

TRANSCRIPT: Snohomish County Response to COVID-19, July 28, 2020, Briefing

**Executive Dave Somers:** Thank you all for joining us today. I just want to take a couple minutes to thank the many essential workers who have really been in crisis mode since January. First and foremost among those are all the medical workers who have really been working tirelessly to keep everyone safe and healthy as possible and care for those that are sick and who have come down with COVID-19. They've done really an amazing job under very difficult conditions, very stressful, dangerous circumstances. Unfortunately that's going to continue for some time into the foreseeable future, but just wanted to do a shout out and a great heart-felt thanks to all of them. And also wanted to mention many others that don't receive quite as much attention, but have continued to take care of essential work. Particularly those who have been staffing our Emergency Coordination Center in Everett. We've got our first responders, the medical examiner's office been extremely busy, corrections staff, solid waste professionals, park staff, Human Services professionals delivering services out to the public. Public Works, our road crews had to transition very quickly to keep working socially distanced, but our road crews have been out there every day. Planning and Developmental Services. The IT department, which is holding it all together, providing technological services, computer services and helped us make that shift to remote work and communication. The courts system which is up and running again. Facilities and fleet. Prosecuting attorney's office. The assessor's office. Treasurer's office. Auditor's Office, we're in the middle of an election and they're functioning well. Clerk's office and many, many others. So we don't think about those folks very often, but they've been working hard and doing an amazing job. And we did make that transition to remote learning. We asked our staff and all our partners to really create protocols to be safe, keep themselves and their families and the public safe, and asked them to work remotely. And we did that really in just a few short weeks, we changed how we did business. We've actually improved our efficiency in some cases measurably and we're very proud of being able to do that so quickly and seamlessly. So I'm just really proud of all the workers in public and private sectors, who have taken the challenge of taking care of business during the pandemic and working to keep people safe and healthy and they should all be applauded.

So later today we'll be making an announcement with our regional partners that Snohomish County will be extending remote working until the end of the year. So we're going to continue to work remotely. It's working well. Some essential workers and folks that need to be on campus will be, but we'll assess the circumstances as we go and make changes as necessary to keep everybody safe and healthy as possible. We also know that many parents are anxious about school starting without in-classroom instruction, so we just wanted to remove any anxiety and assist people in making plans. So again, Snohomish County will continue teleworking and remote working policies. So we'll continue to insist that all our public servants continue to fulfill their duties, while ensuring social distancing measures and work. And I just wanted to assure you that the County Government is working well. I'm extremely proud of everybody and thank them for making that shift.

So unfortunately, we've seen a troubling rise in cases. We just need everybody to understand that we're in this for the long haul and the only way to beat back the COVID is to wear masks, maintain social distancing, don't travel, avoid congregations and groups of people. So with that, I'll turn it over to Dr. Spitters and the Snohomish County Health District.

**Dr. Chris Spitters:** Thank you, Executive Somers, and good morning everyone. First, I'd like to give you an update on the numbers that Executive Somers referred to. The, this rolling two

week average that we calculate, every week we recalculate the number of newly reported confirmed cases in the prior two weeks, divided by 100,000, and then that gives us a metric to compare ourselves across time and with other regions in the state and country. So we've now had our sixth consecutive week of a rising result from that. And most, this past two week period we're up to 97.2 cases per 100,000 for that for that two week period. And that puts us right about even with where things were in mid March and I think you'll remember that. It's a slightly different group that's affected now. As I've mentioned previously, that was an older group with a lot of involvement of elder care facilities. This time around, folks over 70 are only right now about 5% of the affected population. They are the group at most risk of severe disease and hospitalization, and protecting against that hospitalization and over running the hospital system, of course, is one of our key objectives in the COVID-19 response. But right now, most of the, most of the disease is, 55% of it is in individuals 15 to 39 years of age. We are seeing hospitalization statewide in that group increase. It's much lower than we see in the older age groups. Severity is less. But still, even young people can develop severe illness or hospitalization or complications. The other thing I wanted to mention is our testing. There were about 500, or 5000, excuse me, tests done in Snohomish County last week. That continues to increase over the past month or so as demand for testing increases as well as the health district's efforts to increase the drive through testing which we're currently running at about 1000 tests per week that we've added essentially to the countywide mix over the past month or so. So I think that just speaks quantitatively to that general notion that Executive Somers raised that we continue to see rising numbers of cases, disturbing trend there. Nationally and statewide, we are seeing the cases move out of that younger age group into the older age groups. That's certainly been the course of the epidemic in some of the more severely affected states. So we remain vigilant and trying to keep an eye on that. Right now our hospitalization seem relatively stable countywide in the low 20s for COVID related hospitalizations and I imagine Dr. Sachdeva will have more for us on that from the local hospital perspective.

