

## County Business

### VIRGINIA:

At a regular meeting of the King George County Board of Supervisors, held on Monday, the 5<sup>th</sup> day of May, 2020 at 6:30 p.m. in the Board Room of the Revercomb Building at 10459 Courthouse Drive, King George, Virginia:

**PRESENT:** Annie Cupka, Vice-Chairman  
Jeff Bueche, Member  
Richard Granger, Member  
Neiman C. Young, County Administrator

**REMOTE ATTENDANCE:** Cathy Binder, Chairman  
Jeff Stonehill, Member  
Matt Britton, County Attorney

[START OF TRANSCRIPT]

**Ms. Binder:** The name of the King George County Board of Supervisors to order, I hear by invoke the rules and procedures previously adopted by this board allowing for electronic participation by some members or the quorum physically present. This action is taken as a result of the Covid-19 pandemic and the governor's orders regarding limiting of gatherings and staying in place during a disaster. Electronic participation is encouraged and pursuant to the governor's emergency orders, a maximum of 10 people will be allowed to be physically present. If you choose to be physically present; you will be screened by authorized staff for signs and symptoms of illness. Based on the results of that screening, certain physical attendees may be denied entry.

The following members are physically present: Dr. Young, Mr. Bueche, Mr. Granger and Ms. Cupka, the following members are participating through electronic and remote means after notifying the chair of that temporary disability and or other medical conditions exist that prevents a member's physical attendance. That would be Mr. Stonehill and myself, Ms. Binder. I direct the clerk to include this statement and the statement of the remotely just being board members to be memorialized in the minutes. With that being said, we'll now move into the agenda. Do we have any amendments to the agenda, Dr. Young?

**Dr. Young:** No, Madam Chair.

**Ms. Binder:** Thank you. Next stop is public comment. Comments will be limited to 3 minutes per person in order to afford everyone an opportunity to speak. Comments relate to a specific public hearing item, we ask that you offer those comments at the time of the public hearing. Is there anyone present in the boardroom that would like to give public comment?

**Dr. Young:** No more person in the board room Madam Chair.

**Ms. Binder:** Thank you. How about anybody public correspondence to board members? There are none. Is there anybody online who would like to give public comment? Let me double check. I don't see anybody notified myself. Nobody for you Dr. Young. We'll now move on to reports from members of the board Mr. Stonehill.

**Mr. Stonehill:** Good evening everyone. April 25th, I did speak with Dr. Vinson in reference to the school board budget. He informed me that he was awaiting on State to come out with some numbers that he can get the school budget refined and he would be getting that information back to us as soon as possible. April 27th I, along with everybody else attended another King George budget session where we discussed our new budget outlook and things to come. April 30th, Thursday I called in and listened in on another one of representative Whitman's telephone town halls, gave updates on what the area was doing, response to the virus and what's happening with small business help. That evening, Thursday I then logged into the Mary Washington, their third virtual town hall and listened in on what they were doing with cases and what their next steps are and other community resources. And that is it for now.

**Ms. Binder:** Thank you, Mr. Stonehill. Mr. Granger?

**Mr. Granger:** Yes, ma'am. I'll keep mine quick. I also attended the budget work session with the rest of my colleagues. I agree with Stonehill's assessment that we have a new outlook that we're looking at and I think we're finding our way there. So hopefully it will [00:03:42 inaudible] after this meeting. That's all I have.

**Ms. Binder:** Thank you, Mr. Granger. Mr. Bueche?

**Mr. Bueche:** Thank you, Madam Chair and I apologize to everyone for my technical difficulties but I'm happy to be online. Besides the budget work sessions, I do not have a report this evening. Thank you, Madam Chair.

**Ms. Binder:** Thank you, Mr. Bueche. Ms. Cupka?

**Ms. Cupka:** Thank you, Madam Chair. I will as I normally do forward my entire board report to the freelance star and project 94. And I will also as I started after our last meeting posted as a note on my Facebook page to keep the public informed, but I am not going to read the entire report. Just the highlights tonight. This week is teacher appreciation week. I want to take a moment to thank everyone at King George County schools for everything they are doing to help parents keep their children learning despite the circumstances. On April 27th with my colleagues, I attended the budget work session. Thank you to Dr. Young and staff for continuing to move the budget process forward despite the uncertainties that we face.

On April 29th, I had a telephone call with Dr. Donald Stern acting director of Rappahannock area health district and I believe we'll be hearing from him later this evening. Thanks for joining us Dr. Stern. On April 30th, I also viewed the Mary Washington healthcare town hall. On May 1st, participated in the elected officials call with Congressman Whitman. May 4th yesterday, paid a telephone call to Mr. Joseph Baidoo, the director of heritage hall healthcare here in King George to express my support following their urgent needs goggles and 95 masks, gowns and hand sanitizer, you can leave your donations at the table on the sidewalk outside. Some staff have been quarantined at home and there is also an urgent staffing need. If you have healthcare setting experience or interested in being trained, please contact them directly regarding employment opportunities as they are looking for extra help for the next month or so. I note that tomorrow begins national nurses' week, so please keep their staff and all of our healthcare providers in your prayers.

After that I had another telephone call regarding heritage hall with Dr. Donald Stern and a note of an upcoming event on Thursday May 21st and Friday, May 22nd King George family YMCA will host a red cross, blessed blood drive by appointment only. Please call 1-800 red cross or visit [redcrossblood.org](http://redcrossblood.org) to schedule your appointment. Also, their food drive continues and donations can be dropped off on Mondays, Wednesdays and Fridays from 12:00 PM to 3:00 PM. Thank you again to all of you in our community for the opportunity to serve you. Thank you for doing what you can to help each other. Please don't hesitate to contact me via email with your cares and concerns for our community. Thank you.

**Ms. Binder:** Thank you, Ms. Cupka. I'll be the one that's a little long today, but I'll try to summarize the best I can of what I wrote. I participated in many teleconferences in the past two weeks, talking all about Covid and the economic perspective and

the health perspective. I also participated with EDA director Nick Miner in a meeting with the Fredericksburg Chamber of Commerce where we talked about small businesses and what we're doing with grants and everything else to help our small businesses in the community. And last week I hosted a virtual town hall for the citizens and I thank you to all the departments for providing information, what they are doing currently, and I've done during these challenging times, and I also want to thank sheriff Giles, Dr. Young, Mr. Minor, an IT director, Chris Giants for chiming in on the town hall. It was fun and it was great to hear back from the community.

And with that being said, as I said, when I left that town hall that I would do it again. I called Mr. Dines and we set up another town hall for next Tuesday, May 12th from 6 to 7:00 PM and it will be, to talk about the budget and any other concerns from the King County. And I will be solicited to the department to again for a little summer and worked well. And I think the, appreciate hearing how do you, has been a community and or all residents. It's in businesses. We're going to do it again next Tuesday, May 12th from 6 to 7:00 PM I've worked **[00:08:30 inaudible]** with it and you just elation online all the counties **[00:08:34 inaudible]** that you know, County has an official **[00:08:40 inaudible]** County official about 4 or 5 of our meetings King George. **[00:08:44 inaudible]** get on there also but my town hall for next week on there, so anyone that is not able to see it live, you can go to the YouTube channel, King George County official content and check it out.

As I stated earlier, I want to introduce everyone to our new County attorney. I will read his long bio but he was our County attorney previously from 2002 to 2012. I mean, mostly you've just been hearing his voice and haven't seen his face yet. But we really appreciate Mr. Britton and all the experience he brings to our board and we also want to thank Mr. Gregory who's done a lot for our boards and County departments. That's our previous County attorney. He has done a lot and I just want to thank him for all the work he did and his law firm, Hefty, Wiley and Gore and if the board doesn't mind, I would like to write the letter thanking Mr. Gregory and have it sent out to him. Is that okay with everyone consensus?

**Mr. Bueche:** Yes, Madam Chair.

**Ms. Cupka:** Yes. We have consensus in the board room.

**Ms. Binder:** Alright. Mr. Stonehill, that's good. Just give the thumbs up. That'll work. Thank you very much. Also, in my town hall, I mentioned I'm seeking a short clip, 3 minutes and less for a members of the community. Basically, what I'm doing and

I had proposed this before in our last 300th anniversary and put together a video highlighting King George and the stories of King George. It could be shown at an anniversary event. Originally, I was going to film them in the boardroom. But with the Covid pandemic we can't quite have people come into the boardroom. So, I'm asking since you people are home with their family members now and hopefully learning a lot about their family members. If you want to just send to my email, my Shiloh email, a little clip, 3 minutes or less just highlighting some family member you've learned something cool about or a story about King George. I really appreciate it and I think everybody would love to see it. We could put it on the YouTube channel because there's a lot of interesting stories out there in our community so we can learn about King George.

The last thing I want to mention, and I apologize for bringing this up right now, I got an idea this afternoon and I just want to broach it with my board members because we could bring it on the agenda next week. A lot of our youth are having probably a hard time getting internships with the Covid. A lot of places have canceled their internships or put them on indefinite hold and I thought about, I had mentioned this before, doing an internship program as volunteer with our County and I talked to Dr. Young earlier and Mr. Britton who has done it in the past and he wouldn't mind putting together a framework too that, maybe we can provide some internship opportunities to some wonderful young adults in our community for the summer just to learn about County government. What do you guys think?

**Mr. Bueche:** Can you all hear me? Okay.

**Ms. Binder:** I can hear you.

**Mr. Bueche:** I think it's a great idea. This thing has been echoing into my ear. I think it's a great idea. Last summer my son actually spent two weeks, shadowing Dr. Young, community development in other departments. It wasn't really an internship, but just shadowing and learning about different aspects of the County. And I think it did a lot. I think it's a great idea. I just want, would like to caution that we, if we're bringing someone on as an actual intern that we monitor the hours because I believe there's a requirement. Because we ran into this when we had an intern initially that was providing support to one of the supervisors and then the hours that they were working there was a requirement because of the hours they were putting in that they had to get paid.

I just want to make sure that we're not going to be obligating ourselves to a situation where we would have to then pay the interns. Because I mean if we're

in a position right now where we're not filling certain position request for departments, I don't want to be saying, well it's okay for us to fund these internships, but we can't fill critical positions within departments, that's the only cautionary flag I would throw up, Madam Chair. Thank you.

**Ms. Binder:** Thank you, Mr. Bueche. Mr. Brickner, he brought that up. I just wanted to throw it out there, bringing it up on the next meeting because I think it would be really good for our students. Ms. Cupka?

**Ms. Cupka:** Yes, Madam Chair. I agree, I think it's a good idea. I just caution given the current environment, I don't know how much work we actually have for someone and if it would require the intern to come into the building every day, which is another concern. Those are, I guess my issues.

**Ms. Binder:** Yes, I got you. And [00:14:05 inaudible] a good idea and bring this up. Right. I just wanted to put that out there and put on, in caps possibly. Then we'd cover all those grounds. But that is all I have. I just want to thank all of our county staff for all the work they do, our community it's making a difference. All right. With that being said, I'll end my board report if you give me one minute to bring up my agenda. I'm using--

**Mr. Stonehill:** Madam Chair.

**Ms. Binder:** All right. Can I have a motion-- Go ahead Mr. Stonehill.

**Mr. Stonehill:** Just to let you know your video and audio is freezing up. We're losing part of it.

**Ms. Binder:** Okay. Can everybody, can you hear me now and see? Can everybody see me now?

**Ms. Cupka:** Ma'am, we can hear you and see you in the boardroom, however, there are ongoing throttling issues with your visual and your audio.

**Ms. Binder:** Okay. Let me try to put my phone on the charger and see if that, because I'm running it through a mobile hotspot on the phone. Did that help a little bit?

**Mr. Stonehill:** We'll have to see.

**Ms. Binder:** Okay, well just, just tell me if it doesn't because I can switch over to Ms. Cupka in the boardroom. That is okay with you, Ms. Cupka? If it starts to become a problem.

**Ms. Cupka:** Sure thing, ma'am. Let's see how it goes.

**Ms. Binder:** All right. Sorry about that to everyone, I'm using a mobile hotspot and so it just might be the way with the weather conditions. Maybe it's slowing down a little bit. Do I have a motion on the consent agenda?

**Mr. Granger:** So moved.

**Ms. Binder:** Do I have a second?

**Mr. Stonehill:** Second.

**Ms. Binder:** Any discussion? All those in favor.

**All:** Aye.

**Ms. Binder:** Any nays? Chair votes aye, motion carries. Thank you. Next up, we have constitutional officers report, emergency ordinance for penalties, fees and interest by Randy Jones, King George County treasurer, Mr. Jones?

**Mr. Jones:** Good evening, Madam Chair and the rest of the board. I'd like to first start off by thanking County administrator, Dr. Young and the County attorney Matt Britton for their assistance on the emergency ordinance that we are proposing and that emergency ordinance is to delay, the due date for the personal property taxes until June the 19th, and we will be delaying penalty of the payment of those personal property taxes through June 30th, July, July 1 interest will begin as normal. Again, this is in response to the kind of climate, we thought it was best to provide some, at least to our constituents. It is in line with what my peers are doing and surrounding localities. Dr. Young will outline it a little bit more later and I'm just here basically to ask for your support tonight.

**Ms. Binder:** Do we have any discussion?

**Ms. Cupka:** Yes, Madam Chair, if I may.

**Ms. Binder:** Go ahead.

**Ms. Cupka:** Let me, I'm going to be toggling back and forth between this and the other screen. The actual, the text, the dates in the board report, say June 19 and June 30, 2020. However, the dates in the actual emergency ordinance say July 6th and July 31st and I just want to make sure we're talking about the same thing because I want what is in the ordinance a later date, July 6th and July 31st, not what was just said.

**Dr. Young:** Yes, ma'am. I could clarify that. Basically, the biggest change that's captured in the board report is that the personal property tax due date, which changed from June 5th through June 19th, and basically the penalties and interest will run as due course as normal and according to in line with the personal property tax. Normally, it's 30 days after the I'm sorry, the first day of the month after personal property taxes are due there's a penalty 30 days later after that **[00:19:13 inaudible]** clear clarified in the fill report.

**Ms. Cupka:** As it is in the ordinance. Awesome. Thank you.

**Ms. Binder:** Anybody else have any questions? No other questions? How do we proceed from Dr. Young for this?

**Dr. Young:** We would need a motion and a vote, Madam Chair, basically it's not a motion to vote on the ordinance itself that you authorize us to advertise a public hearing and then at that public hearing, that's when the board could consider the ordinance and adapt.

**Ms. Binder:** Dr. Young could it be included with Mr. Britton with the public hearing on the budget?

**Dr. Young:** And that is the plan, ma'am. We intend to advertise is ordinance and hopefully if we get into a **[00:20:16 inaudible]** we'll advertise the same date and basically be adopted all of these actions the same day, in the same public here.

**Ms. Binder:** Okay. Thank you, Dr. Young, do I have a motion?

**Mr. Britton:** That's correct. It takes a board action to do it and it's recommended by the treasurer. But it takes board action because you essentially similar to the service 30, you are temporarily setting the penalties and interest at zero during the time set forth in the ordinance so the board needs to do that and it can be done at the same time.

