

Celebrating the History of the Snohomish Health District

Prepared for staff recognition celebration, December 15, 2022

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To the people of Snohomish County and the staff of the Snohomish Health District,

It is my honor to serve as the Board of Health Chair while we look ahead to a new chapter of public health history in Snohomish County. As we prepare for the Snohomish Health District to close and the new Snohomish County Health Department to begin on January 1, 2023, it is a good time to reflect on the many memories and the great work that has happened here.

I first want to say thank you to all of the current Snohomish Health District staff for the work you do every day to keep our community healthy. The people of Snohomish County are very fortunate to have a team of dedicated professionals working for them. Even on your most challenging days, I hope you know that your work matters.

Generations of public health employees have laid the foundation for the efforts we see today. I am grateful for all of the public health heroes who have given their time and skills here in Snohomish County.

The Snohomish Health District has so much history. It is, in a way, its own community.

Over the decades, public health has seen success in: reducing deaths due to communicable diseases; making food and water safer in Snohomish County; addressing pollution and hazardous waste; providing vital records of births and deaths; supporting infants and new parents in healthy starts for their families; providing health screenings to refugees arriving in Snohomish County; and building partnerships to improve access to physical and mental health care, as well as the social supports we need to make healthy living achievable for those who are struggling.

I am confident we will continue to build upon the District's legacy of making our county safer and healthier.

I also want to say a sincere thank you to outgoing Administrative Officer Shawn Frederick for his steady leadership, and a welcome to Dennis Worsham, who will be the first Director of the new County Health Department. You have a truly fantastic team.

I am looking forward to a bright future for public health in our community.

Thank you.
Muchas gracias.



Julieta Altamirano-Crosby, PhD, Chair
Snohomish Health District Board of Health



To the residents of Snohomish County and the amazing staff of the Snohomish Health District,

On January 1, 2023, a new chapter in the story of public health will begin in Snohomish County. The Snohomish County Health Department will open its doors to the citizens of Snohomish County. The Department's first director, Dennis Worsham, will have the great challenge of setting the direction for the future of public health in our great community. He is uniquely qualified, and I am excited for the future of public health in our county.

Of course, the new chapter also signals the end of the current chapter, the Snohomish Health District. As we look to the future, let's take a moment to consider the six decades of history carefully crafted through the committed efforts of hundreds of public health experts and advocates.

In the time since it was incorporated in 1959, the District has had multiple primary and satellite locations. These include the Rucker building, the county campus, and offices in Darrington, and Lynnwood. From these locations, public health staff have responded to scores of disease outbreaks, addressed issues of pollution and hazardous waste, provided hundreds of thousands of vital records, supported infants and new parents, and worked collaboratively on dozens of communities-led initiatives to enrich the lives of Snohomish County residents.

I can say without hesitation that the contributions of Snohomish Health District mattered.

It has been an honor to serve as the last Administrative Officer of the District as we move towards this new and exciting chapter of public health in the community. I am excited for the staff as they transition to the new Department; their commitment has been tested and demonstrated time and time again. The County provides new opportunities for innovation, community outreach, and service delivery.

I am confident that the staff will continue to build on the momentum started here at the District.

Lastly, I want to thank the Board for your trust and support over the past three years. I also want to thank staff for your continued dedication and hard work. None of our successes could have been possible without your tireless efforts. I also want to welcome Dennis. You have an amazing team and I wish you success as the first Director of the new County Health Department.

I am looking forward to the future of public health in the community.

Thank you for the memories.

Shawn Frederick, MBA
Administrative Officer
Snohomish Health District



To the people of Snohomish County and the staff of the Snohomish Health District,

It is my honor to serve as the Health Officer during the transition to a new chapter of Public Health in Snohomish County.

As we work on the dissolution of Snohomish Health District and open the new Snohomish County Health Department in January, we want to take the opportunity to focus on all of the Health District's accomplishments.

My sincere gratitude goes out to all staff for the work you do each day to keep our community healthy, especially during the last few years during the COVID-19 pandemic which has been the hardest years ever faced by public health professionals. Your work has saved lives and greatly impacted the people who call Snohomish County home and you should be proud.

I am new to the Snohomish community, but I feel welcomed and excited at the prospect of working with you all as we move into a new chapter together and continue all the great work you have been doing for many years. I know we will continue the long tradition of local public health by making our county safer and healthier.

I also want to say a sincere thank you to outgoing Administrative Officer Shawn Frederick for his steadfast and calm leadership during an incredible period in Public Health's history.

Finally, a huge welcome to our new Health Director, Dennis Worsham, who has lead King County through the same unbelievable last few years. We have a truly fantastic team and I look forward to being a part of our future accomplishments.

Thank you.

James Lewis, MD MPH
Health Officer Snohomish Health District/Snohomish Health Department

Forward

Former Deputy Administrator David Stockton, who worked at the Snohomish Health District from 1955 to 1985, wrote about the history of local public health in “A Special Book for Special Time.” That booklet has proven to be a valuable resource in looking back at the history of public health in Snohomish County.

As the Snohomish Health District prepares to close out and a new Snohomish County Health Department is ready to launch in 2023, we’re taking another look at the history of public health in our community. This sequel booklet is meant to chronicle that history, including highlights from the early years as well as milestones from the mid-1980s through the end of 2022 that took place after Mr. Stockton’s narrative.

It is impossible to capture every challenge, victory, and change over the last century of public health here. Hundreds of public health employees who have worked in Snohomish County over the decades could likely fill their own books with tales.

While this won’t be an exhaustive history, we sincerely hope this document helps tell the story of the many dedicated public health workers who have served the people of Snohomish County.

- Kari Bray and Sarah de Jong

A note on sources

One of the biggest challenges facing public health in 2022 is the circulation of misinformation. We do not want to be purveyors of bad information ourselves, and so below is a brief look at where we gathered details for this document.

Sources used include:

- “A Special Book for a Special Time” by former Deputy Administrator David Stockton
- A letter to the Board of Health from former Health Officer Dr. Claris Hyatt in 1986
- Snohomish Health District budgets
- Board of Health Meeting minutes
- The Snohomish Health District Charter
- Snohomish Health District Strategic Plans
- Community Health Assessments
- A timeline prepared for the Health District’s 60th Anniversary Celebration
- News releases and news articles in local media outlets (such as the Everett Daily Herald)
- Information pages from partner agencies such as the Centers for Disease Control and Prevention, Washington State Department of Health, and Washington State Department of Ecology
- Written correspondence and/or verbal interviews with current and former staff members

The early years

Public health work can be traced back more than a century in Snohomish County. The first public health nurse – Mrs. Lavinia Gordon – arrived in 1913 to focus on stopping the spread of tuberculosis, also called consumption.