Moving on to some highlights from the safe start guidance from the Governor and Secretary of Health. You'll recall last Thursday that governor Inslee and Secretary Wiesman announced some updates to the state safe start requirements. Starting Thursday July 30, day after tomorrow, restaurants and bars must limit the number of people at each table to no more than five, and they all must be from the same household. No mixing households in restaurants. This is true for both phase two and phase three, which we are not yet in. Remember that we are in phase two and given these numbers I think there's no imminent plans to apply, much less be approved for any movement forward. Restaurants are also limited to 50% capacity for on site dining and they must close gaming and social areas like pool tables or dart boards. Restaurants also must stop serving alcohol at 10pm. Bars are closed. The bar service in a restaurant, it should be closed up. Outdoor service is allowed, with proper social distancing. Weddings and funerals have new guidance too. Starting August six (*note: Governor recently announced change to Aug. 10 rather than Aug. 6*) ceremonies are allowed with occupancy limited to just 20% of the venues maximum capacity or 30 people total, whichever is less. That includes outdoor weddings as well. Physical distancing of six feet must be maintained between non household members and receptions are prohibited under the new guidance. Fitness centers and gyms in phase two are limited to no more than five people on site, not including staff, at any one time. This includes indoor pools, ice rinks, volleyball and tennis courts. Phase two does allow for small group instruction or private training, but not general admission at a gym. Indoor entertainment and recreation centers like mini golf, bowling, arcades and indoor card rooms are

prohibited from opening at the current time. Regarding face coverings, Secretary Wiesman also announced extension of the statewide face covering order to include all common areas, both public and private. This includes elevators, hallways and shared spaces in apartment buildings, hotels, university housing and congregate living settings like nursing homes. If you're not sure whether you should be wearing a face mask in a certain setting, just wear one. When in doubt, keep one with you so you can wear one if you don't have it on and you see signals that others are wearing them or that there are instructions to do so. If you're going outside where you can keep distance, great. You don't need to wear a mask, but still wear one in case you find that there are more people around than you expected and you can't maintain a social distancing. My footnote on that is if you go somewhere, like we've had many photographs of natural recreation areas in the county sent to us with large, you know, dozens and dozens of people standing shoulder to shoulder with no face coverings. If you encounter a place like that or you get to a park or a recreation spot and there's no parking, that's a signal. Go somewhere else or go back home.

Good news about contact tracing. The health district has hired 50 contact tracers with support from the CARES Act funding, that's the federal funding, money to help us all survive through this event. All of our new contract tracers are now set up, trained, ready to work. We do want to remind people that in order for them to do their job and achieve the function of containing and suppressing transmission we need people to answer their phones and respond to the text messages when they receive them. They will have important information and instructions if you have tested positive or been exposed to COVID-19, and they may need information from you to help notify others who are potentially exposed. Keep in mind, a contact tracer will never ask you for your social security number, immigration status, bank account number, financial information or other like information. If someone claiming to be a contact tracer asks for any kind of information like that or a payment, you know you've got a scammer on the phone and hang up.

Just a quick note on testing, the Health District is continuing to coordinate drive through testing, as I mentioned earlier. We are moving locations starting Monday, August 3. We have been testing at McCollum Park for several weeks, but we will be moving back to the testing site we originally occupied on Broadway near the Memorial Stadium and Everett school district. This is actually the Everett school district building parking lot. This is the same location we first opened, as I mentioned, back in March. We're moving to this location because the setup there is just more amenable to what we're trying to do, and should allow us to reach our target of 500 people a day as opposed to the maximum of about 250 a day that we're able to do at McCollum Park. The new location and testing times for next week will be available later this week on our drive through testing page.

