

SPECIAL COUNCIL MEETING

AUGUST 26, 2020

The Special Council Meeting of the Council of the County of Kaua'i was called to order by Council Chair Arryl Kaneshiro at the Council Chambers, 4396 Rice Street, Suite 201, Līhu'e, Kaua'i, on Wednesday, August 26, 2020 at 8:32 a.m., after which the following Members answered the call of the roll:

Honorable Mason K. Chock (*via remote technology*)
Honorable Felicia Cowden
Honorable Luke A. Evslin (*via remote technology*)
Honorable KipuKai Kuali'i
Honorable Arryl Kaneshiro

Excused: Honorable Arthur Brun*
 Honorable Ross Kagawa

Council Chair Kaneshiro: Please note that we will run today's meetings pursuant to the Governor's Supplementary Emergency Proclamations with the most recent relating to the Sunshine Law being his Twelfth Supplementary Emergency Proclamation dated August 20, 2020.

Council Chair Kaneshiro: The first item is the approval of the agenda.

APPROVAL OF AGENDA.

Councilmember Kuali'i moved for approval of the agenda, as circulated, seconded by Councilmember Cowden.

(No written testimony was received and no registered speakers requested to testify regarding this agenda item.)

Council Chair Kaneshiro: Any discussion on the agenda from the members?

The motion for approval of the agenda, as circulated, was then put, and carried by a vote of 5:0:2* (*Councilmember Kagawa was excused*).

Council Chair Kaneshiro: The motion is carried. Next item, please.

COMMUNICATION:

C 2020-209 Communication (08/17/2020) from Councilmember Cowden, requesting the presence of Dr. Janet M. Berreman, MD, MPH, FAAP, Kaua'i District Health Officer, State of Hawai'i, Department of Health, to provide a briefing on Kaua'i's COVID-19 contact tracing program.

Councilmember Kualii moved to receive C 2020-209 for the record, seconded by Councilmember Chock.

Council Chair Kaneshiro: We do have one (1) testifier, so the rules are suspended and we have Stephen O'Neal who will be providing the only testimony for today. Stephen, we did receive your written testimony. Typically, you would have three (3) minutes of talking, then we would let everyone go around and you would have another three (3) minutes, but because we are doing it online, you will have a total of six (6) minutes, if you need it. I do not know if you can see, but we have a light on here, it will turn green when your time starts, it will turn yellow when you have thirty (30) seconds, and it will turn red when your six (6) minutes are up. You can start by stating your name for the record.

There being no objections, the rules were suspended.

STEPHEN O'NEAL (*via remote technology*): My name is Stephen O'Neal. I have written two and a half (2 ½) pages, so I might do three (3) minutes and another three (3) minutes, however you prefer, I will see how far it goes, it will be under six (6) minutes. I apologize for being nervous, I am new here, new to the island, and at this time getting involved so quickly is not my desire. My name is Steve O'Neal, I live on the north shore, I have among other things, worked for the United Nations (UN) in Myanmar for the disaster response assessment teams when Cyclone Nargis killed one hundred forty thousand (140,000) people in 2008, which I will come back to after I submit my presentation. I believe the data...is there any chance you folks could mute your microphone, I am getting quite a bit of feedback? I believe the data makes it clear that Maui and Hawai'i Island are likely tipping to significant community spread as I speak, something O'ahu did weeks ago. If you draw the same conclusions, I hope you can alert your peers on those islands; I have reached out to their leaders. O'ahu locks down in an effort to bring numbers down, tomorrow. Maui and Hawai'i Island should probably do so for a bit, so they can get a handle on their fragile situation so their cases do not go up. If O'ahu overruns the neighbor islands, they really have minimal backup. I am going to quickly skim through the presentation, skipping what you can read on your own, while drawing your attention to what I think matters most. The whole world had a valuable real-time case study beginning on August 10th, when New Zealand conducted daily surveillance testing of two thousand (2,000) mostly asymptomatic people. It picked up four (4) new cases after three (3) months of no community spread. With their "go early, go hard" strategy, after just these four (4) cases, they locked down Auckland at noon the very

next day, within twenty-four (24) hours, they performed one hundred seventy-six thousand (176,000) mostly same-day tests over the next ten (10) days and dug up one hundred five (105) new cases; the vast majority of which were asymptomatic. Based on the four (4) cases, they had a lockdown in twenty-four (24) hours. The two thousand (2,000) known active cases reinstated the inter-island quarantine on August 6th and did not implement until August 11th; likely unnecessarily seeding the neighbor islands with cases, typically Maui and Hawai'i Island, and I do not see the economic benefit of these sorts of delays. Their positive test rate in New Zealand was down to point one percent (0.1%), they were testing one thousand five hundred (1,500) people or so for each positive case. Ours is a magnitude larger than that, so as I see it, the way this virus spreads is through super-spreader events and the more that is out there, the more infected people, the more likely the super-spreader event will occur, and you can see that in the charts of why we went from a few cases a day; ten (10) to twenty (20) a day, and similar there with percent positive cases slowly, but alarmingly increasing...the super-spreader events occurred, I think Maui and Hawai'i Island are showing that pattern. So back to Kaua'i, my Burma experience does not fully qualify me to offer input here worth listening to, nor does a psychology or economics degree, although spending time in those fields has helped me better understand patterns and to a limited degree, human behavior, but I did learn two (2) things in Burma, or start to. The first was how ineffective skilled, well-intentioned people can be if they do not deeply understand the problems they are working with, and you can only get that deep understanding by having a method of challenging and stress testing sometimes wrong assumptions. The wrong perceptions are especially likely to be held in dealing with an unusual fringe experience, as we are now. The second thing I learned is that for some problems, especially nature-given ones, no matter how much money you throw at it, time can be against you and you will fail because you simply cannot react quickly enough. I have been told in various ways that what might qualify me to add to this conversation is that I have an odd combination of audacity and insecurity, which I think is true. The more life experience that I get, the more I think I can do and the more certain I am that I will hold misperceptions that will cause me to make mistakes. In the past, every time I have failed was because I overestimated both my ability and likelihood that things will just work out. I have learned that things do not just work out, especially complex things that involve people, especially if they are new, and especially if fear is involved. So I have learned that the more I embraced the reality that I am an engrainist, the more likely I am to correct my mistakes and eventually succeed. The more confident I am, the more likely I think I will fail. On the State level, and on O'ahu where I used to live, I observed a lot of overconfidence without the critical level of insecurity and humility. I did not see people sufficiently inviting criticism and alternative views and ideas. In some critical roles, I saw sort of a, "We got it, we are experts, we know better" mindset. A mindset of, "Let us just get through this, it will all work out" and that scared me, it was the opposite of working out. Then predictably when it did not work out, I saw some degree of blaming the citizens and that really concerns me. We can of course ask a lot of our citizens—they have not however, here on Kaua'i

especially, been traumatized by the virus to a degree that others have, so they are in too many cases not going to comply unless compelled to. That needs to be assumed until there is evidence to the contrary. I see almost no social distancing or mask-wearing that is not mandated up here on the north shore. I have not seen this on Kaua'i and I am in fact encouraged by the behavior of our Mayor, I can see he is thoughtful and know he is willing to be creative and think out of the box. The first video of him that I saw was of his dance moves. I was encouraged by that because it shows an ego in check and willingness to be different, which I think these times...

Council Chair Kaneshiro: Thirty (30) seconds left.