**Ms. Binder:** Okay. Do I have a motion?

**Mr. Granger:** The County staff to advertise a public hearing to consider an emergency ordinance for penalties, fees and interests.

**Ms. Binder:** Do I have a second?

**Mr. Bueche:** Second.

**Ms. Binder:** Any discussion? All those in favor?

**All:** Aye.

**Ms. Binder:** Any nay, chair votes aye. Motion carries. Thank you, Mr. Jones.

**Mr. Jones:** Thank you.

**Ms. Binder:** All right, our next up is any report from the County attorney?

**Mr. Britton:** Yes, Madam Chair. One matter, my forwarded to the board into Mr. Young the recommendations regarding the police requested towing board and we have an ordinance in the County and have had for some time I think from 2006, a police requested towing ordinance that coordinates requires that we have what's called a tow board or police requested towing board and we have recommended some people be appointed and or reappointed to that board, so that they can be brought up to date. The ordinance sets forth the types and qualifications of people who would be on the board. It requires certain law enforcement officials that would be first Sergeant Kevin Botkin of the State Police Sergeant Western at Kings County Sheriff's office. Sergeant Gill Kennedy, retired state police officer. This is the representative and then there would be two towing, proprietors, which would also be on board, which is in the ordinance. Once that is brought up to date, they can hold their meeting and go forth with the business of the towing board and Sergeant Western is the point of contact and the sheriff is on this meeting as well if you have any questions?

**Ms. Binder:** Do we have any questions? Ms. Cupka, do I see your hand raised.

**Ms. Cupka:** No, ma'am.

**Ms. Binder:** Okay. Sorry about that. In the distance for me. Mr. Stonehill, did you have a question?

**Mr. Stonehill:** Just Mr. Britton when you get a chance, if you could send that to me. I did not receive that.

**Mr. Britton:** Yes, apologies. I'll re-send it out right now.

**Mr. Stonehill:** Thank you.

**Ms. Binder:** All right. Mr. Britton, I just want to clarify. The action tonight is we do not have to take action tonight, will be brought up again?

**Mr. Britton:** Well actually, we that, that's correct, you could do that. I have, I sent those names out. We do want to have those members appointed. You can take action

on that tonight if you wish to appoint those members. Each and every one of them has been contacted at the request of the sheriff, Sergeant Western and they have agreed to be on the board of the people who are being recommended amongst the three that I just mentioned are also Morgan's Wicker pineal telling and Jeremy Daniel McDaniel's Towing and those would be the 5 members of the board Sergeant Patrick Weston, first Sergeant, Kevin Botkin, Gil Kennedy, Morgans Wicker and Jerry McDaniel. If you wish to put it on to the next board meeting for discussion or vetting, that's perfectly fine, we would still have time in order to get that board going and to there, there are going to be some proposed amendments to the towing ordinance for level of funding to the ordinance, the board. The tow board would have to vet those and make recommendations, it's ultimately up to the board of supervisors. The early earlier that you take action on this, the earlier that they can meet and review any proposed ordinance amendments to the police request to towing in ordinance.

**Ms. Binder:** Great. Thank you. What is the board's pleasure? Would we like to have our discussion now or I'll make a motion to improve? Go ahead, Mr. Bueche.

**Mr. Bueche:** Madam Chair, I just went through my email because I haven't seen it either. I would prefer that we table this till our next meeting so I have time to review it because in all honesty, this thing's echo and I apologize. In all honesty, I don't really have a true understanding of what all that ordinance entails. So, before I'd be willing to appoint somebody to this, I would like to have a clear understanding of what actually is entailed in this.

**Ms. Binder:** Mr. Granger?

**Mr. Granger:** I agree with that sentiment. I also have not received the email. I was looking through my junk email. I'm not sure if something happened. I believe Mr. Britton just forwarded it to us, but I would like to table to the next meeting so we have the opportunity to review it. It's first time hearing of it, so that that's what I'd like to do.

**Ms. Binder:** Ms. Cupka?

**Mr. Britton:** I did re-send it and I apologize if it didn't go through last time and I'm sorry I didn't mean to jump in with Ms. Cupka, but there is time to review this and to put it on the next board meeting for consideration of the proposed members of the towing board and their positions do continue until you take any action to replace them. The only urgency in this at all is that a couple of the people on the board are no longer available as a result of retirement and what have you and

so ultimately before board meets again, tow board meets again, they would need to be updated and replaced.

**Ms. Binder:** Ms. Cupka, did you have a comment?

**Ms. Cupka:** I agree with my colleagues here in the boardroom. I'd like to defer table this until the next meeting.

**Ms. Binder:** Then we have consensus, we'll put it on the agenda for our next meeting. Thank you, Mr. Britton, for bringing this to our attention. All right. Did you have anything else Mr. Britton? Can everybody hear me okay?

**Mr. Britton:** Yes. I'm sorry. I was on mute. No, Madam Chair that's all I had for my report.

**Ms. Binder:** Dr. Young.

**Ms. Cupka:** Ms. Binder, I think Mr. Stonehill has something, he's got his hand up.

**Ms. Binder:** I apologize. My screen doesn't show everybody at the same time. Mr. Stonehill?

**Mr. Stonehill:** I'm also so in, you know, I would table it to get more information on it if it's not going to cause any hazards or you know, issues with the Sheriff's office. I don't know you can either check with Sheriff Giles or Sergeant Western and see if delaying it is going to mess them up at all.

**Ms. Binder:** Would our Sheriff's office like to comment on that. Sheriff Giles?

**Sheriff Giles:** It's not going to mess us up. I mean we, we just like Mr. Britton said there were some things that we needed to get in motion. We wanted to try to get them taken care of but delaying it for another board meeting isn't going to hurt us.

**Mr. Britton:** Okay. Thank you.

**Ms. Binder:** Thank you. And I apologize, being online and what's a speak or in the boardroom at my screen only shows so much and I apologize. Just chime in and tell me who you are. All right. Next up is RHD update presentation by Dr. Stern. Dr. Stern the floor is yours.

**Dr. Stern:** Well thank you very much, Chair Binder and board members, good evening. I'm Dawn Stern, I'm your Public Health Director for King George County acting since **[00:29:20 inaudible]** and also the Health Director for the Rappahannock area health district, which includes Spotsylvania County, Afrin County, Caroline County, King George County in the City of Fredericksburg. Thank you for this

time to provide you an overview of Covid-19, the health department's response in efforts to try to prevent the spread of this disease and protect the health of our community. Chris, next slide please.

My update includes a background of Covid-19, much of what you've all heard, much of that information. This is going to move fairly quickly, review the current data and trends and my impression of those trends, the health department's response, to Covid-19 and kind of a look ahead as well. Next slide please. So you all know that the Covid-19 is a new or novel virus, this what makes it such a risk to the world, why it's called a pandemic because it has spread throughout the world and no one in, the world had been previously exposed to this virus and that's the number one red flag that make this a challenging disease.

Secondly, is that the, this virus is very infectious. It's spread from person to person by respiratory droplets or on contact services, and the third is the illness nature of this disease. You may have heard that this isn't much of a disease for young folks, but for older folks and those with underlying medical conditions, it can be a very serious disease. Symptoms you've heard the classic list, similar to flu or cold or starting out with generally a cough, sore throat, maybe a fever, headache. But there's a long list of symptoms associated with this.

And what's increasingly curious about this disease is in the elder population, we're finding that in the long-term care, community, this may be very present as a very subtle disease with some change in mentation, a little bit of diarrhea. You do a test and find out you're Covid-19 positive. Young said is generally a 2 to 14 days after exposure. So, respiratory droplets enter your respiratory tree, your mouth, the nose, maybe the eyes, the mucous membranes of your eyes, 3 to 14 days the virus has set in and matured to a point that there may be disease. The disease then lasts generally 7 to 14 days and that's again a wide range of how this disease presents itself. 80%, which may be asymptomatic, mild or moderate disease, 15 to 20% severe or critical disease putting few people in the hospital.

It is a severe disease, can be a severe disease for older folks and particularly those with chronic underlying medical conditions and I think you've all heard the list of those. This disease can be transmitted asymptotically. So those folks who may have been infected, not even know they're ill, can be transmitters of the disease. It's one of the reasons why we recommend masks for folks not to protect yourself but to protect other people in case you're an asymptomatic carrier that helps prevent spreading the disease to others. Next slide, Chris. It has impacted our community. I am aware that you all are keeping up with the data, total for the district, 629 cases as of today. Excuse me. So, 36 cases for King George County.

Now you have to understand, that that case count represents those individuals who tested positive for the disease, and then the early history of this disease, most of those folks with severe or critical illness who had to see a medical provider or maybe even hospitalized, 80, again, 80% of this disease is mild, asymptomatic, mild to moderate. So, we count 36 cases because that's what's reported to us is positive Covid-19 disease according to the laboratories that received these samples and test positive. It's probably 5 times higher than that and I would guess that you probably have closer to 150 cases of Covid-19 and King George County thus far. Also, we have, a slide here that shows the accumulation in King George County of cases over the time period since the outbreak began. Go ahead. Next slide. Yes, go ahead.

This is the overall health district. We thought a couple of weeks ago as you can see in this slide focus on the blue line, it looked like it was starting to plateau off a couple of weeks ago we were hopeful seeing, 15 to 20 cases a day for about a week and then about a week ago we started seeing this rise again, 25 to 30 cases a day. Now I suspect that that is because of the increased access to laboratory testing. So, it's not actually an increased penetration of disease in the community. It's just that increase availability of testing. That is of course, district-wide, the smaller graph on the side. That's going to be the next slide. Okay. Let's go to the next slide.

The next slide, this slide shows hospitalization trends and to me this is the most sensitive, that shows, those folks who have severe and critical illness. Think about it, folks who have severe critical illness are probably going to end up in the hospital. This is, I think the most sensitive index of what's happening with this disease. So, you could see it kind of peaked out in early April and start dropping down in terms of number of hospitalizations, peaking at 4 or 5 hospitalizations a day. The drop down to a 1 to 2, then 0 hospitalizations kind of off and on. That's picked up just a little bit this last week. Now we're seeing one to two, hospitalizations a day. I don't know if you've noticed in the last week, traffic has kind of picked out. People are getting out and about traveling more. And so, I think part of this may be an increased opportunity for this virus to transmit from person to person. We may be seeing a subtle rise in cases and hospitalizations just because of that.

Next slide please. One of the reasons why we think it may be simply because of testing is, is we know that there's expanded access to testing for Covid-19 in the health district early on, testing was critically lacking and even the labs that were running tests for us, for us, for the mostly we don't do any testing, private providers, hospitals do the testing. The turnaround time on those was 7 to 9 days. It was really frustrating for us as we're trying to do communicable disease

control, identifying cases, interviewing them, trying to box this virus in, and we couldn't get the results for a week down the road. You can imagine the clinicians at the hospital, doing clinical care for these patients, judging that these patients may have Covid-19, but not getting laboratory tests for a week down the road. That's pretty much resolved now. Most hospitals, patients are getting their lab results if not the same day within 24 hours. We now have 19 test sites throughout the health district, so citizens can get testing. These are primarily, again, through, private providers. Mary Washington Hospital has three sites, you know, better med--

**Female Speaker:** [00:38:42 inaudible] leaving tomorrow.

**Ms. Binder:** Excuse me, someone online, can you just mute your volume, Mr. Stern was talking.

**Dr. Stern:** Folks just mute your mics for right now. Thank you. So, we'd have expanded access to testing. I think that's reason why we're now seeing a rise in the number of positive test tests because of this expanded, access to test testing. Next slide please. So how do we stop Covid-19? This is a virus that's clearly gotten ahead of us. It's impacting our community in a big way. But the strategy still is classic public health approach and that is to identify cases, to interview individuals who have a positive lab test for Covid-19, provide guidance and direction to them about isolate proper isolation, whether that's at home or in the hospital, and interview them and find out who their contacts are. Advise, then contact those contacts, interview them, provide guidance to them about a proper quarantine at home, and we continue the cycle. So that ultimately, we identify everybody who has this disease and box it in.

It's so widespread and I have such limited capacity. I'll tell you; I've got 50 staff working on this right now. Out of my 93 staff in the health district, 20 of them are committed to the tracing interview and contact tracing. We can't keep ahead of this right now. We're hoping that down the road the state's going to provide some additional staff. I don't know if you all know that probably about 3 weeks ago, they put a hiring freeze on us. Here we are trying to provide at least some core public health services while we're dealing with Covid-19, and then we got a hiring freeze. Well, you can respect why that came about because the state revenue shortfall and the governor asked State agencies to cut their budgets. How are we supposed to handle this? We're pulling in as many of our staff as we can without having to go to Dr. Young and say, oh, by the way, we're not going to do soil evaluations anymore, permit any onsite sewage. That wouldn't go over very well. So those folks are still working, but we have all of our food and restaurant staff working with us, doing contact interviews.

We downsized our clinics, we've consolidated some of our clinics into Fredericksburg, still providing maternity care, still providing family planning services, still providing STI services, including testing for new cases, tracking TB, following up on TB cases. but half of the staff are committed to this work of addressing Covid-19. I consider the hidden heroes, you don't see our staff, nobody sees our staff. They're doing most of this work on the phone. They don't go to people's homes. We wish to protect our employees from exposure as well. The most of this work can easily be done over the phone, such as we're having this meeting over the phone. Let's go to the next slide.

In addition to the classic public health measures of case identification, interview, isolation and quarantine, we also set up a call center a couple of months ago, initially getting about 60 calls a day. Now we're getting about 30 calls a day. Many of these are folks who are still looking for a testing and then a full range of questions about Covid-19. We also provide a 24-hour line for providers so we take calls on the weekends and through the evenings as well.

We set up a small public communications and public relations team, who's working very hard to try to make sure we're getting messaging out, working with the local media, and dealing with not just the infectious disease nature of Covid-19, but understanding the fear, the anxiety, and now I think the growing anger that we're seeing in our communities. People want to go back to work, they want to get back together and these restrictions have created quite a bit of anks. We understand that and we're, I think we're all hopeful that we might get back to business. Special projects that we've initiated as of course right up front we began monitoring our local hospitals surge capacity. That is, what are, what is your current bed, ICU and ventilation support capacity, and how much connect grow in case we start getting in trouble. We've been monitoring that none of our hospitals in our locality have come close to consuming all their beds or ICU beds much less anywhere in Virginia. That's not been a problem here like we've seen in Italy and somewhat in New York. Where's my long-term-- Long-term care got put to the bottom here.

I want to talk about long-term care facilities who was one of our priority projects. We began three weeks ago, looking at. So, understanding what happened in Henrico County, we thought we'd better get on top of this now. We've line listed it and contacted every one of our long-term care facilities 21 in the health district. We'll talk a little bit more specifically about Heritage Hall here in a minute. We've, done a risk assessment with each one of those facilities. That is a lengthy questionnaire trying to determine their preparedness for an outbreak in their facility, including PPE, their understanding and use of infection control measures, understanding of how to set up their facility in case

of an outbreak. We've risk assessed all our facilities and trying to pay attention to those that are not quite yet prepared. In addition to that, we've offered testing, we've done some testing for a few, well at least two facilities now and providing ongoing advice training.