And so those are the updates I have for you today. We've received a number of questions about hospitalization rates. I've mentioned the countywide picture that we continue to track. And just reminding you that the continued increase in COVID-19 is concerning as we anticipate that it may move into older age groups and increase severe illness and the need for hospitalization. Toward that end, we are pleased to be joined today by Dr. Sachdeva from Swedish Edmonds and Mill Creek. He's the chief medical officer there. Dr. Sachdeva, thank you for all you and your team have done from the beginning, in terms of providing care to patients, coordinating your efforts with the other members of the health care system and with the health district. So thank you for that. Thank you for joining us. And with that, I'd like to turn it over to you.

**Dr. Sandeep Sachdeva:** Thank you, Chris. And thank you, Executive Somers. Appreciate the invitation. Swedish Edmonds has been a huge part of this community for, since 1964 we've been serving this community. The Swedish mission is to improve the health and well being of each person we serve. And we take that to heart. Since the start of this public health emergency we have played our part. When I look back with pride, we, just to share some numbers with you, you talked about hospitalizations. To date we have had 205 unique individuals who've been hospitalized at Swedish Edmonds. Our ICU, the percentage that went to the ICU was 17%. Our overall mortality rate was 21%. When I say the mortality rate, I just want to clarify this is the number of patients admitted to the hospital with COVID-19 as the denominator. And then the numerator is the mortalities related to COVID-19. When I also look at the numbers by month I see a declining mortality rate. So the overall mortality rate is 21% but for the month of June, a mortality rate drops to 7%. And I believe there are a few reasons for that. I think we've gotten better over time, we have learned about this disease, how to manage this disease. We've literally been sort of building the plane and improving the plane as we fly it.

I'm super proud of the fact that Swedish along with Providence has been a national force behind some of the improvements that have happened in the care of COVID patients. We started the Remdesivir trial, contributed the most number of patients who were recruited in our country for this trial, as just one of the examples of the research we started to do looking at ways to improve the care. There were other efforts, research efforts as part of Swedish and Providence. And that all has culminated in improving care and decreasing mortality. Suffice to say patients coming in with COVID, especially if you have comorbidities, they are staying in the hospital for quite a long time, longer than average length of stay. So the resource utilization has been much higher for these patients. But again, I'm happy that we were able to take care of the folks who came here in very proud of the fact that we have over time done a much better job of looking after these patients and transitioning them safely back to the community.

Our focus right from the get go has been on what we call the 3 S of emergency preparation, staff, space and stuff. And that focus continues to date, making sure that we have the staff. We have, we've had to improvise during the surge. We've, fortunately because of all the public health measures that were taken, we were not in a situation similar to New York City or currently what we see in Texas and Arizona and Florida, some parts of the states. So we avoided a catastrophic situation, again thanks to all the measures that we took as a state and as a county. So really appreciate the strong partnership with our county officials. The fact is that we are not out of this crisis as the numbers bear out. And what I've been telling our caregivers is that each one of them is an ambassador for public health. We all have influence in the community that we live in and making sure that we continue to influence our community members, encouraging them to wear masks, to adhere to all the public health guidelines around social distancing, hand hygiene, and other universal precautions. That is the most important intervention that we have at our disposal, and if we get to a 95% compliance in our community and our state I can guarantee that within a few weeks we'll be not only stabilizing the numbers but bending the curve way down. And we can do it. And that's the message I continue to give to our caregivers, to be that force within our community to help propagate this.

Our success has also been in keeping our staff safe, like I mentioned before, if we don't have the staff, we don't have a hospital. And so right from the get go, we focused on the safety of our staff. I'm very proud to share that in the ICU where during the peak of this crisis, we've had, you know, significant numbers of patients none of our ICU staff contracted COVID as a result of that.

We were fastidious in making sure that our staff had the PPE and they were donning and doffing appropriately. In fact, we had monitors to monitor the staff while taking care of patients who had COVID. And that focus continues. And I think even before the county and the state mandated universal masking, the hospital within Swedish, we mandated universal masking and that has been a unqualified success. Now the few cases that we see within healthcare workers with a positive COVID we do a very diligent contact tracing and invariably the result of that contact tracing is that these healthcare workers got COVID because of activities within the community and not within the hospital. I think this just goes to show again the effectiveness of universal masking. So when I walk in the hospital in the corridor, I wear a mask. And we ask everybody coming into the facility to do the same. In fact, we've been doing audits and very proud to say that recent audit the medical staff, physicians reveal 100% compliance with masking within the hospital. The only time we take our mask off is when we eat or drink. And so this is again for members of the community. It works.