Mr. O'Neal: I have half a page left. So here are some ideas that I hope the Councilmembers and Mayor may consider and if they resonate as wise, go ahead and implement. I would like to propose that Kaua'i become a leader and rely less on leadership from the State, which has its hands full, and as you have been doing. Kaua'i can start with leading the other neighbor islands and "restrict target of aiming for elimination," and I have seen many benefits of this. It gives our community purpose, number one, greater than ourselves, which is always a good thing. Certainly if the neighbor islands can recover from community spread and contain their cases, they can take heart and follow our methods, it gets our citizens and the world's attention and rallies us around a common goal. Then we have a measurable goal, which I think is important and we will get help once we declare that is our goal. Then we have a measurable goal that we can all understand and in fact hit, which is zero (0); it may be a bit harder, but it comes with real benefits by removing fear, which can impede measurement. We have five (5) known active cases on the island and the schools do not open, if we have no active cases the schools will open; it is a massive benefit to just bring five (5) down to zero (0). So we have to use metrics as the second to the last thing, sharing our data is a sign of respect and empowers the populist. How much surveillance testing have we been doing, the cat chasing the cases? What percent of people with symptoms are we testing per day? What percentage of tests are giving us the same results? What percent of close contacts are being contacted and quarantined that same day? I think that will really...we have those four (4) metrics in the slideshow; it will help a lot and I would share them with the public.

Council Chair Kaneshiro: Stephen, your time is up, so if you can bring it together real quick.

Mr. O'Neal: Two (2) last sentences and then I am done. Lastly, if we can create a culture of double-checking each other and not passing the buck, being open-minded so you can think out of the box, there are a lot of cultural influences here that value subtlety and respectful indirect critique. Now is not the time for that, I think we need thoughtful disagreement and the culture of working

together to find our blind spots. Thank you everyone, I really appreciate it and I hope this is helpful to you.

Council Chair Kaneshiro: Thank you for your testimony. We will be releasing you from the video, but you can still watch the rest of our meeting on the webcast.

Mr. O'Neal: Thank you, Scott, much appreciated.

Council Chair Kaneshiro: While the rules are still suspended, I will call on Dr. Berreman. Dr. Berreman, I believe you have a presentation for us.

JANET M. BERREMAN, MD, MPH, FAAP, Kaua'i District Health Officer, State of Hawai'i, Department of Health (*via remote technology*): That is correct. Thank you very much. Shall I dive right in?

Council Chair Kaneshiro: Sure.

Dr. Berreman: I will share my screen and I will make the same request that Mr. O'Neal did, that you please mute the microphones, because it really does echo on this side. Just to be sure you have a full screen view of my PowerPoint slide.

Councilmember Chock: Yes.

Dr. Berreman: Thank you so much. I am Janet Berreman, MD, MPH, FAAP, Kaua'i District Health Officer, State of Hawai'i, Department of Health. As many of you know, I am a pediatrician by practice and training for the first half of my career and a government public health official for the second half of my career. As our Mayor has very nicely pointed out, this is not my first pandemic, I am sorry to say that; I think that comes along with the gray hair. Thank you for inviting me today to talk about contact tracing and before we go into that, I just want to say that I think everyone is aware that we on Kaua'i are in an enviable position in terms of COVID-19 and we have been very fortunate, we have had a very proactive Mayor, we have had a very collaborative and cooperative citizenry, and we have been lucky; we have good geography. So I just want to say thank you to everyone listening to this for what they have done to contribute to where we are and to express, again, my gratitude and also hope that we will be able to continue to work together as a community to maintain this good position. Today, I am going to talk about contact tracing, which has been much in the news and much discussed. The first thing I want to do is to—well, probably the second thing, I think my first was thanking you. I want to put contact tracing in perspective, because we have, at various times focused on different things as being “the key” to containing this pandemic and it is very clear to public health practitioners that no one thing is the key to containing a pandemic

and in fact, we have to be constantly vigilant to working across the spectrum of things that we do to control disease outbreaks, and that spectrum is what is shown on this slide from prevention, which we could call the “holy grail” of public health. If we can prevent disease, that is the number one thing we would like to do and I am sure that all of you would like to do. We would all rather not get sick, than get sick and recover or get sick and get early treatment. So that is what we are trying to do up front and we need to continue doing that throughout the pandemic, because every success we have on the prevention side decreases the burden of all of the other things that are shown on this slide, but again, we know that nothing is going to be one hundred percent (100%) successful. So in addition to preventing disease, we need to detect disease and that is about testing, reporting, and following disease trends and the reason it is important to detect disease is so that we know where we sit as a community. If we were not doing testing and disease reporting here on Kaua‘i, we might not know that we are in a relatively good position and we might not know when we start to move out of that position as we have a couple of times over the last few months. In addition to detection, we want to contain the disease, so if we just check everyone who has disease and say, “Yes, you have it,” and have them continue to go around freely in the community, then that does not really help us stop the spread of disease. Therefore, by containing disease through isolation and quarantine, we limit the spread and then of course we know that people will get sick and some of those people will need to have healthcare and that may just be a telephone call with their healthcare provider, but it may be hospitalization or even intensive care use, so that is the treatment side. You can see that contact tracing falls within the containment bucket here. Contact tracing is how we know who should be isolated or quarantined and how we communicate with them and enable them to do that, but it is not in and of itself, a solution to the pandemic, it is part of this whole spectrum of prevention that the Department of Health and others are involved in.

Contact tracers have a complicated job. Parts of it are easy and parts of it are harder and I think it is important for people to just understand what a contact tracer is and also to see how lovely, friendly, and busy the contact tracers in our district health office are. There are two (2) major parts to contact tracing: the first is investigating the case or the person who has been diagnosed with COVID-19 and that is the more complicated and harder part, because when we talk to a person who has recently been diagnosed with COVID-19, of course we are giving them news that they do not want to hear, we need to see whether they have any immediate healthcare needs, then we need to arrange for them to be in isolation, either at home or somewhere else, depending on what works best for them, then we need to have a fairly detailed conversation with them about where they have been in the few days to couple of weeks before they first became ill. In doing that investigation we are trying to find out two (2) things: we are finding out where they might have gotten sick and we are also finding out who else they have been in close contact with so that we can get in touch with those people and ask them to quarantine, because those people are at risk of becoming ill in the next two (2) weeks. That is what the contact tracing piece

is. The second part up here, that is calling all of the people with whom the diagnosed case was in close contact during the time when they could have spread disease; letting those people know that they have been exposed and talking to them about how they can quarantine to prevent making other people sick. Again, the quarantine can happen at home or it can happen elsewhere depending on what works best for the individual that we talk to. Then, the final part of the contact tracing actually involves monitoring all of these people. The individuals who are cases who have been diagnosed with COVID-19 and all of their close contacts are monitored daily by our health staff; sometimes that is a phone call, text, or E-mail, again, depending on what works best for the contact and the case. How does contact tracing help? Why does it matter? Well, I have made reference to some of this, but first of all, on the left, it helps us prevent disease because that is how we advise people quickly to enter into either isolation or quarantine and avoid spreading the disease further than it may have already spread. The other thing that we do and the other way it helps prevent spread is that we offer testing to all of those people who are identified as close contacts; it is not required, some people do not want to be tested, but most people do want to be tested if they know that they are a close contact and that can help us find people who either do not yet have symptoms or are never going to have symptoms, but are infected with the virus and could spread it if they were not in quarantine. One of the most complicated keys to this is what actually constitutes a close contact and we have a lot of inquiries; I know that employers and people in the public are often very concerned, because they have the sense that they have been in contact with someone who puts them at risk. I hope not to bore you, but I am going to go into this in a little bit of detail, because I think it will help people understand why they may or may not have been contacted by the Department of Health.

