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Ramirez, Angelica

Public Comment - Group 2

Dated: 05-05-20

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From: CORI HAYMAN <corihayman@cox.net>
Sent: Monday, May 4, 2020 11:44 AM
To: sbcob; sbcob
Cc: Williams, Das; Hart, Gregg; Adam, Peter; Hartmann, Joan; Lavagnino, Steve; Brian Goebel
Subject: Public Comment from Brian Goebel and Cori Hayman for BoS Hearing, May 5, 2020; Item D-1; 20-00281 COVID-19
Attachments: Dear Chair Hart and Members of the Board of Supervisors 4.pdf
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Dear Clerk of the Board,

Attached please find public comment from Brian Goebel and Cori Hayman for Item D-1; 20-00281 in connection with tomorrow's BoS hearing.

I would appreciate a confirmation reply that you received this.

Thank you,

Cori Hayman.

Public Comment from Brian Goebel and Cori Hayman for Board of Supervisors Hearing, May 5, 2020; Item D-1; 20-00281; COVID-19

Dear Chair Hart and Members of the Board of Supervisors,

Thank you for your continuing leadership during the COVID-19 crisis. We are writing today regarding the ongoing planning effort to begin re-opening the County soon as we are able, including the work that REACH has done for San Luis Obispo County and is currently undertaking for Santa Barbara County. Below is our joint comment:

Background and Public Health Goal for the Stay at Home Order

As expressly stated by Governor Newsom, the legal and policy basis for the unprecedented stay at home order is

“[t]o preserve the public health and safety, and to ensure the healthcare delivery system is capable of serving all, and prioritizing those at the highest risk and vulnerability....”

The Healthcare Delivery System Has More Than Enough Capacity to Treat COVID-19 Patients with Sensible Public Health Measures in Place

When Governor Newsom issued the order, he predicted California would need 50,000 hospital beds to treat COVID-19. At its peak, California needed approximately 6,000 beds. There currently are about 4,700 confirmed or suspected COVID-19 patients hospitalized in California. In Santa Barbara County, there are 42 patients hospitalized for COVID-19, out of 376 available beds, plus surge capacity.¹ Hospitalizations have been consistently low throughout the

¹ As of May 3, 2020. It is unknown at this point the number of beds currently occupied by prisoner patients from the Lompoc Federal Prison since that data is no longer publicized. In mid-April at least 12 of the hospitalizations were from the prison. There is significant concern that the Lompoc prison population is skewing the overall County hospitalization numbers. The Federal Bureau of Prisons has indicated that an onsite hospital is being constructed, which should alleviate any risk of overwhelming County hospitals. Even with the prison population, however, the current hospitalizations remain well below available capacity.

pandemic in Santa Barbara County. There have been eight fatalities due to COVID-19, all with underlying medical conditions or comorbidities.²

The healthcare delivery system has not been overloaded by COVID-19. On the contrary, the healthcare delivery systems are facing severe economic shortfalls with layoffs and furloughs. With the large capacity to treat all patients, the Governor and Santa Barbara County are now permitting elective and non-urgent procedures to restart in light of the ability to meet the public health needs of COVID-19. The fundamental justification for the stay at home order has been met and there is no legal or policy basis for it to remain in effect.

We need to transition into the next phase of the pandemic as soon as possible. The collateral health, social, and economic costs of the stay at home order are astronomical and cannot be justified, especially now that it is abundantly clear that our public health goals can be achieved by less-disruptive measures.

Policies Should be Implemented to Protect the Most Vulnerable and Reopen the Economy Now

The overwhelming majority of the population infected with COVID-19 will suffer mild to moderate symptoms. (See <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html>). Indeed, according to Dr. Scott W. Atlas, Senior Fellow at Stanford University's Hoover Institution, it is suspected that half of those infected with COVID-19 will have **no** symptoms. (See <https://thehill.com/opinion/healthcare/494034-the-data-are-in-stop-the-panic-and-end-the-total-isolation>). John Ioannidis, Professor in Disease Prevention in the School of Medicine, Professor of Medicine, of Health Research and Policy (Epidemiology), Stanford University, further concluded that people younger than 65 years old and not having any underlying predisposing conditions accounted for only 0.3%, 0.7%, and 1.8% of all COVID-19 deaths in Netherlands, Italy, and New York City. (See <https://www.medrxiv.org/content/10.1101/2020.04.05.20054361v1>). The highest percentage of severe outcomes appears in people over 85. (See www.cdc.gov and <https://www.cdc.gov/mmwr/volumes/69/wr/mm6915e3.htm>).

