



## MINUTES

### SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

February 24, 2022 – 9:00 a.m.

Meeting was conducted via Webex Event

- MEMBERS PRESENT:** Scott Black – Chair, Council Member, City of North Las Vegas (*in-person*)  
Brian Knudsen – Vice-Chair, Council Member, City of Las Vegas (*in-person*)  
James Adams – Council Member, City of Boulder City (*via Webex*)  
Bobbette Bond – At-Large Member, Regulated Business/Industry (*via Webex*)  
Olivia Diaz – Council Member, City of Las Vegas (*via Webex*)  
Karen Dutkowski – Council Member, City of Mesquite (*via Webex*)  
Marilyn Kirkpatrick – Commissioner, Clark County (*in-person*)  
Frank Nemecek – At-Large Member, Physician (*in-person*)  
Scott Nielson – At-Large Member, Gaming (*via Webex*)  
Michelle Romero – Council Member, City of Henderson (*via Webex*)  
Tick Segerblom – Commissioner, Clark County (*via Webex*)
- ABSENT:** None
- ALSO PRESENT:** Linda Anderson, Carl Bottorf, Georgi Collins, Dawn Christensen, Vanessa Dixon, (In Audience)  
Maya Holmes, Breanna Huber, Col Brent Johnson, Jerry Keating, Lt Col Jeremy Kilburn, Daniel Llamas, Bradley Mayer, Tamara Miramontes, Lindsey Miller, Kathleen Peterson, John Recicar, Pete Ronza, Stacie Sasso, Ryan Scherr, Maj Stephanie Streit, Virginia Valentine, Clinton Wahl, Richard Walker, Cassidy Wilson
- LEGAL COUNSEL:** Heather Anderson-Fintak, General Counsel
- EXECUTIVE SECRETARY:** Fermin Leguen, MD, MPH, District Health Officer
- STAFF:** Elizabeth Adelman, Adriana Alvarez, Rashida Alvarez, Maria Azzarelli, Mark Bergtholdt, Xandee Bernabe, Stephanie Bethel, Ibeth Bojorquez, Sherhonda Brathwaite, Mary Bulloch, Nicole Bungum, Cory Burgess, Victoria Burris, Donna Buss, Joe Cabanban, Maria Cenabre, Mee Kee Chong-Dao, Andria Cordovez Mulet, Stephanie Cortes, Shea Crippen, Rebecca Cruz-Nanez, Aaron DelCotto, Brandon Delise, Regena Ellis, Joanne Engler, Jennifer, Fennema, Jason Frame, Dominick Franchino, Kimberly Franich, Robert Fyda, Tina Gilliam, Michelle Goodsell, Nicole Grandt, John Hammond, Heather Hanoff, Victoria Harding, Raychel Holbert, Richard Hazeltine, Linly Hazlett, Victoria Hodge, Carmen Hua, Jessica Johnson, Michael Johnson, Chad Kingsley, Candice Konold, Theresa Ladd, Cassius Lockett, Cort Lohff, Leena Lopez, Sandy Lockett, Chris Elaine Mariano, Ryan McGahen, Alicia Mitchell, Deborah Moran, Christy Munaretto, Christian Murua, Mike Neszmary, Francine Oakley, Verallynn Orewyler, Kyle Parkson, Luann Province, Katarina Pulver, Zuwen Qiu-Shultz, Jacquelyn Raiche-Curl, Devin Raman, Larry Rogers, JoAnn Rupiper, Vicki Salomon, Mashawn Sandifer, Christopher Saxton, Karla Shoup, Jennifer Sizemore, Jackie Southam, Dorian Stonebarger, Ronique Tatum-Penegar, Will Thompson, Randall Ulrich, Laura Valentino, Leo Vega, Michelle Villanueva, Karen White, Edward Wynder, Christian Young

**I. CALL TO ORDER and ROLL CALL**

The Chair called the Southern Nevada District Board of Health Meeting to order at 9:00 a.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed quorum.

**II. PLEDGE OF ALLEGIANCE**

*Member Segerblom joined the meeting at 9:02 a.m.  
Member Bond joined the meeting at 9:02 a.m.*

**III. OATH OF OFFICE**

There was no oath of office administered.