This was the first such public nurse service for Snohomish County. It was established through the combined efforts of the Snohomish County Commissioners and Snohomish County Tuberculosis League.



Over time, public health efforts expanded, though tuberculosis control remains a key service these many decades later.

In 1918-19, public health nurses and others around the country worked to curb the Spanish Influenza epidemic. An estimated 50 million people worldwide died of the disease, including about 675,000 deaths in the United States.

A second nurse began serving the residents of Snohomish and Island counties in 1926. The two nurses split the county into north and south. They built up the new nursing program in partnership with the Tuberculosis League, the Red Cross, the county's medical society, the University of Washington, the state's health department, school leadership, and Children's Orthopedic Hospital.

Both nurses officially became employees of the Snohomish County Health Department in 1934. They worked out of a small office on the first floor of the old county detention home facing Wall Street in Everett, adjacent to the courthouse. Four years later, the fledgling department expanded to add a public health director, a sanitarian, and four more nurses.

A deadly smallpox outbreak in 1946 sent the local jail and hospital into quarantine. The health department helped set up vaccination stations around Everett, along with an isolation ward at Paine Field.

In the 1940s and 1950s, public health staff inspected dairies and slaughterhouses. A part-time public health veterinarian inspected meat facilities up until at least 1970. By 1955, the environmental health team grew to include a supervisor as well as a field sanitarian though there were still no codes to regulate things like septic systems or solid waste.

The first sanitary code in the county was adopted by the Board of Health in 1957, a trailblazing move statewide. The environmental health team continued growing to help meet the needs for enforcing new septic tank regulations, solid waste regulations, and sanitary code. They outgrew previous office space and moved to an old house that had been remodeled into offices at 2935 Rockefeller in Everett. There were five sanitarians on staff by 1958.

In 1904, half of the top causes of death in the U.S. were infectious diseases: influenza, pneumonia, tuberculosis, bronchitis, and gastrointestinal illness.

By 2006 in Snohomish County, only 1 of the top 10 leading causes of death was infectious disease: influenza/pneumonia. However, chronic diseases like heart disease, cancer, or diabetes are high on the list.

The county made plans to demolish the detention home where the nurses had their office. Sanitarians remained in the building on Rockefeller while other staff moved to an old apartment building nearby. Vital statistics and environmental health staff eventually relocated to the Agriculture Building on Rockefeller, but the apartment building served as the main hub for the health department for nearly a decade.

Though titles, locations, and exact programs have changed throughout the years, some of the major components of local public health – nurses, sanitarians, and vital records – were firmly established in Snohomish County by the 1950s.

Today, these teams are much larger, their services more robust, and their staff more diverse in areas of expertise. We wouldn't have a hope of fitting into any of the old offices on Rockefeller or Wall. More than 150 people work at the Snohomish Health District in 2022, in three divisions: Prevention Services, Environmental Health, and Administration.

The start and growth of the Snohomish Health District

It wasn't until 1959 that public health services for the entire county came under the purview of a single agency.

For the prior two-plus decades, the health departments for the City of Everett and Snohomish County exchanged services. For example, the county's health department provided X-ray services for tuberculosis control, while the city had the only milk sanitarian to inspect dairy farms and a part-time veterinarian for meat facilities.

In November 1958, the Board of County Commissioners passed a resolution to merge the Snohomish County and Everett health departments. That change took effect on the first day of the new year – January 1, 1959. This was the birth of the Snohomish Health District.

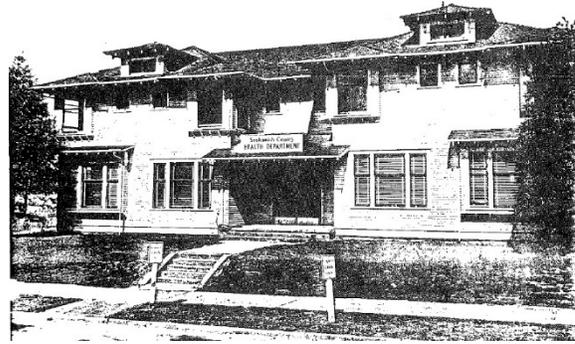
Board of Health, 1959 – 3 county commissioners, 3 city commissioners, and 1 member at large.

Board of Health, 2022 – 5 county council members, 10 city and town representatives from throughout Snohomish County.

“The purpose of this organization shall be to supervise the maintenance of health and sanitary measures for the protection of public health; to provide for control and prevention of dangerous, contagious and infectious disease; provide for the prevention, control and abatement of nuisances detrimental to public health; to enact such local rules and regulations as are necessary in order to preserve, promote and improve the public health and provide for the enforcement thereof; to enforce the public health statutes of the state and rules promulgated by the State Board of Health, and such other agencies which involve public health; to provide information and education to the public relative to matters pertaining to the preservation of life and health; to facilitate the coordination and interaction of citizens and agencies interested in public health within its jurisdiction; and to carry out such mandated services/activities as otherwise delegated by state law.”

Article II of District's Charter

The District was still housed in the old apartment building off Rockefeller Avenue in Everett (pictured at right). Dr. Roger Knipe served as health officer, with Dr. Clifford Anderson taking over after Knipe's death three years later.



During the Health District's first decade, staff started a program to license sewage disposal designers and finished plans for expanded immunization clinics and more services in other parts of the county outside of Everett, among other key projects.

The District continued to shift locations as it and the county it served grew and changed. The laboratory that tested water samples (formerly the City of Everett laboratory) moved from Everett City Hall to the Everett sewage lagoon on Smith Island in 1961. A new immunization clinic opened in a portable building at Stevens Memorial Hospital (now Swedish Edmonds) in 1964. This new space also included a glaucoma clinic, the first of its kind offered by a local health jurisdiction in Washington State.

Two years after the immunization and glaucoma clinic opened, the main Health District offices moved to the first floor of the newly renovated Snohomish County Courthouse. A year after that, in 1967, the District partnered with the University of Washington to open the county's first birth control clinic in Mountlake Terrace.

The Health Officer used to serve as the physician for the Snohomish County Jail.

In the early 1970s, the main offices and clinic were moving again and the District was opening satellite clinics in other parts of the county. A Lynnwood location opened on Scriber Lake Road in 1972 to primarily offer tuberculosis (TB) X-rays and immunization services. The next year, the main Health District offices moved to the new County Administration Building in Everett. Then, in 1974, a second satellite location opened in Sultan to serve the residents of East Snohomish County. The Board of Health considered opening a third clinic near the end of the decade to serve North Snohomish County, but funding problems got in the way.