I do also want to call out the close partnership, collaboration, you know, every crisis has silver linings. This one has its silver linings and that has been the collaboration with the county and local collaboration with other healthcare leaders. And so, and I can, I'm sure Chris can speak to that, we've been meeting I believe every other week, twice a month. This is other chief medical officers and Dr. Spitters and having a really fruitful conversation about what's working, what's not working, sharing information and that sharing of information has been just tremendous and it's really helped all of us. Just to give you an example, at Swedish Edmonds we started a study or trial to see if proning, in other words, helping patients lie on their on their chest and stomach, these are patients who are not on the ventilators, if COVID positive patients have to spend a certain amount of time lying on their stomach, would that help them in their recovery. And so that study showed that yes, if you turn patients over and help them breathe a while on the stomach and chest, it led to improvement. We shared that with Providence Everett and sure enough they took it up and ran with it. So these are the kind of examples of sharing information benefiting everyone.

Lastly, you know, the focus, again, going back to the staff is recognizing that this is a marathon, not a sprint. We are not out of this crisis or public health emergency. And at times, it seems difficult to see the light at the end of the tunnel, but we know that it's there. We are working towards that. And so with that in mind, I think Executive Somers had referred to the wellness and the stress on the staff. So right from the get go in March, we recognized that that we really need to focus on the wellness, not just the safety aspect of our staff, but the wellness because that then contributes to the resilience. We don't want our staff to be getting, feeling exhausted. And so we stood up our wellness website within Swedish in March, basically collecting all the resources that we had dedicated towards wellness and also we realized, once we did that and spread the word around wellness, there were teams within Swedish that were wanting to participate, wanting to contribute in whatever way they could towards the whole concept of wellness. So this website to this date has had 15,000 hits internally with close to 3,000 unique visitors. So people are using this wellness website. Another example of wellness, making sure that we had a behavioral health concierge service. That was, that had been stood up and through this service we provide 10 absolutely free, absolutely confidential counseling services through a clinical psychologist to all our healthcare workers in medical staff, irrespective of how you're employed, whether you're employed by another organization coming to Swedish to work. But if you're coming to Swedish to work and have any reason to feel anxious, any other mental health behavior concern. It could be the healthcare worker. It could be something going on in

the family. You could be having trouble with your teenager or in your relationship. All you need to do is just call this confidential line and you will get 10 free counseling visits and then further guidance on how to deal with it in a professional manner. So we did notice an uptick in the use of the behavioral health concierge service which I was so proud that we had that, because then we were making sure that our healthcare workers were needing the help at the time they need, the time of most need. We had mindfulness classes, we had, we did town halls. We did other focus groups where people can just come virtually and share the experience. A mindfulness challenge has been a big hit as well. So many such examples of wellness and the focus continues on. Bottom line is, we're trying to make sure that we stay connected. It is these, it is through these meaningful connections that we want to display to show each other that we are there, that I have my set of wing persons and I'm a wing person for someone else, making sure that connection deepens and is our bedrock for looking after our community members. So I will stop there but certainly entertain questions.

**Dave Somers:** Thank you, doctor. Thanks to you and all those you work with. Please express, pass on our heartfelt thanks to everybody. We know conditions are difficult and just kudos to you. Thank you.

We'll get through as many of these as we can. The first one was what date was the county, when did they begin teleworking? We announced our teleworking policy on March 17 and began the transition immediately and again many, many of our folks have been working remotely, we equip them to do so, they're doing so successfully. Many others have had to be in the workplace and we thank them. We know the special risks and constraints that presents. So thank you.

In terms of cases, case loads at Swedish for 15 to 39 age group and 40 to 60 and what complications are those patients showing?

