STATE OF KANSAS)
WYANDOTTE COUNTY)) SS SPECIAL SESSION, THURSDAY, APRIL 29, 2021
CITY OF KANSAS CITY, KS)

The Unified Government Commission of Wyandotte County/Kansas City, Kansas, met in Special Session, Thursday, April 29, 2021, with ten members present online. Bynum, Commissioner At-Large First District; Burroughs, Commissioner At-Large Second District; Townsend, Commissioner First District; McKiernan, Commissioner Second District; Ramirez, Commissioner Third District; Johnson, Commissioner Fourth District; Markley, Commissioner Sixth District; Walters, Commissioner Seventh District; Philbrook, Commissioner Eighth District (arrived at 5:09 p.m.); and Alvey, Mayor/CEO presiding. Kane, Commissioner Fifth District; was absent. The following officials were also in attendance: Doug Bach, County Administrator; Bridgette Cobbins, Interim Assistant County Administrator; Alan Howze and Melissa Sieben, Assistant County Administrators; Brett Deichler, Interim Unified Government Clerk; Misty Brown, Chief Legal Counsel; Alley Porter, Commission Liaison; Ashley Hand, Director of Strategic Communication; Angel Obert, Assistant Director of Parks & Recreation; Juliann VanLiew, Director of Health Department; Dr. Erin Corriveau, Deputy Local Health Officer; Dr. Allen Greiner, Local Health Officer; Jeff Fisher, Executive Director of Public Works; Kathleen VonAchen, Chief Financial Officer; Debbie Jonscher, Deputy Chief Financial Officer; Reginald Lindsey, Budget Director; Sam Her, Public Works Fiscal Officer; Matt May, Emergency Management Director; Michael Vivian, Police Department; Jeff Conway, Assistant Counsel; Lynn Melton, Assistant to the Mayor's Office; and Maureen Mahoney, Chief of Staff in Mayor's Office.

MAYOR ALVEY said before I call the meeting to order, I want to announce that due to COVID-19, individuals are attending remotely as well as on-site. All participants joining by phone should mute their phones when not speaking to avoid background noise. During the meeting, please make sure that you announce yourself by name and title every time you speak so the public that is participating knows who is speaking. This is critical given the number of remote participants in his current guidance from the Kansas Attorney General.

MAYOR ALVEY called the meeting to order.

MAYOR ALVEY said I would ask the Clerk to announce the meeting and call the roll.

ROLL CALL: Bynum, Burroughs, Townsend, McKiernan, Ramirez, Johnson, Markley, Walters, Alvey.

NOTICE OF SPECIAL SESSION of the Unified Government of Wyandotte County/Kansas City, Kansas, to be held Thursday, April 29, 2021, at 5:00 p.m. by way of Zoom regarding a COVID Health Ordinance followed by 2022-2026 Capital Maintenance Improvement Projects (CMIP).

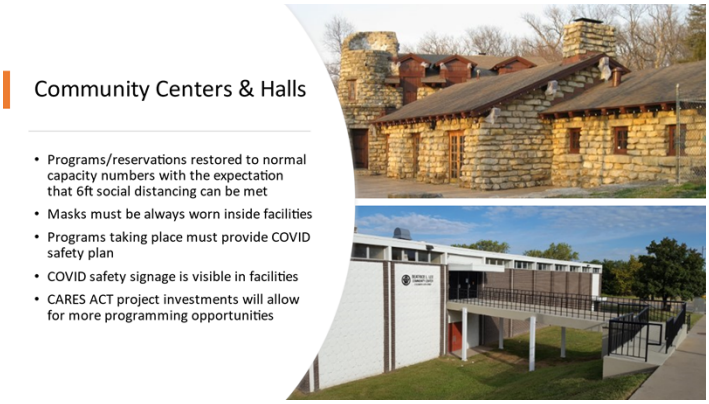
Due to COVID-19 the public will be able to observe or listen to the meeting live on YouTube or UGTV or through Zoom.

CONSENT TO MEETING of the governing body of Wyandotte County/Kansas City, Kansas, accepting service of the foregoing notice, waiving all and any irregularities in such service and in such notice, and consent and agree that we, the governing body, shall meet at the time and place therein specified and for the purpose therein stated.

Mayor Alvey said we have two topics today. The first item is a COVID-19 Health Ordinance. I will turn it over to Mr. Bach.

Doug Bach, County Administrator, said the intended update tonight is to talk about where we are with the status of COVID, the vaccination, but we also wanted to start off with a little bit of an update from our Parks & Rec Department regarding how we are treating some of our facilities in regard to that. We're going to let them—I'm going to turn this over to Angel Obert to start with and Angel is going to walk through and talk about how we're treating some of our facilities based on our current rules and ordinances and then we will go to Health from there.

Angel Obert, Assistant Director of Parks & Recreation, said I'm going to update you on what we're doing in Parks & Recreation as far as our COVID safety update. As you know, this has been a very fluid situation for us and we've been working very closely with the Health Department and they've done an excellent job in giving us guidance throughout the entire pandemic to ensure that we are operating safely in our daily operations, especially in our amenities and our facilities.



I will start with our community centers and halls. Our programs and reservations have been restored to normal capacity with the expectation that 6 ft. social distancing can be met. Also, masks must be worn inside all our facilities. Any program that we have taking place in our facilities, we've requested that they provide a COVID safety plan. What that means is that they submit a plan to us on how they plan to follow those guidelines set forth by the Health Department so we can grant them the approval for them to take place in our facilities. We have COVID safety signage that is visible in all of our facilities and then also I just want to note, our staff is very excited to begin slowly reintroducing these programs back to our centers and also for our community.

As you know, we had a lot of exciting investments through the CARES Act Project over the months where we were inactive just due to the pandemic and so we're very excited to be able to introduce some new programming opportunities through that.

We'll move to our outdoor facilities which is our shelters and basically our outdoor courts. Individuals within a public space shall maintain 6 ft. of physical distancing from other individuals. This is unless they are families, families renting a shelter together and they are all in the household, then they are exempt from that. We also will ask that masks shall be worn while outdoors in public spaces if they are unable to maintain a 6 ft. distance between individuals. Again, that's not including individuals who live together.

A big topic is our sports. We just recently, the middle of March, started to slowly reintroduce sports back to our community. What that looks like for us in our department is that players may unmask to engage in sports competition or practice, but they must wear a mask over their nose and mouth at all times. If they are on the sidelines, in the locker rooms, or in huddles; any time they are not engaging on the field or on the court, they must wear a mask. Spectators attending these

events will be asked to maintain 6 ft. of physical distancing in these public spaces and also masks shall be worn if it's inside our facilities, if we've got games going on in our gymnasiums. Masks shall be worn while outdoors in public spaces if they are unable to maintain that 6 ft. social distance. Again, this is not including individuals who live together.

I just want to note too on this slide, we are working on rebuilding our youth programs. We lost a number of youths to surrounding Parks & Rec Departments. A lot of metro areas around us continued to play sports while we did not, so we have noticed as we've started to slowly reintroduce our programs to our community that our registration numbers are low. We do hope to see that increase and come back to our normal level. We've had a lot of feedback from the community during the pandemic how important it was for them to be able to have something for their kids to do and now that the guidance from the Health Department working closely with them and being able to offer these programs again safely, I think they will come back and participate right back in their own community.

Now I will talk about our aquatics starting with our spray parks. Our spray parks will be open for normal hours of operation. We will look for our spray parks to open Memorial weekend and that will be Saturday, May 29th. We do have three spray park locations and they are open seven days a week from 9 a.m. to 9 p.m. What you can expect, our spray parks is maintaining that 6 ft. of social distancing except for people that are in the same household. While kids are at the spray parks playing, they can remove their masks when they are actively playing in the water, but otherwise if they are around spray park decks, they should keep those masks on. Also, we will have COVID safety signage that will be visible at our three spray park locations.

For Parkwood Pool, we do anticipate Parkwood Pool to remain closed to the public for the summer 2021 season. The community, you will probably see that the pool will be filled, but this will be to perform routine maintenance just to make sure we are keeping up with everything we need to do at the pool.

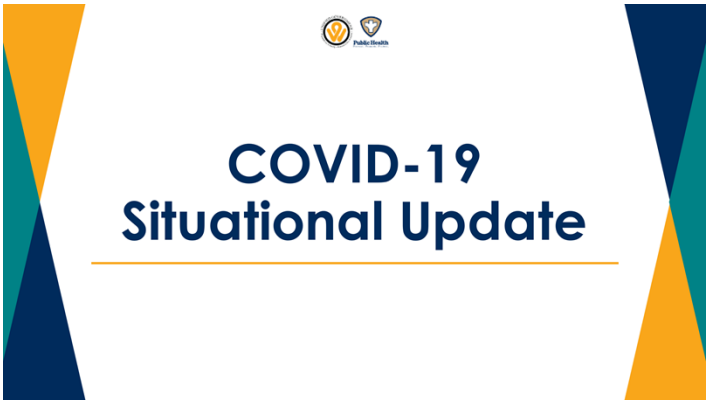
We do look while it is filled to offer a lifeguard training work study program. This program will be offered to youth 16+. I know that we are not the only organization, every aquatic department across the metro area has experienced a lack of lifeguards and that's—you know, we lost a whole year of aquatics. We've been in a lot of conversations about trying to rebuild that program, so we think this is something that we can offer the community or offer our youth and help strengthen our lifeguard training program and, hopefully, be set up for success for summer 2022.

Also, swimming lessons for youth under 16 we'll continue to evaluate this possibility of being able to offer maybe this as a program too for the youth in our community this summer.

Like I said, this is a very fluid situation and we've been working very closely with the Health Department to make sure that we are in compliance with the guidelines they are putting out, so this information that I've presented before you, is what we are currently doing for our daily operations and, of course, as things continue to change we will adjust here in Parks & Recreation and make the necessary adjustments as we move forward.

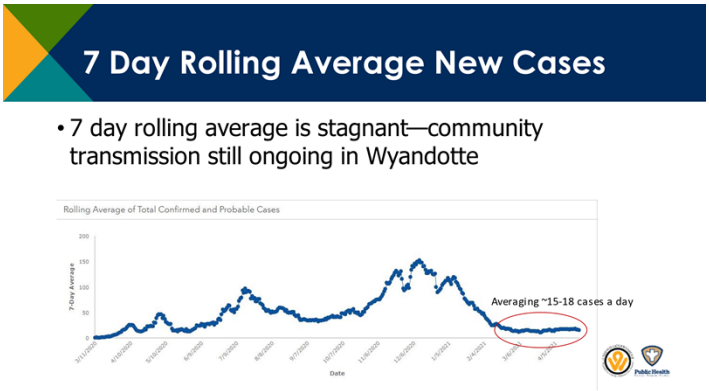
That concludes what I have for Parks & Recreation as far as what we are doing as far as COVID-19.

Mayor Alvey asked, are there any questions or comments from the Commission? Seeing none, we'll move on to the next topic.



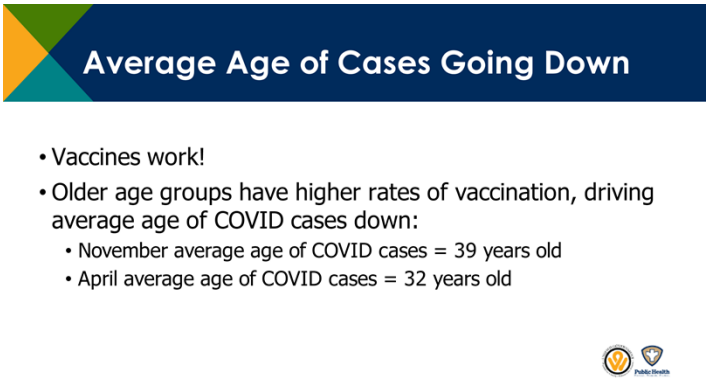
Mr. Bach said I believe this turns it over to Juliann VanLiew with the Health Department to lead off our presentation regarding COVID-19.