² Per media reports and questioning, it appears that there are at least two cases where it is not dispositive that COVID-19 was the cause of death.

According to the CDC, the at-risk and vulnerable population includes:

- People 65 or older
- People who live in a nursing home or long-term care facility, or
- People of any age with
 - Chronic lung disease or moderate to severe asthma
 - Serious heart conditions
 - Immunocompromised
 - Severe obesity (body mass index [BMI] of 40 or higher)
 - Diabetes
 - Chronic kidney disease undergoing dialysis
 - Liver disease

(See <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>).

Thus, the current stay at home order should be replaced with measures to protect this vulnerable population without forcing the rest of society to remain under a broad stay at home order. The explicit public health goals of this policy should be to minimize hospitalizations and fatalities among the most vulnerable and ensure that sensible social distancing and hygiene measures are followed by everyone else until we acquire herd immunity or a vaccine is developed. We believe these goals should be clearly and consistently communicated to the public.

Utilizing these CDC findings, the County should consider a modified stay at home order for this vulnerable population (see below). For everyone else, they should be allowed to return to school and work, subject to sensible social distancing and hygiene requirements and, for the time being, bans on large gatherings (see below).

REACH and the START Guide for San Luis Obispo County

The START Guide for San Luis Obispo County represents an important step forward in using the CDC findings to formulate more sensible public health measures. We have reviewed the START Guide that REACH helped develop. Because REACH is performing similar work for our County, we thought it

important to comment on the START Guide and its utility as a framework that could be adapted to Santa Barbara County.

Overall, we believe the START Guide represents a thoughtful and balanced approach to promoting public health while restoring economic, social, and educational activity. In particular, we strongly support the departure from the essential vs. non-essential business distinction and the recognition that a great deal of activity should resume in Phase 1 for low-risk populations, especially our children (who have suffered greatly under the stay at home order). Per our comments above, we also support the emphasis on protecting the most vulnerable populations. It is certainly a sound starting point for Santa Barbara County.

We do, however, have a handful of comments regarding how the START Guide could be improved before its adoption as a framework for Santa Barbara County. These comments are set forth below.

The Criteria for Loosening Public Health Restrictions

We do not believe that confirmed cases are a particularly useful metric for determining whether to loosen health restrictions for at least three reasons: (1) the overwhelming majority of people who test positive for COVID-19 will not require hospital care; (2) it is difficult to compare the number of confirmed positives from different time periods if testing protocols have changed (e.g., testing only people with serious symptoms vs. testing people with mild or no symptoms); and (3) this challenge is compounded if testing volume changes (i.e., we expect to have more positives if we test more people given the virus). For these reasons, the most important metric for determining whether to loosen public health measures should be hospitalizations.

We would encourage Santa Barbara County to formulate its own testing plan (including the associated isolation and contact tracing protocols in certain circumstances). This plan should have clear goals that are achievable in light of our healthcare and public health infrastructure and resources.

Phase 1

We Should Clearly Authorize a Variety of Youth Programs

We were very pleased to see that the START Guide included modified re-openings for K-12 schools (and presumably school-related summer programs), gyms, parks, and playgrounds as part of Phase 1. This is supported by the data. Healthy, school-aged children are highly unlikely to become symptomatic or to suffer more than mild symptoms of COVID-19. (See www.CDC.gov; and, https://journals.lww.com/pidj/Fulltext/2020/05000/Coronavirus_Infections_in_Children_Including.1.aspx). They are by far the lowest risk population for COVID-19 illness. Indeed, the Economist (discussed below) noted that there is no evidence that children who catch COVID-19 are silent spreaders, according to researchers in Iceland and the Netherlands, along with the European Union's public-health agency.

The current stay at home order has side-lined school-aged children in the interest of preventing transmission of the disease to protect the vulnerable. This is proving to be a world-wide educational and social tragedy for an entire generation. The Economist recently reported that schools should be the first to reopen, indicating that “[n]o amount of helicopter parenting or videoconferencing can replace real-life teachers, or the social skills acquired in the playground.” Poorer children suffer the most with inadequate Wi-Fi. Many parents are working and leaving their children at home unattended. “American eight-year-olds whose learning stopped altogether...could lose nearly a year’s math.” (See The Kids Are Not Alright, <https://www.economist.com/leaders/2020/04/30/when-easing-lockdowns-governments-should-open-schools-first>).

