

**BOARD OF SUPERVISORS
REGULAR MEETING
AUGUST 25, 2020**

At a regular meeting of the Board of Supervisors of Floyd County, Virginia, held on Tuesday, August 25, 2020 at 7:00 p.m. in the Board Room of the County Administration Building thereof;

PRESENT: Joe D. Turman, Chairman; Jerry W. Boothe, Vice Chairman; W. Justin Coleman and Linda DeVito Kuchenbuch, Board Members; Terri W. Morris, County Administrator; Cynthia Ryan, Assistant County Administrator, Tabitha Hodge, Operations Manager to livestream and film the meeting.

ABSENT because of attendance at another meeting: Lauren D. Yoder, Board Member.

Agenda Item 1. – Meeting Called to Order.

Chairman Turman called the meeting to order at 7:00 p.m. with the reading of the handicapping statement

Agenda Item 2. – Opening Prayer.

The Opening Prayer was led by Supervisor Coleman.

Agenda Item 3. – Pledge of Allegiance.

Vice Chairman Boothe led in the Pledge of Allegiance.

Agenda Item 4. – Approval of month end disbursements.

Questions and discussion followed.

On a motion of Supervisor Boothe, seconded by Supervisor Kuchenbuch, and carried, it was resolved to approve the month end bills as presented.

Supervisor Coleman – yes
Supervisor Kuchenbuch – yes
Supervisor Yoder – absent
Supervisor Boothe – yes
Supervisor Turman – yes

Agenda Item 5. – Mr. Sherrell Thompson, Superintendent, Floyd County Solid Waste.

Ms. Morris – We talked a little bit last month about bear damage we are having everywhere. You asked that we have Mr. Thompson come and talk to you about it, but he has another engagement tonight. Mr. Jabe Graham [Assistant Superintendent, Floyd County Solid Waste] will give you an update on the situations they are dealing with.

Mr. Graham – On Mondays it takes the drivers two to three hours to clean up the worst sites. Generally it runs from a line Rt. 8 N to the Roanoke line. Indian Valley and Willis are not quite as bad as far as a bear problem. One problem we are running into is that people are feeding them. People are putting out 50 lb. bags of corn and food scraps. Once they start that it kind of multiplies and the bears tell their friends about the free food. We are concerned because they are tame. They will not move for the trucks dumping the boxes. They go behind them and sit. A lot are females with cubs. We are afraid that someone will get between them and a cub. We try to help the drivers clean up on Mondays because it is a job. The Monday before last at the Christiansburg Pike substation the driver spent more than four hours. It is kind of tiresome. We sprayed a few boxes with a mixture of ammonia and Pine Sol. It seemed like it worked about 85%, but when it rains it washes off. I don't know what else to do. People are pulling up and feeding bears from out of their cars. 50 lb. bags of shelled corn are dumped every night down in the curve [below Storkers Knob Rd.] on Rt. 8. Some citizen fills a bag of scrap food and sits the bag outside the box or out in the woods for the bears. Our biggest concern is that someone will get hurt. I have video on my phone taken this morning at the green boxes near the nursing home of bears 2' to 3' from people. Monday morning a female bear climbed out of one box and a cub climbed out of the other one. They sat down and waited for us. Once we empty the boxes the bears leave because the food supply is gone. A lot of people have asked to hunt, but most landowners refuse to allow bear hunting. On Lick Ridge Road one male bear is taller than the green box. They toss bags out with their claws and cubs feed on it. A driver saw 11 bears there one morning. The newspaper article said the bear population is the same as previous years, and it may be, but this year we are seeing more at the green boxes.

Vice Chairman Boothe – We talked about it. Did we finally get some additional cameras?

Ms. Morris – I'll check with the Sheriff.

Vice Chairman Boothe – I hate to do it, but the only way to stop people is to catch them on camera and start prosecuting them.

Mr. Graham – At a lot of sites we had no bear problems until people started feeding them.

Vice Chairman Boothe – I hate to do it, but I would rather do that than see someone get mauled or one of our employees get mauled.

Ms. Morris – That is what I worry about.

Vice Chairman Boothe – Please check with the Sheriff and find out about the cameras.

Ms. Morris – I will. We've tried different types of green boxes.

Mr. Graham – We had some that had door locks and within a week someone had cut the locks off.

Vice Chairman Boothe – If he hasn't gotten the cameras, maybe he ought to go ahead and get them. Be mindful when you are out there.

