

(Source listed at end of transcript)

Jamie Stephens (00:03):

dr. James,

Frank James, SJC PHO (00:10):

Um, hello everyone. Uh, I just wanted to make a few comments and I want to make a request of everybody that's listening. Um, the, the next month is the crux of this whole pandemic. This is it. This is going to be the most serious time. Uh, we have a patient hospitalized right now. Who's high risk is the time when deaths could occur. This is going to be when most people that we have that are going to get the disease are going to occur in this period of time in the next month or so four to six weeks. This is the time when we have to take extraordinary measures to protect ourselves. Um, we went 10 weeks with no cases in our County. And what I can tell you is that that means there was no disease in our camp. They weren't virus in our County at all, but in the past two weeks, we've, that is blown up. As you heard, there are, uh, many cases and many more possible cases in our County now. And we have some people that are extremely ill at the same time. We see the capacity of our hospitals as Mark and Kyle mentioned shrinking. Um, we could, if we're going to end up in a, in a situation where we have a surge of cases, this is it.

Frank James, SJC PHO (01:26):

The fundamentals have not changed. 40% of people that have these infections have no symptoms at all. They don't know they have it. And the other is

Frank James, SJC PHO (01:39):

I actually have no symptoms for the first 48 hours before they develop symptoms. When they are infectious, this is not a disease we can manage by symptoms. People feel just fine with it, fairly widespread in our community already. We are heading into the most risky time of the entire year. It's a time when people gather at home, they have close contact they're indoors. They don't wear masks and sustained sustained period of time. That is a formula for transmission of this disease. We know friends, neighbors, and relatives are the most likely people will get this from, and that we will spread it to. Um, and the most likely location for this transmission is in your home. This is Thanksgiving. I, you know, if I could beg you, I would beg you. I do beg you, please share this message with your family, with your friends, with your colleagues. They have to know that this is the time when we have to act when we have to take those responsibilities. Seriously. If we do that, if we wear a mask, if we distance, if we don't travel, we're going to do as well as we've done already. And we've had an outstanding success, outstanding success.

Frank James, SJC PHO (03:09):

There are hundreds of them,

Frank James, SJC PHO (03:10):

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as presented to the County Council on 18 November 2020

Millions of deaths in America. We've had none, and that's an achievement of our entire community by doing the right thing.

Frank James, SJC PHO (03:20):

I certainly know of

Frank James, SJC PHO (03:21):

People that are going to travel for Thanksgiving, either traveling or having guests in your home is not the right thing to do. We need to make sure that is a social norm.

Frank James, SJC PHO (03:34):

I don't have a lot

Frank James, SJC PHO (03:35):

Of patience for people talking about shaming. It's just a fact. This is not the time to engage in those activities that people have made. Those plans need to cancel. And it's not just about yourself, that you're protecting it's the entire community. And we have an extremely high risk community. You already have this disease out in it. We have community spread for the first time. There's a dangerous situation. It grows exponentially because no one knows they have it. When they spread the disease with exponential growth, we can expect this to double, quadruple the number of cases we have and the number of people who watch an important team. We do not have the staff to do that. Our hospitals do not have the staff to manage those cases. We have to behave differently and we have to do it now.

Frank James, SJC PHO (04:37):

Um,

Frank James, SJC PHO (04:38):

Appreciate all of our community support and their willingness to do the right thing. And this is the crux. This is when it matters around the corner. There's so much good news. There are new treatments that have been released. The vaccines are promising to be highly effective and very safe. The first two vaccines I've looked at some of the data for them, 95% efficacy, even in elders for mildly ill and severely ill people. They work just around the corner. We'll see the first vaccines in December. We'll see a lot of vaccine being distributed in, in January, February, March, and by April. We'll have anybody that wants to see have a vaccine, get it. Uh, but until then, and certainly for now, it is time to double down on our commitment to prevent the spread of this disease. But the people who encountered the first SARS virus in Hong Kong,

Frank James, SJC PHO (05:42):

They had no

Frank James, SJC PHO (05:44):

Tests. They had no treatment. Um, they stop the spread of that disease. They limited to 8,000 people and 800 deaths by simple isolation, quarantine, and distancing and mask wearing. These are things we know, work and work well, we just can't be complacent. We can't be fatigued. We have

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Frank James, SJC PHO (06:05):

To do it.