Juliann VanLiew, Director of the Health Department, said I'm actually going to go ahead and throw it to Dr. Corriveau to start us off, our Deputy Health Officer.



Dr. Erin Corriveau, Deputy Health Officer, said I just want to start us off by just talking a little bit about where we're at with COVID-19 cases and such. In our community we're seeing really on average about 15 cases a day right now and so that's a far cry from where we were around the holidays. It has continued to be low now for several weeks which is great.

Just to give you a sense, you know, we're actually increasing a little bit in the number of tests that we're doing in the past week or two and despite that, the number of cases that have been positive have remained low. So, we're doing about 400 tests a day and averaging again about 15 cases.



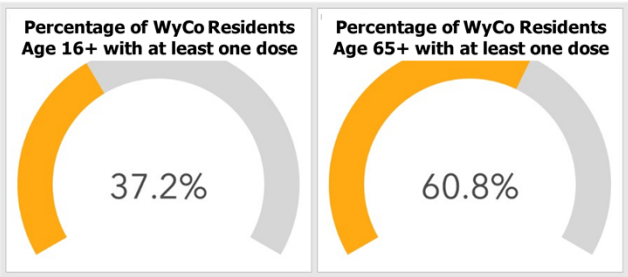
We're seeing also this kind of interesting trend that you know now later in the pandemic, we're seeing that the average age of our COVID cases has decreased, has gone down, so we're seeing more cases in our younger people and fewer cases in our older folks. Of course, the average age was just 39 back in November but I think it shows that a lot of our older folks in the county were struggling. Of course, we were so afraid for people who are older to get the virus and then become quite ill. I think the majority of our hospitalizations and deaths were, of course, in our older population. We feel as though the vaccinations are making an impact in our community.

Vaccine Data Summary

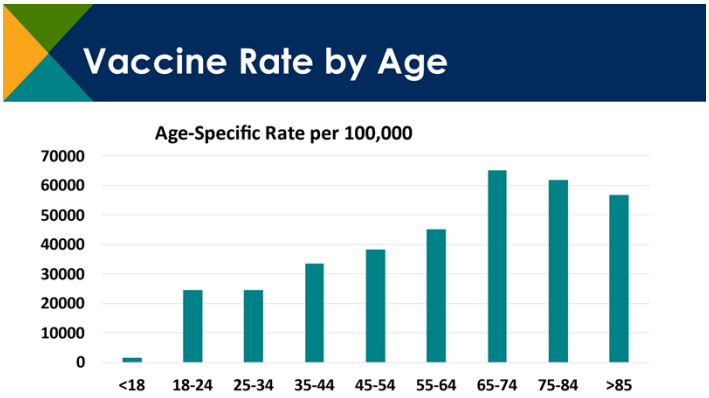
	Number	Percent
Wyandotte Residents with **at least One Dose**	46,266	28%
Wyandotte Residents with **Completed** Vaccine Series	34,765	21%

We're going to transition now and talk a little bit about how vaccine uptake and the numbers and such are going in the county right now. This is pretty interesting. So, one in five people in Wyandotte County have completed their vaccine series either one of the Johnson & Johnson vaccine or have received both doses of the Pfizer or Moderna vaccines. We also see that 28% of folks in the county have at least one dose which is looking much better and getting better with time.

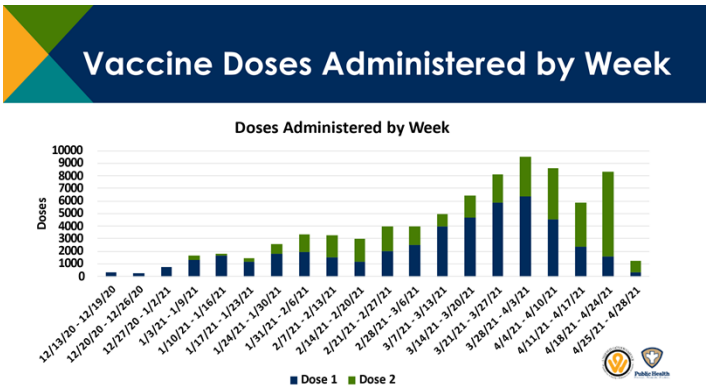
Vaccine Rate for Eligible Residents



You can see here that we initially began vaccinating our older folks in the county, 80 and up, and then dropped down to 65 and up, so you can see that the majority of those folks 65 and older in the county actually have at least one dose of vaccine so we're almost 61% of folks 65 and older have at least one dose. It's the younger population that we're struggling a bit more with, 16 to 65 we have about 37% of the county has at least one dose and, of course, vaccines haven't been available to these age groups for quite as long as the older folks. It's still important trying to push the vaccines in younger folks is going to be a real important part of what we continue to do.



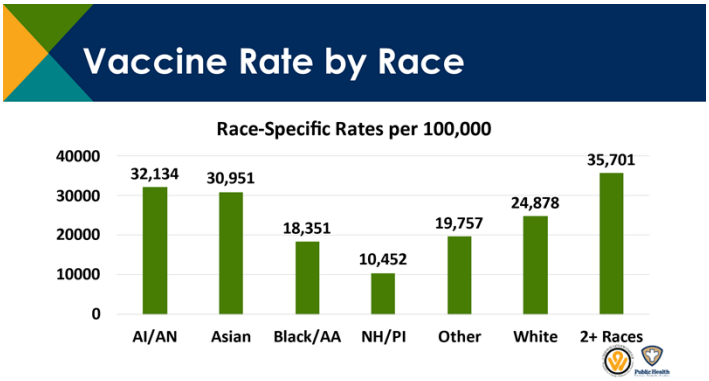
Again, here we see for age specific rates of vaccination, we see that in 65 to 74 and then 75 to 84, we see a really high rate of vaccination in the county which is awesome so our job is to get these younger folks who are eligible for the vaccine to go ahead and get it.



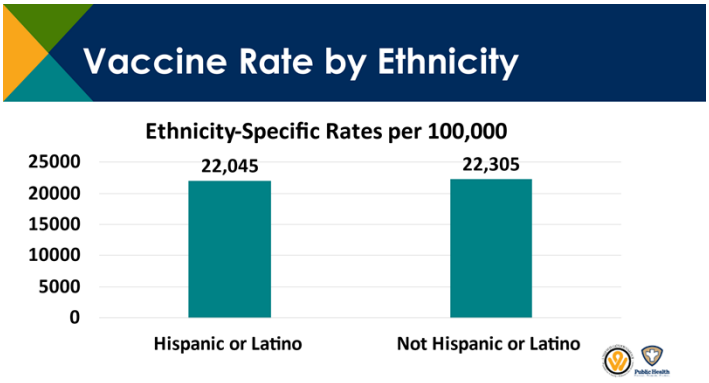
One more slide for me before I turn it to Dr. Greiner. I think this slide is really very important and interesting. You can see here over on the left we're looking at number of doses of vaccinations and then down below here just the time course through the pandemic since our vaccinations have been available. You can see the first dose of vaccine represented by the blue and the green represents dose two or completion of the series.

You can see over here when we look at about the first week or so in April, we're seeing really high number of the first dose of vaccine, but it really peaks and then, unfortunately, we're seeing a really sharp decline there in first doses of vaccine that are being administered. Of course, we're seeing a lot of people come back for their second doses and that's encouraging but we would really like to see more of those first doses and second doses to just kind of continue out, so we're a bit worried by this trend.

Dr. Greiner, I'm going to turn it to you now.

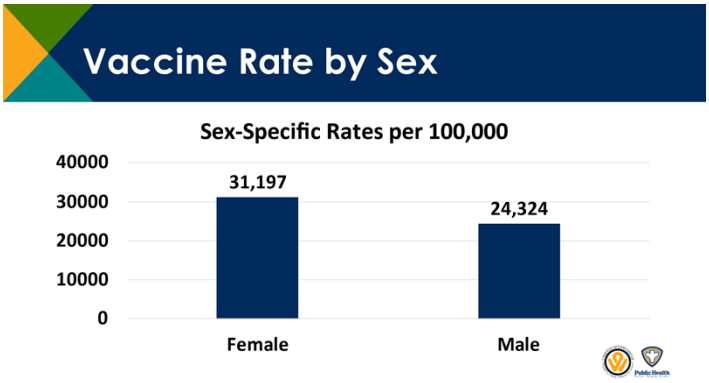


Dr. Allen Greiner, Local Health Officer, said as Dr. Corriveau is showing us, we've made a lot of progress. We're slightly worried that we don't have the demand we did have there for a bit and, of course, we now have a better supply of things. We've got a long way to go but there is some good news. This slide here shows us vaccine rates by race and so these are rates so you've got the numbers out of 100,000 and we do see here that we're getting closer to the equality we would like to see here. There was a time early on when we really had pretty significant inequality between Whites and other groups, but that's improving. We think we can actually push this to where we've got roughly the same rates across all of these categories. That would be the ideal scenario, would be for all of these bars to be the same and they are better. That's an important thing. Part of that I think is a lot of community work that is going on. Juliann is going to talk about that some more here in a second.

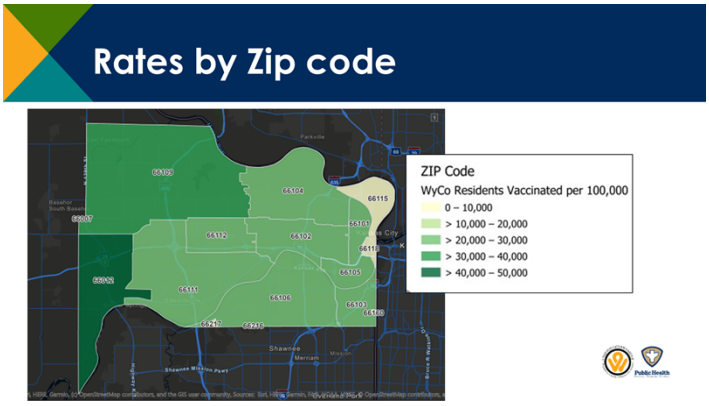


This one is just another look at something similar, not racial data, but ethnic data here, what are the rates per 100,000. We've really got equality here and we did not have this several weeks ago and so we're very encouraged by this. We do know that our Latinx population has been hit hard by COVID so it's a high-risk community sector. The efforts here of the different teams I think

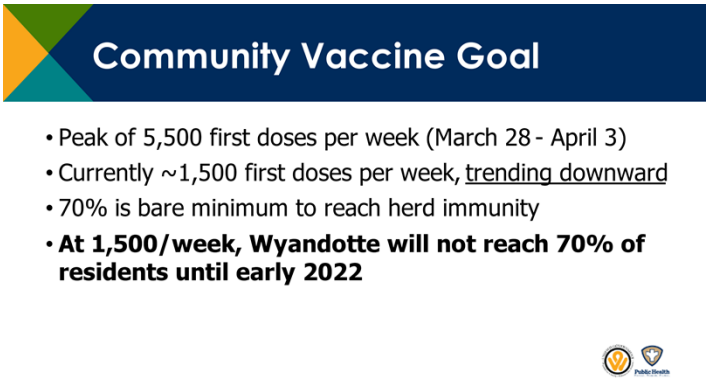
have really made an impact, again, as has the community work that's been going on and that will continue.



How are we doing by sex. We don't have equality here. This is not different than a lot of other things we see in health care and medicine where males do not always participate in some of the preventive health services that we would expect them to at quite the same rate. So, this is something we're going to have to work on too. It's going to take some creativity but we've got to get all the population segments vaccinated at the same rates and as quick as we can.



