



**Snohomish Health District  
Board of Health Minutes  
March 12, 2019**

The meeting was held at Snohomish Health District, 3020 Rucker Ave., first floor Auditorium.

**Members Present**

Scott Bader, Councilmember, Everett  
Adrienne Fraley-Monillas, Councilmember, Edmonds  
Kurt Hilt, Councilmember, Lake Stevens – BOH Vice Chair (via phone)  
Sam Low, County Councilmember  
Kyoko Matsumoto Wright, Councilmember, Mountlake Terrace  
Nate Nehring, County Councilmember  
Liam Olsen, Councilmember, Bothell  
Dan Rankin, Mayor, Darrington  
Linda Redmon, Councilmember, Snohomish  
Terry Ryan, County Councilmember (in-person and via phone)  
Shirley Sutton, Councilmember, Lynnwood  
Stephanie Wright, County Councilmember – BOH Chair

**Members Absent**

Christine Cook, Councilmember, Mukilteo  
Brian Sullivan, County Councilmember  
Jeff Vaughan, Councilmember, Marysville

**Call to Order**

The regular meeting of the Board of Health was called to order at 3:05 p.m. by Board Chair Stephanie Wright in the auditorium of the Snohomish Health District Rucker Building.

**Roll Call**

Roll call was taken by Ms. Sarah de Jong who reported there was a quorum present.

**Arrivals/Departures**

Mr. Ryan arrived at 3:07, departed the meeting at 4:30, then attended via phone at 4:40 p.m.; Mr. Low departed at 4:55 p.m.; Ms. Fraley-Monillas departed at 5:10 p.m.

**Approval of Agenda Contents and Order**

It was moved by Ms. Adrienne Fraley-Monillas and seconded by Mr. Scott Bader to approve the agenda contents and order. The motion passed unanimously.

**Approval of Minutes**

It was moved by Ms. Adrienne Fraley-Monillas and seconded by Mr. Scott Bader to approve the minutes of the regular meeting of Feb. 12, 2019. The motion passed unanimously.

**Special Business**

Chair Wright thanked Ms. Fraley-Monillas for her two years serving as Board Chair. Mr. Jeff Ketchel read Res. 19-02 recognizing Ms. Fraley-Monillas for her service as Board Chair.



It was moved by Mr. Terry Ryan and seconded by Mr. Nate Nehring to approve Res. 19-02 recognizing Ms. Fraley-Monillas for her service as Board Chair.

Mr. Nate Nehring, Ms. Kyoko Matsumoto Wright, and Mr. Terry Ryan expressed their thanks for the extra time and energy Ms. Fraley-Monillas put into Board committees and task forces and her devotion to the Board.

The motion passed unanimously.

#### **Public Comment**

Ms. Janet Prichard, Republic Services, a waste disposal and recycling service, spoke regarding solid waste processing. Public comment was closed.

#### **Division Update**

Bonnie Decker, Public Health Nurse, spoke about the Health District's child care health outreach program.

#### **Written Reports**

Committee reports are provided in the Board packet.

#### **Consent**

It was moved by Mr. Nehring and seconded by Ms. Fraley-Monillas to approve the consent agenda items:

- a. Authorize the Administrator to approve recruitment of a funded EH Specialist I/II
- b. Approve the appointment of Lark Kesterke to the Public Health Advisory Council to represent United Way

The motion passed unanimously.

#### **Action Items**

##### **Approve vouchers and Res. 19-06 authorizing Feb. 2019 expenditures for the Health District and PHEPR fund (no staff report)**

It was moved by Mr. Bader and seconded by Ms. Matsumoto Wright to approve vouchers and Res. 19-06 authorizing Feb. 2019 expenditures for the Health District and PHEPR fund. The motion passed unanimously.

##### **Adopt Res. 19-04 approving the Public Health Advisory Council bylaws and adding a new sector for Community Health Improvement Plans (SR 19-014)**

Ms. Nicole Thomsen, health policy analyst and PHAC liaison, and Mr. Sid Roberts, PHAC chair, spoke on the purpose of the PHAC, its bylaws, and the proposed new sector.

