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Laurie Green, M.D.
Vice President
Edward A. Chow, M.D.
Commissioner
Susan Belinda Christian, J.D.
Commissioner
Cecilia Chung
Commissioner
Suzanne Giraud ED.D
Commissioner
Tessie M. Guillermo
Commissioner

**HEALTH COMMISSION
CITY AND COUNTY OF SAN
FRANCISCO**

**London N. Breed Mayor
Department of Public Health**



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**MINUTES
HEALTH COMMISSION MEETING
Tuesday August 15, 2023 4:00 p.m.
101 Grove Street, Room 300
San Francisco, CA 94102 & via Webex**

1) CALL TO ORDER

Present: Commissioner Laurie Green, MD, Vice President
Commissioner Edward A. Chow M.D.
Commissioner Cecilia Chung
Commissioner Suzanne Giraud, Ph.D

Excused: Commissioner Dan Bernal President
Commissioner Susan Belinda Christian, J.D.
Commissioner Tessie Guillermo

The meeting was called to order at 4:01pm. Commissioner Green chaired the meeting.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF AUGUST 1, 2023.

Public Comment:

Patrick Monette Shaw made verbal comments and submitted the following summary:

Shamefully, these minutes report that your August 1 meeting was called to order at 4:03 p.m. SFGOV-TV never has a problem with it's audio system, which was used as one false excuse when the 8/1/2023 meeting broadcast on-line started without call to order or the Ramaytush Oholone land acknowledgement, taking agenda item 5— the Health Commission's Resolution #23-06 approving submitting recertification applications to CMS — first, completely out of order. That deprived members of the public from knowing the agenda order had changed, depriving them of opportunity to testify orally on the proposed Resolution. Commissioner Bernal wildly claimed later on audio there was an agenda "mix up" with two versions of the agenda, trying to justify why the agenda wasn't followed in published order. That mythology was complete nonsense and spin control. Both versions of the agenda I subsequently obtained had the Resolution agenzized for mid-meeting, not the first agenda item.

Action Taken: The Health Commission unanimously approved the August 1, 2023 meeting minutes.

3) GENERAL PUBLIC COMMENT

Dr. Remo Morelli, St. Mary's President of the Medical Staff, requested that the Health Commission take a closer look at the proposed sale of the St. Mary's to UCSF, to better understand how the sale will impact patient care, the cost of healthcare in San Francisco, and the overall delivery of health care in San Francisco. He requested that the Health Commission closely monitor the sale by asking UCSF to provide regular updates to ensure UCSF maintains St. Mary's many vital programs. He noted that the sales of Mount Zion to UCSF years ago resulted in the facility no longer being an acute care hospital, and all Mount Zion doctors relocated to other hospitals. The sale of Children's Hospital to UCSF resulted in a transfer of its services to the Mission Bay campus, which requires East Bay patients to access services in San Francisco.

Dr. Pamela Lewis, St. Mary's Hospital Chief of Surgery, urged the Health Commission to closely monitor the proposed UCSF purchase of St. Mary's and Saint Francis hospitals, and the impact on independent physicians, programs, neighborhood access to care, service consolidation, and potential damage to ambulance response times. She asked where UCSF services will be relocated while the Parnassus campus is rebuilt for the next 7 years. She also asked what will happen to partners of St. Mary's such as Crestwood and Kentfield, which both have programs at the hospital. She is concerned about how ambulance response times may increase for Western and Northern parts of the city. She noted that not long ago, there were 19 hospitals in San Francisco. The sale will lead to only 4 major hospital systems: ZSFG, Sutter, Kaiser, and UCSF.

Patrick Monette Shaw made verbal comments and submitted the following summary:

During this Public Comment, I'm addressing an issue that is NOT on today's agenda Don't cut me off. As I testified on August 1, during past Health Commission meetings Roland Pickens stated a division within SFDPH is conducting a study regarding expanding behavioral health beds in San Francisco. What SFDPH entity is conducting this study? Is it's meetings open to the public? If not, why not? Per Pickens' previous statements during Commission open session meeting, that work group is reportedly studying and considering whether to use space at Laguna Honda Hospital by placing separate cohorts of patients in LHH's two towers — traditional SNF patients in one Tower, and Behavioral health patients in the other Tower. Which Health Commission subcommittee will these reports and "studies" be presented to, and when? These reports should have been issued before LHH applied for recertification from CMS. Why hasn't this Commission answered these basic questions?

4) RESOLUTION TO RECOMMEND TO THE BOARD OF SUPERVISORS TO AUTHORIZE THE DEPARTMENT OF PUBLIC HEALTH TO ACCEPT AND EXPEND A GIFT OF A RETINAL IMAGING MACHINE VALUED IN THE AMOUNT OF \$496,500 FROM THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

Gregory Wong, Administrative Analyst, presented the item.

Commissioner Comments:

Commissioner Chow questioned the clause, "WHEREAS, The University of California, San Francisco has notified the Department of Public Health that proceeds from the gift will be distributed," noting it does not seem to belong in the document. Mr. Wong apologized and noted it was his clerical error to include that phrase. Commissioner Chow made a motion to approve the resolution without this clause.

Action Taken: The Health Commission unanimously approved the amended resolution.
(See Attachment A)

5) **RESOLUTION TO RECOMMEND TO THE BOARD OF SUPERVISORS TO AUTHORIZE THE DEPARTMENT OF PUBLIC HEALTH TO ACCEPT AND EXPEND A GIFT OF \$204,250 FROM THE EPIC SYSTEMS CORPORATION**

Gregory Wong, Administrative Analyst, presented the item.