Amidst all the moving and clinic openings, the District continued day-to-day work along with some massive health campaigns. In 1971, local public health staff participated in a nationwide push to fight birth defects by administering Rubella vaccine. More than 33,000 children in Snohomish County were vaccinated as part of that effort.

In a 41-page report reflecting on her time as Health Officer from 1970 to 1986, Dr. Claris Hyatt explored the work of the two divisions at the time: Environmental Health and Nursing.

In 1985, the main Health District clinic had nearly 34,000 patient visits, the South County clinic 19,000 visits, and the East County clinic 5,500 visits.

The Nursing Division was the largest piece of the District. They staffed the main clinic in Everett as well as the clinics in Sultan and Lynnwood. There also were mobile nurses who went into communities for well child clinics, school visits, home visits, and special events such as influenza vaccine clinics at senior centers.

The three clinic locations provided routine childhood immunizations as well as travel immunizations for all ages. Tuberculosis staff

could take chest X-rays and administer medications as needed, though TB patients had to come to the main clinic if they needed a doctor consultation.

By the mid-1970s, the Health District's use of tuberculosis sanitariums had ended thanks to advances in treatment. Now that TB could be handled largely with outpatient treatment and medication, there was no need to send patients to sanitariums. This changed the landscape some for public health, which now was responsible for ensuring treatment happened reliably in the community.

Tuberculosis control efforts were – and still are – done in close partnership with refugee health services. Health District staff provide TB and health screening for refugee families from around the world. Board of Health reports over the years note ups and downs in the numbers of refugees arriving in Snohomish County.

In 1987, the Health District provided health screenings for 85 refugees. In 2022, they've served 370 refugees.

In the early 1980s, funding was dedicated for working with Asian refugees. By the end of that decade, many Eastern European refugees were arriving in South Snohomish County. In 1990, the number of refugees served in the month of January alone (85 people) was equal to the number of refugees served during the entirety of 1987. The next year, a special two-day clinic in South County was held to help meet the continued screening and referral needs for the influx of refugee families.

Today, the refugee health program is seeing another influx. So far this year, they've done more than double the number of medical screenings compared to last year. That includes helping families arrive from the Middle East under Afghan Operation Allies Welcome (AOAW) as well as Eastern Europe.

For patient education in the 1980s, the STD program added an audio-visual room showing short videos about syphilis and gonorrhea. It was a relatively short-lived room because the cassettes did not hold up well to repeated use and technology was quickly changing.

The Nursing Division of the 1980s included multiple programs, listed as maternal child health, immunizations, tuberculosis control, crippled children's services, other communicable diseases, sexually transmitted diseases (STD), adult health, dental health, and school health. The services provided were all preventive in nature and focused on reducing disease and injury. You'll find most of those programs, along with additional efforts, housed in the Prevention Services Division today.

For a while, the Health District also managed the county's alcohol detoxification facility in a former World War II barracks at Paine Field. The District started managing the facility in 1975. After a change in law decriminalized being "drunk in public,"

detoxification facilities offered an alternative to jail for people who were intoxicated.

In the mid-1980s, Snohomish County and the Snohomish Health District were looking at how to revamp the alcoholism program, in part because the new preferred model was to address alcoholism and other substance use together rather than approaching them separately. A number of people struggling with alcohol use disorder also struggled with other substances. This is true today in substance use prevention work, as well, with staff working hard to address opioid misuse and polysubstance use.

The Environmental Health Division in the 1980s consisted of programs for sewage, food, solid waste, water, living environments, chemical and physical hazards, and vector control. Most of the work focused on code enforcement. State law and rules from the state departments of Health and Ecology had largely superseded local sanitary code.

The program that enforced health and safety requirements for on-site sewage (septic) systems was the largest portion of the division. It was also, the health officer at the time noted, the most controversial because it dealt directly with land use. Landowners and developers often chafed at the requirements. A formal appeal procedure was introduced for such disputes in July of 1984. The program also assisted in increasing sewer access in places where septic was failing and connecting to sewer was the best solution, like in the town of Granite Falls around 1980.

Solid waste management looked a bit like the Wild West for a time, particularly in the 1970s. To put it mildly, it was “not being done in a manner acceptable by today’s standards,” Dr. Hyatt wrote. The Board of Health in 1974 adopted “Regulations Governing Solid Waste Handling.” Aligning with new state requirements, public health began permitting and inspecting solid waste facilities. The rules included a process to either bring non-conforming facilities into compliance or close them.

When the rules were adopted, none of the solid waste facilities in the county were in compliance. What followed was a long and challenging process, but about a decade later, more than 20 facilities had closed and all but two of the remaining facilities were in compliance and being inspected regularly.

“Sixteen years ago [in 1970] there was very little public concern expressed concerning solid waste; today, members of the public are very concerned about garbage issues and the possibilities of pollution and health hazards resulting from improper handling and disposal of wastes.”

Dr. Claris Hyatt, Health Officer, 1986

Travails experienced during that process included the overload of existing solid waste disposal sites, like one in Lake Stevens that was referred to by locals as “Mount Trashmore.” Then there were problems with the new Cathcart Landfill. It was meant to be state-of-the-art and ease the burden off other facilities, but there were problems right away. The Health District started twice-daily inspections during intensive work at that site.

The Cathcart site wasn’t the only trouble-maker. In October of 1983, the Go East Landfill near Everett caught fire, creating prolonged pollution and disruption for people in the area.

There were wins along the way. Longtime employee David Stockton recalled working with County leaders and the Emander Community Club to clean up a landfill. The Emander Landfill used to comprise the northern half what is now McCollum Park near Mill Creek. Seeing a landfill turned into park space was one of Stockton’s proudest achievements, he said in a 2019 phone interview.

Stockton spent nearly 30 years at the District. He started as a sanitarian tackling a hefty backlog of inspections. He retired as deputy administrator. When he retired in 1985, he was the only

employee who had been with the Health District since it formed. “I represented the end of an era,” he said.

One long-time employee recalled the Health District’s work on solid and hazardous waste during a 2018 interview. Gary Hanada started at the Health District in 1977 and retired more than 40 years later. One of his early site visits was to a landfill on fire. Over the years, he saw controversy play out around keeping solid waste sites in line with the rules.

The District lab performed water testing for the City of Everett, some other public water supplies, and individual well water. The Water Program was created in the 1970s and handled systems with 10 or fewer hook-ups, while the state handled larger systems.

Solid Waste and Toxics was more than working with landfills. Teams also assessed potentially hazardous sites in partnership with the Washington State Department of Ecology. They’d take samples and the Ecology lab could analyze it to help identify the source and mitigate the hazard, Hanada recalled.