**Sandeep Sachdeva:** So at Swedish I'm just looking at the overall data since the start of the public health emergency, about 20% of our patients have been less than 50 years of age. So we, you know, another spin off of the crisis had been our data capability, like most organizations we scrambled to make sure that we had real time data. And one of the things that Providence did was extensive analytics and I'm just have that site open and I'm referring to that site as I give you these numbers. So less than 50 years of age 20%, and we did see patients without any significant comorbidities get admitted to the hospitals as young as 20 years of age who got significantly ill. And some of them initially died as well. So again, just as we see a spike of positive cases in the younger age group, I just wanted to share that this disease presents with a wide spectrum of symptoms from being asymptomatic to minimally symptomatic to getting horribly sick. And you don't have to have comorbidities to get horribly sick. Sometimes the immune system, and we don't know why in some individuals, just responds so briskly that it starts to attack the healthy tissues as well. And so just cautioning our community members that this disease, while the preponderance of folks who get it are mildly ill, it's still a Russian roulette who gets deathly ill, you know, and so just the best thing is, you know, make sure we prevent ourselves from getting this disease.

**Dave Somers:** This one's probably for Dr. Spitters but the department of health epidemiological seven day running averages for cases at time of illness, hospitalizations and deaths are plateauing and curving down. And Dr. Cathy Wasserman said she is guardedly optimistic and how does this correspond to what's happening in Snohomish County?

**Chris Spitters:** Yes, that is the case statewide. And it's just important to always remember that the statewide picture is the aggregation of a constellation of outbreaks throughout the state. And so the good news is, for instance Yakima County, which was really in duress and is still struggling, but they're now on the downside of the peak and that's in part driving this because they had such high numbers. But Snohomish County, things are still headed up and you know we just, we have six months of experience with this virus, two waves, possibly more waves ahead, and it's, you know, I just, I'm hesitant to make any predictions, other than to just tell you that the current state is we're on a linear increase with no apparent mitigation and it just speaks to what both Executive Somers and Dr. Sachdeva said is, it's some of this is in our own hands and widespread adoption of those prevention strategies are critical to bending that curve.

**Dave Somers:** So Dr. Spitters, have there have been people pretending to be contact tracers and scamming people. And you also mentioned that the number of cases per hundred thousand is almost equal to mid March. What was it in mid March, the number and those levels again.

**Chris Spitters:** So I personally am not aware of any scam occurring to any of our, any of the cases or contacts in Snohomish County. That doesn't mean someone hasn't tried, but I'm just not aware of anything systematic. But I think nationwide, you know, all kinds of scamming are up because, well, it's just it's a time when that's happening. Take a look at your email inbox, and so we're just cautioning people more. This is more prophylactic information that if somebody is asking for your financial information, that sort of thing, it's not us. Hang up. And if you think it might be us, go ahead and call back, call back to the health district.

The case rates and overall much of this data that I'm describing, and much more, you can find on our, on our case counts and data page on the COVID-19 website at that snohd.org. But briefly we spent about a sequence of about three weeks in a peak that was in the 90s and up to 130 and then down to 90 and then we had a sustained decline through the end of May, early June. So this is analogous to that. It's not as steep a rise, but the magnitude is comparable.

**Dave Somers:** Thank you. Let's see, another one for Dr. Spitters. You attributed the rise in cases among younger people to social gatherings, especially July 4. Any info on how much transmission was coming from outdoor gatherings versus indoors and Dr. Sachdeva if you have any information to jump in.

**Chris Spitters:** Yeah, we don't systematically collect that. And so I don't, I don't have an answer for you. We know conceptually that you know, small is better than large, distance better than close, and outdoors is better than indoor, there's more dilution of air as I breathe out, cough, what have you. And there's ultraviolet light as well that can inactivate the virus. So outdoors is better than indoors, but it's still, we want people maintaining social distance, gathering limits, face coverings outdoors as well as indoors.