Mr. Graham – We are. We stop and look, but they surprise you when they climb out of the top.

Chairman Turman – I worry about an elderly person opening the door and having a heart attack.

Ms. Morris – A couple of drivers have told me they will put the forks in and shake the box a little to see if anything comes out. We would welcome any ideas or suggestions you might have.

Agenda Item 9.a. – Authorization to advertise Public Hearing for an ordinance to establish a different accrual date for penalty and interest on the 2020 real property taxes due on December 5, 2020.

On a motion of Supervisor Boothe, seconded by Supervisor Kuchenbuch, and carried, it was resolved to authorize the County Administrator to advertise a Public Hearing to be held on September 22, 2020 at 7:00 p.m. or soon thereafter for an ordinance to establish a different accrual date for penalty and interest on the 2020 real property taxes due on December 5, 2020.

Supervisor Coleman – yes
Supervisor Kuchenbuch – yes
Supervisor Yoder – absent
Supervisor Boothe – yes
Supervisor Turman – yes

Ms. Morris – The Treasurer asked if you wanted that grace period to be included on the tax tickets?

By consensus, the Board instructed Ms. Morris to ask the Treasurer to include the grace period on the tax tickets.

Agenda Item 9.b. – Nomination for Local Workforce Development Board.

Ms. Morris – As you all know there are two Boards that make up the New River/Mt. Rogers Workforce program. You have the CLEO which is the Chief Local Elected Officials on which Mr. Turman serves. Then there is the Workforce Board which is made up of various sectors of the workforce such as labor, an economic development authority representative, business, education. Mr. Aaron Vaughan has agreed to serve as the business representative from Floyd County. You won't be appointing him. You approve the nomination and it goes to the CLEO to approve.

On a motion of Supervisor Kuchenbuch, seconded by Supervisor Coleman, and carried, it was resolved to approve the nomination of Mr. Aaron K. Vaughan as a private sector business representative for Floyd County to the Local Workforce Development Board.

Supervisor Coleman – yes

Supervisor Kuchenbuch – yes
Supervisor Yoder – absent
Supervisor Boothe – yes
Supervisor Turman – yes

Agenda Item 9.c. – Authorization to advertise Public Hearing for a resolution authorizing the issuance of up to \$15,000,000 general obligation School bonds, series 2020.

Ms. Morris – The next item is an authorization to advertise a Public Hearing for a resolution authorizing the issuance of up to \$15,000,000 for the VPSA program. Mr. Griffin Moore from Davenport and Company sent an explanation of why it is \$15 million instead of \$14.5 million. \$14.5 million covers the construction and the cost of the project itself and the extra is enough to cover the payoff of the interim financing, any accrued interest and any financing costs related to the interim financing. They don't expect to need that much, but wanted to have a little bit of cushion. The School Board has already approved their resolution requesting that you go forward with this application.

On a motion of Supervisor Boothe, seconded by Supervisor Coleman, and carried, it was resolved to authorize the County Administrator to advertise a Public Hearing to be held on September 22, 2020 at 7:00 p.m. or soon thereafter for a resolution authorizing the issuance of up to \$15,000,000 general obligation School bonds, series 2020.

Supervisor Coleman – yes
Supervisor Kuchenbuch – no
Supervisor Yoder – absent
Supervisor Boothe – yes
Supervisor Turman – yes

Agenda Item 9.e. – Review and adoption of Infectious Disease (COVID-19) Preparedness and Response Plan.

Ms. Ryan – Governor Northam announced the adoption of statewide emergency workplace standards proposed by Virginia's Department of Labor and Industry. The standard applied to all employers in Virginia. VACORP developed a template for all of their participating counties to use. Ms. Morris, Kevin Sowers, and I took that template and tried to adapt it to what we have been doing here in Floyd County. We also tried to think of other things that might come up that would be beneficial to have in our Infectious Disease Plan. Sheriff Craig requested a couple of changes to the draft plan that was in your Board packet. The Sheriff's Office has their own Personnel Policy and are not under the County Personnel Policy. We asked Sheriff Craig if he was going to develop his own plan or if he wanted to be included in our plan. He said he would like the Sheriff's Office to be part of the County Infectious Disease Plan. Sheriff Craig requested that we change the Exposure Risk Determination for Animal Control from Medium to High and to include the wording for Job Tasks that was in the Sheriff's Office in the Animal Control section as well, since those deputies work in both departments. The Department of Social Services has developed their own plan. Jessie Peterman Library is included in the plan developed by the Montgomery-Floyd Regional Library. This is the reason those two departments are not included in the County plan.