We did fit testing for all of them for in 95 masks and we've also established what we call an outbreak strike force or a task force actually, working with Mary Washington Hospital, trying to make sure that we're ready in case one of our long-term care facilities really crashes. Think about it, a facility where you start seeing the sudden rise in the number of cases, maybe some failure in leadership, corporate office isn't supporting, staff start disappearing, and you've seen that in other facilities in the country, we wanted to be prepared in case one of our long-term care facility started crash. This team is made up of nursing staff and others, our epidemiologist as including, medical folks from Mary Washington Hospital to be able to, stand up immediately in case we find a, a long-term care center that's failing. Our intent of course, is not to take over a long-term care facility, but to help prevent the spread of disease in that facility and preserve life. Let's talk more specifically about Hermitage Hall and this is public information you all know about the outbreak.

Next slide, please. You all know about the outbreak at Hermitage Hall and this is an outbreak because we have two cases, otherwise not expected in the same geographic, in the same facility. Those two residents are hospitalized, two positive staff as well, and we've done some testing of other folks so far 17 negative tests. A couple of my staff had been working with them throughout since last weekend. I had a conference call with my key leadership and their key leadership including, Mr. Baidoo, earlier this week, to talk about the prospects of going ahead and doing testing for all staff and all the residents. They've agreed to that, we've already put in our request to bring in the National Guard who has 5 teams in Virginia who have developed some expertise around testing and they've, agreed to help us. The trick is getting in line, because there's lots of requests being put out there. I think we're probably towards the top of the list, because we already have positive residents and positive staff.

This facility I should say is running things well. They're handling things as we have gone through our risk assessment. They're very cooperative, they're doing what needs to be done. We even did a virtual walkthrough today to look at the floor plan, the facility structure, make sure they have a hot zone, the put Covid-19 positive patients. I think they're handling this well. They have expressed some concerns about available PPE. Our priorities, a health department in regards to the personal protective equipment that we have access to is going to long-term care facilities and I've put at the top of that list, Heritage Hall. In fact, I

asked my planner today, how are things at Heritage Hall, she said they're fine today. This question about staffing, we were asked if there's some way we might be able to assist with that. Well, I've already told you about how demanding this whole thing is for our staff. We've been reaching out to our Medical Reserve Corps, which has been extremely helpful to us, but we have put in a request to the Statewide Medical Reserve Corps to provide assistance to Heritage Hall.

And I've offered some other ideas, you know, a lot of your home health and hospice care programs, may be downsized right now. There may be some staff out there that, are looking for some work. So, there may be some help. Of course, the facility's concern is that we find as we do this testing, find more positive individuals, particularly staff, could be their fear level increases and staff start or stop showing up to work. We hope that doesn't happen. I think the leadership there is keeping their staff informed about what's going on. They're all wearing their PPE. We'll see how this goes. We are planning for this survey may be as early as Friday this week. It may be over the weekend, depending how we fall into scheduling with the State in cooperation with the National Guard. Let's go to the next slide.

So, looking ahead, the governor's decision about opening up the economy as you know, is going to be based on some basic public health parameters. That is the decrease in the percent of cases that are positive because they're now counting not just positive cases, but they're looking at all tests that are done and the percent of those tests that are positive. So, looking for a downturn in the percent of positive test, a decrease in number of hospitalizations, which I think is key, making sure that there's enough hospital beds and intensive care capacity, and increasing or sustain personal protective equipment. As those parameters continue to improve, if those improve, I think we can see ahead that the governor will be moving forward in opening up the economy. We're going to continue doing our work, as your public health department and making sure testing is available, doing contact tracing a case, case identification, case interview, contact tracing, isolation, quarantine, and hopefully not just slow the spread of this disease, but stop the spread of this disease. The State has talked about offering additional staff. I might, you know, if their plan goes through, we might be getting an additional 25 staff to help us do this work, but it's going to take that volume of staffing really to do this. This volume of work as all these positive tests come in. We interview everyone with a positive test.

Let's go to the next slide. So, this is reminder that this virus is not gone. It's a person to person transmitted disease and so we need to continue our prevention strategies. Everybody can take some responsibility and participate in

preventing the spread of this disease. Social distancing, wearing a mask, staying home with sick, washing hands or hand sanitizer works very nicely, very convenient, cleaning contact services, teleworking if possible, and most importantly staying home if you're sick, especially those in the at-risk population. Those who are ill, staying away from those folks especially the elder and those with underlying medical conditions. Well that is the overview and of Covid-19 and what we're doing as a health department and I'd be glad to take any questions that you all may have now.

**Ms. Binder:** Yes. To keep this orderly. I figured out how to bring everybody up screen, but I can't see Ms. Cupka's. I'm going to go through each person individually and let you ask a question of our board members and they've been, the EOC wants to ask you a question. First, Mr. Granger I, can see, do you have a question for Mr. Stern?

**Mr. Granger:** Sure. I have a couple. Dr. Stern, I appreciate you being here. Thank you for, coming in, briefing us and taking the time out. Do you know how long is the incubation period? How long is someone infected before a test would start showing it as positive?

**Dr. Stern:** The incubation period for Covid-19 is generally 2 to 14 days. That is the time in which someone's infected to when the disease presents itself. But as I noted earlier, about 80% of this disease may be asymptomatic, mild to moderate, and really present is fairly subtle disease, a cough. A lot of people think they just got allergies or they got a cold. When they then test positive is fairly early in the disease. The PCR test for the virus turns positive fairly early in the disease state.

**Mr. Granger:** That's what I was really trying to find out. And my motivation was with the Heritage hall and you mentioned that 17 individuals have been tested there and they've all shouldn't false or negative. And so, I was just wondering is there a concern that it was too early and that there could be some of those people that would be positive cause the test just wouldn't show it yet?

**Dr. Stern:** Well, good question. The individuals who were hospitalized, that was last weekend, I believe when they were hospitalized, they were probably infectious a couple of days before their symptoms set on. So, think about it, they were probably infected a week or two before that. So, it is curious to me and kind of encouraging that these other tests have turned out negative. In many of these environments where we're going in, where the state's going in and helping long-term care facilities test their employees and their residents. They're turning up a very high rate of positive tests in a residence that otherwise were considered asymptomatic. Once you really, carefully look at these patients, you'll find that

their contention has changed a little bit. Maybe they've had a little diarrhea this past week. So, we've encouraged the folks at Heritage Hall to be a little bit more sensitive to those residents, not just checking temperatures, not just checking whether they got a cough, but have the staff who really know those patients to check up on them. We'll see when we do the testing, I expect that we're going to find some more positives.

**Mr. Granger:** Understood and hopefully we won't, but I can appreciate that, that is definitely a concern.

**Dr. Stern:** Well the reason for doing that, of course, is if there are more positive that gives us that much more opportunity to segregate those patients, employ infection control measures and try to prevent the spread in the facility. This isn't about just collecting data. This is about preventing the spread of disease and preserving life.

**Mr. Granger:** Tracking and I understand where you're coming from. I think that's very good.

**Dr. Stern:** Yes, sir.

**Mr. Granger:** You brought up some of the statistics, that the governor is looking at in order to start opening it up and you brought up percent of positive tests showing, positive, which I like better than just total tests because as you brought up, more testing is available and you said that you gave a rough guess of about five times as many people effected. So, you know, if we were testing more people than obviously see larger numbers showing a positive.

**Dr. Stern:** Right.

**Mr. Granger:** I did read an article today and so I'm just going to ask you, something along the lines talking about if you test someone today and tomorrow and they showed up as positive on both days it would be counted as two unique cases. Is that an accurate assessment of how this has been to be start to be counted?

**Dr. Stern:** I'm aware of some machinations about this at the State level, between the governor's office and the commissioner and what that really means. I think what's important for us is that we follow the trends on the cases. Yes, so, I think the governor certainly has an interest to show that there are more tests being done. So, let's count every test, regardless of whether that's one patient who's had six or one patient that's had one test. I don't necessarily find that helpful, but let's just follow the trends on the test. Frankly, the percent of test positive is it can be somewhat confusing because as you suggested, and I mentioned

earlier, that could simply reflect expansion of testing in our community and we're just finding more disease or does it really mean that the disease is penetrating further into our community? So that's why I think the key index is the hospitalization data. Because if somebody has serious illness, they're going to probably end up in the hospital. So, tracking that is going to be, and it's a large enough number, district-wide not from locality to locality, but district wide. It's a larger number that I think it's sensitive enough for us to know what's really going on in our community.

**Mr. Granger:**

Understood. And I bring it up because my main concern is from the perspective of looking at the statistics. If we're testing people who we know are infected, then that's going to raise the percent positive, which could push out the opening timeline and I just feel that that might not be accurate assessment of the situation going on which is my concern. But I understand that's at the governor's level, but I appreciate your answer. My other question, I only have one other one is, I really haven't seen a whole lot of data on recoveries. Can you speak to that and when would we start seeing that kind of information made available? Just because I know that we have 36 confirmed cases in King George, hazard and any guess that we don't have 36 cases. I'm assuming all those cases when you still be currently going through the symptoms.

**Dr. Stern:**

A very good question. Right. To me this is one of the, I should maybe I should have made this part of my presentation actually. So, think about it. All those folks who have the disease, we know the disease is lasts one week to two weeks. So, everybody who had the disease two weeks ago, they've all recovered except for those few who are overwhelmed by the disease, they're all recovered. Those folks who've had the disease in the last two weeks, they're all isolated at home. A few of them are in the hospital. Those who are at home are recovering from their illness. Those in the hospital are under treatment and or in the recovery process. So, think about it. We've had 11 deaths out of 629 cases. That's a 1.7% case fatality rate or a 98.3 recovery rate. Most of the people are recovering from this disease and handling it well.

I will tell you if you go up there to the ICU, it is somewhat frightening because this is a very serious disease for those who end up in the ICU. A substantial percentage of those folks don't make it out if you end up in the ICU, but 11 out of 629, and remember that 629 is probably one fifth of the total number of cases that we have in planning district 16. So really, it's 11 deaths out of what,  $6 \times 5$  is 3,500, 3,500 cases. So actually, the recovery rates are higher and the case fatality rate is lower than just basing these statistics off of positive tests. I'm kind of encouraged by that. It's still a serious illness for those who are elderly

and have underlying medical conditions and we should be mindful of that and protect them.

**Mr. Granger:** Understood. I appreciate you, expounding on that situation to help understand the impact, I mean any death has always, one death is always too many and we never want to see anyone suffer from any disease. But, it's nice to have a better understanding of that fatality rate but really know what's going on. So, thinking about that, that's it. That's all the questions I have. But thank you Dr. Stern. I really do appreciate you being here and taking the time out and answering my questions.

**Dr. Stern:** Sure. My pleasure. Thank you.

**Ms. Binder:** Thank you, Mr. Granger. Mr. Bueche, I know you want to go but I'm going to leave you last because you have the most questions. I know you do. Mr. Stonehill, you're up.

**Mr. Stonehill:** Dr. Stern, 8thanks for coming out and joining our meeting. I had just a couple of questions. One was on the recovery rates, and maybe I missed it when you were explaining it to Mr. Granger, but say that if we did have 36 confirmed cases, you know, 3 have recovered, is that number going to drop down to 33? Are the recoveries being taken off of that case or the total amount reported cases? Maybe you said that and I missed it.

**Dr. Stern:** No, we continue to report, retract both the number of new cases each day and the additive, the total number of cases for each locality. So that number you have for King George, that 36 represents everybody who's had the disease. So, you've had a disproportionate number of deaths in King George County. But otherwise, I would say that 98% of those 36 have recovered.

**Mr. Stonehill:** But there's no number that, we're not seeing that number anywhere of the recoveries.

**Dr. Stern:** Not seeing that number. We are including this statement in our situation report that we send to local governments in our health district now, which goes to local governments every day. I don't know. I don't know how else to explain it though, that these folks are recovering from this disease, except for those who've died and you've had four deaths in King George County.

**Mr. Stonehill:** Okay. Last question or my second question is going to be number of people have talked to me and they're also hearing it on the news as well about folks dying after surgery or dying for whatever reason up at hospitals or wherever

they may be and they're just being written down as Covid. And you see that on the news quite a bit, I hear that in the public quite a bit. Any truth to that?

**Dr. Stern:** Let me explain a little bit of how the cause of death is determined. The death certificate on the bottom where the provider signs the death certificate, there's a statement there, cause of death and a secondary cause of death and contributor causes of death. If a patient goes into hospital with Covid and has a positive Covid-19 test, Covid-19 ought to show up on that list somewhere, whether it's listed as the primary cause of death, secondary or contributor cause of death. It should show up on there somewhere, because that generally is what's throwing these elderly and otherwise folks with the underlying conditions into the hospital. They have some underlying pulmonary disease that they seem to be handling okay. They get this remarkable virus that causes this tremendous inflammatory process and they can't handle it. And for some of these folks, they don't recover and pass because of that. Well, I'm not sure I'm answering your question.

**Mr. Stonehill:** No. Well, I mean, I hear a little bit about what it is, but I'm--

**Dr. Stern:** They're not making it up. People, you cannot go into the hospital with a heart attack and be written off as Covid-19, unless you have a positive test. What are called patients under investigation, we've had a couple of requests for postmortem testing, that is available. But that's very few. That, so it's not being made up. We're not trying to inflate numbers of Covid-19. It should be on a death certificate if they have a positive test and die. Either as a primary cause or contributor cost and that's a clinical judgment that the clinician who signs his name on that death certificate needs to make.

**Mr. Stonehill:** All right, then you answered my second question, is a postmortem test to be done?

**Dr. Stern:** The CDC does provide guidelines for how to do a postmortem test. It is available. It can be done.

**Mr. Stonehill:** Okay. I think that's all I have. Thank you.

**Dr. Stern:** Sure.

**Ms. Binder:** Thank you. Mr. Stonehill. Ms. Cupka?

**Ms. Cupka:** Thank you, Madam Chair. Nice to talk to you again, Dr. Stern. I had two questions for you. The first is, I believe I wrote down correctly the definition you

provided us with, for the term outbreak, which was two or more cases otherwise not expected in the same facility. Did I get that right?

**Dr. Stern:** Yes, that's a fair lay term for outbreak. Yes.

**Ms. Cupka:** Okay. Because we have a lot of folks wondering what the definition now, but we have one that's been deemed such at Heritage Hall. What is the definition of outbreak and how did they determine that it was one?

**Dr. Stern:** That's very easy. Yes, there's an outbreak there. Now, if this occurred in your home, if you had people with flu in the house, we don't call that an outbreak. This is generally a facility, a place, outside the household, that, for example two children with measles in a school, I'm going to call that an outbreak or two children with chickenpox and at school that could be an outbreak.