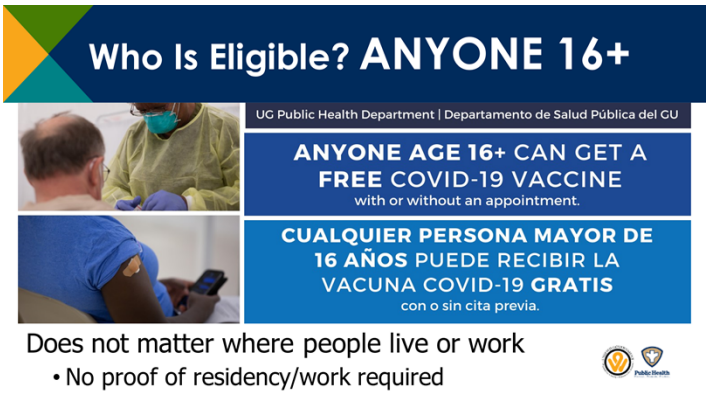
How are we doing by zip code? This is another one where we've really improved things. You may have seen data. We talked about some weeks back where we have really significant differences between the western side of the county and those zip codes versus the eastern side of the county, things are improving. We've got (inaudible) some things to where at least everyone is in light green. We want to get it to dark green as soon as we can but we're really making progress and I think part of that is getting the site of the Armory opened up as well as all that outreach.



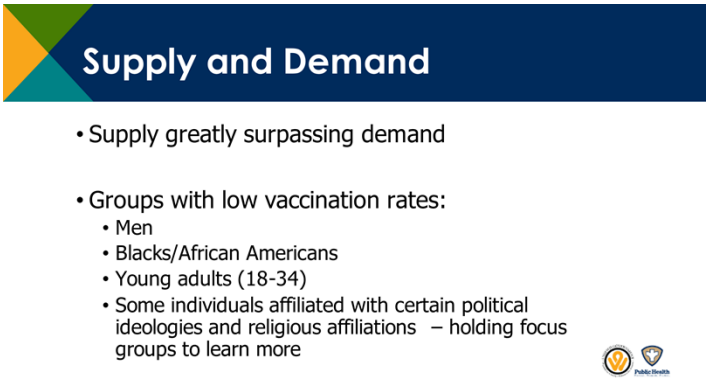
What are the goals? What are we trying to do? Well, when we were at our peak about a month ago we were doing about 5,500 first doses a week which was really great and this goes back to the slide Dr. Corriveau showed. Now we're seeing a downward trend. The last week or so we're only doing at 1,500 first doses per week. When we had limited supply we had a lot of demand. We finally kind of caught up with that demand and got to that 5,500 number but it has really dropped off so there's going to need to be a lot of work to keep pushing this and especially in those middle aged and younger population groups that we know are—even though that lower risk for hospitalization and death, there's still a group we've got to reach out to.

We know that getting 70% of people vaccinated, fully vaccinated, is kind of our minimum goal for herd immunity. That gets us to the point where we really can feel more confident we're not going to have significant outbreaks and upticks in cases. If we stay at 1,500 a week on first doses, it's going to take us until next year to get to that 70% of the residents. That's a long time. We would like to see that happen much quicker, so there's going to be a number of strategies we may be moving away even though the mass vaccination sites have really been wonderful to staff and the volunteers and everybody working on those has done an amazing job. We were thinking now that it's going to take more than just having sites that people would come to and it may be getting out to people and being creative.

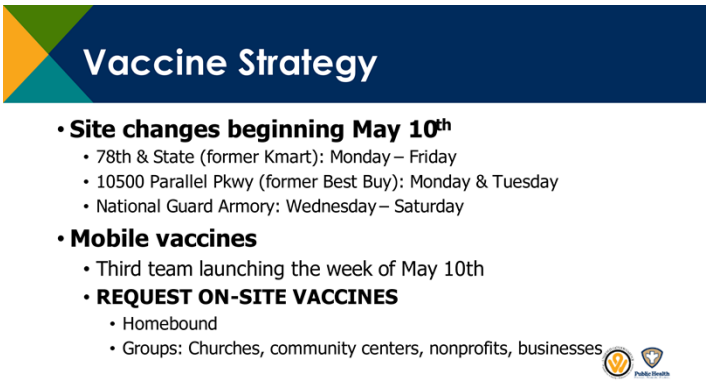
Juliann, are you going to take this one? **Ms. VanLiew** said yes.



I'm just going to get everybody up to speed on what our operations are right now around vaccine administration. First and foremost we really want to make sure that everyone in our community understands that if you're 16 years of age or older, you are eligible for the vaccine. In fact, you don't need to even live or work in Wyandotte County to be eligible, so we are vaccinating folks really from anywhere. When we made that shift we didn't see a huge uptick so we're not getting a ton of folks from Missouri kind of running across the state line or anything like that. We continue to run into folks in our community who just don't know yet that they themselves and their family members are eligible, so we're really asking all of you as commissioners and anyone tuning in to please help spread the word that all of the eligibility restrictions have been lifted. If you're 16 or older, you can now come to any of our sites and walk-in for a vaccine.



As Dr. Greiner mentioned, we have much more supply now than we do demand and the data that you've seen here in the past few slides really show us that we're having lower vaccination rates among specific groups. We are embarking on a number of focus groups with these specific subpopulations to really get into in-depth conversation with folks in our community so that we know why the hesitancy is there, what messaging we can do to help battle that a little bit, what information people still need to make a decision, what communications will resonate with folks so we're really looking forward to getting some real robust qualitative information as we sit down with groups of these particular folks and these groups to learn about what they need to make this decision.



We continue to vaccinate at our three mass vaccination sites. We are prepared to announce tonight a little bit of a change so we will continue to operate the K-Mart site at 78th & State Monday through Friday. It was our first site. It generally has the highest numbers of folks to come through but we will be downsizing our hours at the Best Buy and Armory a little bit and that's for a particular reason. Best Buy will be open beginning the week of May 10th on just Mondays and Tuesdays. The Armory will be open Wednesday through Friday with our staff and then, again,

that Saturday option staffed by Donnelly nursing staff and students which is wonderful. Again, the Best Buy will move to Monday and Tuesday and the Armory will move to Wednesday through Saturday.

We're doing this because we can take the staff from one of these sites and staff both of those sites by virtue of splitting it up by days which frees up an entire site worth of staff to do more mobile vaccines.

As Dr. Greiner and Dr. Corriveau showed us with our declining number of folks coming through for vaccines, we've got to get creative and by and large what the community is telling us is that when we get creative we need to come to them. We need to come to where people are, we need to come to where they feel safe, we need to come to where they have community members and leaders who they trust to be on site with them when they consider opting into this vaccine.

We're very excited to be able to announce that the week of May 10th we'll launching our third full-time mobile vaccine group and this group will actually be able to respond to larger event requests, so our two current mobile vaccine teams are fairly small at this point and, you know, they can do 30 or 50 in an afternoon. Having a larger team that can go out to requests for a couple hundred vaccines in an afternoon will really help us meet some of that demand that folks have for on-site vaccines.

Along that vein, earlier this week we launched a new survey online. You can go to wycovaccines.org and anyone can click on that, what do we call it, that bluish greenish box that you'll see on our landing page to submit a request for a mobile vaccine to come on site. So, whether you're a non-profit or church or a for-profit business, anybody in our community can request an on-site mobile vaccine team. We respond to those requests within 48 hours in terms of

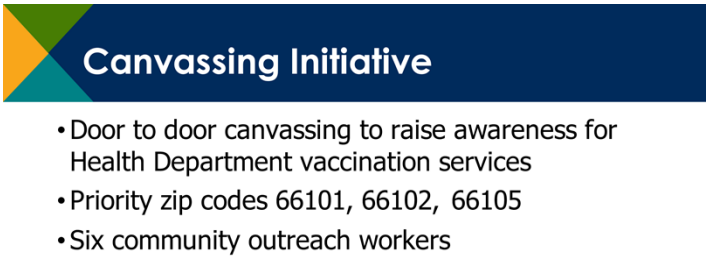
communicating with folks. We do pre-site visits to make sure that everything can go smoothly on the day of and right now we're able to respond to the vast majority of requests within two to three weeks that come through to us. Again, hopefully, that timeline for our response will get shorter as we launch that third group.

Then, just lastly here, that yellowish orange button is still on our WyCo vaccines org webpage as well and that's where folks can go to request a free ride to or from the vaccines. That program is going well and we want to make sure folks know that is still available.

That's kind of the crux of the way we're operating right now. We know, again, that we need to continue to get creative and that we can't do this on our own. We have to do this in partnership with the community or we're not going to get to that 70% that we talked about.

We have really in the past month, and even in just the past few weeks, ramped up what we're doing on our community outreach and community engagement.

I'm going to run through a few of the initiatives we've got going before we move forward here.

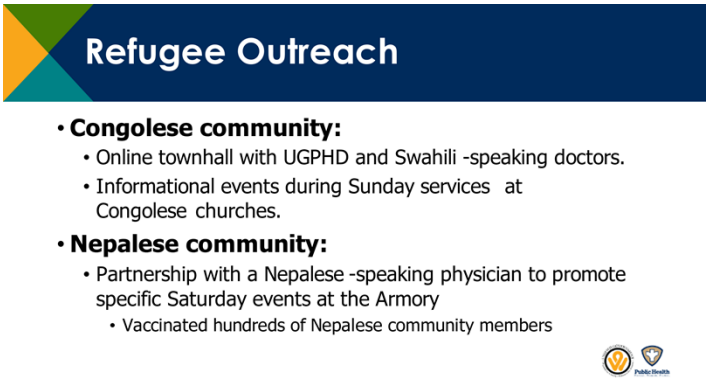


The first is a canvassing initiative and this bore out based on the discrepancy we've seen across zip codes in terms of vaccination rates. We have hired folks from these specific zip codes, six of them to do door-to-door canvassing much like you see in advance of political races. We know that people have a lot of questions and that oftentimes they most successfully feel that they can make a decision when they're actually able to ask someone those questions and get answers there on the spot. These six community outreach workers have been well trained on what's going on with the vaccines, what people's options are, the science backed by the vaccines as well so it's exciting to be able to put those into some of these harder hit neighborhoods with higher COVID case rates and lower vaccination rates.

We have also launched our Faith, Science, & Wisdom Flagship Church Initiative which is going quite well. We've entered into arrangement with six African-American churches whom each are then assigned five additional African-American churches so that we actually all together have 36 churches in this program that we're running. What we're doing is providing money to these churches to do outreach directly to their members, again, because our African-American rates of COVID are higher and rates of vaccine are lower for that community.

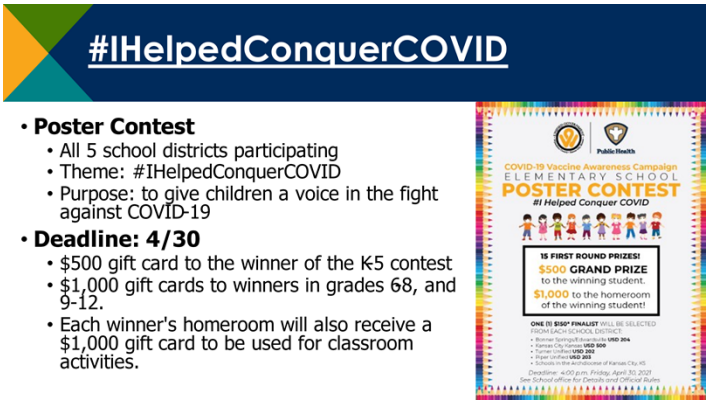
To date, almost 1,900 folks from those churches have come through, have been scheduled and come through to receive their vaccine. That number isn't as big as we'd like but the fact that almost 2,000 folks just from this one community outreach initiative from a high-risk community group is coming through, we feel is really positive.

We are currently working on identifying some Latinx and Hispanic churches to enter into a similar flagship church initiative, so we hope that we can announce that in coming weeks and months.