Schools and summer programs must also be open in the interest of protecting children from witnessing or enduring domestic violence and abuse schools. “It’s not just that children have lost support networks. Lockdown also means fewer adult eyes on their situation. In child abuse cases, child protective services are most often called by third parties such as teachers, guidance counselors, after school program coordinators and coaches.” (Children Seem to be Less Vulnerable to the Coronavirus; Here’s How the Pandemic May Still Put Them at Risk, Angelina Jolie, Time Magazine). Finally, working parents will depend on school and summer

youth programs in order to return to work. There is compelling evidence, therefore, to support the re-opening of schools and other youth programs in Phase 1 of the START Guide.

In light of the data, science, and social considerations, we would like to see Santa Barbara County not only mirror the START Guide, but make a clear statement that summer school, outdoor camps, and summer sports programs for K-12 are permitted, subject to sensible hygiene, gathering size, and spectator social distancing measures. Resuming these activities is critical for the well-being of our children. We would note that recreational facilities such as tennis and golf have already adopted sensible policies in this regard, and we should expect the CIF and youth sports organizations to do the same with appropriate guidance from Public Health.

Protecting the Most Vulnerable

We agree that the most vulnerable will need to stay at home as much as possible. But we recognize that this is a serious burden that carries its own social and emotional costs. We would, therefore, encourage Santa Barbara County to consider establishing a program whereby the most vulnerable were given dedicated shopping hours each day (most likely first thing in the morning after stores have been cleaned). We would note that some stores have adopted such policies already. If successful, the County could expand on this policy to include dedicated hours for dining and other activities in later phases.

Accessing Healthcare

We believe the START Guide does not recognize the urgency of resuming non-COVID-19 healthcare. The potential health costs from delayed or missed healthcare over the past 7 weeks are likely to be enormous. We cannot and should not compound this non-COVID-19 health crisis. Accordingly, it should be made very clear in Santa Barbara County that **all** healthcare providers and services are authorized to resume in Phase 1.

Time Between Phases is Too Long

The START Guide calls for at least 30 days between the start of each Phase. We believe this is unnecessarily long. We can use hospitalization data to assess the impact of policy changes on the trajectory of the virus within 14-21 days of those policy changes being implemented. (See <http://2040matters.com/current-data-point-to-bent-covid-19-curve-in-california/>). Given the enormous collateral costs of our public health measures, we should not wait 30 days to transition to a new phase if the data tell us we can do so within 14-21 days. We would, therefore, not require more than 21 days between phases.

Conclusion

The tremendous amount of data published during the past two months demonstrates that Santa Barbara County has the capacity and public health tools required to re-open society while protecting the most vulnerable. We must do so as soon as possible. We therefore encourage the County to immediately publish draft ³guidelines consistent with the START program prepared by REACH for San Luis Obispo, incorporating the recommendations contained in this public comment.

Thank you for your consideration,

Brian Goebel and Cori Hayman.

Ramirez, Angelica

From: Abushanab, Nadia Lee <nadia@abushanab.com>
Sent: Monday, May 4, 2020 2:43 PM
To: sbcob
Subject: Public Comment

Caution: This email originated from a source outside of the County of Santa Barbara. Do not click links or open attachments unless you verify the sender and know the content is safe.

To Whom it May Concern,

I would like the following read into the record at the Board of Supervisors meeting tomorrow.

In this time of crisis surrounding the coronavirus pandemic, it is unsurprising that the prisoners of Lompoc federal prison are witnessing the most extreme miscarriages of public responsibility in the county. As leaders of our county community, we implore you to stand as our allies to advocate for the basic human rights of prisoners in Lompoc. We ask for your help in working with the Santa Barbara Public Health Department to create a health equity task force, to hire a cultural competency director, and to outfit prisoners and prison personnel with adequate personal protective equipment and hand sanitizer. We ask for your help in working with the warden of Lompoc to ensure that prison personnel who are displaying symptoms of COVID to stay home until they are well, and to waive fees for phone calls. We ask for your help in lobbying for the release of prisoners who are medically fragile, elders, nonviolent and minor offenders, adherents and advocates of the Agreement to End Hostilities, and anyone within a year or two years of their release date. We ask for your help in advocating for expedited parole hearings and a reduction of jail admissions through the redirection of people to community-based mental health and substance abuse treatment services. These are just a few of the changes that we hope we can count on you to implement. We look forward to future conversations wherein we can work together to end the moral crisis of mass incarceration in our county.

Thank you,

Nadia Lee Abushanab