It was moved by Ms. Linda Redmon and seconded by Mr. Bader to adopt Res. 19-04 approving the Public Health Advisory Council bylaws and adding a new sector for Community Health Improvement Plans. The motion passed unanimously.

##### **Authorize the Administrator to apply for Department of Ecology's Local Source Control funds totaling \$534,000 for the period July 1, 2019, through June 30, 2021 (SR 19-022)**

Mr. Bruce Straughn, acting EH director, explained the local source control funding, which funds about two Health District FTEs. He noted that we're able to leverage staffing for other programs during months when LSC activity is lower. The request includes \$17,000 for EnviroStars program membership. This is a resource to the Health District and would not require staff time.



It was moved by Mr. Dan Rankin and seconded by Mr. Bader to authorize the Administrator to apply for Department of Ecology's Local Source Control funds totaling \$534,000 for the period July 1, 2019, through June 30, 2021. The motion passed unanimously.

**Authorize the Administrator to sign Compass Health PSA for opioid surge grant pilot project (no staff report)**

The agreement was provided at the meeting. Mr. Ketchel asked the Board to approve the Executive Committee to authorize the Administrator to sign the agreement. Ms. Heather Thomas added that we received the CDC surge grant last year and apportioned pieces of it to District partners. One deliverable is to start a pilot project for emergency outreach support; the focus is to supplement first responders when services are not available. When meeting with treatment and recovery providers to look at gaps in services, we were made aware of a pilot program with the City of Everett's crisis and intervention team and with Compass Health. They want to expand the pilot to law enforcement and first responders. The agreement would pay for one full-time chemical dependency professional and one peer counselor who would respond together Mondays through Fridays from 3 p.m. to midnight. Saturday and Sunday may be added if feasible. The CDC grant goes through the end of August.

It was moved by Mr. Bader and seconded by Ms. Fraley-Monillas to postpone final action at this meeting and to authorize the Executive Committee to authorize the Administrator to execute the agreement with Compass Health for opioid surge grant pilot project. The motion passed unanimously.

**Adopt Res. 19-07 calling on the Washington State legislature to support reducing the number of vaccine exemptions allowed for students entering our schools (SR 19-024)**

Dr. Mark Beatty provided a presentation to the Board regarding vaccinations. He noted that Washington state law requires children attending school, pre-school, and child care to be fully immunized consistent with national guidelines set by the CDC Advisory Committee on Immunization Practices (ACIP). He reviewed approved exemptions, how new vaccines are developed and monitored, and common side effects of vaccines.

He stated that children are allowed to attend school if they have the exemption form signed by a physician who has explained the risks of not getting vaccinated. Other children may be attending school that haven't been vaccinated as well, such as those who haven't provided proof of vaccination, those from vulnerable populations that don't currently have access to care, or those who are wavered or out of compliance. Many who have exemptions are in social groups of similar beliefs and activities, and when they interact, it could increase risk among them. Ms. Fraley-Monillas asked how this is being handled in California where they've eliminated all but the medical exemption. Dr. Beatty said there's no indication that kids are dropping out of school due to exemptions; instead, it looks like parents who didn't vaccinate their children for various reasons went ahead and vaccinated them. With only the medical exemption, the vaccination rate has increased. He noted that vaccines aren't perfect, so if a community doesn't have the highest vaccination rate possible, there's still vulnerability to outbreaks. The Clark County outbreak has cost the state \$1.2M for less than 100 cases. The cost includes tracking down and testing those they came into contact with. Last year the Health District visited a local school with a low vaccination rate to talk to parents; this helped increase the vaccination rate at the school. However, this is only one school, and there isn't extra funding to handle this outreach at more schools. If a student is unvaccinated and there's an outbreak at that school, the child will be excluded from school for as long as the outbreak continues – usually several weeks.