We've also really ramped up our outreach efforts with our Refugee communities, with our Congolese community, and specifically, we've identified some Nepalese-speaking doctors who are doing online town halls with us. We've gone out to Sunday church services with members in that community providing that information directly with us there to answer questions. You know medical and scientific questions, if necessary, but again, using those trusted community leaders as really the voice.

Same with the Nepalese community. We had a really great Saturday at the Armory where hundreds of Nepalese folks came out and that's because we were able to identify a Nepalese-speaking physician, or a couple of them actually, to help promote it and to come that day to the Armory and do translation on-site for us. So, again, this is all about meeting each specific subpopulation, where they are, identifying what they need and making sure we're doing everything we can to get it for them.



Next, some of you may have seen, we launched a poster contest to help engage our kiddos. Our kids have had a hell of a year just as much as us adults have and a lot of the decisions that have been made, they just had to live with like many of us without having much say in the matter. So,

we really wanted to engage them and give them an opportunity to put their voice into the vaccination effort to help educate them about vaccines as well, but to let them put their creativity, the artistic abilities to work helping to create posters and flyers that we will then brand on behalf of public health and that we will actually use in communications with the community.

We are doing some gift cards to winners, to winner's homeroom for classroom activities and it has actually been really cool to see the way a lot of teachers from all of our school districts, and this contest is for all of our school districts, but so many teachers have gotten in touch with us directly to let us know they appreciate this, appreciate us engaging kiddos in this kind of work.

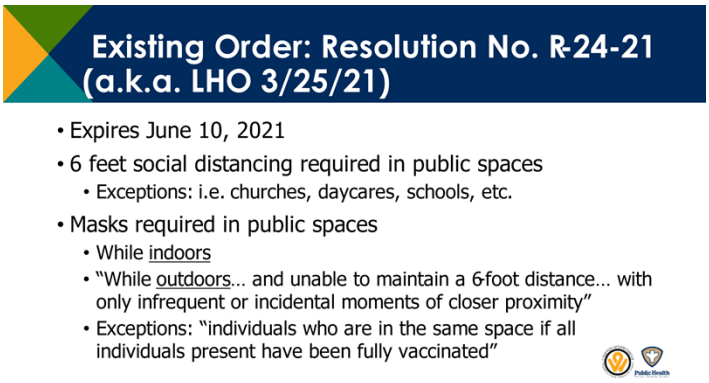
Just a couple more examples here before we move forward. We are also launching a Community Empowerment Initiative. This is really to get further into partnership with a number of our local businesses, especially small local businesses. We're excited, we've got a couple of initial businesses identified in the Quindaro area and neighborhood where we will, again, enter into kind of small monetary amount arrangements and agreements with them so that they can really push back into their clientele, to their neighborhood members, get them signed up, help them know where to go for a vaccine. Again, these need to be community leaders who are the ones providing this messaging to their own neighborhoods, so we're very excited about this one as well.

Lastly, we've been doing a lot of business engagement. I know a number of you commissioners have been in some of these which is very wonderful and helpful. We've been doing face-to-face meetings, here you can see on the bottom with over 160 businesses directly. Excuse me, not face-to-face but one-to-one meetings so with us and one particular business that has questions or wants an on-site mobile vaccine clinic or whatever it is, so a ton of individual work with businesses.

We've also sat down a number of times with the Chamber, Greg Kindle, and his team at WYEDC have done a great job pulling together a number of businesses for us on a monthly basis since January where we've gotten to provide a ton of information about vaccines. We have also presented in recent weeks to Business West and to Fairfax Business Association, so, all that to say we are doing everything we can to engage every sector in the community that we can to get them on board with our vaccine efforts.

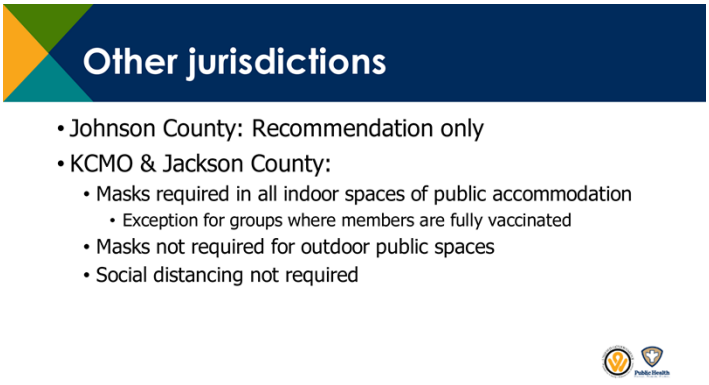
Lastly, we get to dive into the Health Orders stuff, the most fun stuff. Originally, or earlier this week, this wasn't the direction that we were planning to move. A lot has unfolded this week including a lot of changes in the jurisdictions around us. We know at the Health Department as well as anyone that we can't only make health order decisions based on what we want as

Epidemiologist and health officers. There's also a massive community input piece of this. There's a political piece of this and so we want everyone to understand that we are doing our very best to bring forward recommendations that consider all aspects of this very complicated puzzle.



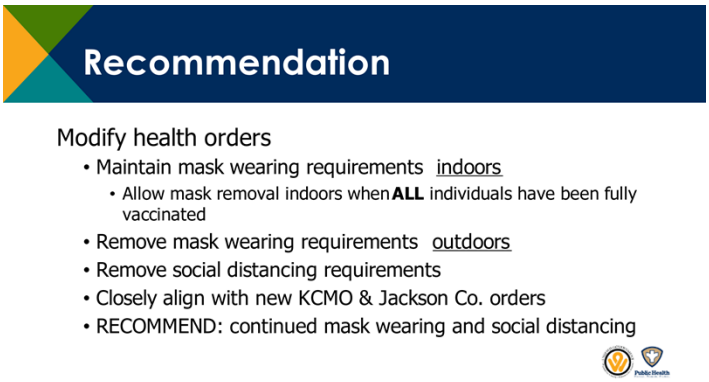
The existing health order that we have in place today was signed into action by the Commission about a month ago and this existing order we're all operating under expires on June 10th as it stands. It requires 6 ft. of social distancing in public spaces. There are, of course, a number of exceptions. Our current order also requires masks while indoors in public spaces the vast majority of the time. It also requires masks in public spaces while outdoors if you are not able to maintain a 6 ft. distance for the vast majority of the time. Lastly, we want to make sure people remember that there is an exception in our current order that indoors, individuals who are in the same space, may remove their masks if everyone in the room is fully vaccinated.

I just wanted to take a moment and remind everyone what we're currently operating under as—if you're anything like me, there has been a lot of health orders and it's easy to forget what's in place today. So, this is what we're operating under right now.



As I mentioned, a lot has changed in the last week around us. Johnson County has moved to recommendations only for their community around mask wearing and social distancing. Kansas City, Missouri and Jackson County have, within the last 48 hours, signed almost identical public health orders that are a pretty significant change from where they were. Their new health orders for both of those jurisdictions require mask wearing while indoors in a public space except, again, for groups whose members are fully vaccinated.

The new health orders for both of these jurisdictions do not require masks for outdoor public spaces regardless of whether or not you can maintain social distancing and their new health orders also do not require that social distancing either inside or outside.



So, again, some pretty big changes here and based off of a lot of the factors we discussed with you this evening including our steady case rate, our continued work to promote vaccine, and our desire to try to make changes that are in concert with those around us, we at this point, now recommend that Commission really move to a health order that almost identically mirrors KCMO and Jackson County as well.

We do feel at this time that it is not the appropriate step to remove health orders altogether and that's because the mask wearing indoors remains crucial. There are various risk levels as you all know after the last year depending on what activity you are doing. An indoor meeting with individuals outside of your family who are not vaccinated, without masks, still remains a very risky activity. The risk level for outdoor activity, you know, around others with masks is significantly lower and so we are advocating tonight that you consider removing the mask wearing requirements for outdoors, removing the social distancing requirements, but maintaining the indoor mask wearing requirements in public settings. This, again, will closely align with KCMO

and Jackson County and we think it would really continue to impact the most risky behavior around the COVID transmission in our community.

I do, of course, want to continue to remind the community that we recommend folks wear masks regardless of where you are if you're in a public space. If you were to adopt the order that would remove the outdoor mask wearing, you do want to make sure folks understand we would still encourage you to do so and that would especially be important if folks choose to opt in to large events, you know large sporting events, large concerts. While it may not be part of this order that you all may consider this evening, we would still want to very much promote and encourage that.

That is all we have planned this evening. Mayor, I will throw it back to you.

Mayor Alvey said thank you Juliann. We have some Commission comments.

Commissioner Townsend said thank you Ms. VanLiew, Drs. Corriveau and Greiner, thank you all three of you and everyone who is with your staff and supports you in what you've done so far to mitigate the effects of COVID in the Wyandotte County area.

I particularly appreciate how you are drilling down to certain segments now of the populace where you see a reluctance for any number of reasons that we're trying to understand of people in those particular communities not getting the vaccine. You know a year ago we were hopefully looking forward to having a vaccine and now that we have it, it is puzzling that so many are not opting to take it. I appreciate your efforts to drill down in the particular communities and find out what the reluctance stems from.

With regard to the mobile vaccines that would be going around, the mobile vans, who will be taking vaccines to the populace in particular areas, what type of vaccine will be administered? What I'm really getting at is, will there be a setup that if the mobile vaccine appears at a particular point on a certain day and then a month later they will return to that same facility so persons who received their vaccine on day one, that three weeks or a month later, can go back to the same place and get a second dose or are you looking at administering the one shot dose? **Ms. VanLiew** said great question, Commissioner. The general rule across the board is that now that they have removed the pause for J&J, the vast majority of our mobile vaccine will be J&J for precisely the issue you mentioned, which is that it is a one dose vaccine. In the event that there are religious concerns or other concerns with that particular vaccine, we do have a great supply of the other two options and we are happy to work with particular sites if it would make a difference in turnout if we used a different vaccine. We would, of course, turnaround and immediately reschedule either that three or four week follow up depending on the vaccine. We would never leave folks hanging for that second dose if they got their first dose through us.

Commissioner Townsend said okay, I appreciate that. With the proposals to the current order that you just made note of, when will we be actually looking at the detail on that language?

Mr. Bach said if the Commission wants to consider advancing this, then we would prepare it and submit it as a second blue sheet or what we call a pink sheet to tonight's agenda and you would be able to see it then. The language is pretty straightforward so it's not one that's going to take you a long time to read through and see what it is. It basically just puts into action what Juliann has gone through should you all feel like that's the direction you want to go.

Commissioner Townsend said okay. I wasn't trying to hasten it because I understand that the current order remains in effect until the date Ms. VanLiew mentioned in June, so I wasn't trying to hasten it. I wasn't clear as to whether or not this was something we were taking action on tonight and as recently as earlier today; I went through word for word our existing order so before I would contemplate anything else, I just wanted appropriate time to compare the actual language of our current order and what's being proposed. I wasn't trying to hasten it, just to be clear. **Mr. Bach** said, Commissioner, I'm just pointing out that based on where the Commission wants to go, we'll be ready to go now recognizing the other jurisdictions have moved or we can wait and consider it in a week or however you want to do it.

Commissioner Townsend said well, so that the Mayor won't have to recognize me again and based on what you were saying, I will just say I for one based on the numbers that Dr. Corriveau and Dr. Greiner has shared with me and the provisions we already have in effect for our current order, I for one am not in favor of relaxing it at all. I think if we do that with the low numbers, we're not doing ourselves or our populist any favors. The numbers, in my opinion, that have been shared tonight just don't support doing anything more than what our current order allows for which probably was more lenient than what the other jurisdictions discussed tonight had.

I am concerned still about people in the zip codes that comprise District 1 and if those individuals become ill for any reason, COVID or any other, it always presents more of a challenge medically and economically. So, I for one believe that we are in a good place with the exceptions already carved out until the numbers of those completely vaccinated rise, so that's my two cents or a quarter.