Meanwhile, the Food program inspected restaurants and other food businesses, as it does today, but on a smaller scale. In 1970, there were two food inspectors who worked with 474 annual food businesses and 125 more with temporary event permits. In 2022, there are upward of 3,500 permitted food businesses in the county, and roughly 660 temporary food permits were processed during the first nine months of the year.

Another program handling seven to eight times the volume they did 50 years ago is Vital Records. In 1970, the Vital Records staff processed 3,941 birth certificates and 1,677 death certificates. In 2021, the team provided 15,963 birth certificate copies and 29,664 death certificate copies. The place where people can come get birth and death certificates also has moved around a few times.

The still-growing District was spread out in the 1980s – main offices in the County Administration Building, Food program in the courthouse, Vital Statistics in rented space in the Snocope Credit Union building on Rockefeller, and some nursing and clerical staff working out of satellite clinics in Lynnwood and Sultan. District leadership at the time began looking for a way to bring 125 employees (as of 1988) into one headquarters.



In 1991, the Snohomish Health District celebrated its last big move into a new home at 3020 Rucker Avenue in Everett. The District purchased the three-year-old building for \$5.1 million. They shared the building with eight tenants, including local branches of the Federal Bureau of Investigation and the Internal Revenue Service. While tenants have changed and most have left the building, the Health District remains headquartered at 3020 Rucker Avenue today.

Milestones in more recent memory

Two years after settling into the new headquarters in Everett, the Health District moved its Lynnwood office to a larger location, still in the Scriber Lake area. The move made more room for a South County staff hub, including a maternal child health team with nurses who did home visits.

Unfortunately, the new Everett hub and larger Lynnwood office were not a harbinger of continued growth, and financial strain marks much of the agency's recent decades.

Longtime staff recall multiple rounds of employees and programs getting cut or transferred to other organizations.

Funding for direct services dwindled, while changes to social supports and healthcare expanded county residents' options for things like well-child visits and immunizations. Local public health's focus shifted toward population-based work. Partnerships with community organizations and other agencies became paramount.

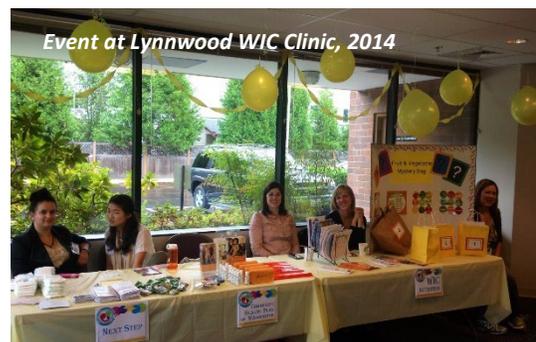
Even apart from the financial pinch, it was clear that no one organization could meet community health needs alone. Those needs were changing, the demands increasing, and we've gained a better understanding of how numerous variables impact health.

A lot of personal services from the District have changed or been reduced over time, said Sue Starr, who started in maternal child health in 1990 and was part of a team that moved to the new Lynnwood space in 1993. For a while, the District had a car seat program and could offer some hotel vouchers for families in crisis. Starr did bicycle safety events, and she remembers mother-infant classes at Mountlake Terrace Pavilion in the 1990s about baby care, safety, illnesses, and nutrition.

Programs like First Steps and the Nurse Family Partnership offered supports for families in need, including eligible first-time pregnant or parenting women. The District began offering Nurse Family Partnership services in 1999, but transferred the program to ChildStrive (then called Little Red School House) near the end of 2011.

The First Steps crew became much smaller due to budget reductions. Their work happened alongside the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), which became part of the District following a unanimous Board of Health vote in May 2004 and remained for 16 years. WIC provides low-income moms, infants, and young children with resources like food vouchers, nutrition education, breastfeeding support, and health screening. In July 2020, SeaMar Community Health Center took on the WIC contract and the District's program ended. The South County office in Lynnwood, which had housed a WIC clinic most recently, is now closed.

The Snohomish Health District is an independent special purpose district with funding from a mix of sources that have varied. Grants, county funding for TB control, voluntary city contributions, specific state taxes that have come and gone, and proceeds from licenses and permits are among the sources that have been relied on over time.



Lindee Tollefsen also works in maternal child health and started at the District in 1990. She's been part of First Steps, early intervention work, and promotion of universal development screening. More recently she's worked on childhood lead poisoning prevention, lactation friendly child cares, connecting low-income families to temporary assistance, and providing resources for children and youth with special health care needs. Despite funding challenges, there has been a lot of good work.

"I feel privileged to have been a part of helping families who are in difficult circumstances, whether it be a medical condition for their child, those facing addiction and parenting, or those coming to the U.S. as a refugee or being non-English speaking. I have learned a lot working with families from all walks of life and hope that I have had an impact in helping their families to work toward improved health and confidence in navigating health systems and community resources."

Lindee Tollefsen, 1990-present

Lisa Pederson started at the District in 1990, too, but in Environmental Health. She then worked for 19 years in Accounting, followed by 13 years in the Tuberculosis Program. She's seen staff jump in to help with multiple disease outbreaks and emergencies and has helped direct nervous children to nurse stations during a pandemic flu live exercise where middle schoolers were vaccinated. The TB team has done many well-orchestrated on-site tuberculosis contact investigations over the years, including at churches where dinners were offered to people experiencing homelessness. These can take a lot of planning, often with quick turnaround times.

Pederson has a wealth of memories in the Rucker Building (*pictured at right*). She remembers when accounting and administration folders were backed up weekly using 8.5x11-inch Bernoulli hard discs, then taken to the bank and exchanged for another set. Sometimes there would be excitement from visitors coming to the FBI offices that used to be on the third floor.



She joined colleagues up on the roof of the building to watch fighter jets fly low over Everett in a display to thank hospital workers for their service during the recent COVID-19 pandemic. She treasures the less serious memories with longtime colleagues, too – rubber band battles around the office, seagulls swarming around a coworker on the roof, and the start of the employee Recognition Committee when they selected Sir Prize the penguin as a committee mascot.

The resilience and comradery of the Health District team was crucial during the toughest years, when staff and program cuts took place.

Dr. Ward Hinds saw many of these funding challenges arise, but also many public health successes. Hinds became health officer in 1986 and is the longest serving health officer to date, having retired in 2007 after 21 years leading the District.

In 2000, Hinds wrote in a budget message that there was “considerable uncertainty” around funding.