**IV. FIRST PUBLIC COMMENT**: A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please clearly state your name and address and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed the First Public Comment portion.

**V. ADOPTION OF THE FEBRUARY 24, 2022 MEETING AGENDA (for possible action)**

*A motion was made by Member Knudsen, seconded by Member Nemecek and carried unanimously to approve the February 24, 2022 Agenda, as amended.*

**RECOGNITION**

On behalf of the Health District and Board of Health, Chair Black recognized JoAnn Rupiper, Chief Administrative Nurse, who will be retiring as of March 1, 2022. Ms. Rupiper, most recently, had oversight of the Clinical Services area and played an integral part to the COVID-19 vaccination efforts. Chair Black expressed the Board's appreciation and acknowledged Ms. Rupiper's service to the Health District.

Chair Black recognized Edward Wynder, the new Associate General Counsel. Mr. Wynder advised that he previously worked at the Health District from 2007-2012 in Environmental Health. At that time, he left the Health District and went to law school.

**VI. CONSENT AGENDA**: Items for action to be considered by the Southern Nevada District Board of Health which may be enacted by one motion. Any item may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

1. **APPROVE MINUTES/BOARD OF HEALTH MEETING**: January 27, 2021 *(for possible action)*

2. **PETITION #29-22: Approval of an Interlocal Agreement between the Southern Nevada Health District and the Regional Transportation Commission of Southern Nevada to provide services to support the SNHD Community Partnership to Promote Health Equity (REACH)**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

3. **PETITION #30-22: Approval of the First Amendment to the Interlocal Sublease Agreement between the Southern Nevada Health District and the City of Las Vegas for the temporary East Las Vegas clinic at 2950 East Bonanza Road, Las Vegas**; direct staff accordingly or take other action as deemed necessary (*for possible action*)

*A motion was made by Member Knudsen, seconded by Member Nemecek and carried unanimously to approve the February 24, 2022 Consent Agenda as presented.*

**VII. PUBLIC HEARING / ACTION:** Members of the public are allowed to speak on Public Hearing / Action items after the Board's discussion and prior to their vote. Each speaker will be given five (5) minutes to address the Board on the pending topic. No person may yield his or her time to another person. In those situations where large groups of people desire to address the Board on the same matter, the Chair may request that those groups select only one or two speakers from the group to address the Board on behalf of the group. Once the public hearing is closed, no additional public comment will be accepted.

1. **MEMORANDUM #01-22: Review/Discuss/Approve Environmental Health Business Impact Statement on Proposed Body Art Regulations**; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mark Bergtholdt, Environmental Health Supervisor, presented the Business Impact Statement on the Proposed Body Art Regulations ([Attachment #1](#)). Mr. Bergtholdt outlined that currently there were two regulations related to body art facilities, (i) SNHD Regulations Governing the Sanitation and Safety of Tattoo Facilities, and (ii) SNHD Regulations Governing the Sanitation and Safety of Piercing Facilities, neither of which have been updated since 2005. Mr. Bergtholdt further outlined the process taken by staff in reviewing and consolidating the regulations. Mr. Bergtholdt advised that three public workshops were held, along with a small business impact statement hearing and regulation hearing. Further, Business Impact Surveys were sent to the same individuals as the public workshops. Mr. Bergtholdt advised that 25 responses were received; 18 were either neutral or positive and 7 were negative. The negative comments related to the cost of new jewelry standards, number of allowable apprentices for body art and microblading, and cost of increased testing of sterilizers. Following a review of the survey responses, staff made changes to the proposed regulations to mitigate the impact on businesses. In conclusion, (i) the proposed revisions to the regulations were not likely to impose a direct significant economic burden, (ii) directly restrict the formation, operation, or expansion of regulated business, (iii) the proposed regulations will not impact the cost to enforce these regulations, and (iv) there will be no change in the Health District revenue as a result of the regulations. Ms. Bergtholdt advised that a public hearing on the SNHD Regulations Governing the Sanitation and Safety of Body Art Establishments at the March 2022 Board of Health meeting.

Chair Black opened Public Comment.

Member Nielson inquired whether the cost to the Health District for inspections in regulating the industry was appropriate. Ms. Bergtholdt advised that staff reviewed the cost and did not see any increase in the cost to the Health District.