Commissioner Comments:

Commissioner Giraudo questioned the clause, "WHEREAS, The Epic Systems Corporation has notified the Department of Public Health that proceeds from the gift will be distributed," noting it does not seem to belong in the document. Mr. Wong apologized and noted it was his clerical error to include that phrase. Commissioner Giraudo made a motion to approve the resolution without this clause.

Action Taken: The Health Commission unanimously approved the amended resolution.
(See Attachment B)

6) **LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER (LHH) CLOSURE PLAN AND CMS RECERTIFICATION UPDATE**

Roland Pickens, Director and CEO, SF Health Network & Executive Sponsor LHH Recertification Incident Command, presented the item.

Public Comment:

Patrick Monette Shaw made verbal comments and submitted the following summary:

Neither the 8/14/2023 SFGOV media statement nor Pickens' letter to LHH residents and families, nor today's presentation mentioned Pickens told KQED yesterday "Residents who were transferred to other facilities during the 2022 relocation process will receive priority to come back once the hospital can resume admitting new patients again." Has this Health Commission, in fact, prioritized repatriating those residents evicted out-of-county? What's the process for notifying those residents and their families they face hope of return to LHH? The second slide of Pickens' PPT presentation today noted LHH's application to obtain Medicaid (Medi-Cal) provider status was submitted apparently on Friday, 8/11/2023. Has LHH's Medicare provider application been submitted yet? If not, what's the delay? It's needed for admissions to LHH's Rehabilitation Center beds. Has CMS approved the "Action Plans" for "Root Cause Analysis" reports #3, #4, #5, and #6 been approved yet? When will "RCA's" #5 and #6 be released?

Teresa Palmer made verbal comments and submitted the following summary:

Regarding Sept 19, 2023 LHH closure and evictions: EVICTION plan mandated by CMS (Federal) was due from the State of Calif. July 31. Where does the state plan to send 500 residents? Where is the closure plan and what is in it? If the Aug 11 application for Medi-Cal recertification is accepted, when will admissions restart? Will this result in a LIFESAVING delay of the Sept 19 eviction and closure procedures? When will Laguna Honda/SFDPH apply to CDPH/CMS for a waiver of the 120 bed cut (based on ratio of bedrooms to shared bathroom)? These beds are all badly needed by the people of San Francisco, and the architecture is modern and safe.

Art Persyko, Gray Panthers, asked if the submission of the Medi-Cal recertification application led to a delay of CMS mandated closure procedures. He also asked where the state will send the LHH 500 skilled nursing residents. San Francisco cannot afford to lose any more skilled nursing beds. He asked when LHH will apply for the waiver for the 120 beds that were cut.

Ann Colichidas submitted the following written public comment:

Regarding Sept 19, 2023 LHH closure and evictions: EVICTION plan mandated by CMS (Federal) was due from the State of Calif. July 31. Where does the state plan to send 500 residents? Where is the

closure plan and what is in it? If the Aug 11 application for Medi-Cal recertification is accepted, when will admissions restart? Will this result in a LIFESAVING delay of the Sept 19 eviction and closure procedures? When will Laguna Honda/SFDPH apply to CDPH/CMS for a waiver of the 120 bed cut (based on ratio of bedrooms to shared bathroom)? These beds are all badly needed by the people of San Francisco, and the architecture is modern and safe.

Carol Bettencourt submitted the following written public comment:

I am encouraged by the news that Laguna Honda applied for recertification on August 11th, but I remain concerned that there may not be sufficient time left for LHH to obtain recertification before the September 19, 2023, deadline for resuming involuntary transfers. I am also concerned that we have been given no information about the closure plan the State was required to submit in July and no timeline for when admissions to LHH might resume or when LHH will apply for a waiver of the 120 bed cut. These are all critical issues that must be addressed and communicated to concerned San Francisco residents like myself.

Commissioner Comments:

Commissioner Chow stated that he is thankful to hear LHH has applied for Medi-Cal recertification. He asked for more information on next steps. Mr. Pickens stated that there are several unknown factors because CMS holds the application. He is unsure the length of time it will take them to process it and whether they will need more information and/or to conduct surveys. He noted that the application was submitted early to allow enough time for these steps before the September 19th deadline; this will hopefully avoid any CMS imposed transfers or discharges of LHH residents. The plan is to get Medi-Cal approval before submitting the Medicare recertification application. He noted that 95% of LHH residents are fully covered by Medi-Cal; Medicare is not a major funder of longer-term skilled nursing services.

Commissioner Chow asked for clarification regarding whether admissions will begin once Medi-Cal recertification is earned. Mr. Pickens stated that once Medi-Cal recertification is achieved, LHH will have to revisit its admission status.

Commissioner Chow asked if the state or CMS has gotten back to LHH regarding the Closure/Transfer Plan CDPH submitted to CMS. Mr. Pickens stated that neither the state nor CMS has informed LHH on anything related to this plan.

Commissioner Green is grateful to all staff who were transferred to other areas of DPH to assist LHH with recertification efforts. She also acknowledged the stress for LHH residents and their loved ones and the importance of active members of the public who have made comments throughout the process. In addition, she thanked the union partners.

Director Colfax thanked LHH leadership and staff, noting that the most recent survey indicates how far LHH has come through hard work and dedication.