Ms. Morris – We tried to keep the plan as general as we could because the situation is so fluid and constantly changing. We are hoping we won't have to update it every week.

Supervisor Kuchenbuch – That is how I read it. If I had one change it would be to possibly change Recreation from Medium to High, although during these times it is Medium. During a normal time, apart from this, there is a lot of exposure. I know it says Infectious Disease (COVID-19), but I would assume it will be able to be used moving forward just in general.

Vice Chairman Boothe – On the suggested changes to Animal Control, the second word in that, does that mean there is an area where they are not going to enforce anything?

Ms. Morris – We are working on that too.

Vice Chairman Boothe – It says that in both the Sheriff's Office and Animal Control.

Ms. Ryan – Are you talking about the unincorporated areas?

Vice Chairman Boothe – I was implying that.

Ms. Ryan – The Sheriff asked me about that and I said in Floyd that is the whole County.

Ms. Morris – No, the Town is incorporated.

Vice Chairman Boothe – Will you please check on that? That can be adjusted or reworded once it is worked out.

Ms. Morris – Okay.

On a motion of Supervisor Coleman, seconded by Supervisor Kuchenbuch, and carried, it was resolved to adopt the Infectious Disease (COVID-19) Preparedness and Response Plan for Floyd County as amended to change the Exposure Risk Determination for Animal Control to High and to include the sentence regarding Sheriff's Office Job Tasks in Animal Control in addition to the other Job Tasks listed (Document File Number 1127).

Supervisor Coleman – yes

Supervisor Kuchenbuch – yes

Supervisor Yoder – absent

Supervisor Boothe – no, I would like to make a statement for the record that until this is cleared up as to whether the Town of Floyd is included in the Plan or not for sure, I feel like I need to vote "no" and emphasize that they need to be included in those areas if possible.

Supervisor Turman – yes

Agenda Item 6. – Public Comment Period.

Chairman Turman called for the Public Comment Period. Hearing no comments, Chairman Turman declared the Public Comment Period closed.

Agenda Item 8. – Constitutional Officers reports.

No Constitutional Officers were present.

Agenda Item 7. – 8:00 p.m. – Dr. Noelle Bissell, New River Health District Director.

Dr. Noelle Bissell provided an update from the New River Health District on COVID-19:

- 1) COVID-19 is here;
- 2) The Governor imposed restrictions when numbers were going up in the entire Commonwealth, but we didn't have much happening in this area;
- 3) Then the numbers in the harder hit regions started to go down and the Governor, I think, was under a lot of pressure that we needed to get things opened back up, he started opening up and we started to see the cases hit this area;
- 4) It is not an unexpected course for this disease in that it strikes in the most population-dense areas first, which is what it did, and then it will hit more vulnerable populations like nursing homes and congregate settings;
- 5) It has made its way to us through various avenues;
- 6) We are just now as things are opening up seeing a rise in cases which has everybody concerned;
- 7) We are not surprised by the course this has taken and we know a lot more about this now than we did 6 months ago when we started dealing with this;
- 8) We know it is spread through respiratory droplets;
- 9) We know the things that protect us are physical distancing, covering a cough and sneeze, staying home when you are ill, washing your hands frequently, face coverings especially when we are indoors and can't adequately distance;
- 10) Face coverings are what we call universal source control meaning that they protect you from spreading it because it is a barrier when you are talking or exhaling or coughing or sneezing, the barrier keeps a lot of the droplets from coming out and getting into the air;
- 11) The more people wear them, a lot less droplets circulate in the air for other people to inhale and obviously get infected;
- 12) Infection is also a function of distance and time;
- 13) There has been a lot of talk about aerosol transmission, but the epidemiology of the pandemic and our own investigations don't support airborne transmission like what we see with measles or chicken pox or tuberculosis;
- 14) There are measures we can take to protect ourselves and others;
- 15) This has been a big focus of our outreach efforts right now;
- 16) We don't want this to be about mandates or individual rights; we want it to be about a sense of community and taking care of each other;
- 17) As far as the numbers go, we monitor them very closely;
- 18) It always starts with the positive case and from there we do the interview and contact tracing;
- 19) By the time those numbers are reported on the website, often times we have completed the investigation;