*Member Kirkpatrick joined the meeting at 9:14 a.m.*

Chair Black advised that he was contacted by a business and received positive feedback on the process of working with staff to address issues raised during the workshops.

Seeing no one further, the Chair closed the Public Comment portion.

*A motion was made by Member Knudsen seconded by Member Kirkpatrick and carried unanimously to approve the Environment Health Business Impact Statement on Proposed Body Art Regulations.*

## VIII. REPORT / DISCUSSION / ACTION

1. **Receive, Discuss and Approve the Mike O'Callaghan Military Medical Center to operate as a Level III Trauma Center within the Southern Nevada Trauma System**; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Col Brent Johnson, MDG Commander of the Mike O'Callaghan Military Medical Center (MOMMC) presented an overview of the trauma experience and the application for the MOMMC to operate as a Level III Trauma Center within the Southern Nevada Trauma System. In summary, Col Johnson advised the positives of designating MOMMC as a Level III Trauma Center:

- Strategically positioned to help the Air Force medical mission and support the community need;
- Develop new and reinforce current partnerships within the community;
- Community support from State and Local Government, educational institutions, and established trauma centers; and
- Participate in State and national data sharing for benchmarking and quality improvement.

Member Nemeč inquired as to the activation fees that will be charged. Dr. Jeremy Kilburn advised that the proposed activation fee was \$975. Dr. Stephanie Streit confirmed that the billing process was transparent and fell under the Department of Defence and Defence Health Agency Universal Billing Office.

Member Bond expressed her support and stated this initiative was filling an important role that serves the community.

Member Kirkpatrick expressed her support and thanked staff for their efforts.

Member Romero inquired as to the logistics of receiving ambulance and walk-ins, while maintaining the security of the base. Col Johnson advised that MOMMC is on the opposite side of the highway from Nellis Air Force Base, outlined the procedure for accepting in-bound ambulance and transports, and advised that at present they will not accept walk-ins.

Chair Black advised that a letter of support was submitted by Congressman Horsford ([Attachment #2](#)).

Chad Kingsley, Regional Trauma Coordinator, outlined the conditions associated with the approval, (i) ACS-COT verification and subsequent renewals, and (ii) participation in the Southern Nevada Trauma System.

*A motion was made by Member Nemeč, seconded by Member Kirkpatrick and carried unanimously to approve the Mike O'Callaghan Military Medical Center to operate as a Level III Trauma Center within the Southern Nevada Trauma System with the following conditions: (i) ACS-COT verification and subsequent renewals of verification, and (ii) participation in the Southern Nevada Trauma System as designed by the Southern Nevada Trauma System Plan.*

2. **Receive, Discuss and Accept the Single Audit Report from Eide Bailly**; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Richard Walker of Eide Bailly presented the highlights of the Single Audit Report ([Attachment #3](#)), which was issued February 15, 2022. The salient points outlined were:

- Total Federal Expenditures included in the SEFA - \$59,249,774
- Three Programs Audited – (i) Coronavirus Relief Fund, (ii) Epidemiology & Lab Capacity, and (iii) FEMA Public Assistance Disaster Grants
- Non non-compliance issues
- Highest type of report offered – unmodified
- No difficulties encountered
- No misstatements were identified
- No disagreements with management

Chair Black inquired as to the number of unmodified audits were required to be viewed as low risk. Mr. Walker advised that two consecutive years of unmodified financial audits and single audits were required, and this would be the first in the cycle.

*A motion was made by Member Knudsen, seconded by Member Kirkpatrick and carried unanimously to accept the recommendations of the Finance Committee and accept the Single Audit Report.*

Member Kirkpatrick recognized the work of the Finance Department.

3. **Receive, Discuss and Approve Southern Nevada Health District Updated Clinical Sliding Fee Discount Scale**; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Karen White, Chief Financial Officer, provided an Update to the Clinical Sliding Fee Discount Scale. Ms. White advised that offering a Sliding Fee Schedule for qualifying patients was a requirement for HHS, HRSA and various other pass-through grants. Ms. White advised that the Sliding Fee Schedule was tied to Federal Poverty Guidelines (FPG) that normally changes every year in January; there was an increase of 4.7%.