Mr. Ketchel confirmed for Mr. Sam Low that HB 1638 recently passed out of the House 57 to 40; this bill would eliminate the personal exemption for only the MMR vaccine. The Senate is considering a bill that eliminates the personal exemptions for all vaccines. Dr. Beatty noted that vaccines are inexpensive, save lives, and are one



of the most cost-effective public health interventions available. Mr. Low pointed out that the resolution the Board is considering today is more stringent than what was passed out of the House.

Mr. Nehring asked if we're out of compliance with the WAC since it requires school-age children to be fully immunized consistent with national immunization guidelines (as noted in Dr. Beatty's presentation). Dr. Beatty replied that parents are supposed to provide proof of immunization when the child starts kindergarten. The parent is given 30 days with a waiver. Mr. Nehring asked what the purpose is of requiring exemptions if there's no enforcement. He added that if a child is out of compliance and still attending school, and the Health District isn't enforcing it, what reason does someone have to apply for an exemption and simply not comply? Dr. Beatty responded that we monitor and try to do interventions with the schools; with more funds (such as FPHS dollars) we could address issues of noncompliance with schools.

Dr. Beatty stated that previously, the District helped schools increase compliance through vaccine clinics. Now we need to go directly to schools to provide education and work with parents and staff. Ms. Heather Thomas added that schools can take children out of school for noncompliance, but they don't always have the staff to go through all their records. Some schools are asking parents to complete appropriate paperwork (exemption or vaccination records) within 30 days.

Mr. Low asked if the same vaccinations required in Washington are required in all 50 states. Dr. Beatty responded that each state has its own laws, but ACIP recommendations are used to determine which are required/recommended. The ones that are required are from an ACIP national recommendation. States may not have the same vaccine requirements, but more than likely all follow the ACIP recommendations since it's the national standard.

Ms. Fraley-Monillas stated that many parents believe there's a connection between autism and the vaccine injections; she asked Dr. Beatty to talk about a recent study discrediting this theory. Dr. Beatty indicated that the CDC has stated for a long time that there's no association between autism and any vaccine, based on years of accumulated data. There was also a recent Danish study confirming this. However, there are always differing points of view. A physician published a paper several years ago claiming an association; he was later exposed to have financial interests that helped make it look like there was an association in his study. That study was the reason researchers must now disclose their financial interests with pharmaceutical companies.

Mr. Bader asked if it would make sense to also call on our local school districts to get more stringent and to partner with us on this issue. Dr. Beatty agreed but added that a greater effect comes from family physicians.

Mr. Nehring agreed it's a good idea to encourage everyone to get vaccinated and improve public education. However, he feels the resolution wades into the partisan debate. Whether people have a personal or religious right not to be vaccinated is a discussion that he feels the Board of Health shouldn't wade into. He and Mr. Low drafted an alternate resolution that takes out the language about the exemption and encourages people to get vaccinated. He provided copies to the Board. He stated it's good for the Board to talk about the need for vaccinations and to encourage people to get vaccinated, but he can't support something that weighs into that part of the debate about personal or religious rights.

Chair Wright clarified that neither of the bills in the legislature remove the religious exemptions; Mr. Nehring commented, however, that this can be a slippery slope. Chair Wright stated she doesn't see it as a partisan issue but does see it as a public health issue.

Ms. Redmon noted that in the discussion in the Program Policy Committee, the question came up as to what happens as more vaccines are developed and required. With newly introduced vaccines, what are the options for parents who might be concerned that a new vaccine may not be proven safe but still required. Where is the



line and how do parents protect their right to choose what's right for their family. The vaccines Dr. Beatty is addressing are proven, and Ms. Redmon stated she's in favor of recommending they be promoted. But where's the line? Dr. Beatty responded that parents should discuss it with their provider for advice. Kids cannot make decisions for themselves and depend on their parents to keep them safe and healthy.