Thank you again to the Health Department and everyone that is supportive of the Health Department that works there that are not present tonight.

Commissioner Ramirez said as this will continue to be until we are out of this but thank you Juliann, Dr. Corriveau, Dr. Greiner and all of the Health Department employees who have gone beyond—above and beyond of what they can do and of what they've had to do for this entire year and sacrificing many hours and just working hard to keep our community safe and protected. I can't thank you enough, my district cannot thank you enough for everything that you have done and continue to do.

I will say that I'm thinking, I'm contemplating on the way forward with the health order for repealing the outside requirement, but I do not support repealing the indoor requirement until, I believe, Commissioner Townsend has said, until our vaccination rate increases. Once that happens, then maybe we can look at possibly repealing the indoor mask removal, but at this time I'm still thinking about the outdoor one. I'm still contemplating that, but just overall—no, to those who are watching or those you will watch this in the future, if you go back, last year it was a painful year for all of us. We lost family members, friends, and colleagues, but our governing body and our Health Department have done their part. We did our part by setting up the infrastructure to monitor and mitigate COVID in a community and now it's time for the community

to do their part. It's time for you to help us by becoming vaccinated. Growing up I was taught when you do something, you do it right and you finish it.

The Unified Government Public Health Department started this and I believe that they are doing it the right way, but your time now is to help them finish it. Help us get back to where we need to be. Let's get back to a normal life. Every decision we've made, every decision the Public Health Department has made has been based on data and it's because we care. They haven't made it political. This governing body hasn't made it political. You know every commissioner and the Mayor on here, we're all Wyandotte Countians. We don't care about the red or the blue, the left or the right, we care about you and your health and safety, so I plead to you and highly, highly encourage everyone to go get the vaccine so that we can start to go back to our normal lives and restart our community. Please, I ask my community and my district and everyone that resides in Wyandotte County to do their part.

Commissioner Bynum said I've got several questions some of which have come to me and I'm sure other commissioners in emails from the public and I want to ask them and put them in front of our Health Department experts. I would like to say, prior to my questions, that I'm in support of the recommendation and I'm in support of it as a blue sheet item on tonight's agenda.

If we could go back to the slide with the vaccine data please. **Ms. VanLiew** said a little more specific, Commissioner. **Commissioner Bynum** said you have a slide that speaks of the percentages of folks that are vaccinated. This data, does it represent only shots given by our Health Department? **Ms. VanLiew** said no. This is anyone who listed wherever they get vaccinated if they listed a Wyandotte County address, then they are included in this metric. **Commissioner Bynum** said this is no matter where I got it. If I got it at Walmart or Hen House or any of the number of places in Wyandotte County or if I got it at work because I work somewhere else? **Ms. VanLiew** said yes, absolutely.

Commissioner Bynum said I wanted to clear that up because I think that some of our public believes that this number might be just those shots we've given, so that is an accumulative total of everyone. **Ms. VanLiew** said correct. We've administered 70% of these but this is the entire total. **Commissioner Bynum** said kudos to you by the way for continuing all of the hard efforts you're doing to get folks vaccinated. We're going to do all that we're capable of doing to help you.

Is there any contemplation on the part of the Health Department to allow the three different cities in Wyandotte County to determine their own masking fate? **Ms. VanLiew** said that would not be the recommendation of the Health Department at this time. We understand their frustration and that they operate in some ways as separate jurisdictions, but as a countywide Health Department concerned with the health of the entire county, there is so much fluidity and there is so much movement, I'm not telling you all things you don't know, it would not be our recommendation for them to be able to move forward and remove all masks or all social distancing on their own. It just doesn't make sense epidemiologically, unfortunately, to do so. Dr. Corriveau or Dr. Greiner, would you like to weigh in on that?

Dr. Corriveau said I just want to second what you have said Juliann. I think it is important for us to move together as a county. **Commissioner Bynum** said it was a question that had come to us in an email so I wanted to allow you to respond to it.

Another email that we received was from a gentleman who I think has purchased some season passes to our new Kansas City Monarchs games, of course, requesting that the mask requirement be lifted. If we were to adopt your recommendation, then that would be a scenario where masks would not be required, correct, because it's an outdoor venue? **Ms. VanLiew** said correct. The owner of that establishment would be allowed to enforce mask wearing if they so choose, but no, as a county, they would not be required to do so.

Commissioner Bynum said my last question and I'll turn it back to the Mayor. I see a lot of commentary from folks who say things like why do you care if I get vaccinated if you are vaccinated. Why would you worry about me if you are vaccinated and so my general question is, please for the sake of our community's understanding, speak to the concept of why we want everyone to be vaccinated? **Ms. VanLiew** said I will kick it off and allow the docs to chime in. The one that strikes home the most with me as an individual is the fact that there are so many folks in our community who are immunocompromised who have received some sort of transplant and many of whom, who in fact, have gotten vaccinated have had antibodies drawn and have not mounted an immune response because of their physical health condition. There are people in our community, a lot of people in our community, with illnesses who either cannot get vaccinated or can get vaccinated but aren't mounting that immune response, so this is for them. This is also for our kiddos. Our kiddos can still catch COVID and our young kiddos cannot get vaccinated, so this is absolutely about more than us as individuals. This is about protecting one another. We cannot

all get vaccinated at this point and so it is our job to support the health of one another in our community.

Dr. Corriveau said I think that's a great point Juliann. You know, again, we still don't quite understand fully how the spread of the virus is impacted by the vaccine itself, so why does it matter. You know I may be vaccinated but still be able to carry COVID. It really is for that individual who doesn't have the vaccine, why would you want to be around me without a mask. I mean it's important if you're not in the same household, you know, to mask up. It really, really is. It's just a risk I think that isn't worth taking at this point with these variants. We're continuing to see widespread circulation of the variants in our own community but also elsewhere. We've seen them catch fire in other parts of the world and other parts of the United States, so it is out of caution that we think that's the right thing to do at this point.

Dr. Greiner said the only thing I'll add is that the virus stays around until we get enough people vaccinated to essentially let it burn itself out and go away. Many of you are familiar with polio and smallpox. I think I'm the only one from the Health Department that's old enough that got a smallpox inoculation, but it took decades to get those diseases to go away in the United States because if you don't get enough people immunized or inoculated, it will stay around and keep smoldering along and that always puts people at risk. We want to do what we did with polio essentially would be my answer to that question of why do you care if I get vaccinated if your vaccinated. It's because, look at polio, a simple analogy.

Commissioner Philbrook said thank you for everybody's else's questions. That took care of about half of mine and I so appreciate that. As usual, there is an advantage to waiting until other people ask a lot of questions especially when you're working with such smart commissioners.

Back to the data thing, for instance, I was contacted and this gentleman wanted to know right along the same lines of well, my wife got her vaccine in St. Joe, MO. How long does it take for us to get that information that she was vaccinated or do we? **Ms. VanLiew** said great question. The Missouri data, we've just actually received access to, so Doug signed a Data Access Agreement with us and the Missouri State Health Department who owns that data, so we now are able to view folks who reside in Kansas that got vaccinated in Missouri. **Commissioner Philbrook** asked, when did that happen? **Ms. VanLiew** said literally just last—Monday perhaps. My days run together but very recent. **Commissioner Philbrook** said so now we can get that data

and that is—has that rolled into our data yet? **Ms. VanLiew** said I think we're still working on it. It's actually quite a small number. It's a smaller number than I imagined. I can report back out on that, but it's nothing that is significantly changing our percentage by any means.

Commissioner Philbrook said the reason I'm asking, of course, is because we have a lot of people that go back and forth across that state line and we are a metro area so that was something that I really wanted to know.

I can understand wanting to open it up for the outside folks, for people that are outside not having to wear masks, that sort of thing. I'm a little leery but I understand why, so to me this is almost like a trial. How is this going to affect us, what's it going to do to our numbers? We open it up and what's going to happen and so how long do you think it will be before we know if this affects us in a negative manner, opening up to the outside, no mask thing? **Ms. VanLiew** said I will let the doctors weigh in as well, but I think the same as we've been talking about throughout the pandemic in every health order change we've made which is we need about three weeks ideally to really see if we're starting to tick up or down based on a decision we make like this.

Commissioner Philbrook said well, I know we've all talked about this a lot of times, but not everybody's been on here listening to us all the time, Juliann, and I ask you guys to repeat yourselves a lot because this may be the first time somebody is listening and I would like them to hear what you're saying. So, it could take up to three weeks and that's from day one and so even longer, maybe a month to six weeks, before we really know what opening this up has done. Is that a good guess Dr. Corriveau or what do you think?

Dr. Corriveau said I would say within a month we'll have a really strong indication if there are changes and our numbers are going the wrong direction. I think even within a couple of weeks we'll start to see a trend. **Commissioner Philbrook** said I really appreciate your answer.

Commissioner McKiernan said three brief comments. First of all to echo Commissioner Ramirez, to Ms. VanLiew, to Drs. Greiner and Corriveau, thank you to you and your staff for all the hard work you've done over these past now 14 months, 15 months. I do think there is light at the end of this tunnel. Having said that, everybody, please go get vaccinated. The third comment is that I am in favor of modifying the health orders immediately to be in line with Kansas City, Missouri, and Jackson County.

Commissioner Townsend said going back to the reference to the ballpark that Commissioner Bynum brought up, my reading of our current order would allow for the masks to be removed currently if that gentleman could maintain 6 ft. of distance. I'm referring to Section 2 of our current order that talks about being able to remove the mask while outdoors in a public space as long as you're able to maintain 6 ft. of distance. I guess my point is, we already have an allowance for that and the recommendations, as I understand them, would also do away with the 6 ft. distancing, so I think if we're talking about removing masks and removing the need to social distance, I think we're putting ourselves on a backsliding situation that we can ill afford at this point. In my opinion the things that people want to do, we can do currently under the order. I would just go back to reading the order, encourage people to read the order so they really understand what we can do now. As Commissioner McKiernan said, please get vaccinated.

Commissioner Walters said I want to echo everybody's compliments to our Health Department for bringing forward all this information and I also support this revised recommendation and hope that we can implement it immediately at tonight's meeting.

I do have a couple questions. My first question is—with full disclosure I look forward to the day when we will eliminate the masks altogether and I've always been trying to figure out how we will know when the right time to do that is. I've heard this 70% number and the information that you provided here tonight, you said that 21% have had full vaccination, 28% have had one dose. Is that of all residents of Wyandotte County including children? **Ms. VanLiew** said correct and let me skip back because we also showed a quick graphic for those who are eligible. For 16 and older population, which is our eligible population right now, 37% of those folks have at least one dose. **Commissioner Walters** said so that's the number that you would love to see at 70%. **Ms. VanLiew** said yes, although fair warning, our denominator will continue to change so when we move to 12 to 15-year old's being eligible in June, we'll continue to have to make up those percentage points to stay where we were, if that makes sense. **Commissioner Walters** said sure, it does. The 70% does sound very ambitious.

The other question I had was on the exact wording of the new guidelines and it says masks to be worn indoors, but you gave us an example of Kansas City's ordinance and it was talking about places of public accommodation. Will our ordinance literally say masks must be worn indoors? **Ms. VanLiew** said I apologize if I misspoke. It is intended to mirror KCMO and

that it is public settings where the masks would be required indoors. **Commissioner Walters** said so that's places that are open to the public? **Ms. VanLiew** said yes. **Commissioner Walters** said a private business that's not open to the public would not have to have this requirement? **Ms. VanLiew** said I'm going to refer that to Misty over in Legal.

Misty Brown, Chief Legal Counsel, said what I had done when drafting this, is we did copy almost verbatim what they did in Missouri and Jackson County and it was all employees or visitors to any indoor public accommodations. If you—that's a good question. I think technically if it was a private place that was not open to the public whatsoever, then probably technically they would fall outside of the scope of this ordinance.

