THE DUKES COUNTY

Health Council

Minutes

Via zoom conference

Thursday, April 16, 2020 7:30 - 9:00 AM

Members zooming in: Ellie Beth, Michael Bellissimo, Victor Capoccia, Leslie Clapp, Tnisha Chandler, Leo Christian, Louise Clough, Vanileze Cortez, Katrina Delgadillo, Cindy Doyle, Betsy Edge, Beka El Deiry, Julie Fay, Lila Fisher, Alan Ganapol, Bruce Golden, Tom Hallahan, Marcy Holmes, Judy Jones, Michael Joyce, Meris Keating, Sarah Kuh, Robert Laskowski, Karen McPhail, Paddy Moore, Kathleen Perrota?, Dan Pesch, Barbara Rush, Susan Sanford, Sheila Shapiro, Myra Stark, Joyce Styles Tucker, Karen Tewhey, Martina Thornton, Christine Todd, Mary Jane Williams, Terre Young, Marie Zadeh.

Guests present: Sheryl Taylor, Denise Schepici, Claire Seguin, and possibly others whose phone numbers I do not recognize. Sorry

7:30 AM **Call Meeting to Order and welcome to Denise and Claire:** Mary Jane Williams

Denise thanked us for the opportunity to meet with us and shared that the hospital’s management team is working hard and a lot, with truly a team effort. Their days are full. She is working with external communications relations and with the governor’s office. They have established an incident command center with a main focus, besides getting the hospital prepared and ready, of informing the public. We need to slow the spread by urging people to stay home. With Ssa information we were very concerned when people came back from spring travels and have possibly brought the virus with them. Many quarantined appropriately and we started to see some positive covid cases. My efforts are not necessarily popular but please stay where you are.

The hospital can handle a surge but the resources are not finite, staff, equipment, and human energy. I have worked with the Ssa, Julian Cry, Jim Malkin, and Bob Davis to protect and be strict with travelers. This is not an easy thing. Working with the state governor’s office to let him know how vulnerable the islanders feel- we are well prepared and the big concern is transport. Out strategy is to get people to Boston as quick as possible because we have minimal ICU & ventilation capacity. Another concern is weather and also security; maybe we’ll have to have National Guard back up. A communications group has started twice a week meetings between the six towns, the group came together quickly. Next, travel and a construction moratorium. We have daily meetings with our partners, Partners, MGH, Peter Slavin, CEO at MGH and Claire with incident surge capacity, supplies. We are a well-oiled, complicated machine, and the support has been tremendous. We should all feel proud of that.

Today the concern of town leaders is the construction moratorium, Wait until April 28! We have just begun to see a surge and it is growing. We have flattened the curve here because of great practice, currently at 12 cases. Boston’s surge hit the peak of the curve 14 days out and that brings us to the end of April. With more people coming and going, we are at greater risk of spreading and that’s our greatest enemy right now. Towns have tried to develop guidelines to help contactors be in compliance with regulations for safety. Her concern is how to enforce this. Some workers are out without masks and this is a concern. Towns will vote in the next days, she is asking for one more week. Our island’s numbers are low and if we can spread the word to town leaders, they will have a chance to stay low.

At this point Claire shared a screen presentation of how the hospital is preparing incident command overview, and what typical call looks like. She proudly says the management team, has accomplished a lot in a short time. Partners knows what we’re worried about, could be staffing, equipment, non icu transfers and she hopes to keep this going after Covid.

At this point in typing and transcribing my minutes, I will defer to the charts that Claire shared and are attached with these minutes.

Questions came next with this from Ellie B. What is happening with chemo these days? Claire said, yes, that is a Level 3 surge plan and infusion is running as normal. If the space is needed for covid patients, the infusion patients would move to maternity, a clean place.

Lila wanted to hear more about what criteria are for testing when a physician needs to test and the workflow for positive tests. Claire explained that the criteria for positive tests is published daily for all physicians so we know what to follow. They are symptom based. We know you are much more likely to shed the virus with symptoms and have a positive test. There are a couple of work streams to get tested. For the not critically ill, call your doctor, the physician will triage with a screen and will instruct you further for testing. You will be called with results and connect with a public health RN if necessary. If really ill, come to the ER, be screened there, tested, instructed, admitted or transferred.

Bill J. asked if there is any data for MV people who are presumptive positive. Claire, here at MVH presumptive positive is treated as positive. Presumptive positive is if you have had a CT scan or x-ray that let’s us know you are positive even though your test is negative.