First of all, a close contact requires that you have been in contact with someone who is a confirmed case of COVID-19. So you had to have been in contact with someone who has been tested for COVID-19 and that test is positive. There are two (2) components of that contact that determine whether or not you are a close contact; meaning whether or not you are at risk of getting the disease. The first thing about that contact is, when did it happen? If you were around a person who was diagnosed with COVID-19 while that person was sick or for the two (2) days before they started getting sick, then that is timing of contact that puts you at risk. So you need to have been around the person who has a positive test during the time that they were sick or for the two (2) days before that. If it was longer before that, then it does not pose a risk to you because people are not contagious longer than two (2) days before they get sick. The second part of the contact that is important is what kind of contact it was; how close it was. In order to be considered a close contact and at risk, you have to have been with that person who has a positive test for fifteen (15) minutes or more at a distance of six (6) feet or less. Again, it is a confirmed case, you had to have been with that person when they were contagious, and then you have to have spent fifteen (15) minutes or more with them within a distance of less than six (6) feet. Those people who fill all those criteria are considered close contacts and those

are the people that the Department of Health identifies and makes every effort to reach out to, ask them to quarantine, and offer them testing.

Many people are concerned about being a contact of a contact and I heard someone say that it is kind of like being a friend of a friend. A friend of a friend is someone you may know about, but it is not actually a friend of yours unless or until you develop that friendship. So a contact of a contact is not considered at risk, has not been exposed, and is not someone who would expect to have a call from a contact tracer.

These are some categories of people who are likely to be close contacts, then I am going to walk through a couple of specific examples for you. In general, someone who is a household member who lives with someone that has been diagnosed with COVID-19 is going to be a close contact. They will have been around that person at the right time and in the right way to be considered a contact; the same with people who are caregivers. Then, if you have been directly coughed or sneezed on at close distance or been in a healthcare setting where someone was having a procedure done that made them cough or gag, then you would also be considered a close contact. There are a lot of times where we really have to talk to people in order to determine whether or not they are close contacts, exactly when they were around the person, for how long and at what distance; and those are the big categories of friends and colleagues, and in the workplace customers, clients, or students, so that is where our contact tracers are spending a lot of time investigating and talking to people in order to figure out the right answer they are about the level of contact. Then, there are casual contacts; people that you pass in the grocery store aisle or walking on the path; and those people are not close contacts unless there were some extenuating circumstance where they stopped and had a long and close interaction, so those are general guidelines. These are the kinds of scenarios that we hear, so these are situations in which people would have had close contact and they should expect to be called by a Department of Health contact tracer. If someone you live with tests positive, for sure. If you have a colleague that you eat lunch with every day in a lunch room, obviously you take your masks off, lunch rooms tend to be small and not terribly well-ventilated, people usually spend more than fifteen (15) minutes and are often closer than six (6) feet apart during a lunch break, and you ate lunch with this person the day before they became ill, then you would need to be quarantined, you would be offered testing, and you would be considered a close contact, because the timing and the type of your exposure put you in the category of a close contact. Similarly, in Example 3, if you were at a social gathering with ten (10) or twelve (12) people and several of them turned out to have been sick at that party and they get diagnosed with COVID-19 a few days later and you think about that party—people were not really wearing masks, they were doing a lot of eating and drinking, they were close to each other and mixing a lot, and it lasted for four (4) hours, then everyone at that party would be considered a close contact, because they all had the right timing and

the right type of contact; they would all be asked to quarantine and they would all be offered testing.

In contrast to that, these are some examples of times when people may think that they are close contacts, but actually they are not at risk from their exposure. If you had someone in your house who became ill with COVID-19 symptoms a week after they left your house and then were diagnosed, you are not a close contact of that person because you were not around that person in the two (2) days before they became sick.

The second example is one more of casual contacts, so if you were in the grocery store or park at the same time with someone that you later learned was positive for COVID-19, even if you were in the park or the grocery store at the time that person was sick, if you did not talk to them, did not have anything particular to do with them, but think you probably passed them at some point, in a store aisle or on the path, your timing is right, but you did not have a close exposure with them, so you would not be considered a close contact. Finally, this is probably the one that comes up most often. People will call us because they work with someone who was notified by the Department of Health that that person was a close contact, so your work colleague has been told to quarantine because of being exposed, not because they themselves are sick, but because they were exposed. This is the friend of a friend situation; you are a contact of a contact, but you did not have any contact with the person who is actually sick, you do not need to do anything, you do not need to be quarantined, you do not need to be excluded from work, and you are not considered a close contact. The caveat here is that if your colleague, who is in quarantine, tests positive or becomes ill, then our case investigators and contact tracers would be looking back to see what kind of contact you had with that person who is now a case and it is possible that you would then become a close contact of that second case. This is why we have Department of Health people doing this, because it can get a little bit complicated, but I hope that walking through those examples was helpful.

How many contact tracers do we have on Kaua'i? I know that there are reports being issued by the Department of Health about contact tracers and what I am telling you is a little bit different than what you will see in those press releases and reports, and that is because when I am telling you how many contact tracers we have, I am telling you how many we have on staff, whom we have trained, whom I can call in to service at any time when we need them. Because our numbers are so low right now, it does not make sense for me to have these people leave their regular work and work as contact tracers today, because there is not any contact tracing work that I need them to do for us here on Kaua'i, but they are available as our Department of Health employees. We have trained sixty (60) members of our Kaua'i District Health Office and all together we have one hundred twenty (120) positions in the Health Office, about one hundred (100) of those are filled, so this is more than half of our current employees who have been trained. We have also brought on one (1) Medical Reserve

Corps (MRC) person who is trained and that person is filling an 89-day hire. Of these sixty-one (61) people, six (6) are also trained at a higher level to do more complicated work of the case investigation and to serve as team leads for groups of contact tracers. There are a number of community members, some of whom belong to MRC who have also been trained through the University of Hawai'i contact tracer training and we are in the process of hiring several of those; that is being done with Coronavirus Aid, Relief, and Economic Security (CARES) money, which is going through the University of Hawai'i. I did the interviews for those people last week and we have made selections and anticipate that hiring process will be finished within the next week or ten (10) days, because it is supposed to be expedited. The number of active contact tracers working varies from day-to-day without case and contact activity, and that is the number that you are seeing reported by the Department of Health. Generally, we have somewhere between four (4) and six (6) contact tracers working at any one time. Our maximum to date has been that we have had twenty (20) working at one time when we had our little surge of disease or local outbreak in July. Because O'ahu is very taxed with their very large number of cases, I have offered assistance because we have sixty-one (61) people trained and are only using about a half dozen of those, so I have a meeting this afternoon to further explore what it would really look like to have our case investigators and contact tracers lend a hand to O'ahu and help supplement their efforts there. I would say that another advantage of doing that is it provides more practice for our staff, because although we have trained all of these people, because we have relatively few cases, they have not had a lot of practice, so the more practice they can get, the better they will be at doing this job. Another question is, we have sixty-one (61) contact tracers, soon to be on the order of sixty-five (65), is that enough? It is hard to know, but I thought I would walk you through some of the ways I think about it. There are a couple of national bodies that for a long time were recommending thirty (30) contact tracers per one hundred thousand (100,000) population. There are more recent recommendations based on experience, that that may not be enough and that we may need as many as double that number. Our population, as you well know is a little bit under seventy-five thousand (75,000). Right now tourism is at a pretty low level, so we do not have a lot more than that, but when we are fully back, when tourism is in full scale, we have about one hundred thousand (100,000) people here on any one day with twenty-five thousand (25,000) of those being tourists. Our sixty-one (61) contact tracers is a pretty robust resource given these recommendations, given our population, and given our currently low numbers, but the reason that we trained up this many is that we know that like most places, we are at risk for having higher numbers and we wanted to be sure that we had a more robust resource so that if our numbers start to climb dramatically, we will not then be trying to identify and train people, but rather we will have people who have some baseline training and some experience, so that is looking at "Do we have enough in terms of standards?"