7) JOINT CONFERENCE COMMITTEE AND OTHER COMMITTEE REPORTS

Commissioner Edward Chow, LHH JCC Member, stated that at the August 8th meeting, the JCC meeting agenda was truncated due to staff's involvement in a regulatory survey. The committee approved the minutes, and recommended that the full Commission approve the policies in the Consent Calendar, pending responses to Commissioner questions. The JCC members also requested that the LHH Admissions policy be brought back to the JCC 6 months after implementation for further review.

Public Comment:

Marbella Lucas stated that he was formerly a LHH resident and his care was very good; the LHH staff were excellent. He added that it does not make sense to have a LHH leader to be the reporting agent for abuse. Regarding the LHH recertification efforts, he asked if there is a contingency plan if recertification is not achieved. Where will the patients go if this does not work out?

Shirley is a lifelong resident and noted that LHH is an important San Francisco institution. She added that Mr. Lucas is an example of how important LHH was to his recovery. She never thought she'd have to consider a time when LHH may have to close. She urged the Commissioners to pay attention to the questions offered by the Gray Panthers.

Patrick Monette Shaw made verbal comments and submitted the following summary:

The LHH-JCC 8/8/2023 meeting report Commissioner Chow delivered didn't acknowledge removal of three of the agenda items was entirely unnecessary, under the claim Roland Pickens had to stay on site at LHH. If CDPH showed up unannounced, it appears they only conducted "Fire Life Safety" and "Emergency Preparedness Program" survey inspections. Surely, LHH's new CEO could have filled in at LHH for Pickens for a few hours. Alternatively, LHH's Co-incident Commanders — Baljeet Sangha and Troy Williams — could have attended the LHH-JCC in Pickens' place. You didn't have to curtail the 8/8/2023 LHH-JCC agenda, which appears to have been a ruse to cut the meeting short to avoid public transparency and accountability. Chow also didn't report I testified on 8/8/2023 that had the 9/3/2019 "60-Day LHH Reform Plan" Troy Williams and Dr. Colfax co-wrote to address the patient sexual abuse scandal been more robust and effective, LHH may have avoided decertification.

8) CONSENT CALENDAR

Action: The Health Commission unanimously voted to extract the following policies from the Consent Calendar to be discussed and voted on as a separate item, which will be referred to as Laguna Honda (LHH) Policy Batch 2:

- 20-14 Leave of Absence and Bed Hold
- 20-06 Out on Pass
- 23-01 Resident Care Plan, Resident Care Team and Resident Care
- 22-07 A01 – Restraint Free Environment

Public Comment Regarding LHH Policy Batch 2:

There was no public comment on this item.

Commissioner Comments Regarding LHH Policy Batch 2:

Commissioner Chow noted that policies included in LHH Policy Batch 2 will be considered by the Health Commission today and will be revisited by the LHH JCC at its September 12, 2023 meeting. Mr. Morewitz added that LHH staff made revisions to the policies based on Commissioner feedback; the revisions were not posted in time to enable the Commissioners or public to review the documents before the meeting; therefore, the Health Commissioners will vote on the original version of the policies at this meeting and consider approval of the revisions at the September LHH JCC meeting.

Action: The Health Commission unanimously voted to approve the LHH Policy Batch 2 with the caveat that revisions of these policies will be brought to the September 12, 2023 LHH JCC meeting for further review and discussion.

Action: The Health Commission unanimously voted to extract the following policies from the Consent Calendar to be discussed and voted on as a separate item, which will be referred to as Laguna Honda Policy Batch 3:

- 20-01 Admissions to Laguna Honda Acute and SNF Services and Relocation Between Laguna Honda SNF Units
- 75-01 LHH 2022-2023 Security Management Plan
- 1.01 Food and Nutrition Scope of Services
- 55-01 Payer Eligibility Certification

Public Comment Regarding LHH Policy Batch 3:

Patrick Monette Shaw made verbal comments and submitted the following summary:

Although there has been some progress made in revising LHH's "Admission Policy" #20-01, it's still problematic. Prioritizing the "flow" of behavioral health patients from SFGH as a higher priority than disabled and elderly San Franciscans languishing in out-of-county and non-medical facilities who are prevented from receiving skilled nursing care in their own community at LHH is obscene. San Franciscans dumped out-of-county, or in non-medical facilities, who qualify for SNF care, should be granted admission priority to LHH over SFGH "Flow Project" patients. Other San Francisco hospitals should be allowed to discharge patients to LHH, too, rather than dumping them out-of-county. And LHH residents who were evicted to out-of-county facilities following LHH's decertification should receive priority to return via repatriation. LHH's census as of 7/22/2023 was 496 patients. When admissions can resume, the Health Commission must mandate LHH managers rapidly re-populate LHH to 780 patients through an aggressive repatriation outreach program.

Teresa Palmer made verbal comments and submitted the following summary:

20-01: Subsection=Priorities for Admission: We disagree with this policy. We believe that SF Residents who have ended up out of county and SF Residents in non medical facilities, where-ever they are, who need and qualify for care at Laguna Honda should have priority over people who are being safely cared for at our County Hospital (ZSFG). Certainly Laguna Honda residents who have been evicted to out of county medical and nursing facilities should have priority to return. The right of San Francisco residents to be cared for safely in their own community should not be secondary to the "flow" at San Francisco General Hospital. SFDPH needs to work assertively with other medical and long term care providers to increase long term care capacity in-county so we are not pitting one community in need against another.