Mike B. thanked Denise, Claire, and Mary Jane for all you’ve done. He attended the WT BOS and they are reviewing the construction ban. What can we do to support your recommendation? Denise replied that it is best they know, pressure the BOH as the power lands with them. Urge the BOH to put pressure on selectmen to not open until the end of the month. We should all vote unanimously, one voice. Cutting the island in half will not help us, we have to act as one. Mike asked if it would be appropriate for this council to draft a letter to selectmen. Mary Jane likes the idea as we represent all towns and she thinks we should stay in lockdown and not take this lightly. Bob L wants us all to listen to Denise. If opening too soon causes us to have a surge we will pay a gigantic price. We should take a strong stance.

Bob L made a motion to support Denise’s concerns, many seconded and Paddy offered an amendment to hold the closures to at least until the end of the month. Victor C offered that when we say we support the recommendations from the hospital, framed this way, our letter provides for the flexibility to have stay in place order live until the end of the month. The vote was unanimously accepted.

Sara K asked what the process is for someone without a primary care doc, or if they have limited or no English, how does this work for them? Denise said to call the call center with no PC and the hospital will try to get them into see someone. They have translated info into Portuguese and do have Portuguese-speaking staff at the call center, also language-live interpretation cents for those beyond Portuguese, whatever language.

Judy J asked about testing from Island health care and other providers outside of the hospital staff. Do we need to send everyone to the call center? What steps should providers outside the hospital take? Claire said, yes, refer to MVH.

Ellie B asked if the construction ban which has been suggested to modify to only local contractors who are masked and gloved, without bringing anyone from off island, is this able to be done? Or is it discretionary, could a sole practitioner be able to go it alone without a crew? Denise replied that enforcement is the problem and who is going to do this? It only takes one! We can’t guarantee that it will only be island workers. She empathizes with the workers and business community, and this isn’t going to be over May 1st.

Leo C. thanked Denise, Claire and all their staff, you are all in our prayers. Churches are managing, missing worship together and most concerned with everyone’s safety. The Clergy agree with Denise’s guideline.

Martina T, the presentation was great, will it be available publically and can we share? Do you have a feeling of when testing kits will be available, testing people off boats, airplanes, big crews of construction going back to work. Any ideas on that? Denise; widespread testing is not going to help us. Screening testing is a false illusion. One can be negative today and positive tomorrow. This is not a panacea that would allow us to switch the light back on. We would like to see antibody testing; those tests are not FDA approved yet, still on trials. That is something we would do, now testing kits are limited, now there are 28K cases in MA. This explains the enormity, those are positive and the demand on these supplies is high. MVH is confining the testing to symptomatic patients at this time, trying to understand what kind of immunity is built up. She doesn’t know what threshold will be to open things up, trying to convene a meeting with the governor’s office in next couple of weeks. We all want to see our island get back to usual, but this disease is so unusual. Likened to H1N1, it died down in June and came back with vengeance in Sept. I don’t want that to happen. Maybe we’ll even have a vaccine by Sept. It would be disheartening if we have a surge here.

Paddy M asked if Denise would come back and continue this discussion. She thinks we need to begin to map what decisions we’re really making and begin to encourage the selectmen to think about it. There will be a huge surge (sorry for the pun) in interest on our whole economy and she doesn’t think we can just go from week to week. We have to have some kind of decision- making process for the island as a whole and try to get ahead of it. She asks Denise to come back and try to form a group to make these decisions. It isn’t just construction, it involves what are we going to do with the people coming this summer? We don’t have a solution but we need a group of people thinking about it seriously. Denise explained that there is a group that is getting formed by Julian Cyr who called last evening, working with chambers, 3 hospitals and one on the cape about what season should look like and how we should respect tourists’ right to travel, go where they need to go, their second homes, and create some warning systems and what that would look like. That’s the first wave of what we’re trying to do. Second phase to ramp it up, joking to like it to the great white shark syndrome, “travel at your own peril”. They talked about tourist levels, yellow, orange, red for high alert, trying to get people to use common human sense about travel and exposure. The group would put numbers out there in color levels – a simple way to see what the danger is. Cape is getting hit pretty hard, with about 70 cases in Bourne and Barnstable County. We’ve been lucky because people are smart, obedient, and listening. Error on the side of Caution! When we get people from NY, NJ, CT, overseas, it is hard to stop that. So we’re in lock step with the governor and our own health officials, including island officials. We depend on them to give us what we need. Try to call this a light switch – this is a dimmer – we have to turn it on slowly – have to decide what we do, what we open. At the End of the day, it is human common sense. We want to reduce exposure, otherwise it is Marshall law and we don’t want that!

Paddy, It is assuring to hear that such a group is being formed, it will be good to have this known publicly so people would know who to turn to. Denise, yes it will be and we can come back to the council to keep you informed, some of you will be involved with the committee.