Commissioner Walters said the second exception, of course, is that everybody has been fully vaccinated. Right? **Ms. Brown** said correct. If they were in indoor spots and you knew that everyone had been fully vaccinated with you, then you could remove the masks. **Commissioner Walters** said thank you for that clarification. Again, I support your recommendation.

Commissioner Bynum said just to clarify, the gentleman who had emailed me and I think several others, about the Kansas City Monarchs games had indicated in his email that he was told by the Monarchs that they were told by our Health Department that the masks would be required and so I just wanted to clarify that. If that's not the case, that's perfectly fine. That's why I'm saying it out loud here, but certainly under a new health order, again, it wouldn't be required there, so that's it.

Commissioner Markley said I just wanted to express that I am in support of the recommended change and that I would be willing to consider that on tonight's Commission agenda.

Commissioner Johnson said what a great and lively conversation we've had tonight. Again, to Juliann, Dr. Corriveau, Dr. Greiner, the work that you all have been doing is just words cannot describe and I don't think the average person that even listens into these conversations really can appreciate the magnitude and the depth of work that you all and your staff have done. So, for that, I just want to continue to express appreciation to you all for what you do.

I am thankful that you all have heard the voice of the community as well as myself and others that have said we've got to be more engaging with the community. There has been a critique that, you know, there are persons that cannot get to the vaccination sites and in that regard we have answered the call again. It seems that every time someone throws up some reason why we can't address this issue, you all do everything within your power to address the issue to the best of your ability and with limited funds and with all of the other obstacles that are facing our community. At the same time, and I think you all would agree, I find myself held in great tension because on the one hand, and it cannot be overstated enough, we are still in a pandemic and while the statistics may be shifting one way or the other, trending one way or the other, we are still in the midst of a pandemic. It is not over.

The idea of us getting to the end of this year or getting into first quarter of 2022, until we see some level of whatever normalcy might be, that does not strike me as odd or does not strike me as something that should be frowned upon because of the fact that we are not only in a nationwide pandemic, but a worldwide pandemic.

So, again, I find myself held in tension because on the one hand we're in pandemic, but on the other hand now we have more supply than we have demand and so it's not just because persons don't have access to be able to get to the vaccination sites i.e. via transportation, etc. It is because there is still an apathy that is within our community as a whole as it relates to the necessity and the need to get a vaccine and that is where I think I tend to start making my decision because I don't want to harness or to hold the entire community at bay when persons have the ability to be vaccinated and choose not to be. That then has an effect upon our percentages as it relates to vaccination and yet we are continuing to push in every way that we can.

The screen that you showed that did it for me was the fact that now in terms of 66102, 66101, and 66105 we are starting to see similar rates of progression that we see throughout the community at-large which lets me know that we are moving into those areas that had been previously underperforming. Again, I would say I am moving towards supporting the new health order. One, in terms of being a regional participate because we have to continue to remember though we have state lines, though we have rivers and things of that nature, we are still one KC and so what affects Jackson County affects Johnson County affects Wyandotte County, so again, I would side toward moving forward with the recommended changes.

Mayor Alvey said I'll just offer a few comments and then pass it on to Commissioner Philbrook, but when we continue to hear this debate about whether this is—how we handle this pandemic ought to be handled by governmental action or by personal responsibility and certainly personal responsibility has to be first and foremost. However, what we've seen is there has been a tendency because this is an uncomfortable situation and there has been a lot of we ignore the pandemic, we deny it, we strike out against it and then we strike out, frankly, against the Health Department and government bodies are trying to stop the pandemic in the interest of public health which is their role. That is their job, that's what they should be doing.

I try to put this in context and I try to tell the story that at the onset of the Second World War in January of 1942 after the attack on Pearl Harbor in December, German U-boats popped up on American shores and began to take out shipping, shipping that was providing coal and fuel oil and other supplies, food, and other supplies to our allies specifically to Great Britain. They were so successful that they were wiping out more shipping than we could replace and that continued on for about six months. In fact, the Navy kind of hid the facts of the loss of shipping and local reports would report it but it didn't get any play nationally and 5,000 sailors died during that six-month period. One of the things that shocked the German U-boat commanders was when they arrived on our shores, they could clearly see the outlines of the ships because of the lights that were left on our cities; streetlights, car lights, building lights and it wasn't until July of 1942 that there was an order requiring all lights to be turned off in any harbor city and that was simply to protect shipping. So it was basically a public act required by government, enforced by government to make sure that we protected our shipping.

I think we are doing the same thing during this pandemic and the reason that it was given why we could not do a blackout order was because it would hurt business and, in fact, it destroyed business because if you're not confident that you're going to be able to defend your shores, you can't really conduct business.

Again, I'm going to point out that studies have shown if you have a jurisdiction that has orders in place and adjacent to a jurisdiction that does not have an order in place, the difference in business activity is only about 10% and that is because individuals are deciding that it's not safe to go out, they don't want to get out because they don't want to catch the virus and spread it to their loved one. This false, frankly, this false narrative that government is oppressing us in the pandemic, we've got to get beyond it. It's simply a way for us to come together and empower our

officials to do what is necessary to protect everyone, our loved ones, our employees, our customers from this pandemic and I will support a change in the order.

Commissioner Philbrook said this is for Dr. Corriveau. Question about—so, I already asked you did we get the information from somebody in Missouri when they got their shot and then if it's a two shot situation, then we will be notified again if they got their second shot, right? Okay, now having said all that, there are people out there that think their individual rights to anonymity are being affected and maybe there is a HIPAA issue around this. Would you please explain to folks out there that their HIPAA is not being violated because they're dealing with a whole bunch of health professionals. **Dr. Corriveau** said it's an interesting question. Thanks for bringing it up. I agree with you that I don't think the HIPAA is being violated. It, in fact, is not. This is not a strange practice by any means. We certainly have requirements to enter vaccine data into state systems all the time for all of our school children and all of our clinics do this regularly and such. I will just say that that's the case.

I also want to make the plug that if you received your vaccine in Missouri or at another facility, we're happy to give you your second shot. Just bring your card and we'll get the information entered in there. Juliann may want to add something to this or Dr. Greiner. **Commissioner Philbrook** said their heads are shaking no.

I do want to echo what Mayor Alvey was saying about it's all of our duties to help each other because the percentages are even those of us who have had all of our shots, there's the 5-10% in that. Like you said, I could be a carrier and then I could carry it to my patients which then if they take it home to their family and their mom or dad or somebody gets sick, so every day, you know, being in the healthcare field, my office is constantly being cleaned, everybody is wearing masks, they're washing their hands. You don't get in the door without a mask and that means nose and mouth covered because I don't want to share it with anybody and I don't want to make anybody else sick. I figure it's my responsibility to help take care of others so they don't get sick and try to encourage all of them to get their shots. That's my challenge Wyandotte County. Get off your duffs and get your shot, will ya, you know, join the old broad and do that.

Commissioner Bynum said this is my last question. With regard to the recommendation on modifying the health order, when we allow for mask removal indoors when all have been

vaccinated, I'm going to have to say that's going to have to occur on the honor system, correct? I mean we're not going to have any enforcement capability on that. **Ms. VanLiew** said correct. **Commissioner Bynum** said so if we go to a meeting and we all look at one another and say we've all been vaccinated, let's take our masks off, that's kind of the end of the conversation, wouldn't you agree? **Ms. VanLiew** said if you trust those people, I would agree.

Commissioner Burroughs said I would like to thank my colleagues for their round of questions. It has been quite interesting to listen to the concerns and I too am supportive of having the recommendations advance this evening for discussion by the full commission.

If I may, I do have a few questions and one of them being the information that had come from Kansas City, Missouri, and Jackson County. What percentage of those have been vaccinated in their communities? Do we have a percentage of those that have been vaccinated in Missouri and those particular areas as to why they would lower their mandate? **Ms. VanLiew** said Dr. Corriveau or Greiner, have you checked? I haven't checked in the last couple of days. The last I checked they were very close to us, maybe a percentage point or two ahead of us, but very close to where we are whereas Johnson County is a good 10 to 15 percentage points further than we are. **Dr. Corriveau** said I was going to say that I agree that last I checked Jackson County was a bit ahead of us. I'm less knowledgeable about KCMO.

Commissioner Burroughs said I appreciate that and the reason why I ask is, I think it's important to be mindful that we started out with the CORE4 and if I'm wrong about the CORE4, please correct me, but I do remember we were trying to have a metropolitan uniform policy so that there would be limited confusion. I believe what we have now is a fracture and we are seen as the outlier and while I don't regret being an outlier when it's a much benefit, I look at the numbers on the map with my zip code and I see in the western part of the community as well as the southern part of Wyandotte County, we are meeting the criteria and there is more vaccine being administered and/or more compliance in reference to the mask mandate. The strong recommendation that was made by Johnson County today, it's not lost on me, that the border community to the south is a community that can very well not only suck the wealth out of the community but can also not come into our community because of this overshadowing mask mandate.

They are going to a strong recommendation without enforcement. Is there any consideration to considering a strong recommendation and allowing the local cities, and I think this goes back to Commissioner Bynum's question earlier on today or this evening when we started this discussion, has there been consideration to a strong recommendation and then allowing the city leaders, those that were elected to lead their communities, make that decision individually? **Ms. VanLiew** said at this point we would not make that recommendation. I would remind folks that although those couple of zip codes out west are further along in their vaccine numbers, they're nowhere close to herd immunity either until there is still significant community risk of indoor settings, maskless in those zip codes as much as elsewhere in the community.

Commissioner Burroughs said thank you for the comment. The purpose of asking that question is I frequent those businesses that respect my health and if I arrive and there is a mask on by their employees, chances are I'm going to do business with them. I do respect political differences, religious differences; however, personal rights stop where other rights start and I think that's some of the issues that we're dealing with. I struggled with this as an elected leader and we're seeing it on the state side where there is some overlap and who is dictating who can do what and what in the particular area that someone else has been elected to represent. So, the strong recommendation that Johnson County put forward, I'm just kind of curious as to why we would not even consider a strong recommendation and allowing our local cities, those within our boarders, to have the option either to opt in or opt out especially those that boarder the Johnson County corridor? **Ms. VanLiew** said I wouldn't say we haven't considered it. We have considered a range of options from almost nothing to maintaining what we have now which is a fairly robust health order. The way people move about in our community, in our mind it just doesn't make sense. You can't keep people confined to their zip code. Yes, there's cross jurisdictional boundaries that are crossed all the time. We just don't have jurisdiction there. We only have jurisdiction over our county and so for our county this is what we think makes the most sense. Dr. Corriveau or Dr. Greiner, I don't want to speak for you.

Dr. Greiner said I'll just chime in here to say that you know sometimes in all this discussion we lose the fact that we have a ton of evidence now in the United States that masks and social distancing made a huge difference on controlling this pandemic especially at points and times when people in the United States got scared and they started changing their behavior. It's very clear these things work. They're an intervention that works. You can see that we're trying

to work with the CORE4 and trying to be consistent, but we've also got to keep in mind what actually works from a scientific perspective. I think in public health if we can save lives, we're going to try to deploy an intervention that works. We're trying to accommodate stuff but we've got to keep that in mind as well. It's a real balance and it's tough I think for you guys and for all of us. **Commissioner Burroughs** said thank you for that. I think it's important that those that may be listening tonight understand that we're looking at data that's been mentioned through some of the other questions.

I would just state this, that there is adequate vaccine available. There were those of us in elected bodies that reached out to the state and from the state to the feds to get the vaccine availability and doses up into Wyandotte County and they are here. Those that have refused to get vaccinated for whatever reason, whether it be political, religious, or just not having the ability to get there, we now have accommodations for that to occur. I, like my other commissioners, just want to state publicly, if I may, that please by all means we are a community and it's best that we all take our personal health and the health of our friends, families, and neighbors seriously if we are to move forward and find some sense of normalcy after this pandemic.