- Primary Care: Sliding Fees range from \$20 to \$55, then Full Charge for incomes 200% above FPG
- Family Planning: Sliding Fees range from \$0 to \$60, then Full Charge for incomes 200% above FPG
- Sexual Health Clinic: Sliding Fees range from \$20 to \$60, then Full Charge for incomes 250% above FPG
- Ryan White: Sliding Fees range from \$0 to \$55, then Full Charge for incomes 200% above FPG
- Ryan White Limits:
  - Equal to and below 100% - No Charge to Patients
  - Over 100% up to and equal to 200% of FPG, patient pays no more than 5% of their total income
  - Over 200% and up to and equal to 300% of FPG, patient pays no more than 7% of their total income
  - Over 300% of FPG, patients pay no more than 10% of their total income
- More than 8 persons, add \$4,540 of allowable income for each additional person

Ms. White outlined the application process for applying for the sliding fee.

*Member Segerblom left the meeting at 9:56 a.m. and did not return.*

Member Kirkpatrick inquired as to the rates of the FPG. Dr. Leguen advised that staff would share concerns with the HRSA Project Officer and other venues to the attention of the Federal Government. Ms. White also mentioned that it can be raised with the lobbyists that work with the National Association of Community Health Centers.

Ms. White outlined that last year the Health District changed from a percentage of charges to a flat fee and advised that with the change to a flat fee, the Health District is now collecting 83% of what is owed by self-pay patients, as opposed to 42%.

Further to an inquiry from Member Knudsen, Ms. White confirmed that the Sliding Fee Discount Scale was also applicable to the Southern Nevada Community Health Center and was required to be approved on an annual basis.

Member Bond requested information on the distribution of patients related to the sliding fee scale. Ms. White advised that the information was available and committed to provide it at a future meeting.

*A motion was made by Member Knudsen, seconded by Member Kirkpatrick and carried unanimously to accept the recommendations of the Finance Committee and approve the Updated Clinical Sliding Fee Discount Scale, as presented.*

4. **Receive, Discuss and Accept the Classification and Compensation Study Report by Pontifex Consulting Group and Approve Implementation of the Non-represented Employee Classification & Compensation Plan, effective July 9, 2022;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Jennifer Fennema, Director of Human Resources, introduced Pete Ronza from Pontifex Consulting Group and Jerry Keating, Core 4 Consulting. Ms. Fennema advised that Mr. Ronza was retained to provide a comprehensive review of the classification and compensation, specifically for the non-represented employees, of which are approximately 87, at the Health District. Ms. Fennema further stated that the study was key in recruitment and retention.

Mr. Ronza provided an overview of the Classification and Compensation Study, and outlined that a compensation system attracts, retains and motivates and the purpose of the study being, (i) internal equity, (ii) external competitiveness, (iii) process equity, (iv) culturally appropriate, and (v) financial responsibility. Mr. Ronza outlined the various steps undertaken in their study, including the economic impacts, review of job descriptions, competitive labor market analysis, and labor market competitors.

Dr. Leguen advised that the motivation of this project was that the Health District had been struggling for years to attract and retain talent. Dr. Leguen recognized that salary was not the only solution but it was an important element. As a government organization, Dr. Leguen advised that there was not an intention to match the salaries in the private sector. Dr. Leguen further advised that the intention was to be able to attract and retain talent.

Jerry Keating, Core 4 Consulting, outlined that this study only addresses the non-represented staff. Ms. Keating advised that he, along with Mr. Ronza, Ms. Fennema and Ms. White, met with the executive team of SEIU 1107 to discuss the next steps with the study and how it will affect their members. Mr. Keating advised that in the previous negotiations on the current collective bargaining agreement, there was agreement that further discussions would take place once this study was completed. Mr. Keating advised that leadership is waiting to hear from the SEIU executives on discussions on the next steps. As this implementation plan does not come into effect until July 9,

2022, Mr. Keating advised that it will allow for appropriate budgeting and time to meet with SEIU executives to develop a course of action as it applies to their members.

Further to a question from Member Kirkpatrick, Mr. Keating advised that there was a discrepancy by HR staff in determining whether a position was union or exempt.

Member Kirkpatrick stated that huge strides had been made with the union and she does not want there to be any contentious issues with the union. She suggested that the discussions take place now, with the union representatives on site, and not the SEIU executive team.