“We have very little ‘surge capacity’ for a public health agency responsible for a county of over 600,000 population,” he reiterated in November 2001. “We will continue to do our best to carry out our mission, but expect to find this increasingly difficult.” He repeated nearly the same words in 2003, with additional notes about the growth of the county and how it was becoming even more challenging meet new demands.



Former health officers Ward Hinds, Claris Hyatt, and Gary Goldbaum

On the list of new demands in the early 2000s: Preparing for bioterrorism, which could include a disease or toxin-based attack. Preparedness became a priority following September 11, 2001, when nearly 3,000 people died in the deadliest terrorist attacks to date on U.S. soil. The aftermath brought a push at the federal level to prepare for other potential attacks, including bioterrorism.

Out of those preparedness efforts came a more structured health monitoring system known as syndromic surveillance. Public health, in partnership with healthcare, tracks symptoms being seen in emergency rooms. The system can help detect unusual levels of illness so we can respond more quickly.

Hollianne Bruce started at the Health District in 2002 as a bioterrorism response epidemiologist and remembers the beginnings of syndromic surveillance. She recalls vaccinating against smallpox to be prepared in case there were an attack involving the virus. She later moved into communicable disease epidemiology and is now lead epidemiologist at the District.

There’s been no lack of reportable illnesses requiring a public health response. Outbreaks of vaccine-preventable diseases still occur, among them pertussis (whooping cough), mumps, measles, and hepatitis A. In the summer of 2011, a newborn in Snohomish County died of pertussis. In 2017, multiple cases of mumps were reported during a national outbreak. In the winter of 2019-20, a hep A outbreak was particularly hitting people experiencing homelessness as well as people using illicit drugs. As recently as this year, District staff were called upon to monitor a measles case and potential exposures. And that is just a sampling over the last decade or so, not an exhaustive list of outbreaks.

Mosquito-borne diseases also have become more concerning. At the same time bioterrorism preparedness was underway in the early 2000s, West Nile Virus also was garnering attention. The first case in Washington wasn’t reported until 2006. Now, West Nile Virus is the leading cause of mosquito-borne disease in the U.S. While it hasn’t been identified in Snohomish County since 2015, it’s found more often on the eastern side of the state.

Sixteen years after the first appearance of West Nile Virus in the state, Environmental Health staff still help with tracking the disease. During the summer, they place mosquito traps weekly to assist with monitoring.

West Nile isn’t the only mosquito-borne disease of concern. The World Health Organization declared the Zika Virus a public health emergency in 2016, and multiple cases were identified in Snohomish County that year. Though the species of mosquito that carries Zika is not present in Washington State, people who travel can return with the illness and it can also spread through

sexual contact or from a mother to her baby at birth. The impacts of climate change may bring increased mosquito activity, so these vector-borne diseases are likely to remain on public health's radar long-term.

Environmental health work has changed and adapted over time, far more than adding mosquito monitoring to the mix. Still, core services haven't gone away, like keeping food and water safe, inspecting public places such as schools, pools and camps, and a host of efforts to reduce health hazards in the environment.

Environmental Health completed 25 school inspections in 1961. In 2022, more than 115 school inspections have been done.

Food safety requirements have adapted to changes in the community and food service industry. For example, the area's first proposed mobile food vendor ordinance was brought forth back in 1961, and in the decades since, the District has responded to new dynamics like adding temporary events to the scope of annual permits for mobile vendors in 1995.

In 1990, the food program presented a new manager certification course, expanding food safety education and managers' ability to correct potential issues before an inspection. In the spring of 1999, the Board of Health voted to establish food safety regulations and permits for public markets, such as farmers markets. The number of public markets in the county had gone from one to nine over the course of a few years, staff noted, and they attracted an estimated 40,000 people annually. As recently as this year, the food team worked to help address concerns from espresso stand owners about changes in state rules for plumbing.

The District continues to work on septic safety, too, though it is not as consistently contentious as when regulations were first introduced. In fall of 1992, the Board of Health adopted a new Septic Tank Pumper Program because changes in the design and methods available for onsite sewage disposal systems required an increased level of knowledge. Septic education efforts have increased, not only for contractors but for homeowners through programs like Savvy Septic or Septic Smart outreach.

As of May 2022, the state Department of Ecology reports they are more than halfway done with clean-up of the Everett Smelter site. Soil sampling continues in uplands west of the site, and improvements to stormwater drainage are being planned for lowlands east of the site.

The Health District also supported efforts to clean up the former Everett Smelter site in the northeast part of the city. The District issued a health advisory in March of 1991 for the area after an Ecology assessment found arsenic, cadmium, and lead contamination in the soil. These metals are toxic and do not break down or evaporate. The site was operated by Asarco in 1894-1912 and remained one of the largest contaminated sites in the county more than a century later. A bankruptcy settlement with Asarco funded some clean-up efforts, and the City of Everett requested additional state funding. The Board of Health passed a resolution in 2019 to back the city's request and the funding came through.

Throughout all this work – from bioterrorism preparedness to hazardous materials clean-up – the District's budget continued to face shortfalls.

"This is not the budget that I wanted to present in my first year as your Health Officer," Dr. Gary Goldbaum wrote in November 2007, about the 2008 budget. "This budget reflects a continued erosion of revenues in the face of increased expenses."

Dr. Goldbaum took over the Health Officer role from Dr. Hinds in 2007. He came into leadership at a particularly challenging point. The recession in the late 2000s increased budget strain. He described the 2009 budget as “fragile” and “subject to further erosion of the economy and reductions in funding from other levels of government.”

It was around that time that some of the District’s HIV/AIDS work was transferred to community health organizations.

The Health District had been receiving Ryan White Comprehensive AIDS Resource Emergency Act dollars since 1992, focused on improving quality and accessibility of care for people with HIV/AIDS as well as their families. Services at the Health District included case management, though by the late 2000s, the funding wasn’t enough to cover those services and so case management was transferred to another organization. Regional AIDS funding ceased to be a separate item and was merged into the general fund in 2012.

Though budgets often brought grim news, advancements in health science brought hope. For example, in 2012, PrEP medication was approved for use in the U.S. PrEP can be taken daily to prevent HIV infection for people who are HIV-negative but likely to be exposed.

Another win: Vaccination against human papillomavirus (HPV) was recommended in 2006 for women and in 2011 for men. It protects against HPV-caused cancers.

The STD/HIV team continues to provide crucial services today, including confidential HIV testing, sexual health education, partner counseling, and referrals for Pre-Exposure Prophylaxis (PrEP) that can prevent HIV infection for people at high-risk.

Kelly Grimsley, who started at the Health District in 2000 doing community health outreach, worked with the HIV/AIDS team but later moved to Administration when that funding began to shrink.