**Sandeep Sachdeva:** Yeah, I just want to echo that. And what we are seeing anecdotally again through our internal contact tracing is that the transmission, again this is anecdotal and Chris you can jump in, is occurring when people are meeting non family members, non household members in small groups. Essentially trust is a factor here like Chris invites me, I trust Chris, you know, he's probably not doing anything silly. So I'll go meet up with Chris and when I'm meeting with Chris because I trust him I'm not masking, I'm not doing social distancing. So I think it's that kind of behavior where you're meeting up with trusted friends, trusted family members you haven't seen for some time and from a human imperative I certainly understand the need to connect. What I would like to share is yes, we can connect, but making sure that we

wear masks and we socially distance. When we do that, again small groups outside is way, way better than small groups inside, in a small, in a contained environment. You know it's the basic science behind transmission is the size of the inoculum, the amount of the inoculum, in other words, the amount of the virus exposure over time. So if the distance between individuals is small and it's over a prolonged time, I'm talking about 5, 10, 15 minutes, the longer you speak with that person and one of the individuals is infected, the more chance of the other person getting infected. If the inoculum is really small and the exposure is fleeting like, you know, you were in contact with an individual for just 30 seconds, chances are that your immune system will be able to overwhelm the small amount of virus. So that's just the basic principles of science of transmission. And that's why masks and social distancing works so effectively, because it really impedes this basic mechanism of transmission. And so, wearing masks and social distance, I mean I'll probably say that a hundred times that is never going to be enough, but this is what we need to do, because it's really in our hands to stop this virus in its tracks. And the other thing I'd like to share is that we are staring at the flu season. Right? I mean, that's where every health system is now trying to plan, what does this fall and winter season look like with flu just around the corner? And whatever mechanisms that impede the transmission of the virus also work equally well for the flu virus. So I think if we could, the important thing is that we are in it for the long haul. And if we continue these guidelines and compliance at a very high level through fall, winter, and early spring of 2021, we can beat this. And we can not only beat COVID-19 but the flu virus as well. And we can have a much better fall and winter season.

The other thing from a healthcare perspective is that we certainly don't want to be in a situation where we are, we have to stop elective surgeries and procedures. That took a toll on everybody, and most importantly our community members. So our goal is that we continue our normal operations in the hospital, while looking after patients that may be coming in with COVID, which we are doing right now, but I think we anticipate an increase for fall and winter time, especially if there's poor compliance to these guidelines.

**Dave Somers:** So the last question we'll address is I hear from so many angry people who still think this is a hoax or related to the election or say several weeks have passed since the beginning of the latest spike in cases and deaths and hospitalizations still don't keep pace, young not getting super sick. Can any of you speak to these concerns? And also if the only concern is that spread could move to older vulnerable populations, why can't those people be under restrictions? And follow up, is the health district or is anybody else monitoring possible adverse effects of the restrictions on things such as suicide attempts, domestic violence and drug use.

First let me say if people still think it's a hoax, that's really sad. You just need to go down to Swedish or Providence or talk to the families who have lost loved ones. COVID is a horrible way to die and, you know, some people are just going to think what they're going to think. All we can do is keep putting out the best information we can. I know when I go out in public now I see vast, vast majority of people wearing masks, taking this seriously. And I think our citizens, our residents know this is real. It is real. And the vast, vast majority are taking it seriously. So we're going to keep trying to put out the best information we can, urge people to do the right thing for themselves, for their families, for their neighbors, for our communities. And, you know, you're, at some point, you're not going to convince 100% of people. But doctor, either of you or both of you, you want to address that issue, and also the issue about the vulnerable populations. Why can't we just put them under more restrictions?

**Chris Spitters:** Well, although it's relatively confined to younger age groups and so we're seeing low, continued low hospitalizations and not zero, but low number of deaths, maybe two to four per week. You know, I think it's hard to contain that even if you were to, even if you were to sort of cocoon the medically vulnerable and older age populations, but there's also, I think that I would argue on just a social basis that that then imposes, and most folks in older age groups and who have medical conditions are indeed doing their best to protect themselves, and that may be in part why we're seeing the age curve that we do now, but to impose restrictions on one set of, you know, age groups so that the other can have their way, I'm not sure that's the best community spirit that we want to show going forward. I'm not sure that's what's going to get us through and I think a more collective interest is the way to go. And that we protect those around us by cocooning them, but also by doing what we can to prevent transmission and whatever our age or health status is.

And then just briefly to address that, you know, there are other health and mental health effects of this public health crisis and side effects of our response to it. The closing down activity has economic consequences, educational and mental health and we certainly, we've heard from law enforcement and social services that domestic violence and domestic problems are being reported more frequently. Our opioid overdose surveillance does show us a slight increase over time, over the past six months in opiate overdoses. I don't have data on suicides because of the way deaths get counted, coded and analyzed it's about a one to two year delay in counting deaths, but that's the view. And part of the response then has been and needs to continue to be addressing those side effects either directly from the virus or from our response to the virus to try to mitigate those personal health and mental health and economic side effects of this horrible thing that we're all going through.