With that, I appreciate my fellow commissioners in allowing me to ask these questions. Mayor, thank you, but more importantly, I sincerely want to thank Dr. Greiner, Dr. Corriveau and Juliann VanLiew for their commitment to the health and welfare of our community. Again, thank you everyone for allowing me to ask the questions.

Mayor Alvey said thank you everyone, excellent discussion. The sense I have in listening is that we will bring the blue sheet item forward to the full commission meeting. At this time we'll move on. Thank you Dr. Corriveau and Dr. Greiner and Juliann. Next topic Mr. Bach.

Doug Bach, County Administrator, said we will move forward to prepare the blue sheet for the 7:00 p.m. meeting tonight.

Next is the follow-up to our CMIP Project meeting last week. We were able to go through it. We concluded that commissioners had a few different questions. Some requests for some follow-up on specific projects that were listed, so tonight's agenda, if we're able to get through it and if not, we will move forward to a budget workshop next week and we will continue at that point. There was information about the Crime Lab for the Police Department that we built into the budget, the radio system. The radios, how they work and the CNIP process were a few different process points that were specifically asked about.

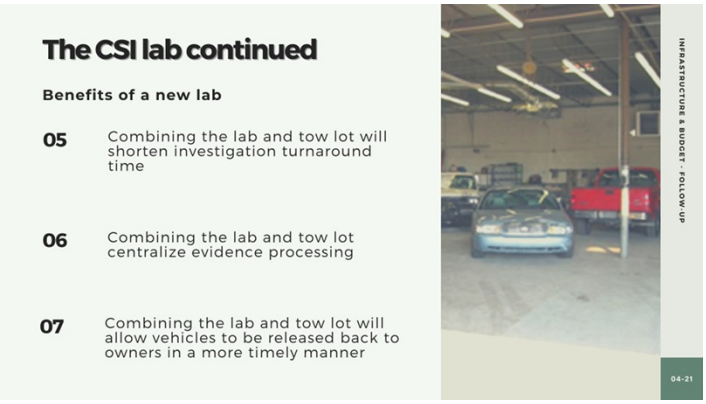
Commissioners also asked about the Unfunded Project list. We were able to submit that out to you earlier this week so if some of you were able to look through that, we will also have that on the agenda to go through tonight.

Specifically, as I noted last week, I'm looking for direction that gets us where we're going for 2022. I recognize there are a lot of projects out there from '23 and beyond and we will continue. There is an Infrastructure Task Force or committee that's going to work on how we're looking at different things for funding and I think that provides some room as we look at those, but this does layout the plans for those future years but we can adjust those year to year. This gives us our emphasis for what we're doing now.

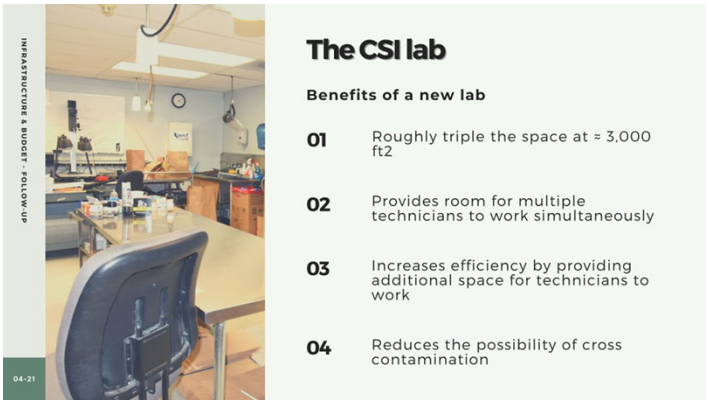
Also, I will just say regarding the revenue, we are building this at this point and we could see some differences, but revenue is based on a flat debt line. We're not increasing our debt and if that's a direction the Commission wants to go in a different way, we can add more toward debt but we have done it based on that and as you know most of our projects are funded under the debt area.

From a cash perspective, we're building it like we did in 2019 with a little bit of inflation built into it. I think next week when we get into the budget workshop we'll see that we are looking at a little bit of improved revenue forecast, but you'll also recall that we were looking at a $5M to $6M deficit on our annual basis, so we weren't assuming any major change from where we were in our last—in our cash outlay.

With that, I'm going to move into the presentation. I'm going to recognize Colonel Vivian, I believe, with the Police Department who is going to lead off and talk about the Crime Lab.



Colonel Michael Vivian, Police Department, said we refer to it as the crime lab, but I just want everybody to know that it's just the crime lab solely for the purposes of our CSI technicians.



It's not anything where we're going to have KBI personnel working out of there or anything of that nature.

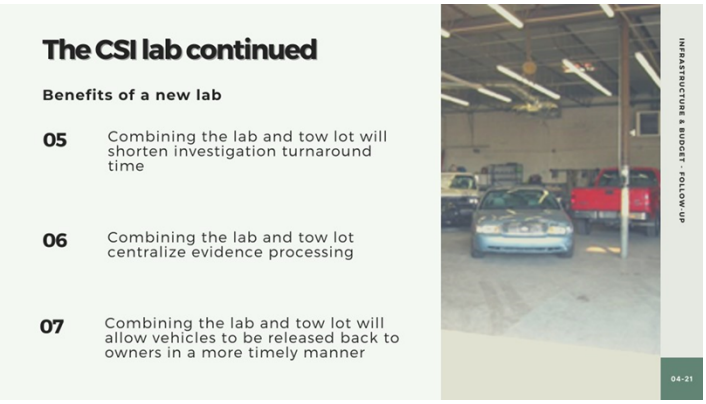
So, maybe we think about more of the CSI workspace. Maybe that might be a better description of it, but it does contain a lab where they do their work and the primary benefits that

we would see out of it is their workspace would triple in size. The lab probably for them is the most important aspect of that. Right now we can only have one technician working at a time in there and so they do that primarily so we don't have cross-contamination of evidence, but that causes some issues obviously with efficiency with getting our evidence packaged.

The type of things they will do in there is the evidence packaging, if there are items they need to swab DNA from, they'll do that, they'll lift latent prints from items. It's where the drying cabinets are if we have bloody clothing or bedding; things of that nature. That's the type of work the CSI technicians do in there, but only one technician can work at a time in there and they have to clean up and prep it for the next technician.

I will tell you there are times when there is a lot of evidence that is just stored in there that we have on carts just waiting to be processed and packaged and put into our Logistics Unit. It's not optimal. With the new CSI lab we could get at least two very easily and it looks like three technicians working at once.

Some of the issues that we see with the current space is it does increase our overtime. We require that felony evidence on violent crimes be tagged that night, if at all possible, when they recover the evidence because we obviously just don't want it sitting out even though it's in a secure location per se. It's definitely not optimal and it's definitely not the best practice as designated by the IACP so that's one of the big issues.



I think that's obviously a big benefit to—from my perspective to the community to be stepping up and doing our best practice as far as evidence goes. We're talking about evidence that would convict people or exonerates people and we need to keep that as clean as possible. I think that's a huge benefit for the CSI technicians and the community obviously. Having the CSI lab attached

to the tow lot, another benefit that I think we would see is a quicker turnaround time on getting vehicles processed.

Captain Wallace, God bless him, he talks to people every day because he's in charge of auto release, people that are upset that it has taken a few days to get their cars back. I think we would see that process ramp up probably the next day at the latest that community members could expect to get their cars back unless it's something that we absolutely have to hold on too for court purposes.

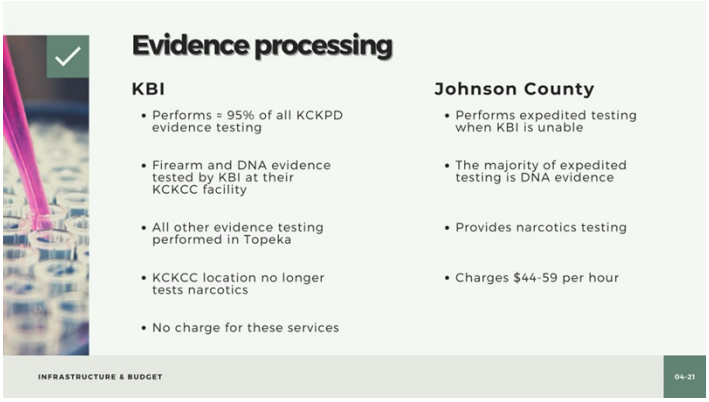
I think those are a couple of the biggest benefits that we would see out of the lab and I'm certainly here to answer any questions that you guys have about the lab or the workspace which I think is probably a better term to use for it.

Mayor Alvey asked, are there any questions or comments?

Mayor Alvey said the only question I would have, do we anticipate that this would—what I understand you're saying is if you're working in a cramped space, that's not really adequate, it would be better to get into a better space. Are we seeing that crimes are not being solved because of the space we currently have? **Col. Vivian** said no, I wouldn't say that. I just think that we are tempting fate by continuing to work in this manner to where I think—CSI technicians do a great job, they work hard, they keep everything orderly and clean down there. It's just—I think when we continue to work in this manner, we've been doing it for years, I think obviously the possibility of something unfortunate happening with the cross-contamination of evidence is going to eventually bite us, you know, is what I fear. We don't want that to happen. It hasn't happened yet, so far, but I think we can only push that so far.

Commissioner Philbrook said I want to say thank you Mr. Vivian for sharing your comments because I used to work for the city a long time ago down at our lab down between the digesters and I'll tell you that, you know, we all did only our jobs and we had our own areas. Staying up with and keeping an area immaculate in a lab and to stop cross-contamination is really difficult. Hearing that your folks have to clean up between each person coming in, you lose a lot of time that you can actually be processing information, so thank you for sharing that.

Commissioner Ramirez said my question, I believe you may have answered it, but just for clarification; has there been any instance of cross-contaminations? **Col. Vivian** said no, we haven't had any, none that has ever been brought to our attention by the District Attorney's Office or anything of that nature. So far we've done a really good job. We've been here now about 16-17 years in this space so we've done well. I just don't want to keep tempting fate. **Commissioner Ramirez** said that's understandable and thank you for all that you do and for all the lab does.



Commissioner Burroughs said a couple questions if I may. Will we still be utilizing the KBI Crime Lab at the Kansas City, Kansas Community College? My understanding is they do ballistics as well as DNA. **Col. Vivian** said yes, they do the ballistics and the DNA for us at the community college. Everything else that we need KBI to do for us—and KBI does about 95% of all of our evidence testing and there is no charge to us for that. Everything else, question documents or sometimes will have them do latent prints, things along those lines. All that other stuff goes to Topeka, but yes, we'll still be using that lab. Nothing will change at all with that.

Commissioner Burroughs asked, has there been consideration to partner with them and bring them down and additional resources they provide into the lab being designed with the tow lot? **Col. Vivian** said I don't know. We really haven't just because looking at the space that we have we have enough office space for our nine CSI personnel and a Captain and our Latent Print Examiner and that's kind of where we're maxed out as far as personnel space. I think we've got to increase the space for the office and I don't know that that's something that would happen any time soon, but if it does happen in the future, then if we could increase it, that would be great to do something along those lines.

Commissioner Burroughs said it was the bill that I introduced that brought the KCKCC location for the KBI Crime Lab into Wyandotte County to ensure that we had ballistics as well as DNA to address the backlog that was at the KBI as well as the amount of shootings and weaponry that was being discharged in Wyandotte County at the time. At that time we didn't have what was considered an accredited lab to do our evidentiary material for court.