Ann Colichidas submitted the following written public comment:

First Policy and procedure =20-01: Subsection=Priorities for Admission We disagree with this policy. We believe that SF Residents who have ended up out of county and SF Residents in non medical facilities, where-ever they are, who need and qualify for care at Laguna Honda should have priority over people who are being safely cared for at our County Hospital (ZSFG). Certainly Laguna Honda residents who have been evicted to out of county medical and nursing facilities should have priority to return. The right of San Francisco residents to be cared for safely in their own community should not be secondary to the "flow" at San Francisco General Hospital. SFDPH needs to work assertively with other medical and long term care providers to increase long term care capacity in-county so we are not pitting one community in need against another.

Carol Bettencourt submitted the following written public comment:

I disagree with this policy. SF residents who ended up out of county and SF residents in non-medical facilities who need and qualify for care at Laguna Honda should have priority over people who are being safely cared for at SF General Hospital. Especially Laguna Honda residents who were evicted and moved out of county should have priority to return. SFDPH needs to work assertively with other

medical and long term care providers to increase long term care capacity in SF so we are not pitting one community in need against another.

Someone who did not identify themselves stated that regarding the previous lawsuit Chambers versus LHH, which mandates that LHH is supposed to assist patients to return home to age in place. He does not see the evidence of this occurring. He noted that in the last century people were sent to nursing homes but now agencies are supposed to help people age at home with care.

Action Taken: The Health Commission voted unanimously to approve the following LHH Policy Batch 1 items on the Consent Calendar.

(Note: LHH Policy Batch 1 items are **black**. Batch 2 items are **green**. Batch 3 items are **blue**.)

<u>Item</u>	<u>Scope</u>	<u>Policy No.</u>	<u>Policy Title</u>	<u>Batch</u>
1	Facility-wide	20-01	Admission to Laguna Honda Acute and SNF Services and	3
			Relocation between Laguna Honda SNF Units	1
2	Facility-wide	20-14	Leave of Absence and Bed Hold	2
3	Facility-wide	01-04	Committees - Mandated	1
4	Facility-wide	01-11	Standard Formatting Template for Policies And Procedures	1
5	Facility-wide	01-13	Fraud, Waste and Abuse	1
6	Facility-wide	20-06	Out on Pass	2
7	Facility-wide	22-07-A01	Restraint Free Environment	2
8	Facility-wide	22-01_A02	Physical Restraints - Acute units	1
9	Facility-wide	22-13	Bed Rail Use	1
10	Facility-wide	23-01	Resident Care Plan (RCP), Resident Care Team (RCT) & Resident Care Conference (RCC)	2
11	Facility-wide	25-07	Antimicrobial Stewardship Program	1
12	Facility-wide	25-10	Use of Psychotropic Medications	1
13	Facility-wide	27-04	Special Respiratory Therapy Equipment	1
14	Facility-wide	55-01	Payor Eligibility, Certification and Coverage	3
15	Facility-wide	70-01 A2	Emergency Preparedness	1
16	Facility-wide	70-01 C4	Medical Surge Plan	1
17	Facility-wide	70-01 C6	Pandemic Respiratory Illness Plan	1
18	Facility-wide	73-08	Hearing Conservation Program	1
19	Facility-wide	73-09	Respiratory Protection Program (RPP)	1
20	Facility-wide	75-01	75-01 LHH 2022-2023 Security Management Plan_101320	3
21	Facility-wide	75-02	Public Access and Night Security	1
22	Facility-wide	75-03	Disorderly or Disruptive Visitors	1
23	Facility-wide	75-04	Stat Calls for Sheriff's Assistance	1
24	Facility-wide	75-06	Dr. Grey Code	1
25	Facility-wide	75-07	Theft and Lost Property	1
26	Facility-wide	75-09	Reporting Vehicular Accidents	1
27	Facility-wide	75-10	Security Services Standards Operating Procedures	1
28	Facility-wide	75-10	Appendix A: Threats and Violence in the Workplace: Prevention and Management Guidelines	1
29	Facility-wide	75-10	Appendix B: Reporting Details for Threats or Acts of Violence	1
30	Facility-wide	75-10	Appendix C Threat Management Incident Flow Chart	1
31	Facility-wide	75-10	Appendix D: Threat Management Assessment Grid	1
32	Facility-wide	75-10	Appendix F: Patrol Procedures	1

33	Facility-wide	75-10	Appendix G: Security Incident Report Writing and Investigation	1
34	Facility-wide	75-10	Appendix H: Visitors Screening Process	1
35	Facility-wide	75-10	Appendix I: Arrest Procedure	1
36	Facility-wide	75-10	Appendix J: Laguna Honda Hospital and Rehabilitation Center Security Training Program	1
37	Facility-wide	75-10	Appendix K: Enforcement of the Smoking Policy	1
38	Facility-wide	75-10	Appendix L: Response to Internal and External Emergency Disasters	1
39	Facility-wide	75-10	Appendix M: Security Service Department Job Descriptions	1
40	Facility-wide	75-10	Appendix N: Identification of Employee, Patients/Residents and Volunteers	1
41	Facility-wide	75-10	Appendix O: Personal Safety and Cash Escorts	1
42	Facility-wide	75-10	Appendix P: Security Operations Center	1
43	Facility-wide	75-10	Appendix Q: Security Response Call Procedures	1
44	Facility-wide	75-10	Appendix R: Significant Security Event Notification	1
45	Facility-wide	75-10	Appendix S: Victims of Violent Crime Protection Plan	1
46	Facility-wide	75-11	Public Access and Defined Restricted Area	1
47	Facility-wide	75-12	Firearms, Dangerous Weapons and Contraband Policy	1
48	Facility-wide	75-14	Safety Support for LHH Patient/Resident	1
49	Facility-wide	75-13	Inpatient Patients in Custody	1
50	Outpatient Clinic	C3	Cleaning of Medical Instruments Prior to Disinfection or Sterilization	1
51	Outpatient Clinic	C4	High-Level Chemical Disinfection	1
52	Outpatient Clinic	C5	Flexible Nasopharyngeal Laryngoscope	1
53	FNS	1.01	Food and Nutrition Services (FNS) Scope of Services	3
54	Nursing	A 2.0 Att. 2	BRN Standards	1
55	Nursing	D2 3.0 Att. 1a	Skills Checklist for Portable Tub/Shower Trolley	1
56	Nursing	E 5.0 and Apx. 1	Enteral Tube Feeding Management	1
57	Nursing	G 7.0	Obtaining, Recording and Evaluating Weights	1
58	Nursing	J 8.0	Blood Product Administration	1
59	Nursing	M 15.0 Att. 1	Portable Bed Alarm Skills Checklist	1
60	Nursing	NA	Nursing Educational Programs	1
61	Nursing	J 2.5	Monitoring Behavior and the Effects of Psychotropic Medications	1
62	Pharmacy	06.01.01	Psychotropic Medication	1
63	Medical Services	D01-05	Psychotropic Medication Management	1