Mr. Keating advised that the intention to sit down with the union was sooner rather than later and stated that they are waiting to hear from the union on availability. He continued that the intention was to obtain approval from the Board of Health on the implementation plan to develop clear direction for both represented and non-represented employees, now that the appropriate policies and procedures are in place. Mr. Keating advised that management intention was to sit down with the union to show them the benefits, that will good for all employees.

Member Kirkpatrick advised that all Health District employee have worked tremendously hard these last few years and wanted to ensure that there was open communication. She stated that the Health District can not support the community without the great employees. Member Kirkpatrick stated that any contention with the union ended during COVID-times, with employees working outside of their job classification. She wanted to make clear that the Health District can not go back to a contentious environment with the union.

Dr. Leguen stated that the Health District will not go backwards and would not ignore the employees. He stated that this was something that can be solved; leadership recognized there was an issue and had to address it. Dr. Leguen continued that the positions that were identified have to be addressed with the union and leadership at the Health District. Dr. Leguen stated that leadership has the best interests in addressing this issue properly and does not see the issue with some positions being misaligned as a barrier. Dr. Leguen confirmed that there will not be full implementation of the plan until the issues with the positions was resolved.

Chair Black stated that 87 individuals were outlined in this portion of the study. Chair Black reiterated Member Kirkpatrick's comments that the Health District employees were going above and beyond. He stated that it appeared that the intent was to recruit, retain and motivate these non-represented employees but wanted to confirm that these concepts were for all staff. In essence, a two phased approach (non-represented and represented), with one objective. Chair Black inquired whether the communication and dialogue on the second phase could be expedited.

Mr. Keating advised that the study for all employees was already completed, since when performing a classification and compensation study, the entire organization has to be reviewed. It was only a matter of meeting with SEIU to provide them with the position that applies to their members.

Member Knudsen applauded leadership for raising the issue and asking how the Health District can be better. Member Knudsen requested that the Board of Health be updated on a regular basis on the communication and process.

Ms. Fennema outlined that leadership was requesting acceptance of the classification and compensation study and approval to implement the ranges for the non-represented stuff as of July 9, 2022, to bring employees that are below the minimum range up to the minimum range. The cost for the implementation is approximately \$180,000. Ms. Fennema stated that it would ensure that leadership is moving forward and developing a positive working relationship with the union.

Member Diaz commented that the positions were highly technical and had an expertise that the Health District was competing with nationally. Member Diaz stated that there may be an opportunity

to look at professional development for existing employees. Member Diaz suggested a tracking mechanism on the effectiveness of the plan.

*A motion was made by Member Knudsen, seconded by Member Nemeč and carried unanimously to (i) accept the Classification and Compensation Study Report, (2) approve the Implementation of the Non-represented Employee Classification & Compensation Plan, effective July 9, 2022, and (3) direct staff to provide monthly updates on the implementation.*

*Member Bond left the meeting at 11:15 a.m. and did not return.*

- IX. BOARD REPORTS:** The Southern Nevada District Board of Health members may identify and comment on Health District related issues. Comments made by individual Board members during this portion of the agenda will not be acted upon by the Southern Nevada District Board of Health unless that subject is on the agenda and scheduled for action. **(Information Only)**

There were no items raised.

**X. HEALTH OFFICER & STAFF REPORTS (Information Only)**

- DHO Comments

In addition to the DHO Monthly Report, Dr. Leguen raised that 3.4 million doses of the COVID-19 vaccine have been administered in Clark County, 72% of the eligible population have initiated the vaccine process and 58% of the eligible population have completed the vaccine process. Dr. Leguen advised that the influenza season has been mild, which is similar to last year, and a reflection of the mitigation efforts of the community in preventing the spread of COVID-19. Dr. Leguen further advised that February was American Heart Month, with multiple activities across the community, and February 7<sup>th</sup> was National HIV Awareness Day and the Health District and community partners offered multiple events across the community.