**Ms. Cupka:** Okay, thank you, and then my other question is, you and I had a conversation last week that I'm wondering if you could elaborate on for the benefit of my colleagues and the public, wherein we spoke about the four deaths that we have in King George and that relatively speaking given the number in the entire planning district it seems rather high. Are you aware of any commonality, that could've led to that number being high here in King George?

**Dr. Stern:** No, ma'am.

**Ms. Cupka:** Thank you and then can we also talk a little bit about mortality rate? You and I had a conversation about some of the new data that's on the Virginia Department of Health website, the graphs and the map and where now you can click on toolbars or click on tabs and select the measure and you can choose counts or rate of death and so when you do that for our community, because we have had unfortunately four of our citizens pass away, it then is extrapolated per 100,000 people. We don't have anywhere near that many people here in King George 20 give or take 27,000 people. So, it kind of lends the appearance that we have a huge mortality rate here in King George. Can you elaborate on that a little bit more please?

**Dr. Stern:** Yes, four deaths per 20,000 population, for mortality rate would be 20 deaths per a hundred thousand population. The reason why mortality rates are calculated per a hundred thousand is because then you're able to compare them to other causes of death and this is a universal measure. This isn't made up because of Covid-19. This is a standard way of measuring causes of deaths from heart disease or cancer or whatever, so that we can compare, population stats for different causes of death. Now, there's a difference between case

mortality rate, which I gave to you earlier in this conversation. That's the number of individuals who die divided by the number of individuals who've had the disease and again, that number of people who've had the disease in Virginia, we're counting as those with a positive test.

A mortality rate is the number of people who've died divided by the population. So, you take four individuals per 20,000 the mortality rate is calculated or so for comparison reasons on a hundred thousand population. So that would really be like 20,000 deaths, I mean 20 deaths per a hundred thousand population. I hope that helps. Now, you can compare your mortality rate with the mortality rate of Giles County or Carroll County or any city or it helps for you to compare based on population.

**Ms. Cupka:** If I could just ask a follow-up question. In our conversation, my questions with regard to the death data, you had said that that number, the mortality rate, the deaths per 100,000 population can really swing with very small numbers of deaths and statewide it's a reasonable number to track, but at the local level, not necessarily effective.

**Dr. Stern:** Especially with low populations, yes. You know, one death can knock your mortality rate up very quickly. We're in larger populations it's easier to, it's, you don't have that day-to-day variability based on one death. I would, would be careful with that. Why we have four deaths in King George County? We can all kind of speculate, we can use our intuitive judgment in these regards. I really haven't dived down into the data to see, well, does King George County really have a distribution of older population as compared to the rest of the state or the rest of the district? I don't know about the incidents of certain diseases that we may be able to look back at some of our health risk assessments. We may find that King George County just happens to have a higher rate of heart disease and cancer or other chronic diseases that might be an interesting thing to look out after we're done with all of this.

**Ms. Cupka:** Thank you so very much for everything.

**Dr. Stern:** It's kind of academic at this point, because that otherwise doesn't help us to prevent the spread of disease or help those folks. I'm sorry about that.

**Ms. Cupka:** Thank you very much for everything.

**Dr. Stern:** Yes, ma'am.

**Ms. Binder:** Thank you, Ms. Cupka. Mr. Bueche, the floor is yours.

**Mr. Bueche:** Thank you, Madam Chair. Dr. Stern, thank you for taking some time out to speak with us this evening.

**Dr. Stern:** Sure. We saved the best for last?

**Mr. Bueche:** I doubt that very seriously. Please forgive me because this earpiece in this microphone. the way it's feeding back to me is a little awkward.

**Dr. Stern:** You're very clear to me. Am I clear to you?

**Mr. Bueche:** Yes, sir.

**Dr. Stern:** Okay.

**Mr. Bueche:** And whenever after I ask my question, I'll put it in the other ear piece so I could hear your response. So, when this all began, it looks like there were assumptions made for the way they came up with these formulas for tracking. Apparently, a lot of the assumptions made were wrong and the formulas have been changing. Something that Mr. Granger pointed out earlier in his questions is that now the State is tracking the actual number of tests. My first question and I have a few, is the number of 36 for King George County already know that's cumulative from when we've had our first positive test. Is that based off of 36 individuals or is it a combination of individuals and test?

**Dr. Stern:** I do not know, but I have a pretty good sense that's close to 36 individuals because we track each case and they come in as a name, a positive test comes in as a name, for those individuals. I'm pretty confident that 36 represents 36 individuals. These are my statistics that we're pulling off the state system. And I'll tell you the truth, I don't look at the State site. I look at the stats that my staff put together that we give to your, to Dr. Young's, staff every morning. Now, we do pull some of that data off the state website because it's the same information system.

But our staff look at names, we look at addresses, we look at phone numbers, we, so I'm pretty confident that those, I can't swear to you, but I'm pretty competent those 36 represent 36 different people. But it's somewhat, does it really matter when we know that 80% of this disease is asymptomatic, mild to moderate, and your numbers in King George County are probably five times higher. You probably have 150 folks who've had this disease. All of them have recovered except for four that we know of.

**Mr. Bueche:** Okay. Following up to that, you mentioned earlier that with the math that's at hand, we have a 98.3 recovery rate of those tested. But in your words, you said that's probably based off of one fifth of the people tested. So is it fair to say that King George--

**Dr. Stern:** No, it's based on one fifth of the people who probably have disease.

**Mr. Bueche:** Okay. So it's fairly to say King George as a community, has a 99% recovery rate, which is something that has been a leading use, we can't get numbers over recoveries, which, you know, that's some positive news we'd like to get out, especially with the culture that we have going on. I appreciate you putting something like that on the record, sir.

**Dr. Stern:** Yes, sir.

**Mr. Bueche:** All right. Are you in a position to be able to tell us to date how many active cases we have in King George or how many active hospitalizations we have in King George? Do you have those numbers at your disposal?

**Dr. Stern:** No, I do not. But active cases in King George would be those folks who've come down with, who've been reported over the last two weeks. We would consider them active. Now technically, when we put somebody in isolation or guide them in isolation where that's home or the hospital, that isolation ends or their infection period ends probably within 10 days after the onset of symptoms and with the reduction of symptoms and no fever for three days without antibiotics or medication to drop their fever. I don't have that number.

I could go back and look at the last two weeks and see how many cases have been reported over the last two weeks. That would be the number of folks who I would generally consider active right now and in the hospital, it would do the same thing. We could easily go back and look at hospitalizations and who've been discharged. That's a little bit of rope jumping from my staff though, who are just trying to keep up with these fundamental numbers as we're trying to contact all these individuals and do infection control with, with your citizens. We can do an estimate of those numbers though if you'd like for us to figure that out.

**Mr. Bueche:** I understand what you're talking about with the struggles, with your staffing and all the data that you guys are pulling out or having to report out. It's just that to me, it seems that the data coming out seems to be leaning one way and I say that because of previous engagement, not by myself, but by one of my colleagues with a representative from Three Rivers Health District when they

were talking about the States site and how it was basically designed to not necessarily give hope in everything that you would want to give people, but it was more, more or less, the architecture of it was to not people not have people feel to where they could prematurely go out, stop social distancing, continue with their normal engagement, stuff like that. That's kind of--

**Dr. Stern:**

Again, I don't pay much attention to the State, but if you look at my data or the report that it looks similar to the State. I mean, we're epidemiologists are, our job is to try to understand and define how this disease is impacting our community and then employ prevention strategies to reduce the spread and burden of disease in the community. So really our focus, and I guarantee you our team in a central office in our opposite epidemiology is serious about counting these numbers. I mean, how else do we describe how the disease is impacting our patient? And my patient is the community. If I don't have these kinds of core numbers on incidents of disease, positive tests, incidents of hospitalization and deaths. I mean, that describes to me how this disease is impacting my community.

Yes, we ought to be, I think it's reasonable to ask, well, how many people have been recovered from this disease, but that describes another nature of the disease, we're trying to box this thing in. So, these are reasonable numbers for us to track and I would not suggest that there's any other nefarious or mal-intended design of the system. I think it's helpful for people to see and then for use for public consumption, sure. Let's let people see that so they understand how serious this can be.

**Mr. Bueche:**

Well, you know what they say about statistics and numbers. I mean, you could have two different opinions in the same numbers and you can formulate an argument for or against using the same statistics. But, one thing, when we talked about deaths, the unproportionate deaths to King George County. Why isn't it differentiated from dying with Covid and dying from Covid? You spoke earlier about the death certificate and how two different things are being listed, but what we're being told is we had four people that died from Covid. Now, this might've been somebody that had terminal cancer. It might've been somebody that had no immune system whatsoever because of years and years of chemotherapy or something to that effect.

**Dr. Stern:**

You're correct.

**Mr. Bueche:**

But there's no way differentiating it. We could have someone that died with a broken toe, but we're not saying they died from a broken toe. We're saying they died from a heart attack or whatever. Is there a way to start differentiating

that? Yes, someone died, but they died with a positive test for Covid, but that wasn't necessarily the cause of death.

**Dr. Stern:**

Yes. You'll see, if you go into some other state websites or now, I haven't looked at their websites, but I've seen reports from other States such as New York, for example, 80% of these folks who've been hospitalized have underlined medical conditions. But for us to collect that additional data, it's that much more of difficult for the staff to collect that data, because there's some nuances of that. We'd have to be able to get into the medical record, determine the background history of medical conditions and to what degree is somebody's cardiac arrhythmia or what's defined as atherosclerotic disease or some under an underlying arrhythmia contribute to death. They have a positive test. They die of Covid-19, it's attributed to Covid-19.

I suspect that the state will probably down the road start pulling some of that, maybe doing some sampling and looking at underlying disease and trying to define this more clearly. But we're not doing that and we're not going to be doing that right now. It doesn't help much in terms of managing. Again, remember our role is to try to understand this disease, how it's impacting our community and prevent the spread of disease and preserve life.

**Mr. Bueche:**

Under the idea of helping our community. We've already determined that it's probably a 99% recovery rate. And as you said in New York for example, of the ones that died there, 80% of those had health conditions. So, for something of that type of recovery rate, how are we looking at the other side, the other, impacts from mental health, to stress, fear aspects, economic hardships, solitude? All those things are affecting people and mental health and stuff is just as impactful. I've seen and I don't know, I would have to ask my fire chief for the data, because I don't have it readily available, so I'm probably speculating. But from my observations, I have seen a lot more calls for strokes and heart attacks than I have before and I believe a lot of that is contributed to stress. People are losing their livelihoods.

**Dr. Stern:**

Actually, I think your ambulance calls have been down. At least I know for the region, the ambulance calls have been down about 10 to 20% as compared to this time last year. But that's not because people aren't having strokes and heart attack. It's because people are fearful of going to the hospital, of interacting with others, they're told to stay home. They're fearful. I think you're onto something here. There's much more illness impact of Covid-19 than what we're measuring simply in the number of positive lab tests and deaths from this disease. I alluded to it earlier in my presentation when I talked about the anxiety, the fear, the growing anger in our communities. All of these contribute

in a more holistic sense to the wellbeing of our community and, yes, I think this is going to be, once we get through this pandemic, one of those things, we're going to go, oh my gosh, was it worth it? Was the extent to which we shut down our communities worth not just the economic burden, but the other negative health impacts of this.

**Mr. Bueche:** Thank you for your time, sir.

**Dr. Stern:** Yes, sir.

**Mr. Bueche:** That's all I had Madam Chair.

**Ms. Binder:** Thank you, Mr. Bueche wasn't as long as I thought. Dr. Stern and I actually had a couple of questions and one of them piggybacked off Mr. Bueches' comment about, classifying people that might have underlying illnesses and I give him the example of my grandfather had Parkinson's and diabetes and Alzheimer's. So that's a trifecta and he didn't, as stats have said they said didn't die from Parkinson's. He died from illnesses caused by what Parkinson's did to his body. So, is that being like on a death certificate, basically a person could have cancer, but they died from what, Covid, you know, knocked the rest of the immune system out or what? They just basically don't give you that information off the death certificate. They just tell that the person came in with Covid and that's what they died with.

**Dr. Stern:** Again, on the bottom of, on the certificate, the providers required to put in a cause of death. There's a space there for secondary causes and contributing causes. If they choose to just write in one thing and be done with it, they might do that. We don't control that. I will tell you the one thing we, I have found myself, one of the more unpleasant parts of my job is when the provider, decides he's not going to sign a death certificate. I sometimes find myself, family is waiting for a death certificate to be signed, the deceased, it's in the funeral home. The funeral home director can't get a doctor to sign it. This is part of the artifact of our medical care system today where physicians no longer take ownership for their patients. Oh, well, you got to talk to the specialist about that or the ER doc. I don't know. They'll say.

That death certificate, the decision to be written in is the clinician's decision and I sometimes have to walk through them. Listen, you took care of this patient. You knew what conditions they have and usually I can gather that information and guide them through the process. But it's still the clinician's decision whether they put Covid-19 or diabetes or combination of the two and which one they put first or second.

**Ms. Binder:** And those death certificates aren't really public record, correct? So, you wouldn't be able to see, it's whatever they give you, correct?

**Dr. Stern:** Correct.

**Ms. Binder:** Okay. And then, with that, I've seen quite a bit there's a, I forget the website right now off the top of my head, but it comes from Northern Virginia that is doing the tracking by phone and gives social distancing scores and do you know anything about that? Because it seems kind of interesting. They give a social, it's like shame on you, award for social distancing when I don't know how they can get that data. I've actually had a couple people reach out to me about our score.

**Dr. Stern:** Oh, you ought to live in China. They monitor all your behavior with their cameras and stuff. I don't know about what, what this is in Northern Virginia.

**Ms. Binder:** And then, what that I've heard on, I know on the Mary Washington Facebook live and one of the calls was Representative Whitman and Three Rivers district gentlemen, they mentioned the contact tracing and the, they used the word surveillance. So, I was just wondering if you've heard of that any of yours, but you seem to be a little more independent and doing just what affects our region.

**Dr. Stern:** Yes. I'm not sure what your question is though, Ms. Binder.

**Ms. Binder:** If you have heard any of that because I had asked a question on one of those calls they had, were going to put me in contact with you but I didn't get, maybe I'll just take that offline and we can have a more detailed discussion.

**Dr. Stern:** Sure. Fine.

**Ms. Binder:** And then, my other question is just for your whole holistic approach to it, you're taking more of an academic approach to it and gathering the data and doing your analysis.

**Dr. Stern:** Our focus right now is should try to prevent the spread of disease and we do that by identifying cases, quarantine identified cases, do case contact interviews, find out who the contacts are, and guide them into quarantine for 14-day period. That's our focus right now to box in this virus. We're not monitoring these other expected outcomes. There are other academicians, others that are looking at that and I'm sure we'll hear more about it as, yes, I mean, you're hearing about it in the media now they're talking about, child abuse, spousal abuse, increase in violence in general. You're putting people

congregating them in their homes closely together, which you would think, hey, this is a nice thing. But for some folks with who have difficult relationships, it may not be so nice. You know, this may be one thing that if you could assess your emergency calls, your local police force probably keeps stats on domestic violence. Has that gone up in the last couple of months?