9) REVISIONS TO HEALTH CODE ARTICLE 31 REGULATIONS.

Patrick Fosdahl MS, REHS, Director, Environmental Health Branch, presented the item.

Dr. Susan Philip, San Francisco Health Officer and Director of Population Health Division, stated that the DPH’s goal is to work collaboratively with the community to address health disparities. She introduced Asa King, who is the new Population Health Deputy Director for Community Health. She acknowledged long standing community advocacy around the shipyard. Regarding the DPH role in the Bayview Shipyard, she explained that once the land has been turned over to the city, the DPH regulatory function kicks in. The DPH does not have a regulatory authority to clean-up of the land, but it has a responsibility around communication with community. The DPH coordinates with the Navy, which is responsible for the clean-up of the land, and provides timely communication so the public has access to relevant information. She added that the DPH continues to

advocate with the Navy and the state for transparent communication around these issues. A goal of the DPH is to meet with community and understand health concerns.

Public Comment:

Tania Randell, Administrative Director of the Marie Harrison Community Foundation, stated that there is nothing in Article 31 regarding testing residents to see health impact of any toxins on the land. There is a disconnect between industry and the community. There has already been housing built on this land, which is environmentally dangerous. She noted that if topsoil is brought in, once it is wet, contaminants will rise up. She does not feel housing should be built on top of contaminated land. The community's health has been considered second to development of this land. She added that whatever happens in District 10 will travel throughout the city and Bay Area. The health of all communities should be considered. Currently she has a high level of arsenic and magnesium in her body and she is unsure what that will do to her. There is not enough health care. She does not see any health standards found in Article 31 regulations.

Ariann Harrison, Founder and Executive Director, Marie Harrison Community Foundation, urged the DPH to look at community health needs. The DPH is supposed to protect the community, but the reality seems different. There are people in the community with very high levels of plutonium. She said the DPH is not testing people for these toxins; new development is not inspected. Fences are not an effective barrier to dust. The community has the highest rate of respiratory disease and cancer in adults. There is also a high rate of breast cancer. She challenged the DPH to do the work and test human beings around the harm that has already been done. She noted that as the sea is rising, anything that is happening in the Bayview will impact all of San Francisco. The Community needs the DPH to protect us.

Kamillah Ealom, Community Director of All Things Bayview, thanked the Commission for giving space for fighting for their lives. The Article 31 memo inaccurately says the Hunter's Point is a superfund site that has been actively cleaned up. As a third generation Bayview resident, she is deeply concerned that the Article 31 amendments do not include cumulative health impacts. The community needs Article 31 to address the lack of legal fence lines; as a kid, she could easily access the shipyard and kids today can do the same thing. She urged medical monitoring of shipyard workers and residents living in the area; the soil should be tested. She urged independent soil testing, fortification of Parcel E-2 landfills, and to define the specifics of health screening criteria. She has witnessed childhood neighbors with health issues related to the contamination of the site.

Dr. Ahimsa Porter Sumchai stated that she spoke to the Health Commission in 2004 in opposition to Article 31. She noted a conflict of interest codified in Article 31 which generates revenues generated by moving soil in a superfund site by the master developer. The work she has been conducting since 2019 has been confirmed by the greater cancer registry. She stated that there are cancer clusters throughout the community and rates of cancers higher in the neighborhood. Two women have had radiogenic breast cancer; the atomic bomb registry describes this in women who are under 30 at time of diagnosis; these are women most frequently exposed during childhood and teens. Cancer clusters include a 10-year-old boy who died of a diffuse pontine glioma. There are 3 childhood cancer deaths that should be considered suspicious and wrongful. There is a minister with two brain tumors; his church is a quarter of a mile from the Shipyard. A woman who has multiple brain tumors and her dog died of cancer that is linked to radiation exposed. There are cancer clusters in building A-30, where the UCSF residents are located. There is a UCSF employee who just underwent for colon cancer. There are thyroid cancer and pulmonary nodules in the UCSF compound. The police officers have had brain, lung, thyroid cancers, and two service dogs have had sarcoma. She stated that her findings are irrefutable. People are being exposed to ionizing radiation from nuclear waste.