- COVID-19 Surveillance and Contact Tracing Update ([Attachment #4](#))

Dr. Cassius Lockett, Director Disease Surveillance & Control, advised that, from February 6-19<sup>th</sup>, the 7-day moving average of COVID-19 cases declined by 73.6%, from 605 to 159 cases, with the most remaining unvaccinated. The 7-day moving average of hospitalizations, from February 10-23<sup>rd</sup>, declined by 56%, from 921 to 402, with approximately 80% being unvaccinated and 72% being over the age of 65. The 7-day moving average of deaths declined by 72%, from 17.1 to 4.8. The test positivity rate has declined by 54.8%, from 17.7% to 8%. During the month of February, there was a slight decline of breakthrough cases from 43 to 41%. Further to a question, Dr. Lockett advised that fully vaccinated was classified in his presentation as having two doses of the COVID-19 vaccine.

Member Diaz inquired as to how the breakthrough cases are affecting the various demographics in Clark County. Dr. Lockett advised that staff is still monitoring and addressing health disparities in the community.

Member Nemeč inquired as to genome testing and the nasal vaccine. Dr. Lockett confirmed that the Health District has a robust testing capacity and continues to have testing kiosks and clinics in the community. Dr. Lockett advised that there was no release date for the nasal vaccine.



- Aquatic Facilities Permitting

Candice Konold, Senior Environmental Health Specialist, presented on the aquatic permit plan review and plan approval process, and outlined the common factors that contribute to a delay in the process.

Member Kirkpatrick inquired as to the timeline for reviewing and approving the permit plans. Karla Shoup, Environmental Health Manager, advised that there was a 30-day window for plan reviewers to review new projects. Member Kirkpatrick inquired as to what could be done to expedite the process. Ms. Shoup advised that additional staff would shorten the review times but there were still constraints with the fee schedule. Member Kirkpatrick advised that the Board of Health should look at the budget and determine if additional staff can be added. Member Nielson inquired whether an expediting fee was available. Ms. Shoup advised that there was an expediting fee for inspections but not plan reviews. Member Nielson indicated that additional resources were required.

**XI. INFORMATIONAL ITEMS**

1. Administration Monthly Activity Report
2. Community Health Monthly Activity Report
3. Disease Surveillance and Control Monthly Activity Report
4. Environmental Health Monthly Activity Report
5. Primary & Preventive Care Monthly Activity Report

**XII. SECOND PUBLIC COMMENT:** A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Jacquelyn Raiche-Curl, Chief Steward for the Supervisor Unit, SEIU, had comments related to the Class and Compensation Study. Ms. Raiche-Curl stated that the meeting that Pontifex had with the union was with SEIU, Pontifex, Mr. Riccardi; no one from management was present which is highly unusual when discussion business and doing some type of change to policy and procedure. She stated that they cancelled the meeting on behalf of the Health District as they do not consider Mr. Riccardi as SNHD representation. Ms. Raiche-Curl stated that she wanted to clarify that since he went on and on about how many times he was working with the Union. Ms. Raiche-Curl stated that the last two sessions of negotiations were highly contentious. Ms. Raiche-Curl stated that that last one they had, where they did come up with a very good contract and was thankful for the support that they received from the Board of Health on getting that contract. Ms. Raiche-Curl stated that they had no success in negotiating anything until the last session, at which point all other articles in the contract, except for the wage portion, was held hostage and they were not allowed to open or discuss anything for any other article. Ms. Raiche-Curl stated that they were not allowed to open anything or else they would not approve the wage negotiation section. At which time, Ms. Raiche-Curl stated that, as the supervisor representative, she felt bad that she was not able to adequately represent her unit, being the supervisors who were working extensive hours, beyond a 40-hour work week, many of which 60 to 70 hours through COVID-19 times. Ms. Raiche-Curl stated that she can provide names, and stated that Stephanie, who was a supervisor at the convention center vaccination site, worked 5-6 days a week for 10 hours. Ms. Raiche-Curl stated that she worked 60-70 hours with a broken collarbone and did not take a single day off through that timeframe as incident commander. Ms. Raiche-Curl stated that Mee Kee, who was filling multiple roles as employee health nurse, as well as taking over additional responsibilities, she worked 50-60 hour weeks. Ms. Raiche-Curl stated that there were a number of others that she did not have the names at the top of her head. Ms. Raiche-Curl stated that, at that time, she desperately wanted to negotiate the opportunity for comp time, or the ability to earn that, but was denied even the opportunity because we were told if we didn't take what management was offering out that time that they would not settle the contract and therefore, employees would not get their raises on time because of the state law stating that there is a sunset clause. Ms. Raiche-Curl stated that with the previous contract, the Health District