The other way we can look at do we have enough contact tracers, is how are we doing? What does our performance look like? Are we contacting all of these people

in a timely fashion? So you know that we have only had fifty-six (56) cases on Kaua'i—all together to date. All of those confirmed cases have been contacted by the Department of Health within twenty-four (24) hours of our knowing that they had a positive test. I am proud of that and I think that reflects that we are doing a good job, but it also reflects that our residents have been responsive and have provided accurate information, because calling someone is only a successful outreach if that person answers the phone and talks with us. Again, I want to thank all of the people who have been in this situation in our community and recognize that without their collaboration and cooperation, we could not be doing the job that we are doing.

In terms of contacting close contacts, we have contacted virtually all, but not one hundred percent (100%) of those within twenty-four (24) hours of learning about them. The times in which we have not been able to contact them have been when people were out of telephone range, for example, up in Kōke'e or camping; when we have had incorrect contact information, just because of a transposition of numbers or difficulty reading something or miscommunication; then of course there have been some people who have not been responsive to our immediate calls, although we have been able to get in touch with pretty much everyone, but sometimes it has taken more than the first calling and outreach in that twenty-four (24) hours.

Another way to look at our performance is to look at what proportion of our new cases are identified as a result of contact tracing, because that helps tell us whether our contact tracing is doing a good job of finding everyone that we should be finding and also whether our quarantine team is doing a good job of containing all of the cases.

Just a little under half of our Kaua'i cases have been identified as a result of contact tracing. This is something that we track here on Kaua'i. It is not something that is tracked statewide, but I wanted to share that with you, because I know that some people have asked about that. Again, the success of contact tracing is dependent on people cooperating with us, as I said. I think that our percent of cases identified as contact tracing might be different if we have not had...I know that it would be different if we had not had such a high percentage of our cases related to travel. Clearly a traveler who comes here and gets tested is not a close contact of anyone who is here, so that group is going to fall outside of that detected by contact tracing. As I have said, by both of these measures, I feel pretty confident that our sixty-one (61) and growing number of contact tracers here on Kaua'i is a pretty robust resource for our small community and I feel proud of my staff for having been trained. I also want to say that any resources can be overwhelmed, so we are not complacent about this. I am also acutely aware that all of these people are newly trained and inexperienced in their work, so we will have some hiccups if we get a rapid rise in cases, but we are as well prepared as I think we can be to respond to that and our reaching out and helping with O'ahu will help us increase our level of experience and expertise here on Kaua'i.

Here is an example of how our utilization of contact tracers changes. We have had one (1) case here on Kaua'i that led us to identifying more than one hundred fifty (150) contacts. All of those contacts needed to be called by us, they were all offered testing, more than one hundred fifty (150) tests were performed by our Department of Health outreach teams, twenty (20) additional cases were identified as a result of that effort, and this is when we had twenty (20) contact tracers working, pretty much daily for a period of almost weeks.

In contrast to that, we have had one (1) case where the only contact was someone in the same household. We could direct them to work with their primary care provider and get tested at a drive-thru clinic. The only secondary case we found was that additional household member, and one (1) contact tracer was easily able to handle that. So where the balance of our cases rests at any one time between these two extremes is what determines how many contact tracers we need to have active at any one time.

I wanted to talk a little bit also about how members of the community can help. Especially as we hear stories about contact tracing being overwhelmed on O'ahu, I know people are concerned about that happening here as well. So if you were tested for COVID-19 and you get a positive result, the first thing you should do is stay at home and isolate, keep yourself away from others as soon as you get that news. You should also anticipate that you will get a call from one of our District Health Office contact tracers and we would ask you to please answer the call and answer the questions and provide information to the best of your ability, and while you wait for that call, you might also start thinking, where was I the time that I had been sick and the two (2) days before I got sick; who did I have more than fifteen (15) minutes of contact with at closer than six (6) feet, so that you can be prepared to tell us about all of those people. Then when that call does come, if you do get a call from a contact tracer, because remember that will happen to people who are close contacts, not just to people who have been diagnosed, please feel free to ask us whatever questions you have. Some people are concerned and I know there has been news about scams that are not actual contact tracers, you can always contact us at (808) 241-3496 to verify the legitimacy or the identity of a contact tracer. We would also ask you to answer our questions as best as you can and if you think of something that you forgot to tell us, please call us back because we are always happy to get additional information. We do respect your privacy; if you have COVID-19 or if you were identified as a close contact, and we will not publicize your personal information or share it with anyone else without your explicit permission.

I was asked to talk a little bit about our community outreach efforts and I think I am probably exceeding my time, so I am not going to go into detail here, but I want to say that we have a multi-disciplinary effort with other community agencies and partners to outreach to high-risk groups, including those who do not have housing,

those with limited English proficiency, those with a different legal status, those who are having difficulty accessing all kinds of resources, and may have low income or be uninsured or have low literacy. In doing that outreach, it is not just giving information, but it is also identifying needs and meeting those needs. The primary one of those have been food distribution, but also connecting people to other resources for which they may be eligible, and helping them access those.

Overall, we are looking at being sure that we have adequate language capacity—that materials are available in multiple languages. In addition to linguistic interpretation, if you will, that we are also culturally interpreting by working with the various community members and faith-based and political leaders in our very diverse community here. As I said in the beginning, we will not control COVID-19 with any one thing. We will not do it just by wearing masks, just by testing, just by contact tracing, just by quarantine and isolation, or just by healthcare. We really need to have sustained action across this entire spectrum of prevention and containment by every person, every place, every day. We have been doing a great job here on Kaua'i and with all of your assistance, continued effort, and sacrifice, I think we can continue to do a great job here. Thank you very much.

Council Chair Kaneshiro: Thank you, Dr. Berreman. Are there any questions from the Councilmembers? Councilmember Cowden.

Councilmember Cowden: First of all, I want to really thank you for doing a quality job. This is an excellent handout, it gives me a lot more confidence knowing that we have the sixty-one (61) and soon to be more people, and I like the idea that we are helping O'ahu, so we are both helping O'ahu and practicing.

Council Chair Kaneshiro: Dr. Berreman, sorry, if you can please stop sharing your screen.

Dr. Berreman: Sure, I was not sure if you might want to see slides again. Thank you very much.

Councilmember Cowden: Okay. I have just a couple of questions, but one of my biggest ones was on that almost last slide about the COVID-19 community outreach to at-risk communities. I am pleased to hear you saying that you are working with churches that are maybe within those language groups; we have had two (2) key populations that are impacted...go ahead, were you going to say something?

Dr. Berreman: Oh, I was just going to say we have pretty robust language capacity within the Department of Health here in the district island we have Ilocano, Tagalog, Marshallese, Hawaiian, and Spanish; that is our in-house language capacity, then we also have telephone access to, of course, a whole broader

spectrum of languages, and we have also accessed written materials produced by other larger health departments on the mainland that actually have a lot of additional, less common languages, and have made those available. Without tooting our own horns so much, but a little bit, Kaua'i has really provided information to the Department of Health on O'ahu that is now being used more statewide, and I think we were the first ones to do a multilingual public service announcement (PSA) using our own staff speaking in their languages to communities on the island. Again, nothing is perfect, there is always more we can do, but I think that we are leading here on Kaua'i in this area.