- 20) Part of the investigation is contact tracing, risk assessment, and whatever containment or mitigation strategies we have to implement;
- 21) We are assessing with every case as to whether there is a greater risk to public health that we need to be concerned about;
- 22) We tend to be very limited in what we disclose for many reasons;
- 23) The way to contain this is to get accurate information from the cases about their exposures of other contacts;
- 24) If we disclose too much to violate privacy or to compromise that privacy, then we lose that trust and people don't talk to us which is a big problem in our containment efforts;
- 25) We have to be very, very diligent in protecting the privacy and from disclosing too much information so we can maintain that trust as we are investigating cases;
- 26) That is a challenge for people during this time of uncertainty and fear in that they feel like they need to know what is going on for their own safety;
- 27) What I have been saying and will continue to say is knowing where those cases are doesn't change what our messaging is to everybody;
- 28) The messaging to everybody is that COVID is here and these are the basic measures you can use to protect yourself and protect your community;
- 29) It has to be a diligent effort on everyone's part;
- 30) We can't just do it some of the time;
- 31) We have seen that people are really good at work, but when they get home or on their own time and they are socializing, they tend to not be as good about things;
- 32) Unfortunately when we do things in our social life, they can impact our work life;
- 33) The other thing to point out is that by the time the numbers hit the dashboard, we have gone through them, there are lags in the numbers so we report the positive cases as we are investigating them;
- 34) There are a lot of ways those numbers hit the dashboards so when you see a jump in the number of cases on a given day it is not that we had 20 more cases from one day to another, those cases came over a couple of days through various avenues;
- 35) As we are investigating the cases if we are able to identify transmission and contain and mitigate as part of our risk assessment and we don't think that revealing any more information is going to impact public health or put it at risk, then we are not revealing any more information;
- 36) It happened in Floyd when we saw a big rise in some large cluster outbreaks that were very well contained and were not a risk to the population; it was right around the time schools were starting and we did not feel like they were a risk to schools and I was communicating to Dr. John Wheeler;
- 37) The schools have opened and hopefully will continue to stay open successfully because we are really, really being attentive to whether these things affect our educational community and kids in schools;
- 38) We are seeing some numbers increase in Floyd right now in a somewhat isolated population; we have done the investigation and we are working the cases and we feel like we have it under control and contained;
- 39) We will get more concerned if we get a number of unexplained cases that don't fit together and we are not seeing that right now;

- 40) Social media makes it challenging to approach this with some epidemiology and good public health practice; they tend to magnify everything and take things out of perspective; they tend to take the exceptions and make them look like the rule;
- 41) This is a serious infection and the higher risk populations are those that are older, have comorbidities, have autoimmune or immune deficiencies, and those in congregate care settings;
- 42) Nursing homes, mental health facilities, jails, and homeless shelters are going to be at higher risk for spread because it is very difficult to distance there;
- 43) Those are the populations we really try to protect;
- 44) By and large our younger populations are going to do fine and we look at where they might intersect with higher risk individuals;
- 45) Our contact tracing strategy really focuses on those highest risk populations;
- 46) Every positive case gets interviewed with a pretty significant number of questions asking about where they have been, who they have been in contact with, what they've done;
- 47) We do a lot of education about isolation;
- 48) We don't do anything about blaming because we want that trust and people to feel open to talking to us;
- 49) Things are not going unexpectedly from what we would have predicted that we would be doing right now;
- 50) Our numbers are going up on the dashboard;
- 51) The numbers on the Virginia Department of Health (VDH) dashboard are cumulative so they won't go down;
- 52) Some people think those numbers of cases are the numbers we see every day and that is not the case;
- 53) There is context to the numbers and if you don't have that context, the numbers can be alarming;
- 54) Everything about the pandemic concerns us and there are certain things about our most vulnerable populations that concern us much more than infections in people who are otherwise healthy and not at very high risk;
- 55) The overwhelming majority of people are very mildly ill to very minimally symptomatic and they recover just fine in their home;
- 56) That is what we have seen from the get go and that is how the pandemic has played out;
- 57) The people who have taken the biggest hit are the older population and the higher risk people with comorbid medical problems, and that makes sense from the pathology, and the immunology and the epidemiology of it.

Supervisor Coleman – Thank you for that very informative briefing.

Vice Chairman Boothe – I know at one time you were looking at hiring additional staff to do tracing and testing. Has that been successful? Were you able to fill positions enough to feel comfortable with the number of staff?