For several years, she coordinated the local World AIDS Day events, with speakers, musicians, refreshments, a moment of silence and candle lighting, and then a memorial walk (*pictured at left*). In 2005, a group raised money to bring sections of the AIDS Memorial Quilt to Snohomish County. Quilt sections were displayed at an auditorium in Everett Community College. The 12x12 panels are dedicated in memory of those lost to HIV/AIDS, and among the 160 displayed were ones for Ryan White, Freddie Mercury, and the Seattle Men’s Chorus. It was a memorable success, Grimsley said.



“Helps me to appreciate the courage and strength of those who live with AIDS, die of AIDS, and their supportive circles. Many, I imagine, live and die without such affirming attention ... so moving.”

Guest comment from World AIDS Day Quilt display, 2005

Adapting and reacting

A 2009 strategic plan, not surprisingly, discussed the ongoing funding challenges. It also looked at a fast-growing, fast-aging county, where the population of middle-aged adults (45-64 years old) had increased nearly 50% in 20 years.

The District at the time was divided into Communicable Disease and Emergency Preparedness, Community Health, and Environmental Health divisions. State law requires the District to provide specific environmental health services, plan and respond to public health emergencies, and monitor and respond to more than 50 reportable diseases.

“In 2020, Snohomish County will be the healthiest community in Washington State and its residents will aspire to lead still healthier lives.”

2009 Strategic Plan

Conversations around community health had been shifting focus toward preventing chronic health problems. The strategic plan highlighted the importance of early childhood development, family wellness, and safe, healthy starts for young people to reduce risks such as heart disease, diabetes, hypertension, obesity, and depression. It called for expanding assessment and policy development, bringing together community partners, and increasing chronic disease and injury prevention work.

While strategic planning was looking ahead more than a decade, the Health District team was meeting in-the-moment needs. They helped distribute vaccines for 26,000 people over the course of just of three days during the H1N1 Influenza (Swine Flu) outbreak in 2009. The outbreak continued into the start of the new decade, and Snohomish and King counties had the highest rates of H1N1 infection in the state.



The District’s first Community Health Assessment – a report that looks at health-related issues in the county – also was completed in 2009. The second such assessment took place in 2013, identifying youth physical abuse, suicide, and obesity as top concerns. In 2014, a Community Health Improvement Plan was implemented that focused on those issues.

“The next step is action. Individual and community efforts are needed to develop social marketing campaigns, advocate for expansion of parenting classes, implement new curriculums aimed at increasing parent and youth safety plans, and provide resources to move strategies into action.”

Community Health Improvement Plan, 2014

In later reflection on the results of the improvement plan, there were notable successes. Suicide and crisis line information cards were provided for the two primary emergency and discharge planning departments in the county and the number of school districts with suicide prevention curriculum went up from eight to thirteen. Walking audits were done of all elementary schools in the county and recommendations made to improve health and safety. The District partnered with cities and schools for Safe Routes to School grants.

But once again, even as the District was working on long-term health improvement efforts, there were urgent needs to be met.

A devastating 2014 mudslide near Oso in the northeast part of the county killed 43 people and wiped out an entire neighborhood. The mud and debris completely stopped the flow of the North Fork Stillaguamish River and buried Highway 530 between Darrington and Arlington.

District staff and volunteers helped respond to the emergency. This included activating the Medical Reserve Corps to help staff a call center, assisting the Medical Examiner's Office with family interviews, providing mental health resources for survivors and first responders, and bringing Environmental Health specialists in to monitor hazards (*pictured at right*). There were concerns about mold and other impacts from the flooding, damage to septic systems, and potential chemicals or other hazards in the slide area. Staff also provided technical assistance for collection and cleaning of personal property from the site so it could be returned to families.



“Our role in the Oso mudslide was outstanding in such a devastating time. Environmental Health staff were at the site, one of our TB staff was at the morgue handling difficult information sharing with family to identify clothing, items, etc. Our staff was at the call center.”

Lisa Pederson, 1990-present

Lessons learned during the Oso response would come into play years later when the COVID-19 pandemic hit (more on that later).

Carrie Parker remembers the Oso response. She started at the District in 2001 and has worked in multiple areas, including Environmental Health, Child Care Health, STD/HIV, Healthy Communities, and Public Health Emergency Preparedness and Response. She became the first public health incident commander for COVID in the U.S. and is currently assistant director of the Prevention Services division.

Parker was here through the expanding and contracting of the District over the years and she recalls the resilience of the team. Budget shortfalls have been one of the biggest challenges, but great work still has been done, to the credit of a dedicated team.

Wendy Burchill also started in 2001, as an assessment specialist working with the epidemiologists. In a first-floor suite shared with Vital Records, she turned data into reports and presentations.

During that time, she began working on the Child Death Review, an important effort that continues today. Information from the reviews has helped shape ongoing work on suicide prevention and reducing sleep-related infant deaths. Burchill has trained hundreds of county residents on QPR (Question, Persuade, Refer) suicide prevention. She's now the full-time Child Death Review coordinator and helps other teams around the state implement practices to reduce preventable deaths. She became co-chair of the Snohomish County Youth Suicide Prevention Task Force, formed in 2021.

There's a lot of work still to do. Data-driven public health work will require continued, robust assessment efforts, Burchill said, and a better understanding of the importance of trauma-informed care is needed among leaders in government and in the community.

Trauma and resilience is one area that Sue Starr focuses on now. It's one of her favorite public health efforts in her 32-year career.

She works with children and youth with special health care needs (CYSHCN). That work is undergoing changes, shifting from things like home visits to more population-based efforts such as trainings for community partners. There has been increased focus on how adverse childhood experiences impact health, addressing trauma, and building resilience.

“Resilience is fascinating. One of the coolest things is that everybody on this Earth has strength – maybe it’s kindness, or it’s authenticity, or it’s courage, or it’s the ability to really love somebody and be loved. Another one is hope, having the strength of hope.”

Sue Starr, 1990-present

Personal services still can make a big difference, though. Not all families know how to navigate resources and some are in crisis. Among Starr's most cherished memories from her work are seeing the “cycle-breakers” – people who overcame generational poverty, substance use, or other barriers to start a healthier life for themselves and their family.

Though public health has changed, as has our understanding of how various factors impact health, we've never escaped some of the deadly diseases that go back generations.

Resurgence of vaccine-preventable diseases are a concern. In the last four years alone, public health staff have helped respond to measles three separate times in Snohomish County: six cases in 2018, one in 2019, and most recently one in February 2022.