Councilmember Cowden: I am very pleased to see that because that calms my concern that we have populations that have economic challenges, so if they are talking to someone speaking their native language, I think it is a lot easier. So still thinking about that same population group, when someone is identified and maybe they live in a crowded household, how do we manage their effective quarantine? Is that coming from that fifteen million dollars (\$15,000,000)? How do we handle helping them not be frightened, but being placed in a safer circumstance for everyone?

Dr. Berreman: One of the things that has been most concerning to people statewide about either being diagnosed with COVID-19 or being identified as a close contact, is the potential for being stigmatized and for entire groups, neighborhoods, households, places of employment, or types of work to be characterized as, "That is where you can get this disease or that who has this disease." I just want to be really clear, this is a virus, it does not care who you are. If you are a human being, you can have it and you can transmit it. So we have been very attentive here to not characterizing what communities this is in or where. It is not a virus that prefers people who are low-income or people who live in a certain part of the island. It is a virus that prefers human being hosts, and we are all human beings. We of course recognize that it is harder for some people to quarantine or isolate, in the same way that it is harder for some people to get health insurance or to access food stamps, and our effort every time we identify a case, every case, is to say, "You need to isolate, this is what isolation means, what is your home situation? Can you realistically isolate there? What are your responsibilities there?" Sometimes people could, in theory, isolate at home, but if they are caring for a young child, disabled adult, or an elderly parent, then they cannot effectively isolate at home, so we work with each person who has the disease to figure out what type of isolation and where will work best for them. There is a County facility where people can isolate. We have had more than twenty (20) people there at once, at maximum. In general, we have had just a handful of people there and that works very well for some people. For other people, that is really not a preferred option. If people do not want to be or cannot be away from their families, then we will arrange for them to isolate at home, but their family members are close contacts, so their family members need to be quarantined, so we work with quarantine exactly the same way. How can you most

effectively quarantine? What is your home situation? What are your obligations and concerns? People who cannot quarantine at home are offered a quarantine facility separate from the isolation facility for as long as they need. Sometimes the person who is sick chooses to isolate at home and the rest of the family moves out to a quarantine facility. For other cases, the family prefers to quarantine at home and have the person who is in isolation go elsewhere, and sometimes it has been a combination of those things. We have had to be creative about childcare and about not separating parents and children, but all of this is done as a conversation and working things out with the individuals involved. It is not a directive that you must go here or there, it is, "How can we work together to keep you and everyone else safe?"

Councilmember Cowden: If they cannot afford it, it is afforded for them.

Dr. Berreman: There is no charge to them for any of that.

Councilmember Cowden: There is no charge. I have one more question to ask, then I want to let my colleagues ask some questions and if they catch the few that I have, so I do not dominate the whole time. Here is one other question that I think is important to have people be clear on, if someone tests positive, I would assume that they should take personal responsibility and start calling their close contacts in the period of waiting while the Department of Health also does so. I know if I had a positive result, I would not be able to help myself, I would have to call everyone that I think I just exposed. I would feel like I did the wrong thing if I did not do that, so of course I would share it with the Department of Health, but most of these people would probably hear from me first, then if I was a contact of a contact, I would still lay low for a while, whether I needed to or not. It seems like some of this is common sense. Do you have feedback on what is the best strategy?

Dr. Berreman: I think it varies a little bit by the context. As I have said, on Kaua'i, so far, we still have adequate resources that we can move fairly quickly on all of these; we are talking to the cases the same day we hear of them, we are talking to their contacts as soon as we have their contact information within twenty-four (24) hours, and yes, absolutely, people feel an obligation and are worried and scared for people they may have been around and want to notify them. I would certainly never tell anyone not to do that, but I would caution to look at the earlier slide about what constitutes a close contact, because our experience is that people who were diagnosed learn they have a positive test, are afraid, and they tell a whole lot of people. Sometimes they tell so many people, that they really frighten and agitate a much larger group of people than is actually at risk. This happens even in healthcare settings. Someone can call in and say, "I was around someone who tested positive," and the entire place can shut down when it really does not need to. That has a big impact on services in the community, if you are running a business, or for example, in a school. It also has impact on, we know that this is a stressful time for people and if we are unnecessarily worrying and agitating people who are not actually

at increased risk as a result of an individual case, then we are kind of doing a disservice. So if we can look within that, "Who was I really with for more than fifteen (15) minutes at less than six (6) feet, going back to two (2) days before I started getting sick?" Then absolutely, calling those people and saying, "You should stay home, if you are not home, you should go home, you have been exposed, you will probably be called by the Department of Health. Please answer that call when you get a call from an unfamiliar local number." So those are the ways in which people can help us get a jump start on containing the spread of the disease.

Councilmember Cowden: Okay, thank you. I will wait for others.

Dr. Berreman: Thank you.

Council Chair Kaneshiro: Councilmember Kualii, then Councilmember Evslin.

Councilmember Kualii: Aloha and good morning. I already had every confidence in you and the Kaua'i Department of Health Office staff and your presentation this morning just reassures me of my confidence in you and your staff.

Dr. Berreman: Thank you so much. *Mahalo*.

Councilmember Kualii: It was very informative, for sure, and thorough. I only have a couple of questions. In the third slide, when you identify...early detection, it says, "Offer testing to those exposed." So I heard the testing can be expensive, so in the instance where someone is not insured, by offered testing, are you saying you are making the tests available for free?

Dr. Berreman: In the event of people who are identified by the Department of Health as close contacts...first thing is that insurance is supposed to cover one hundred percent (100%) of the charge in that situation, but we know that is not always the case. If people have any barriers, financial or otherwise, we can collect that test and run it through the State Health Department Laboratory and there is no charge to the individual for that. So when I said that we did over one hundred fifty (150) tests in that case that had a whole lot of contacts, we actually set up a separate drive-thru clinic in a community that was convenient to the folks who needed to be tested and they just all came through and got tested in their cars by our Department of Health staff. You would think that would have created a lot of commotion in the community or attracted a lot of attention, but it really did not; it went really smoothly and those people were not charged anything for that, because that was the most efficient way to do it, even though many of them had insurance, it just made sense for us to set that up and serve everyone at once.

Councilmember Kualii: My next question was on the tenth slide—it was that one hundred fifty-five (155) contacts that you are talking about. When it says, “Twenty (20) additional cases identified,” does that mean of the one hundred fifty (150) plus tests that you performed, twenty (20) tested positive?

Dr. Berreman: That is correct.

Councilmember Kualii: Is this example here on Kaua‘i?

Dr. Berreman: Yes.

Councilmember Kualii: There was a day, sometime in the last couple of months, when we had twenty (20) in one (1) day.

Dr. Berreman: It did not all happen at once.

Councilmember Kualii: Okay.

Dr. Berreman: This happened over time, because we identified...so there is one (1) case, you identify sixty (60) or seventy (70) contacts, you test those people, some of them are positive, you identify their contacts, you test those people, some of them are positive, so the little blip up that you saw of cases here in mid- to late July was all related to this, I believe the most we had on one day was seven (7).

Councilmember Kualii: Okay. This was all from that one big one hundred fifty-five (155) contacts and when you did test the twenty (20) positive, then those bring on now another level of contacts, correct?

Dr. Berreman: I have included the one hundred fifty (150) in all of those secondary things, so that is everyone related to the first contact and the other twenty (20) that were identified; that is the whole thing all together.

