



**Task Force of Border Health Officials (TFBHO) Meeting
HHSC Virtual Platform
October 15, 2020**

Member Name	Yes	No	Professional Representatives (non-members)
Esmeralda Guajardo, MAHS	✓		
Richard Chamberlain, DrPH(c), MPH, RS	✓		
Steven M. Kotsatos, RS	✓		
Josh Ramirez, MPA, CPM	✓		
Eduardo Olivarez	✓		
Arturo Rodriguez, DNP, MPA, CPM	✓		
Angela Mora, M.A.Ed.		✓	
Emilie Prot, DO, MPH	✓		
Lillian Ringsdorf, MD, MPH	✓		
Rachel E. Sonne, MD, MPH	✓		
State Representative Bobby Guerra	✓		
Senator Eddie Lucio Jr.	✓		

Attendees Present

Francesca Kupper, John Villarreal, Edith de Lafuente, Dr. Allison Banicki, Ursula Solorzano, Elsa Garza, Daniel Esparza, Mackenzie Spahn, Stephanie Chiarello, Jennifer Nguyen, Representative Lina Ortega.

Agenda Item I: Call to Order, Welcome, Chair Remarks, Logistical Announcements and TFBHO, Roll Call and Dr. Hellerstedt Opening Remarks

Chair Guajardo called the meeting to order at 1:00 pm and welcomed attendees to the Task Force of Border Health Officials (Task Force) meeting. She mentioned how COVID-19 has affected everyone for most of the year and was pleased to meet, despite not seeing everyone face-to-face. She explained that items 3 and 4 will be inverted. She welcomed the two new members, Richard Chamberlain of Laredo and Angela Mora of El Paso, who took over roles of members who retired. She welcomed and introduced Dr. John Hellerstedt to the meeting.

Dr. Hellerstedt provided opening remarks and thanked everyone for their roles in border public health in the midst of COVID-19. He expressed the extended strain in hospital systems and public health agencies all over the state, especially in south Texas and most recently in El Paso and some northern parts of Texas. During the peak in July, Texas had up to 10,500 patients in hospitals with COVID-19. That number had decreased to about 3,200 increased to above 4,000 recently. There is a slight increase in State of Texas Assistance Requests for hospital staff, especially nurses. His hope is for a steady decline throughout the



state, including the border region. He also remarked that the key to continued decline is prevention. He encouraged mask-wearing and social distancing, which decreased the proliferation of COVID-19.

He also mentioned the future availability of the vaccine and the COVID-19 Expert Advisory Panel that will advise him on priorities, including health-care workers and first responders. He also expressed social and community determinants of health and disparities in some border communities as well as in other parts of the state. He expressed how proud he was of the local, regional and state health departments collaborations and response efforts to combat COVID-19.

Chair Guajardo thanked Dr. Hellerstedt and expressed her thanks to everyone's joint efforts and transparency.

Representative Guerra echoed Chair Guajardo's words and thanked Dr. Hellerstedt. He expressed concerned with mixed messages at the federal level. Dr. Hellerstedt thanked Representative Guerra and mentioned that 75 percent of people were in favor of wearing masks and the prevention of COVID-19.

Chair Guajardo welcomed Senator Eddie Lucio to the call. Senator Lucio thanked Dr. Hellerstedt and agreed with him in stating how favorable the response in Texas has been. He thanked the Task Force of Border Health Officials (TFBHO) members for their work and leadership and Representative Guerra agreed and thanked members for their work.

Chair Guajardo introduced Ms. Francesca Kupper, facilitator of the meeting. She read open meeting and virtual platform guidelines. She completed the roll call to confirm a quorum. Chair Guajardo asked for HHSC/DSHS staff to introduce themselves and any others that also joined the virtual meeting.

Agenda Item II: Table Approval of February 20, 2020 Meeting Minutes for October 30 Meeting

Chair Guajardo announced that the February 20 Meeting Minutes would be tabled for the next meeting on October 30.