Mr. Bader stated that he's not concerned with a slippery slope with religious vs. personal exemptions since it's pretty clear in the proposed resolution. He noted that two states that removed the religious exemption (Mississippi and West Virginia) are religious states. He asked what resource parents have if they don't have insurance. Dr. Beatty said there's a vaccine for children program that provides free vaccines. He said he would feel more comfortable with the resolution if we add wording about encouraging school districts to get more vigorous/strict about enforcing the requirements.

Mr. Low supports vaccinations but also believes in public education, which is our role in public health, and the role of the Board is to set policy and to educate the public. He's concerned that the resolution being considered today is more stringent than the bill passed by the House and goes further than what the House voted on, which lends itself to confusion regarding what we're asking the legislature to do.

Mr. Low moved that the alternate resolution presented by Mr. Nehring be considered today as Substitute Res. 19-07 and be read into the record as a motion. Mr. Nehring seconded the motion.

Mr. Ryan stated he supports reading it into the record and would support the substitute resolution over the original resolution in the packet. Mr. Nehring recommends waiting until next month's Board meeting to take action on the resolution. Mr. Ryan excused himself from the meeting, indicating he'd call in when he's in his car. Ms. Fraley-Monillas supports reading it into the record to show there are two sides to the issue. She also would like more time to consider both resolutions and may have more information from the legislature if we wait.

The Senate will likely have taken a vote before the April Board meeting, and Mr. Ketchel noted that the only issue is whether the Board wants to communicate something to the legislature prior to a Senate vote. Ms. Fraley-Monillas responded that it may not make a difference anyway.

Mr. Bader would like us to consider, even if the Board doesn't take action today on the resolutions, for Dr. Beatty and Mr. Ketchel to determine if there's anything we can do to encourage school districts to do more on this issues with limited resources. Ms. Redmon shared that her daughter accidentally had a waiver recorded in her school records that she hadn't had her chickenpox vaccine, and that the school intended to exclude her from school. Mr. Bader stated that even if we remove the personal exemption, that would still leave a significant number of students not vaccinated.

The motion passed unanimously.

Mr. Ketchel read the resolution into the record:

WHEREAS, the MMR vaccine protects children against harmful diseases, including measles, mumps, and rubella; and

WHEREAS, public health employees, such as public health nurses, play a vital role in combatting preventable diseases; and

WHEREAS, students in Washington State are required to be inoculated with the MMR vaccine before entering public schools except in cases of documented exemptions; and





WHEREAS, medical, religious, philosophical, and personal exemptions exist to protect the rights of students and their parents; and

WHEREAS, while exemptions do exist in law, proper vaccinations protect the health and welfare of individuals and vulnerable populations; and

WHEREAS, Washington has experienced three large measles outbreaks over the past ten years; and

WHEREAS, most of the patients experiencing a measles infection were not properly vaccinated with the MMR vaccine; and

WHEREAS, during the 2017-2018 school year, 9.8% of Snohomish County kindergarteners had not received the full MMR vaccine; and

WHEREAS, the Centers for Disease Control and Prevention (CDC) and Food and Drug Administration (FDA) agree on the MMR vaccine's safety; and

WHEREAS, vulnerable populations are more at risk of contracting measles, mumps, or rubella with more students not receiving the vaccine;

NOW, THEREFORE, BE IT RESOLVED, the Snohomish Health District encourages parents to have their school-age children inoculated with the MMR vaccine; and

BE IT FURTHER RESOLVED, the Snohomish Health District will partner with Washington State agencies and other local agencies to increase education and community outreach related to the importance and safety of the MMR vaccine; and

BE IT FURTHER RESOLVED, the Snohomish Board of Health extends its heartfelt gratitude to its hard-working employees in the fight against preventable diseases; and

BE IT FINALLY RESOLVED, the Snohomish Health District designates the month of April 2019 as "Official Disease Prevention Month" in Snohomish County.