My next question would be, you talked about best practices, will we be an accredited lab at this time once we put the lab into play? **Col. Vivian** said the lab won't be accredited because it's not technically a lab. This is just more of a workspace. We don't do any of the comparison of DNA ourselves. We don't do any of the comparison of shells to firearms or shells to shells comparison ourselves, so no, in that regard. Our Latent Print Examiner, yes, because of the fingerprint comparison, but the lab itself no because—that's probably why I say we should refer to it and think of it more as just a CSI workplace. **Commissioner Burroughs** said I think that's a fair analogy. You talked about earlier evidence integrity to be presented to the justice system. When we present that information, will it compromise us not being an accredited lab when we bring that information forward? **Col. Vivian** said not as long as we're following the best current practices we will be fine.

Commissioner Burroughs said one more question if I may. The cost-savings versus cost avoidance is—I'm looking as a member of the community, I'm strongly supportive of a KBI or, I'm sorry, a CSI Lab for our Police Department, a more modern facility to allow not only the additional workspace but the quality of the work and the integrity of the work. If this will allow us to accomplish that, then I'm quite supportive. I would just hope that we would consider, if not now, in the future, because I have espoused over the last handful of years to partner with our local KBI for a larger facility in Wyandotte County because I have had those discussions on the state level. They are willing to partner with us to ensure that we have a state-of-the-art lab that will allow us to grow our own technicians rather it be a ballistics—and we all know how competitive that field is as well as our own DNA testers and talk about the integrity of the serum and those blood products that are needed for cases.

I think this is a tremendous opportunity for our community. I would just hope that we don't shortchange you in your request just to get the lab. **Col. Vivian** said I think that's a great idea and I would love to be a part of those conversations with whoever we need to have those conversations with.

Commissioner Townsend said I am not at all familiar with what is actually done at the current CSI Lab space/workspace as you called it. If you would, please just tell me what is currently done there, how many people do it, and what would change with regard to the performance of tasks in a new workspace if that was brought to fruition. **Col. Vivian** said we have nine CSI technicians and just to kind of give you an idea I'll say if they are called to a shooting, a CSI technician would run out to the scene and meet the detectives out there. They would process the scene, they would gather all the evidence that they're going to collect whether it's shell casings, some bloody clothing, DNA swabs from blood at the scene. They would package all that at the scene in its initial packaging, put that in the CSI van and come back to the office. Once they get back to the office then they go into what we refer to as the lab, but let's call it the workspace and take that evidence in there. From there they need to separate the evidence and either—if they have bloody clothing they need to put that in the drying cabinet because there is only one table, a stainless steel table, for them to work on. In the meantime we have other CSI technicians out on other calls, they come back, obviously the room is occupied, they have their evidence so now it just starts to cause a little bit of a backlog, backup because we can only have one person in there at a time.

It might take that first CSI technician a couple three hours, maybe longer, depending on the size of how much evidence they recover. The other two technicians that are working on that shift, they're out in their space where they have their cubicles and they will be working on reports but they can't really get fully into the reports because they can't note in the report what they've done with the evidence, how they've packaged it and all that stuff. So, there's kind of like downtime if you will. That's where the efficiency part of it comes in. That's one of the biggest things that we would see.

In the meantime if additional calls are coming in and we've got three technicians working, two of them are sitting there and the room is not open to the other technicians in there, they have to go out and answer those calls and bring back more evidence. It just kind of compounds the problem.

In that room, the primary thing that the CSI technicians do is the final packaging of the evidence, the drying cabinets for bloody clothing, the bedding, things of that nature. If they come back in there and say they recovered a gun at a scene, they're going to swab that for DNA. They'll do the initial DNA swabbing with Q-tips on various items. If there is evidence that they bring back, they're going to try and lift fingerprints off of, they will do that in the room. They have their

super glue chamber, another method of recovery of fingerprints back in there, so those are the primary things that they do in that workspace and then they package it all up and it goes across the hallway into the Logistics Unit where it is stored until it's needed for court purposes or sent off to the KBI lab for additional testing. Once they've gotten it all packaged and over to Logistics, then they clean the room, sanitize it and then they move out and that's when the second person can come in and get started. That's kind of how the whole process works in a nutshell.

Commissioner Townsend said with regard to some of the processes you just mentioned, if you have one technician already in the workspace area processing evidence and another comes in, you say that second person has to wait in their cubicle area with the evidence they may have collected from a crime scene? **Col. Vivian** said yes. They have a table in their cubicle area and that's kind of where they will store their evidence waiting to go into the lab workspace. **Commissioner Townsend** said and at that table for that second CSI technician, the evidence collected waiting to be processed in the workspace area can be locked away or secured somehow? **Col. Vivian** said it's behind a secured door to get into their entire office area so they're behind a secured door, it's not accessible by anyone from the public or anything of that nature. You've got to have an access card to get into the office, but there are no lockers, there is no room for lockers out there. We do have some lockers, they're small. You might be able to fit a pair of shoes or a small bag in there, some things of that nature but those are in where the other technician is already working so there's just no room in their cubicle area if you will, so that stuff has to stay there with them on the table and best case scenario at least one of the other two technicians could stay there if one of those two technicians has to run out on another call. It's a juggling act, I'll put it that way at best.

Commissioner Townsend asked if a new CSI lab/workspace was to be created, how do you perceive that process you just described changing in terms of being able to have more than one technician work in a space and more than one technician being able to secure evidence collected before they can work on it, say drying, swabbing and all that type of thing? **Col. Vivian** said I would say in the lab/workspace area, that's going to triple in size so I would say that looking at the measurement of the room and the stainless steel tables that we use, we could easily fit two and it looks like three would fit comfortably. So it looks like we would be able to fit three technicians in there working at their own separate workspace inside the lab workspace. There's an additional room where there are lockers so say they had to come back and as soon as they get

back they get called out on another call, they will be able to lock up the evidence that was just collected from the scene and brought back. They will be able to lock those up in lockers and then go out on their second call, collect that evidence, and then come back and lock that evidence up and get the first one out and start packaging that and do what they need to do. They wouldn't have that backlog or that jam up or, you know, only one person being able to work at a time.

Commissioner Townsend said one last question and thank you for this detail. That's helping me create a picture and better understand the current situation from what might be. Is there any time limit for processing the information that a CSI tech may come in with? Say CSI tech #2 or 3, so that it compromises the validity, not necessarily cross-contamination here, but just the length of time. Have we run into a situation like that, that we could not process the information timely enough so that it was court worthy? **Col. Vivian** said no. We've always gotten our evidence in in a timely manner. That's why we require on the felony violent crimes that they stay, if they have to work overtime to do that, that's what we require just so that we can show a chain of custody if we recovered it that night, we got it back in the office, packaged it, got it over to Logistics that same night, so that hasn't been an issue. It's just the fact that, you know, they'll be working overtime to get that done. **Commissioner Townsend** said I appreciate your information.

Commissioner Burroughs said thank you Mayor for allowing me one more opportunity for questions. Col. Vivian, the only question I would have is I think the fact that we're in Wyandotte County I think many of us assume that a law enforcement from other cities within our county will have access to this lab. Can you share any type of partnership or how evidence may be utilized or contracted out involving our other municipalities in Wyandotte County? **Col. Vivian** said we haven't discussed that at all, I know that. I think we've just been focused on getting our own people in their own space at this point in time. There really just isn't any additional space as it stands now to bring in somebody from the outside. We wouldn't have the office space, the cubicle space, if you will, for them to house somebody there. I guess maybe on a case-by-case basis if another agency needed to use our lab for something, I would foresee probably that they might request us to perform some sort of service for them, but typically they, you know, go through KBI as well and there's no charge through KBI. We don't receive any requests right now from other outside agencies, but maybe once in a blue moon something might come across, but other than that

it just doesn't really happen. **Commissioner Burroughs** said and the requests may not be coming in because of the inadequate ability to address their concerns.

Col. Vivian, I do sincerely appreciate the vision to provide CSI services to our law enforcement community, so sorely needed. I stand ready to partner in any way that we can not only to make this particular lab an accredited lab but to do what we can to bring other partners to the table to grow our presence in law enforcement in Wyandotte County, so thank you very much. **Col. Vivian** said thank you. I appreciate the support.

Mayor Alvey said I see no more questions or comments. We'll go to the next.

Mr. Bach said we'll cover what we can under the Radios Project and let you break when we feel we need to, to transition for the next meeting. Matt May and Melissia Sieben, are you carrying this item? **Matt May, Emergency Management Director,** said we are. We're ready.

Mr. May said thank you for giving us a couple minutes to explain this. My concern was brought up as part of the CMIP because we're working with a package of radios for our radio system which by the way, is one of the outstanding jewels in the metro, we really have a great system. The problem is that the subscriber units, what we call subscriber units, that's the end radio, the radio you either hold in your hand or is mounted in the car, were purchased in 2012 and they are all Motorola units. The problem with that is or the concern is that Motorola has planned into their production cycle planned obsolescence so we knew when we bought them that there would be an end date for their support. We are starting to slowly get there and I wanted to make sure that this body was aware of it because the replacement is going to be a significant price tag.

Again, the background is that the radios were purchased in 2012. They ended production last year actually so they will not be producing anymore radios and then they're going to stop. The next stage is they stop production of the parts so that you cannot repair or replace them. That will put an end to the usefulness of that radio approximately in 2025 is their plan to stop that. At 2025 we will have radios and although they will still function, if they need any kind of repair—one thing that will happen is that the current support program that we use with Motorola for repair and replacement will stop at that point because they don't have any parts to replace or repair with. Two is then that radio goes from being a functional piece of equipment to junk, it's nothing is what happens.

The dollar amount is fairly significant and it's hard to estimate right now because we're talking about a cost of a radio in the future, but I'm trying to make sure that this group is aware of this potential expense so that we can plan for it and make it happen over time so that we don't get to 2025 and find ourselves up against a financial and an operational wall because to me the radio to a responder is as much as an important piece of their lifeline as a hose or a firearm. It's really an important part of doing their job safely and well.

As far as the expense, there are lots of ways we can go about looking at this. We could purchase the radios outright over time, we could use a—there's a program that Motorola has where you will pay the cost of the radio over 7 years, so you're basically getting a radio that you know in 10 years will be back in this same position. It will be obsolete in 10 years but you will have purchased it over 7 years' time. There's also less of a discount when you do that. You get a little bit of a discount now over what they call straight list price when we buy radios as replacements and so forth. We haven't had to do very much of that.

Just to give you an idea of the numbers, roughly there's about 3,200 radios on our system. The PD and Fire represent about two-thirds of that because there are a lot of radios involved in both of those operations. In particular, Fire is a little different in that their radios are intrinsically safe and what that means is that radio is able to operate in a gaseous environment that might be explosive without triggering that explosion so that none of those gasses can get in or out of the radio and could be triggered by a spark basically is the bottom line. That problem has already started in that now if we send one of those radios in for repair, when it comes back it is no longer intrinsically safe. They will still operate as a radio but it shouldn't be used in those environments and that's a new standard that just came out just in the last month.

Other things that are happening in that arena is that the NFPA or the standards that are set for Fire Department equipment, there's a new standard being floated out there now for the radios overall and how they should operate, what their capabilities and capacities are for storing information and that's going to be a concern potentially. It depends on whether we adopt or not, but those are movements that are happening as the technology changes.

Most importantly is to let you know that the bulk of the radios that we have out there now are going to fall into this category. We have purchased some new radios to replace very old radios that we had that will be on a different timeclock. Most of these by 2025 will not be able to be repaired or replaced with light parts. They will have to be replaced with a new radio and I just wanted to bring that to the Commission's attention.

Melissa Sieben, Assistant County Administrator, said are there any questions from the governing body? I know we have a hard stop that we're coming upon.

Mayor Alvey said I do not see any questions.

Mr. Bach said, Mayor, of course we can speak to this more next week if other questions come back but with that I would say this is probably a good stopping point for us to break for tonight's meeting.

MAYOR ALVEY ADJOURNED
THE MEETING AT 6:54 p.m.

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Brett Deichler
Interim Unified Government Clerk

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