

## The Health Council of Marin

Minutes of Regular Meeting: Tuesday, May 24, 2022

Meeting via Zoom; the meeting was recorded

**Members Present:** Ginger Souders-Mason (President), Roberta Anthes, Connie Barker, Kevin Hogan, Bobby Moske, Sandy Ross, Derice Seid Tao, Barbara Wientjes

**Members Absent:** Jennifer Rienks

**Guests:** Clayton Smith, Vicki Sievers, Valeri Hood, James Bond, Dr. Michelle Perro, Loretta Rogers (Secretary)

**Handouts:** *Agenda*

1. **Call to Order:** President Ginger Souders-Mason called the meeting to order at 7:02 pm.
2. **Approval of the Agenda:** President Ginger Souders-Mason asked for a motion to approve the agenda. Kevin Hogan moved to approve the agenda. Barbara Wientjes seconded the motion. The motion passed unanimously.
3. **Resolution regarding Tele/Video Conference Meetings during the COVID-19 State of Emergency:** Roberta Anthes moved to pass the resolution. Kevin Hogan seconded the motion. The motion passed unanimously.
4. **Public Comment:** President Souders-Mason asked if any members of the public had a comment. Each person was given three minutes.
  1. **Clayton Smith:** His message was one of warning. He stated that as the hopes of a return to normalcy arose, authorities have introduced what he said was a new “fear-provoking meme.” The public is now informed that monkeypox is a potential threat. Meanwhile, the World Health Organization (WHO), largely financed by corporate interests and private foundations, is meeting at the request of the Biden Administration to grant itself supreme extra-constitutional powers to regulate the domestic affairs of its member countries if its unaccountable leaders declare a global emergency. At the same time, the World Economic Forum is holding its annual meeting at Davos and celebrating how they used the COVID-19 pandemic to move forward the Great Reset, which he says will mean that the majority of people will own nothing.
  2. **Vicki Sievers:** She reported that in May of last year she sent the first of sixteen messages to the Board of Supervisors, suggested that it would be good for them to look beyond the guidance provided by HHS and CDPH regarding COVID-19 response. She suggested that the Board look into thirteen possibilities which she then listed. She suggested false positives in PCR testing which led to a cascade of false information leading to panic. Also, available and inexpensive treatments and preventative measures were not adopted, etc. She argued for an end of the state of emergency and any masking or vaccine mandates. She never received a response from the Board.
  3. **Valerie Hood:** She reported that she has noted that prices have skyrocketed at local farmers’ markets. She has spoken to farmers, and they inform her that they don’t know how long they can continue with the markets as they cannot afford the gas prices and they cannot afford to hire workers. They can only raise prices so much before customers complain and refuse to buy. She pointed out that most Marin residents have little or no space to grow their own food. The fact that our food supply is in danger should be a topic for the Council. She also followed up on comments by Clayton Smith, regarding press reports of another pandemic, this time of monkeypox, a disease that is rare and hard to transmit. She read that a simulation of a pandemic of an unusual strain of monkeypox was held in Munich in March of 2021. She can send interested parties the documentation.

4. **Dr. Michelle Perro:** She shared a statement that she had already given to the Marin County Board of Education. She stated that in May of 2021, OSHA suspended the legal requirement for employers to report employee work-related injuries, including death as a result of COVID-19 vaccine. She read OSHA's explanation for the suspension which was to encourage everyone to get vaccinated. She stated that this change was instigated by Public Health which apparently judges death by COVID a greater risk than vaccine injury and death. She then cited the sudden death of a Mill Valley middle school student. She urged no vaccination of children.
5. **Approval of Minutes of the April 26, 2022, Health Council of Marin Meeting.** President Souders-Mason asked members to review the April 26, 2022, Health Council of Marin meeting minutes. Roberta Anthes moved to approve the minutes. Barbara Wientjes seconded the motion. The motion passed unanimously.
6. **Presentation by Connie Barker: Understanding Electronic Visit Verification (EVV) in California home health care programs and how to maintain digital privacy.** Connie Barker shared her screen and gave a PowerPoint presentation.
  1. She first talked about Virginia Eubanks, author of "Automating Inequality," a social justice activist, and a professor at the University of Albany in New York. Prof. Eubanks' book is about how high-tech data aggregation tools are used to profile, police and punish people who are trying to access public benefit systems. The book reports on how these tools were used in Indiana, Los Angeles and Pittsburg to automatically decide who got benefits and who was denied, i.e. these decisions were no longer made by social workers. This arrangement had negative results. Connie then played a video where Prof. Eubanks tells this story.
  2. She next spoke about the [Electronic Frontiers Foundation](#). She pointed out a podcast on this site called, "How to Fix the Internet." It has subtopics on biometrics and online behavior. The podcast describes how DNA, facial recognition, location software, etc. are being used by police and other government agencies. The podcast also gives ideas about how people can respond to this invasion of privacy.
  3. Electronic Visit Verification (EVV) started with the 21<sup>st</sup> Century CURES Act (2016) which put into law the federal requirement for electronic visit verification in home-based Medicaid / MediCal services. There were a lot of disability activists in the mental health community who were in favor of this act and helped to get it passed. It was passed hurriedly at the end of 2016 when the Democrat controlled Congress realized that with the new Administration, they would not have another chance to pass such legislation anytime soon. She reviewed the contents of the act. Its purpose was to make a lot more money available for mental health services, improve procedures, and more.
  4. The problem was Section 12006 of the act, which required EVV for personal care services by 2019 and for home health care services by 2023. EVV requires detailed verification of the type of services performed, the individual receiving the service, the date of the service, and more. EVV was not introduced to prevent fraud, but rather for revenue neutrality. A finding by the Congressional Budget Office, dated July 5, 2016, showed that by adding EVV, it made this expensive bill relatively revenue neutral. The idea was that EVV would find out fraud and eliminate all people who didn't belong on the program and thereby save money. This assumption was based on Indiana's experience, where implementing a similar program resulted in about 50% of people thrown out of a program. No follow-up was done to find out what happened to those people and if there was indeed fraud.
  5. Connie is in SEIU 2015, representing long-term care workers exclusively. Her union was not aware of this provision at the time the act was passed although a few activists were. In December of 2016, her union was mainly concerned with saving the Affordable Care Act. However, by 2018, her union was aware of Section 12006 because California was about to implement it and her union with partners began to push back. Their coalition grew enormously so that by 2020, it consisted of national unions as well as major disability groups and many local groups. The objections were to automating care, invasion of privacy, glitches in the technology, hard to understand technology, people were not getting paid and failure to take into account that a lot of care does not take place