Mr. Rankin asked if it's reasonable, if children are vaccinated, that they're still at risk. Dr. Beatty said there's an under-vaccinated group, which is over the age of four and hasn't received its second MMR dose. As they age, they're potentially more at risk for measles. No vaccine is perfect, but in terms of the measles vaccine, two on-time doses takes immunity up to 98-99%. Some people may not be immune but the risk is small; some people may develop a mild, atypical form of measles. Mr. Rankin suggested that perhaps we should focus on the non-exempted, non-vaccinated individuals and those choosing to be a risk. Dr. Beatty reiterated that the intervention at one school was effective in raising immunization rates, but we'd like to do more.

Ms. Fraley-Monillas expressed that her son has an autoimmune-system issue since birth; he contracted one of these diseases from someone at school despite having all the required vaccinations. She'd prefer stronger wording in the resolution that states unvaccinated children cannot attend school.

Dr. Beatty pointed out that if there's someone with TB who refused to take their medication, the health officer has the authority to quarantine them to prevent them from infecting others. The health officer can also require them to take their medication. Other states are taking it in this direction with the personal exemption, since if an unvaccinated person is infected, it could potentially spread to others.

Mr. Ryan joined the meeting via phone.

Mr. Nehring understands the medical exemption being listed separately; however, the other exemptions are basically the same thing – like a conscientious objection. He asked why the personal, philosophical, and religious exemptions are listed separately. He asked why there isn't just one additional category other than



medical. Dr. Beatty said eliminating the personal exemption makes it harder to not get vaccinated for reasons other than medical or religion, and removing it is for the betterment of public health. That would lead to fewer people in the community who aren't vaccinated so we can protect the ones who can't get vaccinated. Even religious views can be overridden by the courts, like for blood transfusions or cases involving children – although that's not what this resolution intends.

Mr. Low stated that the Board is in agreement that everyone should be vaccinated. Today's discussion is not whether we should vaccinate or not; the discussion is how to say it, which is why we have two separate proposals. The alternate resolution brought forward by Mr. Nehring is similar to the one passed in the legislature. The original resolution is more stringent and mirrors the one in the Senate that hasn't passed yet.

Ms. Kyoko Matsumoto Wright stated she's not ready to vote on this today. Mr. Weed stated the Board could take no action today, continue it to the April Board meeting, or table it to a later date.

It was moved by Mr. Rankin to continue the discussion at the April 9 Board meeting and seconded by Ms. Shirley Sutton.

Mr. Nehring stated he's open to language changes/amendments in the resolution and that his thinking is to agree that the main goal is to increase public education, encourage people to get vaccinated, and to remove the more controversial parts of the resolution. Mr. Rankin said if we want to recommend something to Olympia, putting it out farther may make it moot. Chair Wright would like more robust encouragement to the schools, as well as follow-up for unvaccinated kids.

Ms. Sutton asked if there are other ways this can be presented to parents, and if staff checked with other public health agencies to see what they're doing to work with parents. Dr. Beatty responded that this is referred to as "vaccine hesitancy," and there are many reasons behind it, including those on the fence about vaccinations. Some people just need a nudge to vaccinate their children. This falls to primary care providers to encourage vaccinations; some have even stopped providing services to parents who don't immunize their children. There's a path that exists to reach parents, but it's more difficult when it's an unfunded initiative. Ms. Sutton added that some people have less issue vaccinating their pets than their children.

Chair Wright acknowledged differing views and would like to focus on what we have in common, to listen to one another and learn from each another.

The motion passed unanimously.

## **Briefings**

### *Finance Manager's report (SR 19-021)*

Ms. Tracey Kellogg reported that as of December 2018, the District had approximately \$1.8M in cash and \$8.3 in investments. As of February 28, we have approximately \$1.2M in cash and \$10.2M in investments. Updated unrealized loss on investments has been adjusted \$1,000 per Snohomish County. We expect to close 2018 in early April and will begin preparation of the annual financial report due to the auditors at the end of May. At this time, we have an estimated \$1.1M surplus and approximately \$4.2M in unreserved funds. This year-end surplus will be adjusted for the final unpaid amounts due to Accela for Environmental Health software, currently estimated at approximately \$384,000. There are also unrecorded revenue for the Medical Administrative Claiming invoice to the Washington Healthcare Authority (HCA) invoice for Quarter 4, 2018, that has not been certified by HCA as of the meeting date.