Councilmember Kualii: Could it actually happen in multiple levels?

Dr. Berreman: It did happen over time and in multiple levels. But we were able to connect the dots, so we consider that one (1) cluster.

Councilmember Kualii: The last question I had was, the person who testified before us provided us a whole PowerPoint—a lot of documentation, and I noticed that on one of them it says, “Kaua‘i’s hotline said, one thousand two hundred sixty-five dollars (\$1,265) for an uninsured family of five (5) to test.” Do you know what hotline he might be talking about? Neither the Department of Health nor the

County of Kaua'i, in any way, puts out this big costs number telling people, "If you want to get tested, it is going to cost all this money."

Dr. Berreman: The information that we put out about people who need to be tested is that at Ho'ola Lahui Hawai'i (HLH), which is our safety net, federally-qualified health center, people without insurance have that as one option for getting tested. Another option, of course, is calling your usual source of care or going to an urgent care center. Hawai'i Pacific Health (HPH), Wilcox Memorial Hospital, has a respiratory clinic line that anyone can call and get a test ordered without seeing a physician, they can just order it online, and Statewide 2-1-1 has information about resources for testing.

Councilmember Kualii: Thank you so much. *Mahalo nui loa.*

Dr. Berreman: Sure, thank you.

Council Chair Kaneshiro: Councilmember Evslin.

Councilmember Evslin: Thank you, Chair. Thank you, Dr. Berreman, for coming today. I especially thank you for all of your heroic work over the past few months. I think the entire island and definitely myself owes you a huge debt of gratitude for the work that you have done. I remember bumping into you in mid-February, asking you how things are going, and you said, "It is all COVID-19, all the time," with all these preparatory meetings in late February. I think the last time we saw you at Council was in the first week of March, right as this started to explode. I feel like the world changed the next day. Then to think how far we have come since then, I think meanwhile you have done so much to keep our island safe; it has been huge, so I really appreciate that.

Dr. Berreman: It is my privilege, if I may just say that. Thank you.

Councilmember Evslin: Looking at what happened on O'ahu; I have a business there and we are having constant COVID-19 scares, as employees are coming in contact...just like with that large...

Councilmember Cowden: You are stuck Councilmember Evslin.

Council Chair Kaneshiro: It might have been our connection.

Councilmember Evslin: There is a big political conversation. I do not want to get us into that.

Council Chair Kaneshiro: Councilmember Evslin.

Councilmember Evslin: But what can we learn from O'ahu to make sure that does not happen on Kaua'i or are you confident that we are in a totally different scenario with the number of contact tracers we have?

Council Chair Kaneshiro: Councilmember Evslin, you might have to repeat...

Councilmember Cowden: A lot of that.

Council Chair Kaneshiro: ...the last forty (40) seconds.

Councilmember Evslin: Oh, no.

Council Chair Kaneshiro: Let us see, we are having connection problems.

Dr. Berreman: Can you folks hear me?

Council Chair Kaneshiro: Yes, we can hear you now.

Dr. Berreman: I cannot hear you and the screen is frozen.

Councilmember Kualii: We can hear you.

Councilmember Cowden: Can you hear us now?

Councilmember Evslin: I can hear you folks. Dr. Berreman, can you hear me?

Council Chair Kaneshiro: Dr. Berreman, are you on mute?

Councilmember Evslin: Hello.

Council Chair Kaneshiro: Oh, no, she is off.

Councilmember Evslin: Oh, no.

Dr. Berreman: I am so sorry, I did not hear your question.

Councilmember Evslin: Real quickly, I think it is clear that we have the adequate contact tracing on Kaua'i from your presentation. One of my own concerns and the concerns from the community is that we had heard statewide from the Department of Health that there is adequate contact tracing everywhere, as of a month ago, then it turns out that O'ahu certainly did not have that adequate contact

tracing capacity, so is there a cautionary tell there or lessons learned from O'ahu or what can we take from O'ahu's experience there to make sure that this does not happen on Kaua'i?

Dr. Berreman: I hope what you take from this is that you folks know me, I am not pulling the wool over your eyes, I am not telling you something that is wishful thinking; I want to be really clear, when I said our sixty-one (61) contact tracers are not experts who have done thousands of these, they are newly-trained willing people with case management, health educator, community health worker, clinical skills and experience, so I asked everyone who had any of those kinds of skills and experience to step up and be trained, and sixty (60) of them did. We are all in this together. I had been continually impressed with the willingness of my staff to step up and do things, to staff these drive-thru clinics, to swab people, to put on personal protective equipment (PPE) in hot weather and stand out in the sun, and I have been equally impressed with the willingness of our community to make all of the sacrifices and all the changes that people have been making for many months now. I know we all hoped that by August we would be able to get back to normal, instead, it is August and we are actually, on Kaua'i, facing the biggest threat we have faced yet, because the disease has been far from our shores, until recently. Now the disease is on O'ahu and it is increasing on the other neighbor islands. We are literally a tiny island oasis right now with this everywhere around it. I do not mean that to be alarming, but it does mean that this is the time when we really need to continue all of the things that we have done. The inter-island quarantine is one of the biggest protective measures we have right now, because that limits going back and forth from here, where there is relatively low levels of disease, to the other islands, but mostly O'ahu where there is more disease. I guess an additional thing I would say is, I would ask people to not be looking for loopholes in that quarantine and not be looking for ways to travel, but rather to be saying, "Yes, that quarantine. That means I should stay home unless I really need to go somewhere." Then of course, if you really need to travel, absolutely, yes, and please do so with care. Again, I think that what I bring to answer that question, Councilmember Evslin, is that you folks all had the opportunity of seeing me work and listening to me, I hope seeing me as a credible source of information and I am committed to continuing to do that. That is really the best that I can do.

Councilmember Evslin: Thank you, that is reassuring in itself. Your presentation has been hugely reassuring. To anyone watching, I do know you, I do trust you and I do really appreciate all the work that you have done. Two other quick questions, this morning I read in the paper, the Centers for Disease Control and Prevention (CDC) saying, "Close contacts who are not showing symptoms do not need to get tested." Then I saw some fallout from that with others saying, "No, that is crazy." To be clear, in Hawai'i, the Department of Health is still saying all close contacts should get tested regardless of whether they are showing symptoms, right?

Dr. Berreman: I will say that on Kaua'i, we are offering testing to all close contacts of cases. I think the situation is very dynamic on O'ahu and I do not want to speak to what they are doing, because I know that day-by-day they are implementing ways of prioritizing their work and focusing their work on where it has the highest impact, because the feasibility of doing everything for everyone is diminishing.

Councilmember Evslin: Okay.

Dr. Berreman: On Kaua'i, yes, all close contacts will be offered testing.

Councilmember Evslin: My last question, not related to contact tracing, on O'ahu, I think they closed public parks and hiking trails, something like three (3) weeks ago, far before closing in-person dining and bars, and other businesses; what are your thoughts on the risks of public places and should Kaua'i get to a place where community transmission, do you think that those places should be closed or when should they be closed, if at all?

Dr. Berreman: This virus travels from person to person through respiratory...through the air, through coughing, sneezing, talking, and singing, so it requires people to be close together, for somewhat prolonged—fifteen (15) minutes is not very long—in order for that to happen. So the greatest risk from a place like a park or an outdoor venue where people gather, this prolonged gathering in close contact without masks, so thirty (30) or forty (40) people with a party tent, with a barbeque, with lots to drink, with good friends, that goes on all day; that presents a risk to the people who were there. In contrast, going to the beach with your own family, going for a run or a walk, going swimming and surfing, hanging out at the beach with a small number of people at a distance with masks, that does not pose a risk. I think we can anticipate that if we are looking at making changes to outdoor spaces, they will be in done within the context of that understanding. I think that the Mayor's most recent rule that limits outdoor gatherings to twenty-five (25) and indoor gatherings to ten (10) people is really an attempt to focus people's attentions on—it is the gathering and the closeness, more than where you do it, and the outside is generally safer than inside, but if you are close outside and not masked for a long period of time, that is still an exposure and still a very real risk.

