my husband's fire station 2 guys got very sick from COVID that were fully vaccinated and they were allowed to go back to work when they felt better, however the contact traced unvaccinated have to quarantine for 10 days, even though they never got sick, and they have to test to go back. Completely unfair. Naturally this will inflate your unvaccinated numbers overall. The state report, you cannot say that the vaccine is safe and effective anymore it is completely experimental as Pfizer has stated they want until 2076 to release all their data. You are also setting us up for perpetual mask wearing by saying "oh we have to address influenza, norovirus, and gastrointestinal", so we are going to wear masks forever? What about our children and grandchildren? Don't you care? You need to stand up and get out of this. You are putting people in the state of hypoxia, low, but all day which will lead to future problems. Lastly, natural immunity was mentioned. I have a FOIA request from the CDC which states they are not collecting that information. You know nothing about natural immunity. Look at Stanford and Harvard they did a study.

Charlotte Stewart, earlier it was said by Kevin Dick that this was all misinformation and that more unvaccinated people are dying from COVID, but there have been multiple whistle blowers from the hospitals saying that it is the protocol to put this as killing people. Remdesivir is killing people. They are treating the unvaccinated with Remdesivir and they treat vaccinated differently. The whole purpose is to drive up the numbers of cases in unvaccinated and positive people dying that are unvaccinated, so that they can convince them to take this vaccine. What about the vaccinated that are dying of heart complications? What about the vaccinated that can't walk because they have Guillain-Barre? What about the vaccinated who can't stop moving and twitching because they have neurological problems now or Cerebral palsy? What about those people? Just because it is not COVID it is not getting reported. They are like "Oh well it worked for COVID" that is not necessarily true. It is the way you guys are manipulating the numbers and if it is not, you guys then it is someone in the CDC who is doing it. The point is that you guys don't have to go along with this. You can stand up. You can tell them you don't want the money. You can. You have that option right now, but if you go with them and take this money than you are no better than a murderer.

Valarie White, the previous speaker gave some important information. It is about the money, and the Board members who are discussing this topic right now they need to admit that it is all about the money. Their claims to be medical doctors who took oaths at the beginning of their career. They are absolutely disregarding those

oaths. This is about the money. It has been from the beginning, and it is leading people, who I assume are good people before this all, to be unethical monsters. I don't know what kind of evidence. As scientists you claim to use evidence to make judgements, but as scientists you are refusing to look at the real data. I read online the other day when there are problems with lettuce, salmonella, whatever, they halt the distribution of the lettuce immediately. Three deaths make an immediate stop to distributing that lettuce. How many deaths can come from this supposed vaccine, yet they are marching forward. It is because of the money. The money that big pharma gets that pays CDC. The money that counties and the Boards of Health are getting. You are selling out your country. You are selling out the rest of humanity. You see what is coming down the line with Australia and you are refusing to stand up with any sense of humanity or integrity in yourself to stop this. It is about the money and that is what you care about. I am just disgusted with people in your position continuing on this pathway when you know what is coming. You need to stop these mandates. Stand up. Be human.

Cathy N. King, this was Pfizer's report from the 3rd quarter of 2021. The 3rd quarter of 2021 revenues of \$24.1 million dollars reflecting 130% operational growth excluding Comirnaty, revenues grew 7% operationally to \$11.1 billion. The full year's revenues are \$81 to \$82 billion reflecting a 84% to 94% year over year growth. I am not an economist, so I am just reading this. Pfizer, BioNTech, and Moderna are making \$1,000 dollars of profit every second while the world's poorest countries remain unvaccinated, and the U.S. has had the world's largest amount of deaths reported in the last year since the vaccine rolled out. I just wanted to give some people insight, yes, it is about the money. Thank you.

Renee Chaffee, I just want to say for the record that I strongly oppose all these mandates coming down. I also want to make a comment about Kevin Dick, when he said we are receiving your emails. I have email tracker. The email has not been opened up since I sent it on Monday, and I sent another one adding to my comments today and I see, once again, that it has been received but not opened up. I just want to clarify to the public that if you are like me and you are just sending emails. They are not being opened up. Once again, I am a highly educated person, I have a masters. I am confused, honestly, by this agenda item. What does this mean? Consideration and approval of Variance #728 regarding the COVID-19 mandate for NSHE? Are you trying to get rid of our NAC that already says people are entitled to higher education. Even if they don't get vaccinated? Is that what this proposal right now? That you all approved without listening to the people who elected you. Honestly this is confusing to read, and I still don't understand it, and I have been listening to everyone speak. I really do think that you need to have a more dynamic Board, or maybe we need to elect people who see both sides to every situation. There is no medical product that does not come out without risks. You cannot mandate people take something for their safety when it is not proven to be safe. Period. Government does not get a say in what our children have in their body, or whether they get to receive an education, parents do. Parents will do anything for their children. Let parents decide what is going to be injected into their children. That is all.

Mr. Filippi asked the public if there were any more members of the public who would like to comment. No further comments were received.

14.-Adjournment – Jon Pennell, Chair

Chair Pennell thanked the Board Members and all the staff of the Department of Health and Human Services Division of Public and Behavioral Health and thank all of our public members who took the time to call in today. Chair Pennell wished everyone a happy holiday season. Chair Pennell then adjourned the meeting.

Meeting Adjourned at 11:53 a.m.