**Ms. Binder:** Good suggestion Dr. Stern. My last question is I'm sure you're may or may not be aware of the USC study in April, USC and I think it was LA County and one of the things they had was, I know one of our things is to wear mask is there was a question about wearing a mask lowering your oxygen intake, which also lowers your immune system. And I was wondering if you had heard about that or--

**Dr. Stern:** No, no, I've heard nothing about that. Have had no discussion with my peers about that. It sounds like an outlier to me. No. You can imagine the last two months I've read a lot of stuff on Covid-19; I've never heard anything like that before.

**Ms. Binder:** Got you. Yeah, just putting it out there. Well I really appreciate Dr. Stern. I want to give Dr. Young and our EOC a chance to ask you a question. Dr. Young, do you have a question at all?

**Dr. Young:** Ma'am EOC and myself, we don't have any questions. Thank you.

**Ms. Binder:** Okay. Thank you, Dr. Stern, I really, really appreciate you coming here.

**Richard:** Ms. Binder, this is Richard.

**Ms. Binder:** Go ahead, Richard.

**Richard:** Question that came to my mind. If, everyone's, asking me-- Dr. Stern, again, I apologize, this kind of came up, as to, with death certificates, I just want to better understand the counting. Let's say we have a hypothetical situation where you have someone who's identified as the primary cause is Covid and secondary causes chronic lung disease and that's actually identified. When you're doing determination of mortality rates. With both of those receive, a one up on the cause of death, whether it's a primary or secondary, does that not matter at all, like, do you add up all of those regardless, to determine the mortality rate of a disease? Or do you normally only look at the primary? Does that make sense what I'm asking?

**Dr. Stern:** Another very good question. I'm pretty confident that when you see the annual summary of mortality rates, it's based on the primary cause of death. There are

probably statistics available also on secondary causes of death, but when you look at national or state data on cause of death, they don't take one death and count it three times. It's counted as that primary cause of death. So, what's listed at the top is what ends up in the state national statistics.

**Mr. Granger:** Do you know for Coronavirus or Covid, are we counting those cases that are showing up as the secondary cause of death as part of the mortality rate?

**Dr. Stern:** It depends on what the doctor puts on the death certificate.

**Mr. Granger:** And I'm asking if they put it as the secondary, would we count, would it be counted or not?

**Dr. Stern:** Another good question. I can tell you for flu, the Centers for Disease Control calculates out a flu mortality rate nationwide using that secondary and contributor data. If you actually look at the absolute number of causes of death for flu, I think you've all heard, probably reported that we'll have 30 to 65,000 deaths from flu. That's a calculated number. It's not what's the first order of death on those death certificates. They probably calculate go-to sampling or looking at a reasonable statistical sample of death certificates and calculate out that secondary and contributor cause.

**Mr. Granger:** Okay. And so, I assume it probably would be done similarly for Covid then?

**Dr. Stern:** Yes. Once we get down the road on this, those calculations would be made. Right now, in Virginia, it's all based on that case count that the laboratory reports and we know all those patients and if they die while they're in the hospital, that's going to be counted as a Covid death. A year down the road, once the center provider records in health statistics puts together their report, it's going to be based on a death certificate data. If Covid-19 is it listed as number one, then that's it, maybe diabetes, maybe heart disease that'll show up first.

**Mr. Granger:** Understood. I appreciate that. That's very illuminating. Thank you very much.

**Ms. Binder:** Thank you. Did any of my colleagues have a second question before we finish up with Dr. Stern? Nope. Well, thank you so much Dr. Stern for coming and answering our questions and our community's questions. We really appreciate you and your staff. Thank you.

**Dr. Stern:** Sure. You're welcome. Dr. Young has my contact information and any time you all are welcome to give me a call.

**Ms. Binder:** Thank you so much.

**Dr. Stern:** Have a great evening.

**Ms. Binder:** You too. Dr. Young, we have our budget presentation now by Dr. Neiman Young County administrator.

**Dr. Young:** Thank you, Madam Chair. Next slide. Is there, for the evening, now or please before warned that some of this information may be redundant. I mean, it has to be, we've been, in the budget cycle since January and we're now, tapping into the month of May. But I am going over some of the repetitive information because I'm a fully aware that we have, more of a larger public audience here that we need to bring up to speed and they need that background to assure that they're keeping up with the discussion that's taking place regarding the budget.

So first thing's first, I want to advise the board that I did receive correspondence from Dr. Benson, the school superintendent from the school board and he writes, the Virginia Department of Education recently released a new calculation tool based on the final action of the Virginia general assembly with regard to the fiscal year 2022 biennial budget. As you know, the result was a general cut to any quote unquote new spending provisions. Locally, I fully understand this uncertainty of the current economic climate and the position of the board of supervisors expressed during the March 31st, 2020 meeting regarding the capacity to fund the schools for fiscal year 21.

At the last school board that assuming the Bill West follows through with a consensus position the only provide level funding for the schools or \$17,845,574. We will need to reduce the budget presented by nearly 1.5 billion dollars. Such a cut it's regrettable but understandable and prudent to the local economic impact attributable to Covid-19 is fully understood. The King George County school board stands ready to revisit the budget requested and establish a balanced budget for fiscal year 21 based on level of funding locally. Undoubtedly, difficult decisions will need to be made to reduce the proposed expenditures which may take a week or so for a school board to consider thoughtfully. I see no reason, however, the delay of the County budget process and suggest the County move forward with the proposed commitment to only maintain level of funding for the school division for the coming fiscal year.

Offering the suggestion to eliminate any need for a pause to the County budget process for the board of supervisors and County staff and to provide the school board time needed to consider necessary reductions and crafting a balanced budget for fiscal year 21, especially Dr. Benson, Dr. Robert Benson,

superintendent in King George County schools. With that being said, at the board is fully aware, we've been utilizing a level funded local contribution to the school's budget, serve as a place marker to continue the budgetary process for the County. Next slide. In addition to that method, we also take in these additional steps to try to bring, to the board a budget that we feel is responsible and reflects the current state of affairs for not only the public health infrastructure but our national and local economy.

As you can see, our original proposal with the leader pay raises for County employees, remove capital purchases, suspended non-essential travel, maintain current staffing levels in 2021 that we added in 1920 and was suspended the annual payment to the debt mitigation fund. Even with these cuts and the level funding from the schools that left an original budget of gap of \$2.1 million. So, then we then went rigidly sat down where I never localities and we made additional cuts, at captured on the right-hand side of the slide. That included level funding outside agencies, reducing the hundred regional jails budget, reducing the juvenile detention center budget and we also received, more updated numbers from the State funding as budgeted members from both the governor's office and the general assemblies have proven and completed the State budget. After those, because we're considered, we're able to get that original budget gap down from 2.1 million down at 1.9 million.

Next slide. Just to, for the general audience's situation awareness these is, these are the local, outside agencies that were affected. Specifically, Thurman Brisbane originally asked for, \$15,000, but we level funded them at \$9,500. The GWRC or George Washington Regional Commission asked for 25,000, I'm sorry \$29,573, and we level funded them at \$22,511. And then the Tri-city County soil and water conservation district originally asked for funding for \$54,765, but we level funded them at \$53,050.

Next slide. In addition, just to elaborate a little bit more on State revenue budget, what specifically impacted our original, budget forecast, what is recordation revenue and sales tax revenue. Specifically, we originally forecast of \$411,699 for fiscal year 2021, but when we got the actual estimation from the state budget, we were advised that they're going to provide locality \$0. So that resulted in negative \$411,699 impacted to our original forecast. Regarding sales tax were originally forecasted \$2,198,180. When received the state estimates, it came back at \$2,778,155 leaving a positive \$579,975 to our 2021 forecast.

As you can see, as highlighted in red square, that left an impact of positive \$168,276 to our original forecast. That does have an impact on that budgetary gap. As you can see, with the asterisk that's \$168,276 that actually does not have

to be taken out our revenue stabilization funds because that will actually lower that budgetary gap. Next slide. Another graphic depicting this, original budget cap, budget gap minus those actions that are described above to include the budgetary impact as a receipt of the actual state, estimates. That brought the original budget gap down from \$2.1 million to \$1,919,903.

Next slide. So, board understanding that budgetary gap that leads us to the following options currently where the board, I'm sorry, currently where the budget stands, the fiscal year 2021 current proposal cost for the budget to increase 3.7% from \$85.3 million, \$88.5 million. Under the current proposal, 57% of the budget will be dedicated to the schools. The remaining 43% being allocated to meet County needs. If you know that our non-school expenditures are increasing 2.1%. If we move forward with this proposal, our protocols that the board authorized us to tap a rate stabilization fund to close to \$1,919,903 gap. Please know that pursuing this option will bring the balance in our revenue stabilization fund, revenue stabilization fund to \$492,268. The board decided that they wanted to not tap the revenue stabilization fund and pursue something similar to option two where a tax increase would pursue and knew of tapping into this fund that would lead to approximately 8 cent tax increase.

With the understanding and with guidance that's provided by the schools I would like to ask that the board would provide us a direction on which, options that they would like to exercise and hopefully gain the boards authority for us to go and advertise for a public hearing and move forward in a budgetary process. I stay about for any question, concerns or guidance from the board.

**Ms. Binder:** All right. Dr. Young, I'll go first with, the level of funding of the schools. I'll go around the horn for my colleagues, Ms. Cupka?

**Ms. Cupka:** Thank you, ma'am. I guess my concern is we really, and I get that we have correspondence from the superintendent with regard to level funding, but we don't really have any idea I had brought up when it was previously presented, was there any carry over that the schools could realize due to the school closure for several months? We don't have an answer to that and then I just have some questions about the Cares Act funds that the schools are set. My understanding is going to receive based on the press release from the State superintendent on Friday that indicated our County would receive \$336,000, approximately \$336,000 in Cares Act funding for King George County schools. I'm not sure how that plays out or I know there are categories of things that the schools could use it for. But I'm just wondering how that's going to affect their bottom line.

**Dr. Young:** Yes, ma'am. Regarding the Cares Act, I would like to ask if Robinson, if it more would, would address the Care Act and I'll discuss that portion of the question if that's okay.

**Ms. Binder:** That's good. I saw Dr. Benson pop-up, Dr. Benson, would you like to add on the Cares Act?

**Dr. Benson:** Sure. I can do my best to try to clarify it. I appreciate the board's, difficult decision and pathway you have in front of you. As I understand it, the Cares Act, you're correct, Ms. Cupka, there are categories, that I've received, that are eligible or to address needs in the school division that are related to those categories. Just a little background, this again, and of course it's Federal Funding. It'll come to us by way of a federal grant, and it is usable over the next two fiscal years. It is not something that needs to be used right away. The categories in my opinion, it does give us broad latitude in terms of used, generally the categories apply to existing Federal Grant programs such as IDA or EFCA related expenses and again, I'm paraphrasing, but generally any expenses related to our response to needing to provide continued to instruction in light of the closure and the effects Covid has had and it goes on.

It can be used for technology costs, that we will plan for probably in the future in order to expand our capability to reach students in the event of an extended closure. So that's really, I think the spirit of the Cares Act funding it is a grant program, we would submit an application similar to that, that we submit annually, to request funding under title two is being dispersed according to criteria associated with Title One grant funds, which is the economically disadvantaged aid that we received for students who qualify. All that to say, it is funding that is not just extra funding that can be used, simply to supplant. It does come with some guidelines as to what the appropriate use is.

One thing, and I'll share this on our statewide conference call, one thing that continues to be a concern and what this funding couldn't possibly help us with over the next couple fiscal years, we do the States, new council once released, still uses the trend data for sales tax and what they expect to be able to distribute as far as State sales tax. We have been advised or there has been discussion about wanting to be conservative until we truly understand the impact to a statewide sales tax and then the corresponding distribution to schools from the State. Because if that's impacted negatively, while we may plan to budget for what we expect to receive, the reality is we may not receive the same disbursement that was, anticipated by the State when the council was developed.

The second area would be the lottery funding. They also predict that lottery funding, distributions to support schools maybe down as well. Although, I do understand there's a plan b, so to speak for the lottery, to utilize to try to help fill any shortfall they may experience. But again, those are two areas that could have a relative impact to our school division budget next year. There has been talk of use of the Cares Act funding to not spend it right away so to speak, but to then utilize it, as kind of a contingency to fill gaps should they occur in terms of sales, tax and lottery. I don't know. It's obviously early in the discussion about how different divisions are planning to utilize the funding. But it is funding that, again, not just right away we could fill the gap with, but over the next couple of fiscal years we might be able to lean on, to fill funding shortfalls as the one we're talking about tonight. Then, if we're going to be level funded, obviously there are cuts that need to be made. This could be one source to help offset some of those and try to help get us to a balanced budget for FY-21 and potentially for FY-22.

**Ms. Binder:** Thank you, Dr. Benson. Dr. Young?

**Dr. Young:** Yes, ma'am.

**Dr. Benson:** One other question, I apologize for jumping in there, but she had asked last time we were together if we had any projection or if we could formulate a projection or any fund balance in the schools, this fiscal year. I do know as of this morning we did our best just to make that, I think there would be over a hundred thousand, maybe 125,000 or so, as much as 150, that as of today we would estimate, maybe carry over, not carry over, but fund balance, that could be viewed positively potentially by the County. I hope that helps address the question you raised Ms. Cupka.

**Ms. Binder:** Thanks very much Dr. Benson.

**Ms. Benson:** You're welcome.

**Dr. Young:** To elaborate a little bit more on that carry over of our fund balance. I identified it as basically, money that goes towards the County surplus and I would highly advise that we be careful about utilizing for budgetary planning because I think that whatever surplus that we are going to realize from fiscal year 1920 is going to have to be utilized to address two priorities. Number one regarding, be sure that we're going to realize a revenue gap at the close out of the last quarter for fiscal year 1920 since the businesses and everything's been closed and we're going to really be dependent on our surplus to try to just close out fiscal year in 1920, at least balanced if not in the black and then second, any additional

surplus that arrives can actually be utilized to try to start our approach to replenishing the revenue stabilization fund. I had a couple of conversations with him about that and we just wanted to make sure that the board was advised of those two approaches.

**Ms. Binder:** Thank you, Dr. Young. That was going to be one of my questions. I got Ms. Cupka. Lost my train. Mr. Stonehill?

**Mr. Stonehill:** I don't think I have a whole lot of questions. I mean the lack of information and the lack of funds for everybody, including the school is just, well unfortunately it just makes planning for the future almost impossible. I think at this point I don't have any questions. I may have some follow-up later.