Art Persyko, Gray Panthers, stated that the Gray Panthers are allies and bear witness to the well informed public comment from individuals who all have personal experience with the tragic situation. He urged the Health Commission to delay vote on Article 31 revisions, and called for:

- Legal protective fence lines-western boundary of base (Parcel E-2 landfill & radioactive panhandle).
- Medical monitoring & surveillance: shipyard workers & residents within 1 mile perimeter of base.
- Independent retesting- radioactive soil contaminants.
- Fortification- Parcel E-2 landfills.
- Specifics- human health screening criteria.

Carol Harvey stated that on October 21, 2015, she asked Amy Brownell to have DPH conduct a health survey; in the last 8 years, no health survey has been conducted. She noted that Treasure Island also meets criteria for a superfund site. Many Treasure Island residents have respiratory diseases, blood diseases, cancers, and brittle bones, all due to toxins in the land.

Dr. Teresa Palmer made verbal comments and submitted the following summary:

SFHC 31 doesn't address:

1. Legal protective fence lines-western boundary of base (Parcel E-2 landfill & radioactive panhandle).
2. Medical monitoring & surveillance: shipyard workers & residents within 1 mile perimeter of base.
3. Independent retesting- radioactive soil contaminants.
4. Fortification- Parcel E-2 landfills.
5. Specifics- human health screening criteria.

Ann Colichidas submitted the following written public comment:

As an SF Gray Panther and lifelong San Franciscan, I support the issues raised by Dr. Simchai's presentation and respectfully request that the Commission delay their decision until such time that: 1) All issues are issues related to Article 31 are addressed. The Article 31 provisions do not address the following: 1. The lack of legal protective fence lines along the western boundary of the base in the region of the Parcel E-2 landfill and radioactive panhandle. 2. Medical monitoring and surveillance of shipyard workers and residents within the one mile perimeter of the base. 3. Independent retesting for radioactive soil contaminants. 4. The need to fortify the Parcel E-2 landfills. 5. Specifics of human health screening criteria. Please convey to the Commissioners: 2) the community has adequate time to weigh in. Thank you for your consideration.

Commissioner Comments:

Commissioner Green stated that the Commissioners appreciate the individuals who made public comment.

Commissioner Giraudo stated that at the July 18th Community and Public Health Committee, the committee members recommended that the full Commission approve the Article 31 revisions with the understanding that the DPH would provide more information regarding the community's health concerns. She noted that the DPH sent 1,500 emails soliciting input and feedback for the Article 31 revisions; she suggested that in-person community meetings may be a productive avenue to implement. She also stated that she would like to see health data showing Bayview residents compared to other neighborhoods. She also acknowledged the DPH staff vacancies that may impact this data analysis and requested an update on what is in the DPH purview within the next 3 months.

Commissioner Chung thanked those who made public comment and the presenters. She noted that when she was a commissioner on the Human Rights Commission, she repeatedly heard community concern about health-related issues related to the shipyard. She understands that the DPH is not responsible for the toxic soil or clean up, but it should be helping those with health concerns.

Commissioner Chow noted that he has heard from residents of the Bayview and Hunter's Point and thinks the situation warrants further exploration. The community has heard conflicting reports about whether health issues are related to the contamination of the land. He asked whether Article 31 is the appropriate mechanism to resolve the health concerns of the community. The revisions of Article 31 seem to clarify the existing regulations, but do not address the health concerns of the community. He feels the issue of the Hunter's Point community concerns are separate than the larger health disparities of Black/African American residents in San Francisco. He noted that he had not heard that Treasure Island may have health concerns related to contaminations. He also stated that the revisions seem to clarify and strengthen the existing regulations. He supports an update to the Health Commission Community and Public Health Committee, and then update the full Health Commission.

Commissioner Giraud stated that the Community and Public Health Committee members had recommended that the Article 31 revisions be approved by the full Commission and that the Committee be updated in approximately 3 months on the DPH outreach to the community regarding their health concerns.

Commissioner Green stated that the revisions of Article 31 make the regulations more effective. However, separately, the DPH has a responsibility to monitor the health and health concerns of the community. She requested an update on a timeline on relevant community health data and outreach to the community regarding their concerns.

Commissioner Chung asked that updates clarify what is in the DPH purview, in regard to the shipyard.

Director Colfax stated that the public comment is appreciated and those making public comment have been heard. He offered to meet with Dr. Philip and other DPH leadership to develop a community engagement timeline. Commissioner Giraud requested that more information regarding the timeline be shared at the next Health Commission meeting.

Action Taken: The Health Commission unanimously approved the revisions to Health Code Article 31.

10) DIRECTOR'S REPORT

Grant Colfax MD, DPH, Director of Health, presented the item.

"THE HEART OF ACCESS" DOCUMENTARY HIGHLIGHTS SAN FRANCISCO'S COMMUNITY-DRIVEN COVID-19 EQUITY RESPONSE

From the San Francisco Department of Public Health's Center for Learning & Innovation and the COVID-19 Task Force, in partnership with OLU8 Film and Culture and AllThrive Education comes **The Heart of Access, San Francisco's Fight for Health Equity during the COVID-19 Pandemic**, elevating compelling stories of community, academic, public health partnerships at the center of San Francisco's COVID-19 equity response.

The upcoming short film documentary will premiere in August and September at community screenings hosted by collaborating community-based organizations featured in the film. The Heart of Access honors the memory of the lives lost to COVID-19 and uplifts the partnerships that helped San Francisco achieve one of the lowest pandemic-associated death rates of any metropolitan area in the U.S.