Frank James, SJC PHO (06:07):

If each of you make that commitment to yourselves, each of you share that information with your family. Each of you share that information with your colleagues. We can have a different outcome. If we don't have that standard set as a community expectation, we will suffer and we will suffer.

Frank James, SJC PHO (06:27):

Um,

Frank James, SJC PHO (06:28):

So I asked you all to please share that message. Please share it effectively. And w with, and with a deep commitment, if any of you doubt anything I'm saying, please contact me and we can talk about it. Um, uh, this is the time of action.

Frank James, SJC PHO (06:46):

This is the critical time. Thank you. Thanks

Jamie Stephens (06:51):

For James. Um, does anybody have any comments or questions for dr. James well said, right.

Frank James, SJC PHO (07:01):

Thank you. Thank you,

Jamie Stephens (07:06):

Dr. James. Um, okay. There's no further questions.

Bill Watson (07:10):

Um, actually, sorry, Jamie. I was muted. Um, this council member Watson. So dr. James, at this point in time, you have no plans to do a local, uh, officer order of any kind.

Frank James, SJC PHO (07:24):

We will provide orders as needed. It will depend on what happens. Um, so far I've had outstanding cooperation from the people that matter when, when the schools are threatened, the schools have got the education, they need the information they need. They're making wise choices and they don't need orders to tell them what to do. Um, the same token, I think the governor has, has done a lot of heavy lifting for us. Again, he's made very difficult and unpopular decisions, but I believe he's done the right thing. We need to make sure that what he has suggested or ordered actually gets done. And just as in the past, we've done the difficult things that were necessary to implement the governor's orders. When, when those orders in and of themselves were not adequate now is not the time to lose heart about that. And if orders are needed to make these things stick, we will have orders that require things with penalties.

Frank James, SJC PHO (08:22):

Uh, I think we've had a very enlightened community. I feel like the relationship with the business community is excellent. I get calls from them all the time. Uh, and they're most always information about what should they do. Um, and public health. You can either be a cop or you can be an educator. And to the extent that we possibly can be, we need to be educators. We need to have people trust us and come to us with questions, just like regulating a restaurant. If you're a cop, they're not going to ask you if you're an educator they're going to come in. And so far, we've had that relationship if it's necessary. Um, **because this is an emergency** is because I'm a duly appointed health officer. I can do things that are [inaudible] in nature and if necessary, we will do it. But for right now, I think we have to simply educate people.

Frank James, SJC PHO (09:13):

That's the first step. And only if that doesn't work well, we need to do the more difficult things. And for right now, if we can continue to reach beyond our circle of influence and get the right information to people about the right thing to do, we can get through this. If that, if we need more action, I'll definitely take it. There is no imminent plan actions I'm considering now as I've moved in that direction, for example, with the schools and, and some of the athletics going on in schools that I thought were risky, uh, wise action, prudent, thoughtful decisions have been made to curtail the things that were dangerous without an order. I'm very proud of that. I'm proud of our schools. I'm proud of the, the, the leaders in, in that, in that youth sports activities, that changed what they were doing to make it a safer.

Frank James, SJC PHO (10:06):

Um, and, and we didn't need to issue an order, um, if we need to, we will. And in any of you that believe that there's something that needs, um, the force of law in an emergency situation, don't hesitate to ask me, I'll consider it. Um, but as always education first, uh, voluntary compliance first, um, and again, our community is far ahead of any community I know of and doing exactly that you get people the right information, they can do the right thing. Just like, **I mean, if there's one thing I could do as an order, it would be to prevent people from coming here. I mean, they really do. They can either not travel or they can do seven days of quarantine in a test or 14 days of quarantine. If they don't do one of those things, they are being irresponsible and putting other people at risk and they need to know it.** It's not okay because people who become infected don't know they're infected this 40% asymptomatic people in 60%, presymptomatic people spreading the disease. We, you know, that makes it extraordinarily difficult, uh, to control it without these kinds of somewhat abstract rules. Um, thank you. Thanks for the question, bill. Yep.

Jamie Stephens (11:24):

Thank you, dr. James. Um, anybody else before call Elena?

Rick Hughes (11:29):

Uh, Jamie? Yeah, sorry. Uh, first of all, I apologize for the delay. I was caught up in a Wasatch meeting and then I couldn't figure out technology. So, uh, my apologies for taking 15 minutes to click on a link, um, I I've had several emails and I think, uh, counsel may have as well regarding how we're reporting new cases. And you may have already discussed that. And I apologize if I'm being repetitive. Um, I would love to find out how we're going to be reporting cases to the public once they're identified.