**Ms. Binder:** Thank you, Mr. Stonehill. Mr. Bueche, see your big smiling face. Go right ahead.

**Mr. Bueche:** Thank you, Madam Chair. First off, thank you to Dr. Benson for joining us tonight. I really appreciate him taking time out to join us. I'd like to start off because I do have some statements, I want to make, but I do want to thank my colleague, Mr. TC Collins. We've had quite a few conversations over the last couple of weeks and we don't agree. But we agreed not to agree on where my approach is, but I do want to thank him for his time and his dedication to King George County schools. He's doing his job in representing the interest of the schools and their employees. Even though we don't see eye to eye on my approach to the budget, I do think, and I think he's doing a great job representing our district.

With that, in the latter that that was referenced earlier. We talked to them or it was mentioned that there's a 1.5 million cut from the budget that they would be facing if it was level funded. First point of clarity is it's not a cut from their budget. What they submitted was a budget request. So, there's nothing to be cut from something that doesn't currently exist. So, looking at the level of funding, the Cares Act was brought up earlier and yes, it is categorized, but in a budget request, if there are things that they put in the school board went ahead and they categorized those things when they built out their budget.

If we know that the Cares Act is coming in and roughly at the amount of 330 something thousand dollars, those things that are categorized that that would cover the money that is currently budgeted in their budget request that would fall under those categories could be put somewhere else. So that still, even though it's categorized, it still results in a net gain of \$336,000 approximate what they submitted was a budget request. So, there's nothing to be cut from something that doesn't currently exist. So, looking at the level of funding, the

Cares Act was brought up earlier and yes, it is categorized, but in a budget request, if there are things that they put in the school board went ahead and they categorized those things when they built out their budget. If we know that the Cares Act is coming in and roughly at the amount of 330 something thousand dollars, those things that are categorized that that would cover the money that is currently budgeted in their budget request that would fall under those categories could be put somewhere else.

So that still, even though it's categorized, it's still results in a net gain of \$336,000 approximately. The other thing we talk about how we don't know what the future holds, but the general assembly did approve, the budget. It's my understanding that the only things that were removed from that budget is as it pertains to the schools is the mandated positions for the additional counseling or something to that effect. The schools are probably, and they're going to be receiving an additional \$2 million. So even if we level funded at last year's rates, these schools' overall budget would still be increasing by roughly \$2 million plus the 330 something thousand dollars from the Cares Act.

With that it was, it was brought up that we have to consider what we're going to be facing in fiscal year 22. Dr. Benson even brought that point up that the schools have to play in for what they're facing in 2022. We are tapping in to meet our gap to the tune of \$1.9 million and that's with level funding, \$1.9 million into our revenue stabilization fund that has a balance of \$2.4 million by policy. We need to pay that back the following year, which is that fiscal year 22 and we don't know what that's going to hold.

It was brought up that they don't know what's going to happen because of the state may be facing shortfalls. Well, we already know that the County is facing a shortfall. Now, the State as lottery monies that's supposed to go to education. Well, all that the state has done, and I appreciate what all our legislators have done for us, however, it's washing money, it's colors of money. It used to be funded with general fund money for education. Then they took that general fund money back and they started utilizing the lottery monies. But it's not like all the Virginia lottery goes to education like we're sold. That's not the case. The State has more avenues to make these gap shortfalls than the County does. We know what we're facing is real issue.

Out of what was presented to get what you gave us option one or option two. Obviously, I think option two is out of the question. We've got people losing their businesses, and their jobs, can't make mortgage and we've got other people that aren't experiencing anything. They're still getting their same paychecks like myself. But there are people that are hurting, so we're not in a

position to raise the taxes. What my petition to this board would be is to not only level fund King George County schools, but to ask for King George County schools to take a cut off of that level of funding. So realizing that they're probably going to be seeing an additional \$2.3 million in overall funding from the State and the Cares Act, I would ask that since the schools make up 57% of our budget and we're happy having to tap into one point \$1.9 million of our raid revenue stabilization fund, I would ask that we cut local funding by \$500,000 for the schools to be able to help us out with this revenue stabilization fund.

What that would help is, or what I would hope happens is the cigarette tax is going to be coming up to where some revenues can be brought in the following year. I know that the schools will be taking it on the chin, just like the County has taken it on the chin. I'm asking that we do take the same approach with the schools as we are with the County and then the following year we can make up if those needs are there and if we have the means to do so, but we are going to be facing a real issue come fiscal year 22 by tapping into the revenue stabilization fund that we are at this point because if we need to tap into it next year, we're going to have a balance of \$400,000 and we already know what one year is going to cost us and that's 1.9 million. It's just something to consider.

So, Madame Chair, my recommendation would be to approve the budget that or to advertise the budget that Dr. Young presented, but with a cut of \$500,000 to the current school funding levels. Thank you, Madam Chair.

**Ms. Binder:** Thank you, Mr. Bueche. Mr. Granger?

**Mr. Granger:** Yes, ma'am. Thank you. I'm looking at this and I hear what Mr. Bueche says and I think there's some value in what he's saying. The big thing about the Cares Act when I read through, the release, at least it talks about the purpose is providing local educational agencies with emergency relief funds due to address the impact of Covid-19. Our whole County is having an impact in realizing reduced revenue value, or income for our County, which means that we have to reach into the stabilization. If we could leverage, and that's not, it's not us, it'd be its school board. This money will be coming to the school board that through the Cares Act and it's the help with what we're dealing with the Covid and so I would be willing to entertain a reduction of 330,000, the amount that the Cares Act would be providing in order to help the County, fund and reduce the amount of the stabilization fund that would need to be impacted.

I look at that, not so much, I know it would be a reduction in local contribution. but I look at this as an exceptional year and what we're dealing with and I know it's just, we don't do more than one-year budget at a time, but my every

intention would be to consider our local contribution level, to be the level that it is currently up \$17,845,574. I wouldn't say our local contribution fund would be \$330,000 less next year. I'd say it's still that 17,845,000. The intention would be to go right back to that as that. So that's what the level of fund was cause we're just looking to leverage those dollars from the Cares Act in order to help us with the stabilization. We don't have as much of an impact how the following year because it's going to impact, as we have to pay that back and then that's going to be tough. It's going to be a big impact. Like I said, I would be willing to entertain a reduction of the amount of the Cares Act in order to address some of the issues that we're having with our revenue shortfalls. Thank you.

**Ms. Binder:** Thank you, Mr. Granger. Mr. Stonehill, do you have another comment before I make my comment? You had said you might want to have another question.

**Mr. Stonehill:** No, I think that's okay. I like Mr. Granger's idea and I would be interested in entertaining that as well. Somewhere I got an email, it was neither, well it wasn't today, it must've been yesterday referenced the money that were coming to Kings, or not King George, but Virginia schools in general and I thought it was, I don't know, 300, I don't know, a number of millions of dollars that were coming in. I guess that 306,000 and change was what King George was expecting. Ms. Cupka?

**Ms. Cupka:** If you'll bear with me just a minute, I can open that email. I did request yesterday that Dr. Young share the press release from the state superintendent on Friday. Give me just a minute so I can read the exact number from the release.

**Dr. Benson:** It's 336,540.

**Ms. Binder:** Thank you Dr. Benson for clarifying.

**Dr. Benson:** You're welcome.

**Mr. Stonehill:** That's all I have right now.

**Ms. Binder:** Ms. Cupka, do you have anything?

**Ms. Cupka:** The only clarification I would make is I want to make sure my colleagues understand that that \$336,000 comes in the form of a Federal grant as Dr. Benson said, usable over the next two fiscal years. I just want to make sure you all understand that. The next two fiscal years, not just the current year, and one of the categories is for response and needing to provide continuing education with regard to closures. So, what happens, I can't believe I'm going to say this

out loud, but what happens if our schools don't open in August or maybe even after Labor Day and they end up needing a lot of that funding to continue the tele learning and the distance learning that they've been doing.

I would just be really cautious about assigning a number that we were going to write off based on the potential Cares Act funding, not knowing what the circumstances may be in a few months and that they may need that money to tap in to continue distance learning because I don't mean to speak for the schools, I think the schools and Dr. Benson have done a wonderful job, but I don't think we were nearly as prepared for this as we should have been or could have been. That's my two cents.

**Ms. Binder:** Go ahead, Mr. Granger. One thing I wanted to clarify before for Granger. The other problem with that too is one of the biggest needs, and we've all said this many times to government officials, federal officials, is our lack of internet connectivity and for any kind of virtual learning environment, that's the biggest drawback and our schools can't provide broadband. I mean that, that is always concerned and hopefully we don't have to go to that fall learning. But, Mr. Granger?

**Mr. Granger:** Yes, ma'am. I think Ms. Cupka brings up a fantastic points that are very applicable and things that we do need to look at and so I really appreciate what she has to say. The only thing I would say is, if this process is always very difficult because we need to provide the school with the budget that they need on May 15th and then we approve our budget in June. This time gap makes it really difficult and I appreciate it's difficult on the schools, it's difficult on us and it can provide tension. I think we do a good job of working through it at least the last couple of years I've been on this. So, with looking at those concerns that Ms. Cupka has to bring up, we always have the option to make an amendment to our budget in the middle of the year.

If those kinds of situations were to arise, I would certainly be willing to entertain it at that time. But once the money is given over then we're saying it's 1.9 coming up stabilization fund, that's the deal. I'm just really trying to find every possible way we can try to reduce the impact and if it turns out that we can't, I would say yes, we would need to amend the budget and provide more money to the school at that time. But at the moment, I would've been more of in favor of trying to reduce that impact. Thank you.

**Ms. Binder:** That being said, Mr. Granger, I wrestled a lot on this topic with my own self thinking about it and, it's such an unprecedented time and what really concerns me is taking so much out of that rainy day fund because what if there's a worst

case scenario and we have more of a shortfall. There's not much left in the kitty to come to in the rainy-day fund, but I understand that the schools have needs, they don't know what the situation's going to be. It's all very fluid. But then I know that our County staff has taken a huge hit, no pay cuts, no essential travel, no capital purchases that I know general properties, they need new vehicles that they now have to pull off.

Dr. Young, his staff has put together a very financially responsible budget and we've gone to the bare bones and we haven't seen any update from the school board on, but I know we give them a number and it's kind of an interesting difference in Virginia. I see like three ways and three paths. We can do the option one and just leave it as it goes. We could do another option where we take, like Mr. Granger said \$300,000 off of the budget. Or we could do level fund and do a 1 cent tax increase to almost make up that \$300,000. I just wanted to put that option out there yet.

But I know that is very hard on our citizens cause a lot of citizens, we don't talk to every 27,000 people every day and understand that the hardships each and every one of them have and not everyone works on the base and not everyone has our paycheck and so that's where I wrestle and I know I saw Mr. Bueche's hand up. Did you want to make another comment?

**Mr. Bueche:**

Thank you, Madam Chair. So, when we were presented the school's budget, it basically came in a little over \$900,000 from last year's funding. Okay? So, by level of funding, we're basically saying it's \$900,000 less. But if you look at the raises that were proposed for the schools, that amount came out to \$900,000. So, if you take the raises out of the equation and let's remember, County raises were scrapped, not only last year to meet the needs of the schools, but they were scrapped this year. With that out, we're already, if you take the raises out, we're pretty much at level funding already.

So, what I'm not seeing is department wides, the schools all together, I don't see that that cutting to the bone as the County is doing and it's my understanding their ADM is increasing 10 to 30 students. The numbers I get are different. But at 10 to 30 students, they're still with the Cares Act and with the increased state funding, they're getting an additional \$2.3 million to what their overall funding was for last year and as pointed out, we don't know if they're going to open up in the fall and yes, that is going to cause them some impact with distance learning and trying to figure all that out, which the schools are currently doing within the parameters of their current budget. I would say, if we're giving them the money up front, there's going to be no transportation cost. There's not going to be any sports. The impact of the facilities is going to be a lot less if it's

not housing students. It's going to be, everything's going to be relative so you're not going to be running the monies that you would have to obligate to meet those onsite needs could be redirected to meet those offset needs.

I don't know if that's going to cover it all, but I think it would significantly help. My major concern and trust me, this is not easy for me to take the stand, I have to go home to my wife and face her wrath when I get home over this stand, but we are tapping into \$1.9 million of our revenue stabilization without a clear picture. We're talking about, I'm talking about a holistic view, putting the emotion of the schools out of it. There's 4,300 students, something of that nature, 27,000 residents of King George that rely on all these other services that we are cutting to the bone. I still stick to my original and I appreciate Mr. Granger's point, it's very well thought out. I still think that they need to tighten their belt a little more. I still call for a cut of \$500,000 to their current funding based on those parameters. Thank you.

**Ms. Binder:** Did anybody else like to have another comment? All right, so for option two, I'm sensing that that's totally out of the picture and any level, any sense. How are my thoughts on that?

**Mr. Bueche:** I would agree with you. I'm not, I'm not in favor option two. I don't think we can do that this year.

**Ms. Binder:** Mr. Stonehill?

**Mr. Stonehill:** I don't like option two at eight cents. I've spoken to a number of people, if I can use the word, folks who have been here and come here and they would not be opposed to like a 1 cent. I don't want to increase taxes at all, but the other thing is, you know, they tapping into our stabilization fund, they're not really happy with all that, and they don't want to see two years down the road from now, they'll get hit with a big kick in the gut at an 8 cent saying, okay, we have to make this up. But, I've spoken to a number of people and they would not be opposed to at a one, one and a half two, you know, now and then hopefully down the road, a year from now when we have the, these other taxes that are looming on the revenue taxes for us that the County would get, then we could either, then we wouldn't be looking at any type of increase from there. So, eight cents for two, I can't, I can't see that at all. But like I said, one to kind of help us make up the difference, I would be interested in looking at something like that if need be. That's it.

**Ms. Binder:** Mr. Bueche, do you have a comment? No. Ms. Cupka?

**Ms. Cupka:** No, ma'am.

**Ms. Binder:** All right, well I guess its decision time. Would somebody liked to make a motion?

**Mr. Granger:** Does this require a motion or is this just a consensus from the board?

**Ms. Binder:** Dr. Young? Good question. Mr. Granger.

**Dr. Young:** We need a consensus with the direction-- Sorry. Can you hear me now?

**Ms. Binder:** Yes, I can hear you now. Can you say that again, Dr. Young?

**Dr. Young:** Yes, ma'am. We would need a consensus on which option that the board want to exercise. Then we would need a vote authorizing the County staff to advertise the public hearing.

**Ms. Binder:** All right, well I'm going to put it out there and we'll see what consensus lies. All right? So, we go, what is the consensus was option one level funding and no tax increase? I'll just go and see how many yays and nays. Mr. Stonehill?

**Mr. Stonehill:** I'm going to have to go nay.

**Ms. Binder:** Mr. Bueche?

**Mr. Bueche:** Nay.

**Ms. Binder:** Mr. Granger?

**Mr. Granger:** Nay.

**Ms. Binder:** Ms. Cupka?

**Ms. Cupka:** Aye.

**Ms. Binder:** I would have to be an aye on that. But the vote, the consensus is three, yes and two, no, I mean three, no and two, yes. I apologize. It's been a long night already. I guess another option would be Mr. Granger, I saw you were going to chime in before I started to speak. Did you want to give another option?