Dr. Bissell – Yes. We have hired more than enough staff at this point. We are getting busier putting that to work. We have probably tripled our workforce. Also the State has hired regional people, so while they are not specific to New River Health District, but it is a regional

pool of people and we can go to them if we need additional help. All of my nursing staff has been trained to be case investigators and contact tracers so that is an additional 8 people there who can help. We also have the Medical Reserve Corps. We are fortunate to have that with our universities, which includes the Osteopathic College, the nursing school through Radford University, and the community college. We have had a tremendous increase in the number of volunteers through our Medical Reserve Corps and they have been helping with pretty much everything throughout this pandemic. Several of them have done the John Hopkins training and the VDH training.

Vice Chairman Boothe – I just want to thank you and your staff. I know you are stressed and overworked. Thank you for all you are doing.

Supervisor Kuchenbuch – Thank you Dr. Bissell for coming and giving us this informative update. I also want to start out by thanking you and all of your staff for all of the work you have done. Do you feel like you will have enough people if the demand is greater than you are anticipating? Do you feel like there is enough people on the ground to help you right now?

Dr. Bissell – I do. The case interviews and the contact tracing can be done remotely. We have hired in our district 25-30 people, in the entire southwest they have hired 80-100 people, and then the State has hired people as well. We have a significant surge capacity so that someone over in Virginia Beach, if they are seeing a decline in cases, they can help us do our case investigations because it can be done remotely very easily. If it got to that point we would shut down our clinical services and we would repurpose our nurses as well. With the Medical Reserve Corps there is a substantial number of people who have devoted time to help us with our response and we can call on them. I don't have a crystal ball, but I do think we have a pretty good surge capacity. The number of cases can be somewhat misleading. For instance at one of our universities as we start to see cases there, we can actually make the students do some of the work for us. If a student has a positive case we can give them instructions about their isolation, we get a list of people they had close contact with – close contact is not being in the same room; it is not passing in the hallway; it is being within 6' for more than 15 minutes without wearing any kind of face covering – we will give that student advice on what their isolation is, we will get their contact list and tell them you need to contact these people and tell them they need to quarantine for 14 days and here are the instructions. This is not unique in public health. We do this with sexually transmitted infections all the time. It is actually a very reliable way to get that information out. It has trust coming from a source case and not from a government agency. I think we are in good shape. We can repurpose folks and we can call on our volunteers and we can call on surge capacity if we need to.

Supervisor Kuchenbuch – Some of these questions I will be asking you, I am trying to elicit more information like you just did to inform our population, our constituents about it. That answer was perfect, right on, just to say exactly what you said. I appreciate that. You discussed lag time. I guess it differs for every case. In general I understood you to say that it could be a few days. Can it be as much as a period of time that an individual is sick?

Dr. Bissell – Are you talking about for the testing to come back?

Supervisor Kuchenbuch – Yes.

Dr. Bissell – Unfortunately it can. When we first started testing, it took 2 weeks to get tests back. We now partner with Fralin [Fralin Life Sciences Institute at Virginia Tech] and we are getting our tests back in 24 to 48 hours which is a fantastic turnaround. As testing has increased some of our labs could not keep up with capacity. For example the commercial labs, LabCorp and Quest, got down to a good turnaround time but then their capacity was overwhelmed with the increase in testing and their turnaround time went back to over a week and now it is down to 2 or 3 days. In order for us to get Fralin, which is the Virginia Tech lab that we use up and running, we needed to test their capacity. We wanted to get them up to a high capacity of 1000 tests a day. We first started testing on March 31 and we have been testing ever since then multiple times a week. Right now we are testing 5 days a week in different localities. In Floyd we go Monday mornings now. We rotate around. We were pretty much testing any and everybody because we wanted to build that capacity. What we have found from our testing is that overwhelmingly people who are low risk and those who are abiding by public health precautions and are not out and about in social gatherings, they are not out in public, and are wearing their face coverings and are abiding by those precautions, overwhelmingly they are negative. So when folks call us about getting tested, we kind of go through that with them and if they are very low risk, it is not that we refuse to test them. If they really want to be tested we are testing them. And there are some people whose anxiety is high enough that a negative test helps them so we will test them. But we do sort of discourage that because if we are using those resources and bogging our labs down, then that affects the turnaround time on those tests that we are really concerned might be positive. One of the most essential parts of our case investigation and contact tracing is rapid turnaround time on that test. We don't want to bog the system down with a lot of low risk negative tests. We've kind of proven that if you are low risk your test is going to be negative. A negative test cannot be a "get out of jail free" card. When we call people with a negative test a lot of times their answer is "Yippee, I am negative. I am in the clear." Nobody is in the clear. You have to be diligent every day and practice the precautions because COVID is here and it is not going away. A negative test today does not mean that you can't get exposed. We do not want a negative test to give a false sense of security that you have a bubble around you protecting you.