Christine T We have a unique situation, can be very controlled, 3 points of entry. Community could put pressure at the county level to amp up testing of people who come in through those ports of entry, test if virus or antibody – whatever testing we can do. We have ability to test here, it is unique. She wants the hospital to be onboard with the county to pressure government to give us more testing & monitoring methods to cope with influx- we are going to have, already have. To say come on e come all and self-quarantine, it’s just not right. You mentioned Marshall law and no one wants to do that. We have serious life threatening situation on our hands and I believe we need to impart strict measures, what you are suggesting going forward, but without also implementing other measures. What are we ultimately doing other than being reactive rather than pro active? Denise replied, the testing piece just gives a false sense of security, not the answer. What are we to do? Someone gets off the plane and tests positive, do we put them back on the plane? Christine, you force them into quarantine, test does something not nothing. Denise, Quarantine is what is being asked, Approach is not in testing, it is in restricting. Restrict travel per the governor. Now towns, even though the governor set restrictions on construction, towns took leadership & voted together to create that moratorium and granted that the BOH of towns have jurisdiction to determine what essential services are. We used that authority to make decision. Yesterday I asked to continue to use that authority and continue through the 28th. It is restricting travel and visitors as much as we can. That is key.

Martina, yes we understand, the pressure is on social distancing and this in not going away in a couple of weeks, we have to adhere to basic rules of this pandemic threat, we understand.

At this point, Denise thanked us, offering us to feel free to call or email her with any further questions. All thanked her and Claire and waved good-bye!

Terre read a question from a phone participant, to Mike B, because you are connected to BOS, this involves homeowners looking for supplies and how they are limited for what they planned to do, school projects with kids at home and can’t get what they need. Mike suggested the BOH and Omar; terre said she would contact him with this request to be brought to town leaders.

Homeless needs in this time and forward: Karen Tewhey started by saying that we just heard an impressive and reassuring presentation on how strong the infrastructure is at the hospital, staffing working together, we didn’t hear about funding concerns, so I’m now going to give a presentation that will be just the opposite. As far as homeless prevention is on island, there has been NO infrastructure developed, unlike other places across the state. A shelter system has been funded across the state that we have not participated in. We don’t have a facility, staffing, funding or shelter for homeless. The other thing we haven’t had, and across the state has, is an emergency response plan in each community that included what would be response in caring for the homeless. We haven’t included homeless even though we know we have an increasing homeless population. Homeless are always outside of plans. As a result, we’re unique for what funding at the state level is, homeless prevention services, because we don’t have that type of infrastructure. In addition, the March current infrastructure, which is informal and run by clergy & volunteers, had to stop prematurely, primarily because the volunteers are all mostly retired individuals and had health concerns. What is in place? Who are the homeless at this time change? Putting emergency shelter systems in place using hotels – majority of hotels are shut down with a few providing beds. Since mid March 11 individuals and a family of 3 have been housed consistently. Now we need a commitment to follow through and keep them housed- as long as stay at home orders are in place. We are running out of hotel rooms & funding. We have funds from the county and 2 mini grants, MV Bank and Permanent Endowment. That will be gone by the end of April. So, starting to project deficits for May & June, the PE stepped forward with an offer to fundraise specifically for the homeless. There is state funding for homeless who are either positive or exposed to Covid and we don’t have any monitoring or testing or training around precautions for this population. So we’re not eligible. She and Martina keep going back to the state asking and they are being told that they need to do private fundraising. A third thing is engaging as many organizations and individuals who have a stake in this. County, town officials, clergy, a number of zoom meetings to gather people to address this. Who is homeless? Individuals in the hotels who are homeless, using winter shelter and others who are not eligible to go into hotels, the primary reason is because they are either alcoholics or have drug issues. We are a small island and know who struggles with these issues. She now has a wait list of folks who are eligible but has no funding or hotel rooms. With a potential surge in the last few days, from a work force that are here and not back to work, no money, some game plan for housing and totally out of resources. Now need housing and income. Think about the size of the workforce in precarious housing, that number of people is growing. What is our responsibility to help these people?

Paddy raised the basic issue that a lot of residents of the island who have homes but soon will run out of $ because of no work. “I appreciate that you are identifying a problem that is about to explode. This is why I think this is a health care issue and is related to the collapse of economics. With great admiration to Denise and the hospital, I think what you identify as a problem is a much bigger one. I think that is what we need to address, we all need to work and many aren’t. Community Services is aware if this as well. Clearly it is a looming red cloud and not going away from us for the next year or two”.