Councilmember Evslin: Okay, thank you.

Dr. Berreman: Sure.

Council Chair Kaneshiro: Councilmember Chock, did you have a question?

Councilmember Chock: Thank you, Chair. Thank you...can you hear me okay?

Councilmember Cowden: Barely.

Councilmember Chock: Okay. Thank you so much for all the work you have been doing and thank you for the presentation today. I also have a lot of respect and stress the integrity of your office here on Kaua'i, as you folks have responded to this crisis.

Dr. Berreman: Thank you.

Councilmember Chock: So I have a lot of confidence in what it is you are presenting to us and our preparation. That being said, as you said, we are sort of in a state of alarm based on O'ahu's status, and while I know you do not have a "crystal ball," but given all the safety measures that the State is currently taking and if they are successful, can you provide us with a timeframe, because I think it will help people look towards what we can expect in the next two (2) weeks to a month, if all conditions are met, if people continue to do the stay-at-home order, if we decrease the numbers based on the plan that we have right now in front of us, when do you think things may shift for us? What indicators would you suggest for us, from a community standpoint on Kaua'i looking towards? I think a lot of this is about building confidence and people out there have some fear and it causes stress for them on a daily basis, so is there anything that you might be able to offer in that arena?

Dr. Berreman: Sure. A couple of things that I do not have a presentation on this with me here...this is not part of today's presentation, but I think some of you know that I have been working at the Governor and Director Anderson's request on a set of relatively limited metrics that we can look at statewide for making policy that identifies some measures within each of those four (4) buckets of prevention, detection, containment, and treatment, and that is being presented to the senior leader group. The metrics were already presented, but there should be a mockup dashboard by the end of this week, so those things should be public relatively soon, and I think that will help in terms of what we should be looking at. It is important to keep in mind that this disease has a 2-week incubation period, so if you are exposed to it today, it might be fourteen (14) days before you get sick. That means that anything we put in place, like a stay-at-home order or a quarantine, it is going to take at least two (2) weeks for us to see the impact of that, for us to see any improvement, because the people who were already exposed before it went into effect are still going to get sick during that 2-week period. We also know that newly-instituted initiatives like that can take some time to really take hold, so it may be as long as a month before we see those changes. So I think that looking at the daily numbers of cases; there are a whole lot of things you can look at the Department of Health website, but just looking at that curve and the trend line, are we still going

up really steeply or have we started to level out? Statewide, the numbers sort of started to level out, I do not feel confident saying that yet, but we are staying in the sort of two hundred (200) to three hundred (300) cases a day, which is a lot, but we are not continuing to double. Remember that we went from one hundred (100) to two hundred (200) to three hundred fifty-five (355), it would have been entirely possible for us to go from there to six hundred (600) to one thousand (1,000) to one thousand five hundred (1,500) a day, so we are not seeing that kind of rise, so if you are looking hard for a silver lining, that is the silver lining. I think that we need to wait at least two (2) weeks and more like four (4) weeks to see the impact of what O'ahu is doing. The other thing I want to say, and I am sorry I talk so much, there is a lot to tell people about this. The hospital admissions—people are very concerned about overloading our hospitals and overloading our intensive care units, understandably. Well, it takes you two (2) weeks to get sick, but also people generally, if they are going to become sick enough that they need hospital care, that usually does not happen until a week or ten (10) days into the sickness. Then if you are going to need intensive care, that happens even a little bit later. So even if in two (2) to four (4) weeks, we see our numbers statewide start to come down, we will still be seeing a rise in hospital use for longer than that, and a rise in intensive care use for longer than that. So we cannot feel out of the woods. If at a point that our disease rates start to come down, our hospitals are full or near full, we still need to be very attentive to that, because we know that is going to continue to rise, so it lags behind the cases. I really do not have crystal ball, but we can see what has happened in multiple communities across the United States, and we know that when it starts to surge, it surges big and it takes a while to get it under control, and “awhile” being a matter of weeks, not days—if we let our guard down too quickly, it comes back.

Councilmember Chock: Thank you. I think that is helpful. In your presentation you talked about reaching out and here on Kaua'i everyone has been compliant in response and providing information, yet, what I heard you allude to is it does not have to happen that way, people may or can withhold information. Is there any recourse in those situations in order to advance the protective aspect that we are all trying to preserve?

Dr. Berreman: Of course we do not know what people do not tell us, right? So when we have the sense that someone has told us who all of their close contacts were, they may not have told us. There may be something that they are embarrassed to tell us about, something that they forget, or for whatever reasons that they do not want to tell us. I would not say that we have identified one hundred percent (100%) of the close contacts, we may well have missed them, but all of the ones that we have been notified of, most of those we have been able...of the contacts. As I have said, the vast majority, we have been able to reach out to them within twenty-four (24) hours, except for those few that are hard to contact. There is not recourse for making people tell us something, because there is not any way for us to know to whom we would apply that recourse. If people are persistently uncooperative

with isolation or quarantine, there is recourse for that. We have not had to use that on Kaua'i and it has only had to be used for very limited cases on O'ahu, but there can be legal orders, we can get the Attorney General's (AG) office involved, we can compel people to stay in isolation or quarantine. Across the board in public health circles, that is a very unusual circumstance and it is not just a power that is there for COVID-19, it is there for tuberculosis, measles, and all other kinds of infectious diseases. We really try to use our public health skills and clinical skills of reasoning, talking, and convincing people, but if those are not successful in the long run and it poses an imminent threat to our community, then there is other legal recourse.

Councilmember Chock: Okay, so in a situation where there is lack of cooperation and people feel violated of their privacy and do not want to communicate, what I understand, there is no recourse. What I hear you are saying is, you could still pass from being in isolation because of it, if you are not getting enough information. If that isolation order was not met, then there may be recourse there.

Dr. Berreman: Yes, that is correct.

Councilmember Chock: Thank you.

Dr. Berreman: Sure.

Councilmember Chock: Thank you, Chair.

Council Chair Kaneshiro: Councilmember Cowden.

Councilmember Cowden: Thank you so much. I have a few more questions and maybe some follow-up on what has come out. Again, I want to really say how grateful I am that there are people within the cultures—I can think of them by name even, at the Department of Health—to be able to help these different groups that are at the highest risk. There was the piece about the cost of surveillance testing that was in this demonstration that the man gave at the beginning—the testifier. I had given him the number to call. I regularly get calls from people and I try my very best to stay on top of what is our procedure today, but every day it seems change or maybe weekly, we are having a little bit of adaptation, so I might tell someone what I think it is, but I say, "Call 241-1800, and ask." That is our emergency operations center. I might tell them who to ask for, but I like to make sure that they are getting the number one answer for it. I believe the way that question had been framed was for a family of five (5), if they did not have insurance, and they were not identified as a close contact, and they were not financially at-risk, the answer was they needed to pay to get the test. So in that case for that family of five (5), it was roughly estimated to them two hundred fifty dollars (\$250) apiece. So for them it would have been one thousand two hundred fifty dollars (\$1,250). I think why that is important, and you probably have ways to make it not be the case...this has been something that I been

asked by constituents...they want to go to O'ahu for a funeral very important to the family and bring the children, not only have the cost of the airfare, they are nervous about going, and they want to get tested themselves to make sure they do not become a vector. If someone is in a situation like that, what would be the answer to them?