Supervisor Kuchenbuch – This next question is for constituents and not so much my concerns. If a situation does develop and the population is at risk you will reveal where there is an outbreak, is that correct?

Dr. Bissell – If the public is at risk then we will disclose information to protect the public. I will tell you the public will want more information than what we give, but we will never hold back information that is going to protect the public from risk.

Supervisor Kuchenbuch – Very good. What is your advice on citizens getting the flu shot as we approach the flu season?

Dr. Bissell – We strongly advocate for people to get the flu shot because as we approach the flu season, it is very clear that symptoms are very similar. Trying to differentiate between COVID and the flu can be a challenge. If we can be protected with the flu shot it takes at least one variable out, not 100% because there is no 100%, but that is one layer of protection we can

give so that you don't get the flu. There are some people who could survive the flu, and they could survive COVID, but COVID on top of the flu they may not be able to survive. Anything you can do to protect yourself, I think is really important. The COVID vaccine trials are going well and there is a lot of promise there, but again I don't see that happening for at least 6 to 8 months. I am thinking the earliest we will see that will be the spring of 2021. We have been doing this about 6 months now and we are at least 6 to 8 months away and that is a long time and a full flu season. I highly recommend anything people can do to protect themselves which includes the flu shot. We have ordered an extra supply of flu shots hoping people will take it in even higher numbers this year than traditionally.

Supervisor Kuchenbuch – Do you have any advice or resources to point people to who are truly anxious and feeling depressed and almost scared about what is happening?

Dr. Bissell – Our call center does a great job of helping people get that perspective and we did that in the beginning when we didn't have the ability to test. A lot of what we had to do was allay fears and calm people down and give them some perspective. But New River Valley Community Services has a lot of offerings for exactly this reason, the mental health stresses caused by the pandemic, of the lockdowns, of the social isolation. As you know the unintended consequences of the restrictions are pretty significant with anxiety and depression, overdoses, suicides, domestic violence, child abuse and child molestation. Community Services is the mental health provider we refer people to. My staff through the call center helps guide people and make them realize that their risk is essentially much lower than they are thinking.

Supervisor Kuchenbuch – Will you give that number to the citizens right now?

Dr. Bissell – (540) 267-8240 is our call center. I don't have the New River Valley Community Services number but we can certainly get that.

Supervisor Kuchenbuch – We will make sure to get that on our website. In your medical epidemiology opinion – I know this is a crystal ball question – do you have any idea or are you able to project how much higher we are going to see numbers? Will we see numbers like Roanoke City?

Dr. Bissell – I don't think we will see the numbers like Roanoke City because Floyd County is more rural, but the numbers will continue to go up. We have to accept that COVID is here until we get some degree of herd immunity either through natural infection, which means there has to be some community transmission, or through a vaccine. There is some evidence that immunity might be achieved at lower levels than we traditionally think about. Traditionally we think between 70%-80% depending on how communicable the disease is, but there is some suggestion that it is much lower than that in the 40%-50% range. We will see cases go up. We have the benefit that we are somewhat distant in our rural community so I don't think we will hit the numbers of urban centers.

Supervisor Kuchenbuch – I would like to hear you reiterate the idea of not going too far away from home. Do you feel like folks going to beaches and high COVID infection rate areas could be bringing it back?

Dr. Bissell – Our big message is that it is not so much where you go as what you do. Myrtle Beach was the big hot spot over the summer. We tested a lot of people who went to Myrtle Beach. People who went and stayed on their section of the beach and they cooked in or ordered out, and they didn't go to bars or socialize in groups; they tested negative. People who went to Myrtle Beach and were hanging out together and going to bars and restaurants and were yelling and screaming and dancing and sharing drinks, they came back and tested positive. It is not so much unexpected. We know how this is transmitted. Even if you go to an area and practice those good precautions – it is not a guarantee because there is no total elimination of risk – then you are going to be fine. I encourage people to get out and get away whether it is the mountains or the beaches, because people have been locked up and cooped up and there is tremendous stress right now. When outside, the transmission is extremely rare. Get out and take advantage of the peace those things bring. Avoid the social gatherings. Avoid close contact. Avoid indoor situations where this is transmitted.