Still upcoming Heart of Access community screenings are:

- **Thursday, August 17 at 6:00pm, Mission Screening**
Brava Theater Center 2781 24th Street
[Get Tickets for Mission Screening](#)

- **Thursday, September 7 at 2:00pm, Tenderloin Screening**

GLIDE Memorial Church 330 Ellis Street

[Get Tickets for Tenderloin Screening](#)

After the community screenings, the film will be available at heartofaccessfilm.org.

During the onset of the COVID-19 outbreak, San Francisco mounted an aggressive strategy to mitigate the spread of disease in the community and lower the incidence of severe illness. The strategy used a health equity lens to prioritize neighborhoods and populations disproportionately impacted, resulting in greater accessibility of tests, vaccines, and financial support for these populations. The strategy also included targeted funding for community-based organizations to help centralize resources.

The documentary highlights crucial lessons learned such as the importance of community partnerships in the joint planning and collective action needed to respond effectively to COVID-19 as well as future pandemics. The film equally uplifts voices from health experts and community members who united and supported each other through the shared challenges, emerging stronger after the crisis.

The film will be distributed broadly through conferences, film festivals, and an interactive website that will feature the film and a discussion guide for public learners. A trailer of the film is available for preview at heartofaccessfilm.org

DPH NEWCOMERS HEALTH PROGRAM AND TB CLINIC PUBLICATION IN *EMERGING INFECTIOUS DISEASES*

An article summarizing the outcomes of a recently developed collaborative tuberculosis screening program for recent arrivals from Ukraine by [SF DPH's Newcomers Health Program](#) and the [San Francisco TB Clinic](#) was recently published: [Uniting for Ukraine Tuberculosis Screening Experience, San Francisco, California, USA - Volume 29, Number 8—August 2023 - Emerging Infectious Diseases journal - CDC](#). Of 299 newcomers from Ukraine screened in San Francisco using interferon- γ -release-assay (IGRA) and chest radiograph, 7.4% were IGRA positive and one had laboratory-confirmed pan-susceptible TB. The initiation of this screening program allowed for the expansion of enhanced TB assessment to newcomers from other countries, resulting in the early detection of an additional case of TB, and giving important information on TB risk to individuals arriving from various regions seeking humanitarian parole in the USA. Special thanks to lead author Dr. Janice Louie, Medical Director of San Francisco TB Prevention and Control, and the team of authors for elevating and sharing this important local work with global implications in EID journal.

DPH STAFF RECEIVES NATIONAL TUBERCULOSIS CONTROLLER'S ASSOCIATION "UNsung HERO AWARD"

Each year the National Tuberculosis Controller's Association honors individuals or organizations for their dedication and distinguished service in the field of TB. This year, DPH's own Felix Crespin was awarded the "Unsung Hero Award" in recognition of his outstanding service. The San Francisco TB Section serves a diverse population, including immigrants from Asia and Central America, people experiencing homelessness or marginally housed in congregate settings, and those with substance use disorders. Our clientele come in all shapes and sizes, genders, ages, and ethnic backgrounds. Mental health and language barriers are a common problem that make navigating health services especially challenging. Mr. Crespin has served as a role-model for our program staff and in particular, leadership, regarding keeping us focused on our mission to serve our most vulnerable patient population with respect and humility. Mr. Crespin goes above and beyond to ensure the TB Section provides equitable, respectful, and culturally appropriate service to all clients we serve. Congratulations Felix on this well-deserved recognition!

DPH'S FOOD SAFETY REGULATORY PROGRAM TRANSITIONS ONLINE

In 2018, the DPH Environmental Health Branch (EHB) went through the Lean Management A3 process and identified key strategic areas for evaluation and improvement. One of the areas identified was data and technology management. EHB particularly aimed to solve the problem of having multiple siloed database platforms by creating a new and comprehensive database for the entire Branch. After going through an RFP process in 2019, a contract was awarded to HealthSpace and they began the process of developing the database, with the Food Safety Regulatory Program being the first go-live deliverable. After a long process that was delayed by the pandemic, the Food Safety Program database went live this month! Among other things, this means that field inspections will now be completed using tablets and all data will be uploaded and tracked online.

The EHB lead for this project has been June Weintraub, who has been tireless in working with her counterparts in the IT Program Management Office and other EHB staff. June trained Branch super users and thanks to her efforts, this rollout has been successful. This is a big accomplishment for EHB, and they will go-live with the more programs in the months ahead.

HIGHLIGHTING DPH'S ADULT IMMUNIZATION AND TRAVEL CLINIC

The Population Health Division's Adult Immunization & Travel Clinic (AITC) is in full swing as interest in international travel has been recovering from pandemic lows. AITC provides preventive consultation, vaccines, and travel medication prescriptions to persons of all ages going abroad, enabling travelers to reduce their risk for travel-related health conditions and infectious diseases, so they can return home feeling well. AITC also provides the full spectrum of routine vaccinations for adolescents and adults, school-required vaccinations for San Francisco Unified students lacking a primary provider, TB clearance for those who need it to attend work or school, vaccines to prevent rabies in those who have been exposed to potentially rabid mammals, and blood testing to check immunity to key vaccine-preventable diseases such as hepatitis B and measles. All services require an appointment. Though AITC services typically require payment at the time of service, staff routinely assess patient eligibility for free vaccines under state and federal programs, in order to reduce financial barriers to vaccination among those lacking insurance coverage. For more information:

www.TravelClinicSF.org

COVID-19 UPDATE

As of 8/10:

- San Francisco's 7-day rolling average of new COVID cases per day is 49 and there are 37 COVID hospitalizations.
- Eighty-six percent of all SF residents have been vaccinated and 65% have received booster dose(s). Forty-one percent of residents have received a bivalent booster.