When Dr. Hyatt wrote in 1986 about septic regulation being the most controversial piece of District work, she also wrote a separate section about immunizations without the same note of controversy. That wouldn't be the case today, as the rise and accessibility of bad information has helped turn immunizations into one of our most controversial efforts.

Direct immunization services are being looked at as an area to revisit and expand. While promotion and support of immunizations never stopped, direct vaccination services at the District did.

The Health District's immunization clinic, which provided routine childhood immunizations as well as travel vaccines, closed in summer 2015. The clinic already had moved from Everett to the Lynnwood office after a burst pipe flooded the main clinic in the Rucker Building.

With healthcare reform and expanded access to insurance, immunizations were readily available at clinics and pharmacies, Dr. Goldbaum noted. Fewer patients had been coming to the District. However, today's District and County leadership have expressed interest in offering immunization clinics again to bridge the gap for families struggling with healthcare access.

Along with outbreaks of vaccine-preventable diseases, foodborne illness outbreaks still happen, too. In 2008, an outbreak of shiga toxin-producing *E. coli* at a Lake Stevens restaurant sickened more than 60 people, including multiple cases requiring hospitalization. Lawsuits followed. Hollianne Bruce remembers being deposed as part of the legal proceedings.

Another example of the risks of *E. coli* came in 2016, when the District responded to an outbreak involving a child care facility. In the most recent four years, between 40 and 50 cases of *E. coli* have been reported annually in the county.

With the beautiful beaches of Snohomish and neighboring counties, there also are illnesses related to shellfish. The environmental health team visits beaches and collects shellfish samples to send for monitoring for toxins that can cause potentially fatal illnesses. Just this summer, paralytic shellfish poisoning was confirmed in a Snohomish County man after he ate butter clams recreationally harvested in nearby Island County.



In 2016, the Snohomish Health District Board of Health became the second in Washington to require that manufacturers and distributors pay for safe disposal of unused medications.

Diseases related to substance use are another growing piece of local public health work. Opioid use disorder has become a key area of focus. The District joined a multi-agency emergency response effort in 2017 aimed at reducing opioid misuse, overdoses, and public safety impacts from the opioid epidemic. More than 1,000 Snohomish County residents have died of overdoses since 2019, most of them opioid-related. Heroin was the hot topic

when the joint response started. Now, the lethal synthetic opioid fentanyl is pervasive. In recent years, it has become an alarmingly common killer in the county and all over the U.S.

The Health District helps with coordination for an annual overdose awareness vigil each summer (*pictured at right*). Current efforts at the Health District include assessing overdose data, public education campaigns on prevention and overdose response, and distribution and training for the opioid overdose reversal nasal spray called Narcan.



The rise of vaping, or electronic cigarettes (e-cigarettes), brought its own challenges in the 2010s. While youth have moved away from smoking tobacco cigarettes, vaping climbed quickly in popularity. Vaping-associated lung injuries sickened multiple people in Snohomish County, part of a national outbreak in 2019.

The most recent Community Health Assessment was done in 2018 and pointed toward youth mental health, suicide, and opioid misuse as the top health challenges in the county. Other concerns were highlighted, too, including housing, American Indian/Alaska Native health disparities, youth obesity, healthcare access, and children's oral health. Some good news was included in the assessment, such as low homicide rates, decreasing rates of cigarette smoking, and fairly low rates for melanoma or lung cancer deaths.

Another Community Health Assessment is underway at the time this document is being written. District staff have been reviewing data, interviewing community members, and gathering feedback during focus groups. That new health assessment will help inform community health planning in the coming years.

“The thing about public health is we’re trying to prevent issues from occurring, so you don’t see any impact or illness because of some of these efforts. It’s more of a silent thing that we do that really helps impact rates of disease and other things.”

Gary Hanada, 1977-2018

Work began in earnest in 2017 to get the Snohomish Health District accredited by the Public Health Accreditation Board, though that accreditation process, to date, has not been completed. Gary Hanada worked as project manager for those efforts before his retirement. The goal of accreditation was to improve clarity of processes, transparency, workforce development, and overall, ongoing quality improvement efforts for the Health District. The District Administrator at the time, Jefferson Ketchel, described the organization as a “lean mean fighting machine” but hoped that it would “pack a much bigger punch” five years down the road.

Leadership at the Health District has changed multiple times in the last five years. Dr. Goldbaum retired in 2017. Given the growth in Snohomish County, and the complexity in disease response and emerging threats, his position was split in two. Jefferson Ketchel was named the agency’s new administrator, and a new health officer was hired, Dr. Mark Beatty.

Dr. Chris Spitters took over as Health Officer after Dr. Beatty’s departure in 2019. Dr. Spitters served as Health Officer until July 2022. His work at the Health District spanned 24 years total, during which he also served as deputy health officer, tuberculosis control officer, and communicable disease director.

He helped steer the District alongside Shawn Frederick, who became the Administrative Officer following Ketchel’s departure in 2019. Frederick joined the Health District as the healthcare coalition coordinator in March 2016 and served as the administrative services director from July 2017 to June 2019 before taking the Administrative Officer role.

The two became, as one Board of Health member said in a 2022 meeting, “the dynamic duo,” guiding the District during the longest public health emergency response it had ever seen. Even

before the start of the emergency, they were looking at a daunting challenge, just as the leaders who had come before them faced – the budget.

Staffing levels over the last 20 years have reflected financial strain. While the county population swelled, passing 800,000 by 2020, the number of Health District employees shrank.

However, the spotlight was about to turn on public health in a way it hadn't for generations. In 2019, as the Board of Health voted on the upcoming budget, they had no way of knowing that a pandemic was around the corner.

In 2000, the budget included a full-time equivalent (FTE) employee count of about 186. The budget prepared in 2019 for the year 2020 had room for only 113 FTE.

Here we are

In the winter of 2019-20, the Snohomish Health District activated a partial emergency response for an outbreak of hepatitis A. The outbreak was particularly impacting people experiencing homelessness and/or using illicit drugs. Four cases were confirmed in December, potentially linked to a statewide outbreak. Staff from multiple programs met in an upstairs conference room, reviewing information and making plans to help disrupt the spread of the disease.

The conversation in that room changed quickly early the next year.

On January 20, 2020, a man who returned to Snohomish County from China tested positive for a new respiratory virus – the novel coronavirus. Not much was known about the virus and the potentially life-threatening illness it caused, later named coronavirus disease or COVID-19. The Snohomish County man had the first case to be identified in the United States.

“We were working literally day in and day out, 7 days a week in the beginning of the response. It was such an honor and privilege to work with Dr. Spitters and our response team. Coming together and working as a team to protect our community is why I have continued to work for SHD for over 20 years.”