Agenda Item IV: (Inverted Order of agenda items 3 & 4 of posted agenda) Review and discuss Vision, Mission, SB 1680 Mandates

Chair Guajardo started agenda item IV by granting Senator Lucio time to expand on the creation of SB 1680 and the TFBHO. Chair Guajardo thanked Senator Lucio and his staff and praised him for the creation of the TFBHO and the opportunity to serve. Senator Lucio thanked Chair Guajardo and stated how critical future recommendations will be.

Chair Guajardo continued by reading the Mission, Vision, mandates and factors of the TFBHO. She opened the discussion and asked members to share their views, especially for new members.



Mr. Ramirez and Mr. Chamberlain agreed that the current priorities set by the TFBHO were still pertinent. Mr. Esparza reminded members that the statute was written so that it allowed flexibility in terms of community needs such as “communicable diseases,” which allows for expansion of current issues.

Chair Guajardo asked Mr. Villarreal to explain the status of the Recommendations Report and future meeting dates. He explained the TFBHO, along with other committees, was granted a waiver with options for future meetings and at least six-month extension of the Recommendations Report that is statutorily-mandated to be submitted on November 1. The option given by the Governor’s Office was to meet at least four times before the end of the year was chosen. Mr. Villarreal stated that today’s meeting, followed by October 30, November 18 and December 10 fulfilled the TFBHO obligation to meet four times in 2020 instead of meeting quarterly due to COVID-19. He explained that a hard dead-line for the Recommendations Report hadn’t been detailed but that he’d check with Governmental Affairs to ensure the TFBHO was on the right track, according to the granted waiver and the extension request.

Ms. Kupper announced that Mr. Eddie Olivarez had joined the meeting.

Chair Guajardo asked if any members had anything to add to agenda item IV.

Mr. Esparza reminded members that if pressing issues, findings, recommendations or solutions to share them with him to ensure they are communicated in timely manner before session begins.

For Mr. Chamberlain’s benefit as a new member, Dr. Prot also expressed how the priorities were set up and how subcommittees were formed. She mentioned how data-driven recommendations aid in the production of recommendations.

Chair Guajardo thanked members and reminded them to utilize the reports and other data that exists on the TFBHO web page on the DSHS web site.

Dr. Rodriguez announced that he was on the call and wanted to ask about lab capacity as part of border public health infrastructure. Chair Guajardo referenced that the lab capacity issue was being handled as an assessment and was definitely a huge part of infrastructure. Dr. Rodriguez expressed how important it was in terms of legislative action due to its existing need.

Mr. Olivarez shared that laboratory capacity assessment was an issue that existed prior to COVID-19, especially considering communicable diseases such as Zika, dengue fever and TB for example. Since COVID-19, he expressed the dire need for a lab and stated that the assessment should be completed. The assessment should now include the operational function of lab capacity when dealing with viral outbreaks, especially when considering higher levels of testing during a pandemic. Adequate and realistic laboratory capacity should be considered to improve border public health, including partnerships with regional health



departments and other resources, since post COVID-19 action will change the way daily operations are handled.

Chair Guajardo thanked Mr. Olivarez and all members for their input. She agreed that a shift in action plans and recommendations will be crucial to how each priority is thought of and lead to sound recommendations to build upon.

Dr. Rodriguez also mentioned the importance of contact tracing, especially when thinking about the last experience with locally-acquired Zika. Contract tracers are needed boots on the ground and should be importantly considered when moving forward with recommendations and infrastructure.

Dr. Ringsdorf mentioned that while one of the factors reads "lack of health insurance" as a true issue that many must deal with it should add "and access" as many border residents may have health insurance but won't be able to find a doctor nearby so the lack of access to care is still a critical issue in border public health.

Chair Guajardo thanked all members for their continued dedication and shared that everything stated was on point to move forward with future recommendations.