Supervisor Kuchenbuch – If an individual sees restaurants with food preparation going on and masks aren't being worn or areas where you know certain rules are in effect, is there any way for a citizen to report a situation, especially in food preparation?

Dr. Bissell – The VDH website has a link to a REDCap Survey that you can report violations of the Executive Orders about face coverings. When the Governor did the order he said that VDH was going to be the enforcer of it. The reality is we can't enforce it unless we regulate it, which is only restaurants and food service. This REDCap Survey is a central area where complaints go and we work with Alcohol Beverage Control and VDACS [Virginia Department of Agriculture and Consumer Sciences] to approach the restaurant. The main goal is educational. In the New River Health District we have suspended 1 permit for a gross violation of the masking requirement. That got their attention. They came into compliance and we restored the permit. Our goal is not to suspend a license; it is to get people into compliance. We are trying to make this less about the mandate and more that it is a simple thing and not a huge ask and it can make a big difference.

Supervisor Kuchenbuch – That is all I have and I want to reiterate thank you so much again for all the work that everybody at VDH is doing and in the New River Health District and all of the other volunteers and colleges and everybody who is helping with this. Thank you Dr. Bissell.

Chairman Turman – I appreciate you reiterating a minute ago that if you thought it was a great health hazard for the rest of the County, you would notify us. You made a general statement that if the general public finds out about something that it hinders you in doing your investigation because people don't want to talk. It sort of shames them. When somebody finds out there is a hot spot and starts calling and asking questions it hinders you from doing your job, right?

Dr. Bissell – It does. This is a public health responsibility. We do this for every other communicable disease and COVID is no different. It relies on trust. When people start trying to do that there is misinformation that gets spread and there is a loss of trust that privacy is violated. We really try to keep the investigation within the Department of Health.

Chairman Turman – I am comfortable with whatever information you give us. When you contact us I know you give Ms. Morris and I the information we need to know.

Dr. Bissell – One other thing I will bring up that tends to be a problem, just like so many health department type things, this is very stigmatizing. The word will get out very quickly that an individual tests positive. The person's isolation period is 10 days from the time of the positive test if they were not symptomatic or 10 days from the onset of symptoms if they were symptomatic as long as their symptoms are improving and they are not having any more fevers. The person will be released from their isolation and they will be free to go about normal activities. But we will have people call us and tell us they saw the person out and about and the person has COVID, but that person has finished with their isolation period. They are okay to be out and about. People assume that once a person had COVID that they should be isolating forever. We've had a lot of that happening where people report others are violating their quarantine or isolation and it is actually not the case. They will forever have COVID tied to them in some people's eyes.

Chairman Turman – Can you get a false positive result?

Dr. Bissell – You can get a false positive. In fact depending on what your disease prevalence is if it is relatively low, your risk of false positives is higher than if your disease test prevalence is higher. That is what we call test probability. We have seen a lot of cases where people can live in the same household and not everyone in the household gets infected. It goes back to we know how this is spread and we know how we can prevent the spread. It is not lurking around every corner and jump at us. If we are attentive to those basic measures, you do a really good job of preventing it in the same household. It is not a given that just because you live with someone that you will spread it to the entire house. We tell people when we diagnose them that they need to separate within the house and do those things that are smart public health practices.

Ms. Morris – Please tell us what the Task Force does.

Dr. Bissell – The Task Force started way back when and our initial goals were 1) to prevent our hospital systems from being overrun, 2) get testing in the area, and 3) protecting the most vulnerable populations. We were able to do that quite well. The testing is pretty much a self-functioning machine right now. We can test and that does not limit us at all at this point. We protected our health care systems. We are in continual contact with our health care systems. As things have opened up and they have resumed elective surgeries, their hospital census is higher but they are not overwhelmed with COVID cases. The Virginia Hospital & Healthcare Association has a dashboard that they update daily and it is statewide and they won't break the data down any further because patients can be transferred between hospitals based on bed availability and acuity. The numbers on the dashboard have been very stable. They have not gotten to the saturation point and not to the surge point. We watch the COVID cases and even though our numbers are going up, the demographic we are seeing is by and large with the younger population. Our hospitalizations are not increasing significantly and deaths are not increasing significantly. The next thing the Task Force has been doing is the messaging that we are all in this together. "Be Committed, Be Well" campaign. That what we do, our individual behaviors are collectively going to affect the trajectory of this disease. We are really blasting out