*Review of Board of Health rules of procedure (SR 19-005)*

Mr. Ketchel asked if the Board would like to change or not enforce the yearly limit of three phone calls (unless approved by the Board chair) for Board of Health meetings currently stated in the rules of procedure. Mr. Weed added that the benefit of the rule is to encourage Board members to attend in person as much as reasonably possible. Current language allows exceptions by the chair for extraordinary circumstances. Ms. Fraley-Monillas asked why a specific number is stipulated if we're not enforcing it. Mr. Bader stated there's more robust discussion if we're in person but would prefer encouragement instead of punishment. Chair Wright sees a distinction between a Board member missing a meeting for a good reason (sick, out of town, etc.) opposed to not having a good reason and not prioritizing the Health District. Mr. Liam Olsen added that if a job consistently conflicts, then perhaps someone shouldn't be on the Board. He feels the three-call limit should remain and be used as a discussion point for the chair, if needed. Ms. Matsumoto Wright agrees in-person is valuable but there could be circumstances when someone might miss more than three meetings. Chair Wright notes that calling over three times is permissible, but having the three-call rule means a reason is needed. Mr. Rankin agrees there should be a limit for this and future Boards. Ms. Redmon appreciates the rule so Board members know whether they can fill their responsibilities. Chair Wright added we have the option for exceptions and grace. Mr. Weed noted that the rules of procedure are reviewed every two years; the Board can amend the rules at any time if circumstances change. The Board agreed to not make changes to the rules of procedure at this time.

*Strategic planning update (no staff report)*

Mr. Ketchel reported that the consultants will meet with the Executive Committee later this month to develop a scope of work, after which we'll execute a contract.

*Health Champions Award and 60th Anniversary Open House (SR 19-025)*

This year the awards will be presented at the open house on April 6 from 11 a.m. to 2 p.m. The community is invited. Invitations will be emailed tomorrow to the Board, which they can share with constituents. Board members will present the awards to winners in their district.

At the Executive Committee's request, staff proposed criteria for selection of future Donna Wright Champion for Public Health Awards. Based on the criteria, staff recommended Rep. June Robinson as this year's recipient of the Donna Wright Champion for Public Health Award, with agreement from the Executive Committee.

*2020 Budget Procedure Ad Hoc Committee formation (no staff report)*

Board members Sullivan, Nehring, Redmon, and Sutton volunteered to sit on this committee.

**Administrator's Report**

Mr. Ketchel reported that the healthy youth survey data will be released to the public next week – including data on vaping rates, thoughts of suicide, etc. Last week Dr. Beatty presented his burden of disease report to the Mukilteo City Council. We continue to work on the Mariner Community Campus with Sen. Liias and Sno-Isle Libraries. An email will go out this week to the Board regarding a survey that we'd like the Board to share with their constituents who live in the Mariner area. Next week he'll present to the Woodway Town Council and the Lynnwood City Council. Staff is working with the City of Everett regarding the Asarco cleanup proposal. FPHS HB 1497 passed easily in the House.

**Health Officer's Report**

Dr. Beatty welcomes invitations to speak at city councils. Salmonella has reoccurred in kratom but there are no cases in Snohomish County.





**Executive Session**

Chair Wright announced that the Board will convene into executive session for the purpose of pending litigation (RCW 42.30.110(1)(i)). She stated that executive session is expected to last five minutes with no anticipated action. The Board reconvened at 5:30 p.m.

**Adjournment**

The meeting was adjourned at 5:30 p.m.

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Stephanie Wright, Chair

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Jefferson Ketchel, Administrator / Secretary