

**Okanogan Board of Health (BOH)**  
**Tuesday, December 10<sup>th</sup>, 2024, 1:30 PM**

*These notes were taken by a County Watch volunteer. Every attempt is made to be accurate. Notes are verbatim when possible, and otherwise summarized. Note taker comments or clarifications are in italics. These notes are published at <https://countywatch.org> and are not the official county record of the meeting. For officially approved minutes, which are normally published at a later time, see the Okanogan County Commissioners' website at <https://www.okanogancounty.org>.*

**Present:**

Lauri Jones (LJ), Board of Health Director  
Mike Harr (MH), Okanogan County Health District  
Andy Hover (AH), County Commissioner, BOH  
Jim Wright (JWr), BOH board member  
Jon Neal (JN), County Commissioner, BOH board chairman (via Zoom)  
Chris Branch (CB), County Commissioner,  
Jim Wallace (JW), Health Officer, BOH (Zoom)  
Jill Gates (JG), BOH, Secretary  
Krisha Warnstadt, Okanogan County Health District  
Kait Schilling (KS), lawyer, Ogden-Murphy-Wallace  
*Time stamps refer to a recording posted on the County Watch website.*

**Summary of Important Discussions:**

- *Administrator Lauri Jones describes syringe exchange with Room One in Twisp*
- *Allocation to Village Reach, organization supporting local health jurisdictions, increased*
- *Syphilis rates are up]*
- *Commissioners Hover. Neal, in favor of developing cistern regulation to facilitate development where legal water unavailable; environmental health director to see how other jurisdictions regulate this*
- *Health officer reports on -challenges with hospital transfers -satisfaction with growing use of Naloxone for overdoses -lower-than-last-year rates of respiratory virus, flu and Covid -difficulty diagnosing pertussis*
- *Community Health Director sees drop at local and state level in vaccination for pertussis, polio and measles*

1:35 - LJ and AH review protocol for contract signing: chair can sign and board ratifies at next monthly meeting.

Room One - LJ says they're doing a syringe exchange with the Twisp community organization. They haven't done one in a month because users are smoking more than shooting up. It's a "one for one" exchange; BOH disposes of them, is training Room One to do it. Some talk about a "conflict waver" which is a normal one-year service agreement rather than a contract per se. KS is okay with it.

Village Reach - LJ talks about amending their contract with this organization which supports local health jurisdictions directly in a variety of health topic areas including routine immunization, preparedness, mental health, and climate health. LJ: Now we have information to put some things in action. They're better positioned to work with resource management. The amendment is for \$40,000. LJ: There's a couple starting this.

STD (Socially Transmitted Disease) Rates - LJ: Syphilis rates are pretty high. We'll be looking at that data. Commissioner Branch and I attended a youth mental health and substance use conference. It was good. I anticipate 2025 being a really good year. We've provided (*overdose treatment*) Narcanes to the sheriff's office. We're doing more outreach. We have a wonderful staff.

Environmental Health - MH: The biggest thing is doing clean-up on rewriting the regs. Field work is slowing down.

AH: In the county there are places people can't build on because of legal availability of water. We talked about cisterns. We don't have a regulation to use cisterns for potable water.

MH: There are different pieces, to have an adequate quantity and quality. Unless cities have excess supply to sell off. There has to be a legal sell-off.

AH: This is a chicken and the egg thing. Because we don't have regulation, is that something we want to direct the BOH to accomplish?

JN: I'm fine with that.

MW: And regular auditing on-site?

MH: First, legality, then filling and hauling technique. There are several different aspects to assure it's a safe quality product. I can reach out to other jurisdictions. It's more of a building permit thing.

AH: My cousin in Montana doesn't have a well but there's a pump— you put money in and fill up.

JN: In Alaska, too.

AH: Culligan are delivering to people who can't drink their water. It's obviously a different scale. We have to be able to provide some options.

KS: Legal availability comes from impairment of other sites.

AH: Unless the water bank gets up and running, it's going to be tough over there. But some have high arsenic levels. Twisp could sell water.

MH: Tonasket does that. There are some (*fears*) they could cut it off at a later date.

CB: Place of use is described in the water right.

AH: The municipality owns some water. If we don't start looking at some development things... *CB says people are doing off-the-book things.*

JN: Oroville sells for Ag before irrigation water comes on. *They will pursue this topic at their January meeting. MH will reach out to other counties.*

AH: Let's not get mired down on legal aspects.

*LJ raises the question of a grade increase for one of MH's employees who had the degree for a higher grade when he started seven years ago but still hasn't gotten a raise in spite of being certified since then for solid waste. He will go from EH1 step 5 to EH2 step 5. Board approves increase.*

*Community Health - KW was asked to participate in an exercise with hospital Acute Care and ER staff. It was a "nice experience" with new staff, "trying to see how the whole system works."*

AH: What is Public Health's role in Emergencies?

KW: Evacuation, transportation. Where do high risk births go? They may rely on Public Health for making contacts. Also, we have a children with special needs program. In our state, care is fragmented. (*I have to*) look and see how Title V works. I'll be working with national agencies.

JW: There's a lot of opportunity for coordination with emergency services. Still some concern about capacity. There's a report coming out about trouble with transfers. Some partners are seeing challenges, CEOs talking about inter-hospital transfers, but often it's a higher level of care (that's required). (*The organization*) Thriving Together provided a grant. Opioid overdoses: I'm glad Naloxone is out there. It's used more, and more are trained and have access. Last weekend we had two people who were revived, saved by Naloxone. ...What Room One is doing is good, safe syringes and bridges to other services— general health, housing and food need to be dealt with first.

We have no tuberculosis cases. We're watching STDs, at Mid Valley we're diagnosing in ER. It's often found out in other services. RSV (respiratory syncytial virus), flu and Covid are all lower than this time last year... Now is the time for extra precautions. *He thanks CB for his leadership. The retiring commissioner is applauded.*

JN: Whitman County has an influx in pertussis.

JW: In my clinic I had a case that looked very much like it. Chelan-Douglas and Spokane counties have more. It's most harmful for infants and high-risk adults. The vaccine is not perfect; immunity wanes. A lot of people get it and don't recognize it until someone has a classic pertussis response. *DV asks if they can test for it in the sewer system like they do for Covid. Not yet, the test is nasal swabs and people don't want to get them.*

*(Due to a computer issue, recording of the meeting starts up again four minutes later.) LJ reminds board that they'll close at 2:00 on the 19<sup>th</sup> for annual training. A resolution is passes allowing employees to leave anytime after noon on Christmas eve. The conversation returns to pertussis.*

MH: You can get a positive test in someone who's not really sick. It's hard to treat everyone who's exposed.

KW: The state is focused on children under three, often missing the vaccination for pertussis, polio and measles. The rate in our county has dropped significantly, and the state's as well.

JN: My youngest reacted to the vaccination. It took six months to find out he had it.  
*KW talks about school systems' communication errors.*

LJ: It's also because of turnover. It's a re-education process.

CB: What are the symptoms?

JW: runny nose, congestion, watery eyes, then the whooping cough. Toxin burns the inside of the lungs and respiratory tract. It's mild for a week or two. It gets so bad sometimes kids throw up, *(struggle to)* catch their breath. *They talk about transmission on school buses, at basketball games and wrestling matches, sleepovers, close contact. Coughing can take several months to stop. KS is still on Zoom, AH asks if she's charging a flat fee or an hourly rate. She said she wasn't charging beyond the first fifteen minutes, she'd "switched gears". They express their appreciation for her presence. AH say's they'll be needing a new chair in 2025, to be discussed next meeting.*

2:40 - *Meeting adjourned.*