DPH in the News

Public Comment:

Kathleen Turner asked for the Commission to reinstate the mask mandate, especially in health care settings. We are currently in a surge based on wastewater data. One in ten people infected will experience long COVID or post COVID damage. Leaving masking to person decisions is not effective. Everyone is vulnerable to COVID.

A caller who remained anonymous stated that the DPH has been using the same COVID talking points for months and has stopped protecting residents with resulting mass disability and mass deaths. They are curious how the DPH knows the new strain is not virulent. No matter how mild the case is in its acute case, it may result in long term symptoms. They are concerned because not enough people know about long COVID or post COVID symptoms. Although the vaccine booster rates are higher here, they are still too low. They

questioned what the DPH and Commission are doing about health equity now; people are being left to long COVID and post COVID. They urged a reinstatement of the mask mandate, especially in health care settings.

A caller who remained anonymous called on the DPH to deal with the current COVID surge. A large body of research has shown COVID to be dangerous. Each new infection impacts and destroys the body. The risks of COVID are not limited to acute infection. Twenty-three million people have been disabled by COVID. It is heartbreaking to watch the DPH and Commission abandon disabled people.

Elizabeth, Senior and Disability in Action, urged a reinstatement of mask mandates in closed spaces, especially health care settings. Many people would mask if they were given a reason to do so. It seems that we are deliberately not learning from the experience we have already lived through, and it seems sinister. We need a return to universal masking in healthcare; patients are currently mostly unmasked.

Commissioner Comments:

There were no Commissioner comments for this item.

11) COMMUNITY AND PUBLIC HEALTH COMMITTEE UPDATE

Commissioner Giraudo, Chair, stated that the committee discussed three robust presentations. The Behavioral Health Services Internship pipeline update provided information indicating that the DPH has centralized its internship organization and streamlined its intern application processes. The Housing Conservatorship update shared information that the program will sunset in September of 2023. A goal of the program has been to connect individuals to consistent services. The Assisted Outpatient Treatment presentation indicated that the program is for individuals over 18 with 2 or more psychiatric hospitalizations. The program is initially voluntary; however, the county can mandate treatment after multiple unsuccessful attempts to encourage an individual to seek treatment.

12) OTHER BUSINESS:

This item was not discussed.

13) ADJOURNMENT

The meeting was adjourned at 6:45pm.

**Health Commission
City and County of San Francisco
Resolution No. 23-7**

RESOLUTION TO RECOMMEND TO THE BOARD OF SUPERVISORS TO AUTHORIZE THE DEPARTMENT OF PUBLIC HEALTH TO ACCEPT AND EXPEND A GIFT OF A RETINAL IMAGING MACHINE VALUED IN THE AMOUNT OF \$496,500 FROM THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

WHEREAS, The University of California, San Francisco provides for the distribution of a Retinal Imaging machine valued in the amount of four hundred and ninety-six thousand, five hundred dollars (\$496,500) to the Department of Public Health; and

WHEREAS, The University of California, San Francisco provides gifts to entities that help to facilitate comprehensive eyecare; therefore, be it

RESOLVED, That the Health Commission recommends that the Board of Supervisor authorize the Department of Public Health to accept and expend a gift of a retinal imaging machine valued in the amount of four hundred and ninety-six thousand, five hundred dollars (\$496,500) to support the goal of helping to facilitate comprehensive eyecare; and be it

FURTHER RESOLVED, That the gift will be accepted and expended consistent with San Francisco Administrative Code Sections governing the acceptance of gifts to the City and County of San Francisco, including San Francisco Administrative Code Section 10.100-305.

I hereby certify that the San Francisco Health Commission at its meeting on August 15, 2023, adopted the foregoing resolution.

Mark Morewitz, MSW
Health Commission Executive Secretary

**Health Commission
City and County of San Francisco
Resolution No. 23-08**

RESOLUTION TO RECOMMEND TO THE BOARD OF SUPERVISORS TO AUTHORIZE THE DEPARTMENT OF PUBLIC HEALTH TO ACCEPT AND EXPEND A GIFT OF \$204,250 FROM THE EPIC SYSTEMS CORPORATION

WHEREAS, The Epic Systems Corporation provides for the distribution of two hundred and four thousand, two hundred and fifty dollars (\$204,250) to the Department of Public Health; and

WHEREAS, The Epic Safety Net Program comprises hospitals, clinics, emergency medical service treatment providers, and affiliate and contract treatment providers, all of which are under the Department of Public Health; and

WHEREAS, The Epic Systems Corporation has donated to the Department of Public Health in the amount of \$204,250 for the department's role as a Safety Net provider; and

WHEREAS, The Epic Systems Corporation provides gifts to entities that help low income and at-risk populations; therefore, be it

RESOLVED, That the Health Commission recommends that the Board of Supervisor authorize the Department of Public Health to accept and expend a gift of cash of up to two hundred and four thousand, two hundred and fifty dollars (\$204,250) to support the goal of helping low income and at-risk populations; and be it

FURTHER RESOLVED, That the gift will be accepted and expended consistent with San Francisco Administrative Code Sections governing the acceptance of gifts to the City and County of San Francisco, including San Francisco Administrative Code Section 10.100-305.

I hereby certify that the San Francisco Health Commission at its meeting on August 15, 2023, adopted the foregoing resolution.

Mark Morewitz, MSW
Health Commission Executive Secretary