Agenda Item III: Appointment of Vice-chair

Chair Guajardo introduced Associate Commissioner, David Gruber of Regional and Local Health Operations at DSHS. He acknowledged Chair Guajardo's work. He also acknowledged Dr. Gonzalez' and Mr. Resendes' work as part of the TFBHO. He then announced Mr. Eduardo Olivarez as the new Vice-chair per Dr. Hellerstedt's approval and spoke of his background prior to leading the Hidalgo Health Department and an anchor of public health response.

Mr. Olivarez thanked everyone for the honor of Vice-chair. He thanks Mr. Gruber, Senator Lucio, Dr. Hellerstedt and expressed he was motivated to serve. Chair Guajardo thanked Mr. Olivarez for his experience and acts of servitude throughout the years and shared that she was looking forward to working with him.

Agenda Item V: Texas House Border Caucus

Francesca Kupper announced that production staff were working on granting Representative Blanco access to the virtual meeting. She recommended moving on to agenda item VI and will let Chair Guajardo know when Representative Blanco has joined the call.

Representative Blanco joined the call and shared his remarks. He shared how the pandemic of COVID-19 has exposed our vulnerability to public health, the economy as well as health disparities among minorities and children of minorities. He expressed how COVID-19 is unrelenting and while we'd like to be done with it, it's not done with us. While many are citing fatigue, the public will suffer the consequences if they're not careful. He encouraged the TFBHO to continue to do their work on behalf of binational communities and to develop



sound solutions and recommendations considering the increased risk that binational communities face because of unique challenges, including access to care. A coordinated cross-border strategy due to daily international migration to improve coordination with our sister cities to contain and mitigate the spread of COVID-19. He also suggested that a vaccine strategy to ensure border communities are covered. He thanked members for their service and for inviting him to the meeting and stated he looked forward to upcoming recommendations to address border communities and offered his assistance with the upcoming legislative session.

Chair Guajardo thanked Representative Blanco for his and other legislators time to address the TFBHO and appreciated the support from the top down and the work they do to move forward.

Representative Guerra thanked the members of the TFBHO for their work and announced his departure and made himself available for future border-related issues to move forward in a positive direction.

Chair Guajardo announced returning to agenda item VI and continued with the meeting.

Agenda Item VI: Discussion: COVID-19 Response in Relation to TFBHO subcommittee priorities

Chair Guajardo opened the discussion about the COVID-19 Response and invited members to share their thoughts. She expressed that such a discussion would be critical to address lessons learned in relation to priorities and recommendations.

Eddie Olivarez expressed how COVID-19 has established a new normal in 2020 and the need to focus on improving public health needs of border communities and the vision of Senator Lucio had in developing the TFBHO. He encouraged to keep recommendations simple, structured and to stay focused on border public health goals that are attainable and impactful. He also spoke of a formal border health response component is critical besides continuing our effort to work as a team. He also referenced direct collaboration with hospital systems instead of relying solely on the Hospital Preparedness Programs to improve lab capacity and public health in south Texas and the entire border.

Chair Guajardo agreed and asked each local public health director to share what points they'd like to address.

Mr. Kotsatos shared that the city of McAllen completed more than 3,000 inspections and have continued to do a phenomenal job. Mr. Olivarez added that expanding the role of code enforcement and environmental health into public health would be very beneficial. Mr. Kotsatos agreed.

Mr. Chamberlain agreed with previous comments and expressed the critical issue of access to care. In Laredo, there are still limited resources with only two hospitals and healthcare professionals. So, public health infrastructure is of utmost importance, since there was a



period during COVID-19 where there was a zero-bed capacity in the hospitals. Chronic and communicable disease issues must also be improved and the need for mental health professionals is also a public health priority in the area. Telehealth has been a great technological advancement that has helped, however, there are still many needs to improve access to care.