Karen, Mainstream homeowners have access to state and federal programs if they run into shortfall. Here we have a lot of housing that isn’t mainstream, not legal- winter rentals, etc. We’ve always been a unique system and now it will be a unique crisis.

Christine, We have been very vocal about supporting the elderly, affordable housing and this indigent population needs our help. For us to turn our backs is criminal. Off island, non-profits and churches go overboard to help these people. What about the empty church next to her that runs heat all year long and offers weddings and funerals only? Why only shelter in Han, Feb & Mar?

Leo, appreciates your concern. The problem is not the churches’ unwillingness, it is staffing. If they had more people willing to be trained, father Chip would be ecstatic! Leo’s church has no shelter but AA meetings in the early morning, serving hands etc., and the big thing is staffing. If the volunteers were here, the doors would be open. Find a way and the doors will be open.

Julie F, Correct, staffing is the issue. 2 churches are open one day a week for laundry. Legally two volunteers are required to be open at night. Community Services has donated funds from donors and stabilization funds that come with contracts. They have used these funds since the pandemic. 13 applications yesterday, ¾ had to do with housing insecurity, shortage of rent, “It’s a mess out there!” CS has limited funds.

Mike B, Like we thanked Denise and Claire, thank you Karen who single handedly is working for and reminding us about these folks. So far the conversation is about those who are homeless, I would be willing to be a trained volunteer. Maybe college folks, younger folks too. We can call for volunteers. He’d like to get help with that.

Karen, The permanent Endowment has funds for folks who rent and in rental assistance. The 3rd group is market rentals, the invisible 100s that rent all over the island that may find it difficult to pay rent. In some cases summer rentals are drying up and owners are offering leases. WT BOS may have some affordable housing funds that can be used for these folks. We’ll see what the ruling is. Let’s not create more homeless.

Mary J says that the Governor has asked that no one does short term rentals this summer, an interesting concept, could convert to year round.

Paddy, housing on a permanent basis, this would be appropriate time to start that push. Kristine offered that the Chamber would see if there are homeowners who might help. Don’t forget, staffing and funding are barriers!

Beka ED, offered that the class of 2020 seniors might be available for a youth core if they are unable to attend college next year. She would be happy to organize this group.

Victor C, Karen has done a great job. Discuss the issue for people with long term needs. At what point do we say we’ll create a structure? This isn’t a volunteer issue. Harbor Homes is thanks to Karen. What we haven’t done is say this is going to be a formal effort, structure to go to the state and get the money. Employ people to do it and you have a basis for providing that. I don’t know what it will take to push us over to that point – maybe this is it!

Mary J agrees, Karen does yeoman’s job, how do we raise the money to provide for the homeless?

Victor says the state does have money if we had an organization that said here is our non-profit, we exist, here’s how it works, or it could have a non-profit that would take this on. There are funds across the state; we have chosen not to take advantage of them.

Karen recommends one thing; Catholic Services of Fall River had taken over the shelter in Hyannis, 2 years ago. It is their NP, not the Catholic Church. The new CEO has asked if we were interested in a shelter. K will ask her back. Mary J encouraged us to act now.

Victor, if we are going to move forward with this the other dimension is that we need to be able to do it with energy & time, engaging the entity for all approvals. Discussions with the MV Commission, DC housing authority, county commissioners, all island boards of Selectmen and the groups providing emergency shelter. These would be the preliminary steps in getting info for the Fall River group.

Karen, we do have a group. The Network for Homeless Prevention. When Catholic services were here they identified 2 issues, location and staffing. They can provide technical assistance, training and a plan for how it would look here, but we’ll need local resources to step up to provide staff and a place, a shelter manager. Right now is a good time to bring this to light. Mary J offers the council to help, Karen feels like this is real progress, proactive. Cindy suggested an organized zoom meeting with island groups and off island organizations coming together for a brainstorming session. We need people with experience and people who are here in a room (zoom room) together.

Advance Care Planning: Paddy, Cindy and Bob. Paddy asked to draw attention to last night’s emailed material. Her group is hoping to focus on advance care planning especially at this difficult period of time. Now is the time to think of our own mortality and who we would want to speak for us. Those of us who remained at the meeting, 25 from 43, decided to have our next meeting focus entirely on the presentation that Healthy Aging folks have prepared.

Victor invited us all to complete a survey created by the SUD workgroup. Terre will disperse.

Bill J. informed us of the Youth Task Force extended state funding from June to 2021. Congrats! This is great news for them as town meetings are being held later and many organizations go to the towns for financial support and the later dates may cause budget problems.

The meeting adjourned at 9:15 with a send off for all to stay well.

Our next meeting will be May16th. 7:30 am via a zoom

Respectfully submitted, terre young, secretary pro tem