**Sandeep Sachdeva:** And I think Dr. Spitters hit on all the points articulated very nicely. You know, when I look at the current demographics in terms of age groups that are getting, that are becoming positive or mostly showing positive results, my worry is that eventually this will reach the vulnerable segment of our population, would that be elderly or those with significant comorbidities or illnesses. So it's just a matter of time. So I think it's really important that these guidelines apply to each and every individual, no matter which group you belong to in terms of age, gender, activity, role. So it's, again, on us and making sure again I have, I just love to say it again and again, that this is what we need to do, this is not a hoax. Like Executive Somers said, you just have to talk to somebody who has been hospitalized for COVID or, worse still, has lost a loved one to COVID. It's very real. Just like anything in medicine, every intervention, surgery, medication has risk and benefits, that whatever we are trying to do to mitigate COVID transmission has risks and benefits. And you have to weigh them against each other. And the risk of not doing these basic, simple things like masking and social distancing far outweighs the risk of doing these well because like Dr. Spitters mentioned, the side effects of all these restrictions, so to speak, we can mitigate those effectively. Like we have done by a focus on wellness right from the onset within Swedish that as we're going into crisis, it will take a toll on us, what can we do to mitigate it? I think I also worry about the economic consequences of not adhering to these simple behaviors. So that, that's huge. And I think if anything else that is a, that should be an imperative for everybody. You know, gosh, if I just wear my mask every time I go and a social distance we can keep our shops opened up, businesses open, which is again so vital to the well being of our society.

**Dave Somers:** Thank you. And just one analogy on this last point is that it is like a wildfire. To have a small fire, a couple small fires are fairly easy to control and put out or, as I say, control. But if you let this get going, like a wildfire pretty soon you lose control and you cannot put the genie back in the bottle. Really, it becomes extremely difficult, more and more difficult and vulnerable people will be affected. Eventually we, we've already found out, we can't control everybody. People do have contact with vulnerable individuals so it's a matter of time before this spreads. There's, I have not seen any indication that the virus is somehow changing or becoming less lethal. It's just right at this point in time really among the younger population which fortunately do have lesser medical problems from it.

So there was one last question that we'll address. We keep hearing about social gatherings being a leading cause of community spread and continue to ask about whether there should be greater enforcement. At what point will you say it's actually time start cracking down on these to prevent more spread?

Well, you know, we are doing the best we can on cracking down on businesses and individuals. We're working with our state partners. I know the Health District contacts both individuals and businesses. It's extremely difficult in our society to have the type of presence to really start doing strict law enforcement. I think if at some point it would take a joint decision by local governments, our law enforcement officers, our health providers, our public health agencies and the state to do that, and we'll continue to consider those things, but how we would actually accomplish that widespread enforcement is difficult for me to envision but Dr. Spitters maybe as a public health official if you'd like to address that.

**Chris Spitters:** Well first executive Somers, I think you characterize the dilemma quite well. It's appealing the notion of widespread enforcement, but the practicality of it and the, there are certainly good intentions behind that. But we also live in a social and political culture where that level of control over people is not something that we customarily exercise. So it really would be a, not just a legal intervention, but a culture and social shift that would, I agree, that would merit and require consensus among law enforcement, county government, public health, state government and so we continue to plead and try to motivate people to do this in a sense of community spirit. And as Executive Somers said, I mean that notion is on the table and we will continue to consider it. But my hope as the health officer is that people will have enlightened self interest for themselves and the community, think down the road. Our best pathway to resuming public life, the economy, education and all the other things that make up a normal life is to follow all this guidance and that's my hope is that we don't come to a situation where we're having to pursue enforcement in that manner.

**Joint Information Center:** Hi everyone, this is Kari Bray in the Joint Information Center. I know we went over our usual time. But thank you so much to our speakers and to our guests for taking the time to listen and share this information. So I'll wrap up here quickly. Thank you again for joining us and please do stay tuned for future media availabilities