Dr. Sonne shared that El Paso has experienced a significant increase in COVID-19 cases in the last week or two. We've collaborated with the local health department to provide public health services. Combatting COVID-19 fatigue has really affected the community. In addition to mask-wearing and social distancing, cultural risk factors are also an issue needing improvement to mitigate the disease. There is still a lot of hugging and kissing going on that has greatly affected an increase in the number of cases, along with the lack of social distancing. Lastly, there are many multi-generational households in the community, which has also caused younger people to become infected. There doesn't seem to be an issue among schools, since most classes are in a virtual setting. The local health department has really worked hard to prevent the spread of COVID-19, so it's difficult to see the rise in cases because we see how hard they've worked. Public health seems to be very concentrated so the need to reach more rural locations is still needed. One thing we don't know is how the transnational relationship is impacting COVID-19 in our communities. Even with screenings at the border checkpoints, it's difficult to assess how that impacts either country, whether cases are incoming or outgoing in addition to the social interactions and how they may be contributing to the spread of the disease. Additionally, measurements and sampling are different in Mexico than it is here, which makes it difficult to assess fully.

Dr. Ringsdorf mentioned how this pandemic has highlighted health disparities and proved exactly what has been proven with other diseases. It's affecting minorities at a higher rate along the border, which is important for us to focus on. We've met with our Mexican counterparts in Coahuila and their epi curve is pretty much matching ours. Even though their testing is not quite as robust as ours (though it took us a long time), it was very interesting to see that the epi curves matched, even though there seemed to be a slight increase in cases on both sides of the border recently. We all feel COVID fatigue but a valid point to focus on is the disparity issue.

Mr. Ramirez expressed that there are great needs across the south Texas border region. We need to continue strengthening collaborations from federal, state, and regional entities from major resource-sharing to PPE. A major challenge for us was with nursing homes and their willingness to share information. We're still working on that issue and believe it will improve. Chair Guajardo expressed how the city of Harlingen has worked well with Cameron County to address the nursing home issue among others and thanked Mr. Ramirez for his leadership and collaboration.

Dr. Rodriguez pointed out that all previous points made are consistent with his thoughts. One of the issues related to our priorities is a barrier we've faced is with our data and local governments decision-making processes. Our positivity rate in drive-throughs is higher compared to the general community population so we need to make data a priority, not only for the policy-making side of things but also with the enforcement to follow through when



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we do have good data. When we have it, we should act on it decisively and conclusively. Forming a plan to utilize data to improve local government decision-making, not only for pandemics but also for general community needs, which will help evaluate and produce realistic improvements. What is public health going to look like post-COVID? Will we have a weaker system, or will we have strategies and structures in place to combat public health issues to be a more effective public health system?

Chair Guajardo thanked Dr. Rodriguez for his thoughts and agreed how data-driven solutions is key to public health improvements. She also expressed how many people don't go to hospitals due to lack of health insurance or for other reasons. While hospital data is helpful due to many dying in hospitals, there is a large portion of the community dying at home, which can skew data consistency. In terms of lab capability, this continues to be a huge issue for us. While university systems are a great local resource, it's not always enough, especially during a pandemic. Additionally, the mental health aspect of public health is also of utmost importance in our community, which tends to be placed on the back burner. We also need to improve the health disparity issue, so we need to discuss what kind of goals in respect to our priorities and recommendations will advance border public health to benefit all.

She continued by stating that something minor can make a big difference in terms of border health infrastructure. For example, the health and safety code, many times, references the health authority, which is usually a doctor within the county. Because of this, very important information is not communicated immediately to local health department leadership. That is something that we can try to address so that such legislative codes are not quite as narrow because, at the end of the day, health department directors/leads must deal with the daily public health issues. She didn't expect this to develop into the pandemic that we have today, which uncovered weakness within our public health system, but we've learned from it to improve border public health for future generations.