**Mr. Granger:** I was just going to push the one I had said before, reduce the funding by 330,000 and use option one to use the revenue stabilization fund to meet the gap, which would be 1.59.

**Mr. Bueche:** 330 or 300?

**Mr. Granger:** All right, 300. Just to make it an agenda. So that would drop it to 1.6, \$1,619,903 was the resident revenue stabilization fund at that point.

**Mr. Bueche:** I support Mr. Granger's proposition.

**Ms. Binder:** And that is with no tax increase, correct?

**Mr. Bueche:** No tax increase and cutting the level of funding in the amount of \$300,000 to be supplanted with Cares Act funding. Is that correct, Mr. Granger?

**Mr. Granger:** That would be my intention. But as I said before, I would, as the year goes on, if, if there's a situation where the schools needed more money because those monies need to be used to meet other needs than I certainly willing to entertain that. But, yes.

**Mr. Bueche:** I support Mr. Granger's proposition.

**Ms. Binder:** Mr. Stonehill?

**Mr. Stonehill:** Yes.

**Ms. Binder:** Ms. Cupka?

**Ms. Cupka:** Nay.

**Ms. Binder:** Chair votes also nay because I voted aye in the other one. Dr. Young, you have your consensus in your direction.

**Dr. Young:** Thank you, Madam Chair, tracking the board option is to move forward with reducing the school's local contribution by \$300,000 and therefore reducing the revenue stabilization fund it's been from \$1,619,903.

**Ms. Binder:** Yes.

**Dr. Young:** And with that being said, I'd like to ask the board for a vote to authorize the County staff to advertise public hearing on May 14th at 6:00 PM.

**Mr. Bueche:** So, moved.

**Mr. Granger:** Second.

**Ms. Binder:** Any discussion? All those in favor?

**All:** Aye.

**Ms. Binder:** Any nays? No. Chair votes aye. Motion carries. I really appreciate Dr. Young, Dr. Benson and my colleagues. It was a very, very hard decision and I appreciate the thought that went into everybody. I just want our residents to understand there was so much thought and heartache. I would say that came into this decision and thank you to everyone.

**Dr. Young:** Madam Chair I just want stress, I don't know if everybody had a chance to check the camera or not, but just to repeat that, a public hearing will be on May 14th at 16:00 AM in the boardroom and the reason why we're going with May 14th is, that gives us enough time to assure that ad makes it into the newspaper. We anticipate in bed at the least to be able to make it to the newspaper on Friday can advertise for seven days and then got right in line with the May 14th day for the public hearing.

**Ms. Binder:** Thank you, Dr. Young. All right, now, next up, again, Dr. Young, amendment to the landfill host agreement.

**Dr. Young:** Give me one second, Madam Chair.

**Ms. Binder:** That's all right. There's not too long discussions.

**Dr. Young:** I just want to one more thing to state on the public hearing at the time, as you are aware, we have to approve the school's budget, by May 15<sup>th</sup>. I've been talking with Dr. Benson and our plan is to try to have as a proposal completed by that May 14th. When we do the public hearing, the public hearing will serve as a platform, a public on County budget that we intend to have a copy of it 7 days later. But, also serve as a platform for us to approve the school budget on May 14th, so it can be in line with State code.

**Ms. Binder:** Thank you, Dr. Young.

**Dr. Young:** Thank you, Madam Chair. In accordance with the [02:26:12 inaudible] George County and waste management, the solid waste company has been authorized 1.2 or 8 million tons of waste in King George County landfill. The host agreement also requires authorization a lobby of the governing body for authorization to receive [02:26:31 inaudible] in excess of the 1.2 8 million filling as necessary. Over the past three years, waste management has seen an increase in business or catastrophic failures of infrastructure across the

Commonwealth. As a result, obligate authorization or excess tonnage over the last three years. Prior to the current state of our national economy, waste management forecast for landfill space to accommodate his business.

However, the company finds a proven additional landfill space on a case by case basis to be unpredictable and not conducive to their ability to plan for future operations. As a result, waste management has sent King George County a request to update the host agreement for the landfill. Some basic tenants of the proposal included increasing the annual tonnage from 1.248 million times 1.8 million tons. On April 21st, 2020 the board of supervisors directed the County administrator and County attorney and negotiate [02:27:33 inaudible] waste management.

To response, both parties were able to agree to a proposal and increases the annual tonnage 1.24 8 million tons 1.6 million times and return for increasing the annual time tonnage limit, waste management will increase the premium for tonnage excess of 1.248 million tons ceiling from 50 cents per time to 55 cents per time. The amendment will expire on December 31st, 2025. I recommend the board authorized the County administrator and County attorney to execute the amendment to the length the host agreement as presented.

**Mr. Granger:**

So, moved.

**Mr. Bueche:**

Second.

**Ms. Binder:**

Any discussion? All those in favor?

**All:**

Aye.

**Ms. Binder:**

Any nays? Chair votes aye. Motion carried. Thank you. Dr. Young and Mr. Britton for all your work on this. All right, next step, we have a discussion item, personal property tax exemption for the disabled. Dr. Young?

**Dr. Young:**

I guess now this topic was added to the agenda as a request by Mr. Stonehill. It revolves around a portion of our citizenship for disabled persons or their families. They have vehicles that they actually have to outfit in order to accommodate transporting their disabled family members. Those vehicles are currently by ordinance tax at fair market value, but what's come to our attention is the fact that, when these vehicles to outfitted to accommodate disabled persons, it actually decreases the value of the vehicle and our current ordinances do not reflect that fact. We have been asked by some of our citizens to actually take a look at it and considering amending the ordinance, provide a

tax exemption to the personal property tax rate to accommodate those individuals that actually own vehicles that have been accommodated to transport disabled persons.

I've spoken with Dave Coman, who's the Director of The Department of Social Services, and he does not think that it's a large segment of the population. It's important for us to know because Judy Hart agrees with him as well because this will not be a financially detrimental action taken on the County finances. That's a brief summary. We've also discussed it with the County attorney and if you have additional information that you want to provide support. Let us know.

**Mr. Britton:**

Thank you, Dr. Young. Madam Chair, the State code provides that a locality can reduce the tax, the personal property tax rate for certain vehicles, there are enumerated in the State code. King George County has one such exception for volunteer upper responders, fire and rescue. We do not have the exception for vehicles which are outfitted to transport the disabled. And so I have worked with administrator [02:30:46 inaudible] revenue in order to and I've drafted up a proposed ordinance amendment which would reduce the vehicle tax to reflect the fact that these vehicles essentially will not be taxed at a much higher rate than they ought to be based on the true fair market value. It just reflects the State code. It's a very simple amendment. There's not a lot of administration which goes on with it. It would be very similar to the volunteer first responder vehicle tax reduction that's already on the books in the County.

**Ms. Binder:**

Mr. Bueche?

**Mr. Bueche:**

Sorry. Thank you, Madam Chair. I actually liked the idea that this brought up. I would only just, if this is for vehicles that have been retrofitted to accommodate the disabled, I'm absolutely for it. I know how things can usually slip through cracks. I just want to make sure that this isn't for the disabled in general. Like if someone has a handicap placard their Lincoln MKZ doesn't become a tax-exempt vehicle. If this is for someone that's having to retrofit a van or something like that to accommodate the disabled absolutely no issue whatsoever. So that's the only caveat I would throw in there. Thank you, Madam Chair.

**Ms. Binder:**

Thank you, Mr. Bueche. Does anybody else--

**Mr. Britton:**

The proposed ordinance amendment and we've spoken with that does require significant and professional retrofit of vehicles including hydraulics lifts and the like, oftentimes when these retrofits are made, that's what destroys the ultimate value of the vehicle because most people aren't going to repurchase

that vehicle and it also provides for the commission of the revenue to obtain documentation and paperwork that has been in fact done and has not been taken out and the vehicle has not been sold. These are significant amendments and enhancements to the vehicles and we do have the ability to confirm that that's been done, in addition to a handicap placard on the vehicle.

**Ms. Binder:** Thank you for that clarification, Mr. Britton. Mr. Stonehill?

**Mr. Stonehill:** A couple of things. One is, I actually have a correspondence from somebody that was sent to me late, that she said, that actually would like to be read. The other thing is, she was actually the one that brought this to my attention, and referenced these vehicles that are after they've done heavy modifications to them, there's really no resale value to them at all. I did do some checking with our surrounding counties and Spotsylvania has no tax on them. Stafford has I think a 10 cent on the hundred tax on it. But, and they also, require photos and receipts of the work that's done. It doesn't end up being just somebody with a steering knob or something like that. These are heavily modified vehicles. If it's permissible I could read the correspondence that was sent to me.

**Ms. Binder:** Go ahead. Mr. Stonehill, this is what the topic was.

**Mr. Stonehill:** All right. This is from Lisa Pitts in Dahlgren, and she writes freedom and self-reliance are essential to keeping, individuals with disability in good health and having to rely on others for everything including transportation can really make disabled people feel helpless and this can lead to a defeatist attitude and poor quality of life. A great way to build up a sense of self-reliance and freedom in a disabled person is to use a handicap accessible vehicle for transportation. These types of vehicles have a lot of benefits that can help restore a sense of independence and so much more in disabled persons.

These permanently modified vehicles are also necessary for transportation to and from hospitals, therapy, community day programs and such more. Without a permanently modified vehicle a person in a wheelchair becomes trapped at home, unable to go out in the community. She also writes my adult son resides with us and requires 24/7 care. He also requires a 350-pound power wheelchair when out and about in the community. We have installed this; a very invasive Bruno lift inside of our 2014 Durango so we can transport it. The resale value on our vehicle is next to nothing due to the modifications that were made.

However, we still have to carry the full tax burden on it. As I understand, Stafford offers a discounted rate and Spotsylvania totally exempts permanently

modified vehicle. I am asking King George County to consider such an option for permanently modified vehicles. Lisa Pitts.

**Ms. Binder:** Thank you, Mr. Stonehill. Do I have any other comment on this Mr. Bueche?

**Mr. Bueche:** I am in support.

**Ms. Cupka:** Madam Chair, may I ask a question of Mr. Britton?

**Ms. Binder:** Yes. Go ahead.

**Ms. Cupka:** Mr. Britton, I have no issue whatsoever with an individual or a family such as the Pits family being eligible for this. However, would this also apply to companies that have or offer services for hire? That's my question.

**Mr. Britton:** As drafted, it does not. It's for individuals which own a vehicle used for a significantly modified vehicle, permanently, significantly modified vehicle which own that for the transport. On the other hand, the proposed ordinance as written right now doesn't have a specific prohibition, but we could add that or that it has to be a personally owned vehicle that cannot be used for commercial purposes.

**Ms. Binder:** That would be what I was looking for.

**Mr. Britton:** We can certainly add that. We just have a working draft amongst the working group.

**Ms. Cupka:** Okay. Thank you.

**Ms. Binder:** Thank you, Ms. Cupka. Mr. Britton is this have to go for a public hearing?

**Dr. Young:** Yes, Madam Chair.

**Ms. Binder:** Okay. He probably couldn't hear me.

**Dr. Young:** The next step would be actually drafting the ordinance for the board to review. So, it brings it as an action item. The action I know would conclude with a recommendation for us to advertise the public hearing for the ordinance.

**Ms. Binder:** Well I think you have a consensus for it.

**Dr. Young:** Thank you, Madam Chair.

**Mr. Britton:** They can modify it to remove, to make a prohibition for commercial vehicles and bring it whenever, you know, to say.

**Ms. Binder:** Thank you all for working on that. I guess we'll move on now to the safer grant application. Dr. Young?

**Dr. Young:** Yes, Madam Chair. Rather than give a summary, we do have Chief Moody and Chief Lynd here. Chief, I'll defer to you to go to go ahead and discuss the safer grant. If Chief Moody is not available then I'll discuss it. Chief, we can't hear you. Probably going to have to talk on your phone.

**Ms. Binder:** Go ahead. Can you hear us, Chief? Go ahead.

**Chief Moody:** Yes, sorry. Stepping in right now. Good evening members of the board of supervisors. Madam Chair, can you hear me okay?

**Ms. Binder:** I can hear you now. Go ahead.

**Chief Moody:** Can you hear me okay Madam Chair?

**Ms. Binder:** Yes, we're good. I hear you again. Go ahead.

**Chief Moody:** Yes. Can you hear us all?

**Ms. Binder:** Can you hear? I don't think he can hear us. Yes, I can hear you.

**Dr. Young:** Chief, I'll go ahead to summarize this.

**Chief Moody:** Madam Chair, give you an overview. Hey, Dr. Young, can you hear us?

**Dr. Young:** Yes.

**Chief Moody:** Sorry. We don't know what's going on, with the audio, but as long as you can hear as now, we're, we're talking via over the phone. I can give a brief overview of the safer grant.

**Dr. Young:** Please go ahead.

**Chief Moody:** Madam chair, members of the board, as you are probably well aware, the safer grant is a FEMA, federal grant that's provided directly from the federal government to localities. The safer grant main purpose and priority is to hire firefighters and put them in stations in which there's a need for. This year they have allocated 350 million. They're looking at a total of possible 300 awards. The

grant period is for a total of 36 months. We applied for this grant last year. We were denied the grant. The request tonight, in discussion we'd like to have is it the board's pleasure to for us to apply for it again this year? If so, the application deadline will be May the 15th and we will take our intended application that we submitted last year and update it.

Primarily, this grant is for six positions, six firefighter positions to be at the Fairview Beach Company three station which is the biggest need that we have in the County. Like I said, it would be for a three-year performance period. The total grant requests would be, just shy of one and a half million dollars over three years. The grant performance specifications have not changed. it would still be a 75% federal match essentially the federal government would, take one 75% of the salary and benefits, for year number one, and year number two, and then-year number three they would pay 35%.

We would certainly recommend to put in for this, put in for the safer grant just like we did last year. Award notifications would come out sometime this summer. If for some reason, we do get the award notification, hopefully we would, but that would come back to the board for an official approval before any monies or any agreements would be signed with FEMA. Dr. Young, that's all I have. If there's any questions, I'd be happy to entertain them.

**Dr. Young:** Thank you, Chief. So board, that's where you all situation awareness and just wanting to make sure that you all, had awareness since this would be a grant at as you all are fully aware. That's a significant commitment to the County. The pushes and concern that you may have, the fire rescue department was going to go and submit for the grant and of course that doesn't mean that a decision is made. The board still **[02:44:44 inaudible]** it's awarded, when it's awarded and decided to move forward with committing to that funding.

**Ms. Binder:** Mr. Bueche, I saw you just brought up your microphone then I'll get to you Mr. Granger.

**Mr. Bueche:** I'll yield to Mr. Granger, he raised his hand, I didn't.

**Ms. Binder:** I just thought your microphone go on. Go ahead Mr. Granger. You sure? Go ahead, the floor is yours.

**Mr. Granger:** I'll go. Chief Moody, thank you for being here. I just would like to ask about when would the money you need to be allocated if we were to move forward, like we were to be approved for the grants and then it could come back and the board work to adopt it when within money to be appropriate for this?