Dr. Berreman: Councilmember Cowden, thank you for that question. The answer would be same as the answer that I gave before. They can access testing through the federally-qualified health center, Ho'ola Lahui Hawai'i. They can access it through the Wilcox Respiratory Evaluation Clinic number. They can access it through their usual source of care. I neglected to mention that the Westside Pharmacy also has a program for testing people on a walk-in basis. I do not have the details of that, but I believe that there is no or minimal charge to the patients there.

Councilmember Cowden: Okay.

Dr. Berreman: I think what was quoted on the call is the commercial laboratory fee charged to someone with no insurance and that may or may not be accurate. I do not know what the cost is.

Councilmember Cowden: Okay. I am sure you must get all these divergent viewpoints. I get a lot of people who have trouble with the main narrative of what is happening with COVID-19, you must get them also, correct?

Dr. Berreman: Sure.

Councilmember Cowden: What I try to do when I am speaking with people who question the integrity of what is happening, there has been a lot of E-mails that we have got of this over the mask. For me, I do not mind wearing a mask. I want to make sure people are safe. I know for myself, I am a heavy extrovert. I love to be around people and right now we are in campaign season. I have tried to set the example of staying at home. When we have decided to close the flying to the other islands...even the day that they said that, I stopped going out. It was not until Tuesday. We can do what we can. How do we speak respectfully to the people who feel violated by this whole process? Do you have anything that you would be able to share with them that acknowledges their concerns, yet how do we balance? That is something that I feel I have a conversation about every day. Are you able to speak to them?

Dr. Berreman: I think if a genie popped out of a bottle and offered me three (3) wishes, one would be for a crystal ball, and the other would be the answer to that question, Councilmember Cowden. I think that in part, our national health leadership and national leadership from the very top down, since the very beginning of this has done our country a disservice. We have not had clear

leadership from the CDC. We were dismissive of the role of masks, and I cannot remember if it was part of my early presentation to you, but one of the things that I have always said about masks, going back to H1N1 Flu and to seasonal influenza, is that they protect people around the person wearing the mask. They protect you from giving germs to other people as I have always said, so in theory, if everyone wore a mask all the time, everyone would be protected. That has been known scientific public health information for decades, if not longer. But it has not been incorporated into something that we thought we might actually do or recommend in this country until very recently. As you know, in the beginning of the pandemic we said, "No. Masks are not going to help. Do not worry about masks. Just wash your hands and keep your distance." It has become increasingly clear and supported by reams of evidence that mask-wearing does protect others around you. So if everyone is wearing a mask, everyone is protected, and it also provides a fair measure of protection to the person wearing the mask. It has to be worn as you folks are wearing your masks. It has to be from the bridge of your nose to under your chin. This is the mask that I will wear as soon as I am outside of this little office today, which does that. It cannot be like this. This does not work. It cannot be like and it cannot be like this. People sometimes ask, "What is the best mask?" The best mask is one that covers your face from the bridge of your nose to under your chin, and one that you will wear whenever you are around other people. I understand that there are people who do not believe the science and who do not believe all kinds of things about this; I do not have the key to changing that.

Councilmember Cowden: Okay.

Dr. Berreman: As I have said, if the genie popped out of the bottle, I would probably use two (2) of my wishes; one for that and one for the crystal ball.

Councilmember Cowden: When I have my strategies, because some of these people who do not believe it are medical doctors who I have known for decades who are actively practicing, so it is hard for me to say, "I know more than you do." I say, "Well, I think at least it has to stop something. If I cough, sneeze, or if it is not perfect for a six (6) micron virus, it is helping at some level." The other thing I just want to be able to give voice to, so people do feel respected and heard, is that yes, of course, besides staying at home and wearing a mask, stay healthy, right? Eat right, take good supplements, if you need them. I think that we are all in agreement there. Maybe it is not said enough. I just have seen people feel that is overlooked, but I would say, that just living life you would support that with a pandemic or no pandemic.

Dr. Berreman: I actually have a comment about that Councilmember Cowden, if I may.

Councilmember Cowden: Please.

Dr. Berreman: Yes, of course, eating healthy food, getting enough sleep, and getting enough exercise—those things are going to keep us healthy and protect us to some degree from illness, but the people who are at highest risk from severe disease...still a really bad echo, sorry...the people who are at highest risk from severe disease are people with chronic underlying conditions and people who are older. So I cannot do anything myself to get younger in the next few months in which I might be infected, right? This is the age I am, this is the condition that I bring to this, so no amount of exercise and healthy food and sleep will change that. I am inherently at increased risk by virtue of my age. In the same way, there are many individuals who have diabetes, obesity, chronic heart or lung disease, and those individuals are disproportionately people who, because of their circumstances in life have chronically had a hard time accessing healthy food, exercise, stable housing, stable employment, adequate income, and healthcare. Those people also are not going to change their risk by, even if they suddenly had all of those resources, you are not going to make diabetes go away overnight by any of those things. So we have to recognize that, yes, it helps to do those things, but there can be an implied message there that people who are at increased risk are at increased risk because of their own behavior or because of having failed to take personal responsibility. I think we need to recognize that there are many circumstances in our society that create those inequities, differences, and risks that are not amenable to individual responsibility. Mask-wearing, yes, but a lot of the other things, not so much.

Councilmember Cowden: Okay. I really appreciate just being able to have that addressed and spoken to. I did ask for this. I thank you very much for coming and helping us all to be clear about how to answer the questions. O'ahu came under some hard fire. It is very helpful to me be able to quickly answer about the six (6) to potential sixty-one (61) and maybe more, with the multiple languages, and the commitment. I am excited to think that we can help O'ahu and we get our people trained, because we need to be trained, and we need to help our sister island. I appreciate very much you taking the time and answering these important questions. Thank you.

Council Chair Kaneshiro: Are there any further questions from the members regarding contact tracing? If not, thank you Dr. Berreman.

Dr. Berreman: Thank you.

Council Chair Kaneshiro: Is there any final discussion from the members?

Dr. Berreman: I just want to say thank you so much to all of you for inviting me for the opportunity to share this with you and with residents. I am always happy to come back. I really do see communicating to anyone in the

community who is interested in hearing about it, information about what we are doing, why, and how, as a major responsibility of my job. I enjoy it and I think it is key to what I do. I also want to repeat that it is an enormous privilege to be in this position. We are all sorry we are going through this, but I could not ask to do it in a better place with a better group of partners. Thank you very much.

There being no objections, the meeting was called back to order, and proceeded as follows:

Council Chair Kaneshiro: Thank you. Is there any final discussion from the members?

The motion to receive C 2020-209 for the record was then put, and carried by a vote of 5:0:2* (*Councilmember Kagawa was excused*).

Council Chair Kaneshiro: The motion is carried.

ADJOURNMENT.

Council Chair Kaneshiro: Seeing no further business and hearing no objections, this meeting is now adjourned and we are done for today. Thank you.

There being no further business, the Special Council Meeting adjourned at 9:58 a.m.

Respectfully submitted,



JADE K. FOUNTAIN-TANIGAWA
County Clerk

:jy

*Beginning with the March 11, 2020 Council Meeting and until further notice, Councilmember Arthur Brun will not be present due to U.S. v. Arthur Brun et al., Cr. No. 20-00024-DKW (United States District Court), and therefore will be noted as excused (i.e., not present).