Hollianne Bruce, 2002-present

By the end of that month, federal travel restrictions were in place to slow the spread of the disease as it fast appeared in other countries and states. A month later, a second case was confirmed in Snohomish County, this one in a high school student. It was the first community-acquired case, signaling that the virus had begun to spread locally and not just through travel.

A joint emergency response was formally activated on March 1, 2020, headed up by the Snohomish Health District and Snohomish County government. That emergency response lasted about two and a half years.

In that time, the respiratory virus overloaded healthcare systems, swept through long-term care facilities, and disrupted daily life in countless ways. Schools closed temporarily and then moved to remote learning for more than a year. Many workplaces shifted to remote work where possible. Other businesses – restaurants, entertainment, and hospitality in particular – saw widespread layoffs because few people were going out or traveling. A statewide mandate

known as “Stay Home, Stay Healthy” in March 2020 limited all non-essential activities in an effort to keep the spread of disease from completely overwhelming hospitals and morgues.

The emergency response didn’t pause during or after the Stay Home, Stay Healthy period. Millions of items of personal protective equipment, such as gloves and masks, were donated or purchased and provided to healthcare, long-term care facilities, and other high-needs areas. Contact tracers worked to identify cases and people who had been in close contact with them while contagious, then provided guidance on isolating or quarantining. As part of the joint response, an isolation and quarantine facility was set up at Angel of the Winds Arena in Everett and later moved to the Evergreen State Fairgrounds to ensure that those who did not have a safe place to isolate or quarantine could go somewhere.

The Health District helped set up drive-thru testing sites (*pictured at right*), providing hundreds of thousands of free nasal swab COVID tests over the course of the pandemic. Staff from all programs and local volunteers made that work possible. Between January 2020 and June 2022, a total of 878 Medical Reserve Corps volunteers in Snohomish County gave more than 49,000 hours of service, including for vaccination and testing sites, data entry, call center assistance, and much more.



The impacts of COVID were felt throughout the community. In June 2020, a small outbreak of COVID at the Snohomish Health District even closed our offices completely for several days.

The response truly was all hands on deck, with employees from various programs stepping in to fill essential roles outside of their normal duties.



At the end of 2020, the first vaccines to help protect against COVID-19 were authorized by the FDA. The first shipment arrived in Snohomish County on December 17. By January 6, 2021, the first drive-thru vaccination site (*pictured at left*) had been set up at Paine Field Airport by the Snohomish County Vaccine Taskforce, part of the joint response effort.



More mass vaccination sites followed, including in Monroe, Arlington, Everett, Marysville-Tulalip, Edmonds, and Lynnwood. Teams supported by Fire and EMS staff worked at the sites but also went to residences to vaccinate individuals who were homebound.

Mass vaccination sites in the county administered hundreds of thousands of doses of COVID vaccine over the course of about 13 months. Nearly 260,000 of those doses were through the Snohomish Health District and Fire/EMS partners, based on preliminary totals. The Seattle Visiting Nurse Association also administered vaccines at several of the sites, bringing the estimated doses up past 320,000 total. Most of the mass vaccination sites demobilized by July 2021, and the final site at Ash Way Park & Ride in Lynnwood stopped vaccinations on March 11, 2022.

Throughout the rest of 2022, additional emergency response resources at the Health District were dialed back. Vaccinations and testing have become widely available through clinics and pharmacies, including booster doses of COVID vaccine and at-home test kits. Disease response activity has shifted from emergency response into a more long-term disease control effort for public health.

“Thanks for mastering your roles to make the whole team function well and succeed in our mission of mitigating the impact of the pandemic locally while also doing everyday public health. You have saved lives, suffering, and disability that will never be counted and whose beneficiaries will never know that it was you who was saving them.”

Dr. Chris Spitters, in a 2022 message to District staff

The prolonged and intense COVID response took its toll on staff. The District’s Trauma & Resilience team worked with the response team during the first half of 2022, offering training sessions along with weekly meditations and listening circles.

We know COVID-19 is far from gone, and it continues to impact many in our community. Between the start of the pandemic and November 2022, COVID had claimed 1,341 lives in Snohomish County, according to data from the Washington State Department of Health.

During all of this, day-to-day public health work never stopped. Below is a quick look at some of the non-COVID work done in 2021:

- 4,000+ routine food inspections
- 1,100+ annual pool inspections
- About 260 pollution prevention assistance visits
- About 190 septic complaints
- 400+ solid waste complaints
- Nearly 16,000 birth certificate copies issued
- Nearly 30,000 death certificate copies issued

And there was some good news for staff after many years of financial struggle: By 2021, the District was looking at a much more sustainable budget, including substantial investments in foundational public health services at the state level. Requests made to cities for per capita funding every year since 2016 were not needed for the 2022 budget. Staffing has increased to 172.8 full-time equivalent (FTE) positions in the 2023 proposed budget.

Dr. James Lewis took over as the District’s eighth Health Officer following Dr. Spitters’ retirement in summer 2022. Dr. Lewis arrived at a time of District growth and change, and stepped right into the continued response for COVID-19 and other illnesses.

There is a lot of public health work ahead of us.

At the time of writing this document, we are in the midst of the worst respiratory virus season in years, with high rates of influenza and RSV and an overloaded medical system.

Over the summer, the Health District responded to an outbreak of monkeypox. Syphilis cases last year were nearly double from just three years earlier. Technology brings new challenges, like connecting with food vendors who are selling over social media or online without meeting food safety requirements. Work continues to be needed to support businesses in pollution prevention and hazardous materials management. Overdoses are at heartbreakingly high levels.

All of that and more will be tackled as part of the new Snohomish County Health Department.

In May 2022, the Health District and Snohomish County Government announced that local public health services are being integrated into the county government structure. The Health District is being moved over – all current programs and positions – into a newly formed County Health Department. That transition takes effect January 1, 2023. In the future, the Snohomish Health District as an entity will close out completely.

“The new Department benefits from a full complement of leaders who have been tested throughout the pandemic. They are capable, motivated, and focused on future growth and improvement of the health department.”

Shawn Frederick, in a 2022 letter to the Board of Health

There are new opportunities and new challenges ahead. We'll need the resilience and dedication that have been highlighted time and time again in the written documents and staff interviews that shaped the narrative you are reading now.

Someday, public health staff may look back at this, just as we did at David Stockton's "A Special Book for a Special Time."

If so, we hope they know that the history of public health in Snohomish County is vibrant, and the people who work to make this community safer and healthier are passionate and dedicated.

Looking toward to the future, we are hopeful, and we are grateful for the legacy left for us by so many public health staff over the generations.

Thank you.