Dr. Prot spoke of limiting lab capacity factors in the beginning of the pandemic as well as public health workers. There was a great need for epidemiologists, data entry workers and hospital workers, such as RNs, ICU and medical surge specialists because hospital systems weren't built to accommodate that many patients all at once, as many were operating at full capacity. Furthermore, the region had more than 80 percent of staff that was deployed. Mortality management was also stressed, and morgue trailers had to be positioned in different areas because there was no longer any capacity in hospitals or funeral homes. We also saw a need for education for donning and doffing within the hospital system as well as in nursing homes, which is very important for disease prevention within our medical infrastructure. There was also a need for clear messaging that is culturally appropriate (greeting behaviors should be altered – no hugging or kissing during a pandemic). Ventilation is also something to examine and how disease spreads within an area with little to no ventilation at high temperatures. Additionally, some schools suffered because their water heaters stopped working, which led to food-serving issues. Providing good guidance in messaging can improve public health. There was also a shortage of PPE and some people were re-suing PPE, which could have led to an increase in cases. We need to come up with low cost or no cost suggestions and recommendations to improve public health. We need to



show how a pandemic can negatively affect a border region more heavily than in other parts of Texas or the country, with higher amounts of severe disease and deaths. We need more specialists, especially in areas with higher populations that are either uninsured or underinsured. She stated that it echoed what many have already mentioned as well.

Mr. Esparza expressed that producing well-tailored solutions will stem from going back to the trainings that Ms. Kupper gave in terms of asking the “five what’s” to address the root of the problems to develop effective solutions to maximize limited resources. He encouraged members to utilize Senator Lucio’s staff as a resource to arrive at sound recommendations and solutions.

Chair Guajardo thanked all the members for their continued dedication and hard work as they continue to work on recommendations related to border public health priorities.

Agenda Item VII: Public Comment

Ms. Kupper expressed that there were no public comments registered. However, Representative Lina Ortega asked to speak. She shared that as a member of a border community, she’s highly interested in the TFBHO and is a member of the public health committee. They only had one meeting this year due to COVID-19 and believes how important the discussions regarding border public health and stressed how critical it is for the TFBHO to make recommendations, especially since the border region has been so heavily hit by this pandemic. She also expressed the importance of consistent binational data, which can lead to potential recommendations and solutions. She also mentioned how El Paso is currently having a major public health crisis and how vastly important lab testing turnaround times are in its relation to contact-tracing. In fact, today El Paso had 717 people test positive for COVID-19, the highest single day number experienced this year, with no answers as to what is causing the surge. While she appreciates the no cost and low-cost ideas, she conveyed that reasonable costs should also be considered.

She continued by agreeing with the fact that mental health issues were part of the solution. She encouraged members, as border public health experts, to present sound recommendations without being hesitant to suggest ideas attached to reasonable costs, whether or not such recommendations result in legislative measures in this session or a future one. She thanked all the members and offered her office as a resource of support.

Chair Guajardo thanked Representative Ortega and mentioned how critical it is to have the support of elected officials and appreciated her interest.

Agenda Item VIII: Closing Remarks, October 30 Agenda Review, Adjournment and Thank You

Chair Guajardo asked for Mr. Villarreal to address future meeting dates and times and agenda items. He shared that future meetings will be on October 30th, November 18th and December 10th with all meeting starting at 1:00 pm CST. He also shared that no hard



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deadline was set by governmental affair or the governor's office, so the recommendation timeline is up to the Task Force.

Chair Guajardo encouraged members to continue to work on priorities and recommendations as subcommittee groups so long as a quorum was not established, which is no more than five individuals. She continued by mentioning the specific agenda items for the next meeting, welcomed Mr. Chamberlain as a new member and congratulated Mr. Olivarez as the new Vice-chair.

Mr. Chacon asked Chair Guajardo to state the time to close the meeting. She announced that it was 4:05 pm. She, Ms. Kupper and Mr. Chacon closed the live meeting event.