would not even start negotiations with the supervisors until the May Board of Health meeting, when she had to come to the meeting and petition for the Health District to actually meet with the supervisor unit because they refused to do joint negotiations. Ms. Raiche-Curl stated that their contract expires June 30<sup>th</sup>. Ms. Raiche-Curl stated that, at the first negotiation session with Mr. Riccardi, she had never been treated so hideously in her life while management sat by mute. She stated that Mr. Riccardi berated them in such a horrific manner. Ms. Raiche-Curl stated that she wished she recorded him to play it back for the Board of Health, because it was the most unprofessional exchange in her career. Ms. Raiche-Curl stated that she appreciated Member Kirkpatrick's comments today. Ms. Raiche-Curl stated that she understood what Dr. Leguen was trying to do but that it would be nice if he started reaching out to the union executives when they reach out to him. Ms. Raiche-Curl stated that she was concerned about pay equity. She stated that they had to fight very hard the last two contracts for any type of raise. Ms. Raiche-Curl stated that just before their last contract, many chief management positions, including Dr. Leguen, receive a raise and many people were just elevated to new directorships. Ms. Raiche-Curl stated that the reason there are retention concerns is because the Health District does not do exit interviews anymore and does not look at the fact that there are certain areas that have great retention issues than others. She stated that if you do not do exit interviews or transfer interviews, why are there some areas where everybody mass exits, while other areas do not have those same problems. Ms. Raiche-Curl stated that if the Health District starts talking to those employees and finding out why are they more likely to work in one area and desperately wanted to leave another, that may give you some insight.

Victoria Harding stated that Ms. Raiche-Curl said a lot that she was going to say. Ms. Harding stated that the attorneys for SEIU will be contacting the Health District because in the Class and Compensation materials approved today there were four bargaining unit eligible employee positions listed, which means that was just an unfair labor practice by bargaining without SEIU related to their job. Ms. Harding stated that she knows these are errors, but the errors occurred because no one sat down and talked to them. Ms. Harding stated that in the last bargaining, she provided the new listing of job classifications, what needed to be there, what needed to be changed for the contract to move forward. The most the Health District did was make a committee to determine what the job classifications that are union eligible and not, and that it has not been discussed with them. Therefore, there is an unfair labor practice that just occurred today because no one listened. Ms. Harding stated that there has been not one communication between the Health District and SEIU and they don't know anything of what is happening. Ms. Harding stated that the Health District is changing the actual job descriptions; they are becoming more general. So, for people working out of class, for determining what duties are in any position, and they are changing titles. Ms. Harding stated that this affects the classification seniority, it affects layoffs, it affects their exemption and overtime, and they are changing so many things. This is not about giving us extra money because we'll take extra money. This is about everything that they are doing to everybody's current job. She Harding stated that we want to find good people and have them come to the Health District, but there will be a mass exodus here in many areas. Ms. Harding stated that it was really dire here. They don't want to be contentious but if they are not invited to the table then they can't help, they can't help the employees, and they can't help the community. Ms. Harding stated that it is time to bring them to the table.

Ryan Scherr, Integrity Pools, expressed his thanks to staff for their work on aquatic facilities permits. He further expressed his frustration from time to time in having aquatic plans processed. He advised that there is an intake, then a 30 days for the review period, they submit comments and then there is a re-review of the entire project which can raise additional issues, with the plan being placed back on the queue for another 30 days, which would lead to 60 or 90 days to get a permit. Mr. Scherr further stated that plans are reviewed by new staff and then reviewed by their supervisors, so then two sets of comments are received for the same project. Mr. Scherr suggested that the process should be the same as the rest of the municipalities, so the plan reviewers are not the inspectors. Mr. Scherr stated that the current process muddles things up because the plan reviewers have to stop what they are doing all the time to go out and do inspectors. Mr. Scherr indicated that his company has lost business because people think that they are taking too long and someone could do it better and faster.

Seeing no one further, the Chair closed the Second Public Comment portion.

**XIII. ADJOURNMENT**

The Chair adjourned the meeting at 12:09 p.m.

Fermin Leguen, MD, MPH  
District Health Officer/Executive Secretary

/acm

DRAFT