in the home. The care is more complex than the software can reflect. She provided detail. Incidents of problems were appearing in states all over the country.

6. In California, she and her colleagues came up with an approach that other activists wanted to use as a model for other states. She showed a video of the California EVV Verification Portal for Stakeholder Demonstration that showed the result of all of the efforts of Connie and her colleagues. She commented on various sections of it. Among the improvements were no need to check in and out numerous times during the day, no biometrics, and no GPS tracker.
7. This changed in August of 2019, when Calder Lynch became the acting deputy administrative for the Center for MediCare ad Medicaid Services. He issued a letter called “Additional EVV Guidance.” This letter reinstated GPS tracking and changes were requested to make the system “auditable.” All of the people who had accepted the changes requested by Connie and her colleagues left. She noted that there are penalties for non-compliance, starting at a quarter of 1% of funds allocated to states for these programs. Penalties would go up sequentially. The push-back was so great from so many states that the dates for compliance were pushed back. California has decided to accept the penalties so far. There was hope that the Biden Administration would remedy the letter’s consequences. However, this has not been a priority and has not been addressed. That is where things stand now. Activists are working on workarounds and a CURES 2.0 act which is now looking for support. There are several groups of activists now lobbying for variations that fit separate groups. She reviewed questions that are very relevant and should be asked in crafting policy.
8. Her final word was that she and her colleagues were able to achieve what they did because they were willing to work with people of very different political points of view and stand together. This was the last time she is aware of people across the divide working together to get good things done. With the pandemic, the left-wing, progressive types were unwilling to work with anyone else. She thanked the Council for listening.
9. President Souders-Mason asked for comments / reactions:
  1. Bobby Moske complimented Connie Barker on her work and her presentation. He talked about a client whose IHSS worker was using the client’s phone to approve all her hours. He drew this problem to the attention of IHSS and the client’s case worker and was told to leave the situation alone. This is an example of internal problems that need to be addressed.
  2. Valerie Bartsch complimented Connie on bringing up SmartMeters and other topics as it seems the number of topics which can be discussed is narrowing.
7. **Update from Council Members:** President Souders-Mason asked for updates from Council members.
  1. Barbara Wientjes reported that she and her husband are still dealing with EMF issues at their home. They still have an interface with their EMF detector, Eric Windheim, and are awaiting the final analysis / report. They have purchased directional meters and so are able to track the sources of EMF when the EMF is at its worst. In talking to others, she has found that the majority of people are unaware of when EMF affects them.
  2. Sandy Ross reported that when she goes into the emergency room at MarinHealth Medical Center, the staff are upset that she is taking T3 instead of T4. She got information about how medically induced hypothyroidism may extend survival in people who have cancer. There was a compassionate volunteer study of terminal patients with a variety of incurable tumors. It was done by the interventional lowering of serum-free thyroxin i.e. T4. The theory works on a variety of cancers, from brain to ovary, lung, pancreas, salivary gland, breast, soft tissue sarcoma, etc. They achieve this by using T3 and the survival time is 83% which exceeded the 20% one-year survival expected of these terminal patients. The difference is significant. Thyroid hormone plays a major role in the physiologic process crucial to growth, maturation and metabolism. The addition of T3 rapidly reduced the T4 levels and was associated with rapid radiological improvement in incurable tumors. The T3 administration prevented the hyperthyroidism. She will send information about this to the Council members

through Loretta Rogers. Barbara Wientjes provided additional information about which she will make a presentation to the Council in July.

3. Kevin Hogan reported that he is scheduled to make a presentation in June, but he will not be ready by then. He asked to switch with another Council member.
8. **Update from Council President:** President Souders-Mason reported that she made a brief presentation to the Board of Supervisors on May 24<sup>th</sup> during Open Time. She will send a copy of her presentation to all the Council members. She pointed out that the Board of Supervisors hires the health officers to protect the health of Marin residents and so having an open discussion about pediatric vaccination, a scientific dialogue between varying positions and not a one-sided presentation. She had a dialogue with Deputy Public Health Officer, Dr. Lisa Santora via email which President Souders-Mason shared with the Council members. Sandy Ross stated that she is concerned that the Council is pushing on HHS a little too much. A little over a decade ago, the Health Council lost its status as a Board of Supervisors commission, and it was necessary to fight to get its status back. A certain number of commissions are obligatory, but a health council is not. The Health Council was originally established as part of a greater Bay Area movement. Sandy is concerned that matters may be moving in the abolishment direction again. There was brief general discussion.
9. **Adjournment:** The meeting was adjourned at 9:13 pm. The next meeting will be on June 28, 2022.