a big campaign right now. We need to not make this about mandates and individual rights, but make it about our sense of responsibility to each other and that we can tackle it together. The other big goal is getting schools back in session because of all of those unintended consequences but not at all minimizing the risks. All of our school districts came up with very good safety plans to mitigate that risk. I am in constant communication with all of our school superintendents. And we want our businesses open. We do not want them to shut down. In most cases even if a business has a case, they don't need to shut down. We can work with them and educate them and make sure they have safety plans to protect folks so there aren't any true exposures. Or if there is a true exposure we work around that. We get people taken care of and get them back up and running or hopefully not even interrupt. That has been a big focus as we move forward with keeping our businesses going and living with COVID because it is not going away. Keeping people functioning and living safely and preventing as best as we can, realizing that we can't totally eliminate risk.

Supervisor Kuchenbuch – Your campaign was brought up at our Library Board Trustees meeting and nobody had heard about it yet, but I told them we had passed a resolution and the other counties are passing resolutions within the health district. I told them this is the messaging we should try and get out. The only thing I would add is if you could put together some radio public service announcements.

Dr. Bissell – They are working on those.

Supervisor Kuchenbuch – Excellent. Make sure they get to WUVT and WVRU and the like.

Chairman Turman – Thank you for giving us your time tonight and hopefully there will be a light at the end of the tunnel.

Dr. Bissell – Thank you for having me and I am more than happy to come any time there are questions or concerns. But if there is a threat to public health you will hear from me before you see the numbers on the dashboard.

Supervisor Kuchenbuch – This is something you are doing at all of our localities, right?

Dr. Bissell – Yes, I am making the rounds.

Agenda Item 10. – Old/New Business.

Nobody brought up any old or new business to discuss.

Agenda Item 9.d. – Discussion of CARES funding requests.

Ms. Morris – I gave you an update from Lydeana [Martin, Community and Economic Development Director] on the projects that she is working on from her side.

Supervisor Kuchenbuch – I would like to make sure that it gets on the record that I thank her for this full and detailed overview of what she has been working on because there are some

great things happening in Floyd. I know it is the whole team's work but Lydeana has been a guiding force. I want to make sure that is recognized.

Ms. Morris – She and Tabitha [Hodges, Operations Manager] have worked very hard on these programs. I gave you an update from the Community Services Board. I am still researching the payment to businesses to see how we can do that. Hopefully I can bring that to you next time. I gave you some information that was prepared by the Giles County Administrator along with Mr. Kevin Byrd of the Regional Commission on an expansion of what the Task Force is doing. They have already purchased \$350,000 worth of masks which will be enough for everyone in the New River Valley to have 2 or 3 masks. I think the Task Force meets just about every day.

Supervisor Kuchenbuch – Supervisor Yoder texted and wanted us to know that at his VACo [Virginia Association of Counties] Agriculture meeting yesterday it was discussed that some producers have had trouble getting their products to market because of COVID. He doesn't know if that is happening here, but it would be worth seeing if money could be used for that. Also see if something could be put out to check on it here in our community. It has been hard for farmers to get vegetables to market in particular. If there are any farmers here having that problem, could our CARES money be used to buy local produce, eggs, and meat and given to Plenty! or other places like that? Those were the things he wanted to talk about tonight. He also said the Pittsylvania ambulances came up and he has it on authority that they have outfitted the ambulances with safety measures to help maintain COVID protection of the emergency medical service workers inside the box when they are transporting individuals. We could look into that by having our County Administrator call the Pittsylvania County Administrator. They are buying 6 new ambulances outfitted for COVID for all of their stations. It would be worth checking on. They have ultraviolet lights in them.

Ms. Morris – Interesting. Lydeana had talked one time about helping the farmers. We will have more information for you next time.

Agenda Item 12. – Board Member Time.

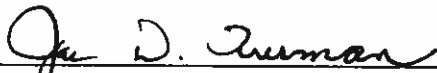
Board members did not discuss any items.

Agenda Item 12. – Adjournment.

On a motion of Supervisor Boothe, seconded by Supervisor Coleman, and carried, it was resolved to adjourn the meeting to September 8, 2020 at 8:30 a.m.



Terri W. Morris, County Administrator



Joe D. Turman, Chairman, Board of Supervisors