**Chief Moody:** It would depend on when we get the award notification, certainly as you're aware, the federal fiscal year is different than the State and local fiscal year. It would just depend on; it could be a situation where we get the award notification and by the time we would start the recruitment process. It could be January or half year fiscal timeframe. But certainly, the award notifications would probably be in the, June, July, August timeframe.

**Mr. Granger:** How bad does it look if you weren't to be selected and then the board, due to the fiscal situation this current year, we decide, hey, I know that the federal government's looking to pay 75%, but that other 25% is just not going to be able to, we just can't find the dollars for that.

**Chief Moody:** I think, you know, I would suspect that there's probably going to be a number of those cases throughout the nation this year and it's certainly going to be interesting to see what would Covid-19 does to these, particularly the safer grant. I do know that there have been occasions in the past, outside of certainly the current economic climate, that, for example, FEMA would award all the requested positions, but then the local government go back to FEMA and say, hey, we've had some things change and we only want to bring on half of those positions, for example. Certainly, I think there's some give and take. I don't think that if for some reason we couldn't bring on any of them if we were awarded that it would harm us in any way, in the following years for any future grant requests.

**Mr. Granger:** Okay. That's really my biggest concern. If that's the case, I would say I think we should move forward with making a request to you where things stand. If we were to be awarded the grant, see if things stand and see if we can make it work and if we can't, we can't make it work. But it'd be great.

**Ms. Binder:** Thank you, Mr. Granger. Thank you, Mr. Bueche, for good manners and raising your hand. You're up, Mr. Bueche.

**Mr. Bueche:** Thank you, Chief. Thank you for your presentation tonight. What are our current, staffing gaps right now, like, of the current allocation you have approved and budgeted for as far as those positions? What is our gap right now? How many vacancies do you currently have?

**Chief Moody:** Currently as of today, we're in a recruitment process as we speak, but currently we have four full-time, open positions.

**Mr. Bueche:** Okay. That funding is already allocated. If we were to put in for this grant, and let's say we were awarded funding or proportion of funding for those six

members throughout this process, would that grant be able to be applied to those four full-time vacancies or in order to get the grant do we have to add six additional positions with those four vacancies?

**Chief:** Yes. They wouldn't allow you to go back in and what they would refer to a supplant those funds. If you already have a certain budget level for X number of positions, you couldn't take what they would be awarding to substitute for current vacancies.

**Mr. Bueche:** So, that kind of brings me back to what Mr. Granger was getting at. After a 36-month period safe grant goes away and we're fully staffed, we now have to budget for salary and benefits for an additional 10 more to that public safety sector. I'm not saying that it's not needed, but it's something that is going to be a significant cost. I like Mr. Granger's approach. So yes, look at it, but it's something that we really need to take an analytical approach to. Thank you, Chief.

**Chief Moody:** Yes, sir.

**Ms. Binder:** Mr. Stonehill, Ms. Cupka, do you have a comment? Mr. Stonehill?

**Mr. Stonehill:** I was just going to say thanks guys for all of your work here at the EOC and the presentation tonight, but I think that pretty much covered my question was that after these 36 months, we now have to pick up the bill for these positions at Fairview. So, that's kind of what I was looking at and those would be all new positions down there. We just need to be very careful, tracking our monies and Mr. Granger pointed out can we renege on that if we get it, if we just don't have the funds to get those positions out. I think that took care of all my questions.

**Ms. Binder:** Thank you, Mr. Stonehill. Ms. Cupka, I saw you had turned on your mic. Go ahead.

**Ms. Cupka:** Yes, ma'am, thank you. I think we should go ahead and apply for it. I appreciate everything you all do over with the Fire Rescue. I just would caution you from my own experience and you all know this from having done the SRO grant for the Sheriff's office is that the personnel costs, the salary cost is not the only cost here. That, there are a lot of other things to consider at station three, company three. Do we have vehicles? Do we have enough vehicles assigned there for these guys to run in? Do we have equipment, uniforms, apparatus and everything else that goes with it to outfit six more bodies? I do think we should go ahead and have you all put in an application and see where we get with it.

But if we are successful, we're going to have some hard decisions to make, I think. But I do wish you good luck and thank you again for everything you do.

**Ms. Binder:** Thank you, Ms. Cupka. I would concur with all my colleagues and so, for this, I guess it's just a consensus. I think we have a consensus. Dr. Young for you, Chief Moody and staff to move forward this. That all you need? Dr. Young?

**Dr. Young:** That would be all Madam Chair.

**Ms. Binder:** Okay. We have a consensus on that now. Thank you, Chief Moody Mr. Lynn to for everything you do are there and we appreciate everything in the UC and all of our staff. Thank you.

**Chief Moody:** Thank you.

**Ms. Binder:** Let me bring up my agenda again. I think we come down to a County administrator for report. Dr. Young.

**Dr. Young:** Thank you, Madam Chair. I received correspondence from Jane Yuan, the Director of The Rappahannock Area Community Services Board, RACSB. Ms. Yuan would like to request that the board of supervisor's reappointment Ms. Debbie Draper to the RACSB board of directors for a term that will commence on July 1st, 2020 and end on June 30th, 2023.

**Mr. Granger:** So, moved.

**Ms. Binder:** Do I have a motion? Go ahead. Mr. Granger.

**Mr. Granger:** So, moved.

**Ms. Binder:** Got a second. Mr. Stonehill gave a second with a hand wave. Any discussion? All those in favor?

**All:** Aye.

**Ms. Binder:** Any nays? No. Chair votes aye. Motion carries. Thank you. Dr. Young?

**Dr. Young:** As you know, I usually proportion of my administrative work for the EOC to provide a Covid-19 update. I'm fully aware that Dr. Stern provided debriefing, I mean his briefing today. I did have a discussion with Chief Lynd and Chief Moody and they're going to give you all an abbreviated version of the briefing to ensure that we're not basically providing you all repetitive information.

**Ms. Binder:**

Thank you. Back to the EOC. Chief Moody?

**Chief Moody:**

About the disease and the process, what I want to do is just, go over, just provide you some of the abbreviated numbers and then talk to you a little bit about the actions that we've done since our last meeting. As you see on this slide not only are we tracking what's going on in our county, but with throughout the region, but, looking at it at a little bit more broader approach and also tracking what's going on across the river into Maryland. As you see, Virginia were 20 little over 20,000 confirmed cases and Maryland is little over 27,000 confirmed cases, where at 629 cases throughout our Rappahannock region. King George has 36 confirmed cases since the beginning of this pandemic. However, only 16 of those are reported active cases that has been provided to us by the Rappahannock area health district.

One thing I certainly would like to point out and it's on this map on your bottom right hand corner, Charles County is still leading, has more cases in that County than we have had in our entire region. They are at 660 cases and then north of them in Prince George County is just at 8,000 cases. So, something we're definitely following. We have had a total of-- Next slide please. You can see, here's the dashboard with some of the cases that we went over, pretty much tracking what's going on across the nations. Maryland also Virginia and throughout our region. One thing that is a something we have been noticing and tracking is that in Virginia, there's a total of 713 Covid related deaths, but Maryland, 1,290 Covid related deaths. So, pretty much the confirmed cases are fairly close together within about 7,000 confirmed cases, but the death rate and mortality rates are significantly higher in Maryland what they're reporting for Covid.

Next slide please. Just some of the fire rescue operations. I know this question has come up in the past and I wanted to provide you some information on this and also some of the comment that Dr. Stern made earlier about the fire and EMS calls, EMS calls, particularly being a reduction in them throughout the region. This is something that we're actually starting to see. In January we have a right at 359 fire and rescue EMS calls, February was 294, March was 290 and then in April, we just closed out with 234. One of the things that we have seen that, especially this month and last month, even though the actual call, total emergency call totals have been reduced. The ones that we are getting, do seem to be still those high-level acuity calls, those high priority calls that we're still addressing. So even though that the numbers have been reduced the acuity have really not seen a reduction in.

As far as EMS Covid calls that our staff and responders have responded to, as up to date, we've had 46 patients with potential Covid like symptoms in which we've had to use full levels of PPE and transport those patients to the hospital. The first and utmost priority that we have is ensuring the safety of our responders, making sure that they have all the equipment and tools necessary to keep themselves safe and fortunately we're very blessed that we have not had one responder in our department that has tested positive for this virus. We have put a general order in place that directs the operations of all the day to day activities in responding to these types of calls and have increased the cleaning and disinfecting just like every other County facility. But we're doing that at a heightened level, within all of our stations here in the County.

Last but not least on this slide, we have received a new ambulance. We've received our state, temporary license it's now fully equipped and is starting to, provide service to the citizens of King George and with that I'm going to turn the next slides over to Chief Lynd real quick.

**Chief Lynd:**

Hi, good evening everyone. Just a summary of some of the stuff we've done since our last time we briefed the board. We've been involved in many local, regional and state conference calls. Also, regularly we have a public safety call with Dr. Young, the Sheriff, Chief Moody and myself just to talk about impacts to the public safety system, with the Covid-19 responses. Obviously, we're tracking the issue at Heritage Hall. Today we submitted the, web EOC requests to the Virginia Department of Emergency Management for the national garden unit to start the testing process Dr. Stern talked about. We continue to publish a dashboard and that gets uploaded onto the information hub that is managed through the GIS office.

Our order of PPE that we placed with the North Virginia council, region that's finally come through and, we're actually going to expect to get shipments of the isolation gowns that we ordered. They should be here a middle of the month and we have an order of N95 masks that we will give throughout the summer. We also took delivery of our first allotment of PPE from BDM in the strategic national stockpile that you hear about all over the news, we've got a small shipment of a PPE and N95 masks and some other things from that allotment. Just last week we submitted the school's Covid-19 related expenses to **[03:01:44 inaudible]** and FEMA for, so they can track the costs statewide and once it goes down the pathway of any potential reimbursement, they have those numbers, and the school agreed to allow their numbers come through me and we all submit that together as we'd done in past disasters.

Now a lot of grants are starting to open up, through the federal funding and we're looking at those and we're applying for the ones that we're eligible for one of them was a PPE reimbursement grant and there's other ones out there that we're looking at. Starting to look at a long and short-term recovery as the governor put out his vision to reopen the State. See how we meshed that with our plans and make sure that we go forward and have a safe environment for County employees and the citizens as they interact in our County buildings.

Next slide. You guys skip that slide. On this slide, I just wanted to point out something that Dr. Stern mentioned and also Chief Moody mentioned the infographic up there. The Virginia offices EMS is tracking 911 responses. Pre-hospital data that we submit statewide and they have seen a decrease in people calling 911 and then when they do call 911, their conditions are a lot worse because they delayed initiating the call to 911. People are concerned about what happens when they go into an emergency room and there's a big push now to do public outreach to citizens to let them know that it is safe to call 911. It is safe to go to the emergency room. ERs have plans to keep the patients in the emergency rooms safe and reduce any potential exposure. So, people who have heart attacks, broken limbs, chest pains, shortness of breath, they need to still call 911 and be seen in an emergency room.

Next slide please. Our address website information, the citizens can go to and get more information about what the County is doing to respond to the Covid-19.

Next slide please. I'd like to mention that it's hurricane preparedness week, even the middle of our Covid-19 response we still have to look towards other threats to the region and one of the big threats always to the mid-Atlantic States is a hurricane. It's been a long time since we've had a significant impact to our region from a hurricane and people remember what happens when we see, when we have hurricanes down, trees, power lines, roads block, extended power outages. So just encourage the citizens while there, you know, keep preparing and tracking the Covid-19 response, but also to be thinking about other hazards to their community. We're definitely in the middle of severe weather season with thunderstorms and tornadoes, but as we're tracking the hurricane preparedness and just encourage the citizens to just be prepared for all emergencies, just not the pandemic that we're responding to now. Next slide.

**Male Speaker:** Chief, if I could interrupt you for a second?

**Chief Lynd:** Yes, sir.

**Male Speaker:** Whoever Harry is you need to mute your mic because you're cutting in. Thank you.

**Chief Lynd:** I mean, Chief Moody would be happy to answer any questions that you have.

**Ms. Binder:** Anybody else have any questions? I think we're good. Thank you so much for your update and everything you've--

**Male Speaker:** Mr. Stonehill just raised his hand.

**Ms. Binder:** Oh, go ahead Mr. Stonehill, you're on the corner of my screen.

**Mr. Stonehill:** Dr. Young or Chief Lynd, have we figured out where we think the outbreak at Heritage Hall came from? Was it a patient or employee? Do we know yet or have any ideas?

**Chief Lynd:** I haven't seen anything definitive about the cause of it yet, so it'd be just speculation on my part.

**Mr. Stonehill:** Thank you.

**Ms. Binder:** Thank you. Any other questions? Well, thank you again for joining us. Dr. Young, do you have anything else in your report?

**Dr. Young:** No, Madam Chair I don't have anything else to report.

**Ms. Binder:** All right. Ms. Cupka, I think the floor is yours now.

**Ms. Cupka:** I moved to the King George County board of supervisors convene enclosed meeting pursuant to State code section 2.2-3711A8 for the purpose of consultation with legal counsel employed or retained by a public body regarding specific legal matters requiring the provision of legal advice by such counsel. Invited to attend the closed meeting are the County administrator and County attorney because they are deemed necessary and their presence will reasonably aid the board and its consideration of the topics to be discussed, pursuant to Virginia code section 2.2-3712F.

**Mr. Granger:** So, moved.

**Ms. Binder:** I have a second.

**Mr. Bueche:** Second.

**Ms. Binder:** All right. Any discussion? All those in favor?

**All:** Aye.

**Ms. Binder:** Any nays? Chair votes aye, we're in closed session. Thank you.

**Ms. Cupka:** Those at the King George County board of supervisors returned to public meeting and certified by vote that only public business matters lawfully exempted from open meeting requirements by Virginia law and only such public business matters as were identified in the motion convening the closed or considered during the closed meeting.

**Ms. Binder:** All right. Do you have any discussion? Great. All right. I'm going to try to go through because the first time I've done this online I'm going to ask each of you if you certify. Ms. Cupka?

**Ms. Cupka:** So, certify.

**Ms. Binder:** Mr. Bueche?

**Mr. Bueche:** So, certify.

**Ms. Binder:** Mr. Granger?

**Mr. Granger:** So, certify.

**Ms. Binder:** Mr. Stonehill?

**Mr. Stonehill:** So, certify.

**Ms. Binder:** And Catherine Binder so certify, we are back in session. Do I have a motion for adjournment?

**Mr. Granger:** I move to adjourn until Thursday, May 14th at 6:00 PM in the boardroom.

**Ms. Binder:** Do I have a second?

**Ms. Cupka:** Second.

**Ms. Binder:** All those in favor?

**All:** Aye.

**Ms. Binder:** The chair votes aye. We are adjourned. Thank you so much for joining us.

**[END OF TRANSCRIPT]**