Frank James, SJC PHO (12:05):

Can I just say that the other people want to maybe help answer this question, but the problem with people hanging their hat on a particular number is that those numbers are, are flexible. Um, and, and the reason they move around is that, uh, for example, one person that was diagnosed in the state of Arizona, we've tried to chase down and we haven't been able to find them. And we don't know if they were here. They're there. They're residents of record is here. We believe they probably are in Arizona and not here and not, uh, not in interacting with our people and especially not our case. We still have to count them because we haven't been able to eliminate. We haven't made a positive contact with them. They're there just, just to finish those kinds of cases, come up all the time. And we also get false positives. It counts as a case, and then don't count as a case. So the exact numbers going to move around and people just need to know that and be a little bit sympathetic about it. Um, uh, but go ahead and ask your question.

Rick Hughes (13:04):

So, w I mean, I, I appreciate your answer that wasn't really, I was trying to get through, like, I'm not concerned with the aggregate number for the County. Um, what I am concerned about is if we have a positive that we've verified and there's multiple cases per day, that we at least put out something that says one new case on orcas. Um, right now it's my understanding that we're providing weekly summaries of the cases. It may be updated on our website, but I would like even a nominal press release to go out every day or every couple of days to give a little bit of information where the case is, and bill shaking his head, but I disagree with him. So I think that if we wait once a week and tell people about stuff, we're just going to create more concern. And I think we just say, Hey, look, here's these cases and we're investigating and we move on just my thought. And no one has to listen to me. I mean, not that you ever have any way, but yeah,

Frank James, SJC PHO (14:00):

No, I think that's a legitimate question. I get that question a lot and I'm sure all the council members get that same question and I Brendan D or if you're on, could you want to answer why we moved to that format or marker Kyle?

Brendan Cowan (14:14):

Yeah, I'll, I'll, I'll chime in on that. Um, what we do is update our website, um, as, uh, as soon as practicable, uh, once we have been notified of a case and can confirm it. So we update the actual numbers on the website and indicate, uh, which Island it's on, but what we have gone away from, and this is as of last week is the more detailed press release after every case. So we made a decision, uh, based on, uh, the amount of labor that's involved in drafting those and review, um, that we would prioritize, uh, updating the website, uh, real time, uh, with both the cumulative case count and the case count per Island. Uh, and then we committed to once a week giving that more detailed summary, um, about the cases and, and, and we'll generally what we know about, uh, the, uh, transmission source. So that's, that's where we're currently at. And again,

Rick Hughes (15:21):

No, go ahead. And again, no one has to listen to me, but, uh, that seems like a policy decision. And you say we made that decision. I was not aware of that as council chair, or as a board of health member. Um, you know, these aren't, these aren't decisions that need to be made in a vacuum without elected

representatives weighing in. So I would hope that we would address this, or at least discuss it, or I can just mute and be quiet. But, um, I really think that this is important stuff that your elected officials or appointed board of health members need to make without having it be done by a staff.

Frank James, SJC PHO (15:58):

Ray, can I say that? Just, uh, so just, just to, just to clarify the real-time number is posted on the website, as soon as we know it. Okay. So that number is available to anybody that wants to look there even down to the Island. And so that, that hasn't been taken away at all. So anybody that wants to just to do it, what, what, what becomes difficult is then deciding what do we report? We at one time we had over a hundred people that we were monitoring, some of whom were becoming positive, um, that becomes very, uh, difficult to communicate accurately to the public what's going on when there's that dynamic.

Rick Hughes (16:36):

Okay. There's two questions dr. James and I don't mean to be argumentative, but the first question is a decision was made without council or board of health knowing. And the second thing is a decision was made, and we weren't even told that decision or policy change was made. And so I'm getting emails and text messages of people telling me something that I'm not aware of. And I, I find that unacceptable. So, you know, it's, if we're going to make decisions in the EOC environment of the health decision, please tell your elected officials what path you're taking.

Source:

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The link for the meeting from which this transcript was taken is:

<https://media.avcaptureall.com/session.html?sessionid=a91b410b-b9cc-48a9-86c8-27606f25d51f&fbclid=IwAR35bc2VLVVgZcalNO5LLOo8JjlUSi3C2Y20SxyDewszcXJE-euTAMBxhwo>

starting at time 39:43 in the above link.

Note: transcription terminated when topic moved away from Frank James comments.

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