



PIMA COUNTY

DISTRICT 2 MEMORANDUM

To: Chuck Huckelberry, County Administrator  
Fellow Members, Pima County Board of Supervisors (via Clerk of the Board)

From: Dr. Matt Heinz, Supervisor, District 2

Date: Monday, January 4, 2021

RE: 1/5/21 Addendum Item #4: COVID-19 Pandemic Update – dated 12/31/20

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Please see my comments, questions and/or concerns regarding each of the items delineated in the County Administrator Memo of 12/31/20

I. Present State of COVID-19 Infections and Medical System Capacity

The terrible numbers regarding where our community stood on 12/30/20 regarding new COVID-19 infections in December, COVID-19 hospitalizations and hospital bed capacity, ICU beds and ICU capacity, number and percentage of patients on ventilators because of COVID-19, Medical/Surge bed capacity, and number of COVID-19 Positive patients waiting in Emergency Departments for an inpatient bed that is not available... all concur with what I am seeing on a nightly basis in my job as a hospitalist at Tucson Medical Center. The situation is dire and only getting worse.

Further, it is important to note that even something as horrifying as ICU bed availability at 1%, or 5 beds available countywide, is snapshot of *one day in time*. At times, countywide ICU bed capacity is 0, requiring patients to wait in Emergency Departments for hours while a bed is located. This is simply not sustainable.

On the matter of sharing data, **I request that the daily reports available from EMResource, being obtained an analyzed by our Health Department daily, also be shared with the Board of Supervisors and our staff on a daily basis until such time as we are no longer in a state of emergency.**

II. Results of Case Investigation and Contact Tracing

It is important to note that of all the cases investigated in December in Pima County, per

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your Memo (3,359 case investigation interviews in the previous 30 days), nearly 6 in 10 residents who had contracted COVID-19 reported having attended work in person in the prior 14 days; nearly 1 in 4 reported having dined indoors at a restaurant or bar during that period, and 11% reported having attended a gathering of more than 10 people.

While for many jobs and industries, telecommuting is not an option, **we must continue to do everything we can to facilitate and encourage telecommuting by all employers, public and private – for all employees for whom it is possible – until we get these numbers under control.**

**We must also remain vigilant where dining in restaurants and bars is concerned.** If limiting dining to outdoor or take-out/delivery only could reduce viral transmission in our community by even just a few percentage points, that would make a huge difference in the rate of spread in the community and therefore the terrible toll on our hospitals -- and the nurses, doctors, emergency responders and other healthcare personnel on the front lines.

### III. Stay at Home Plan

As of the pay period ending 12/19/20, we had approximately 12% of the County workforce telecommuting, according to the numbers in your memo. You stated that that number was likely to have increased slightly in the next pay period due to the Stay-at-Home Order, which allowed “only employees who were performing mandatory services, operation or maintenance of critical infrastructure, or COVID-19 response efforts” to work, and, “if employees could perform those duties remotely, they were permitted to telecommute.”

As stated in your memo, “Since a substantial amount of the ongoing essential services can be performed remotely, it is recommended to end the Stay at Home Plan on January 11, 2021.”

I agree with ending the Stay at Home Mandate on 1/11/21 – Next Monday -- and would add that even with the recent increase of Pima County employees telecommuting (from 10% to perhaps 13%-14% of the total workforce), **there is much room for improvement.**

As former Supervisor Villegas pointed out in her Motion on 12/15/20 – which passed 3-2 -- it is the County Department Directors, not the County Administrator’s Office, who understand best which jobs in their department can be done remotely, and **therefore it is the Department Directors who should have the discretion to approve telecommuting wherever it will both keep people safer and maintain or increase productivity.**

### IV. Coronavirus Relief Act Funding, County Expenses Related to COVID-19 and Future Financial Obligations to Continue Public Health Agency Efforts in Combating COVID19

It is clear that to date, Pima County has spent more to combat COVID-19 and its health and economic repercussions throughout the county than the amount which Pima County received from the Federal governments in CARES Act funds last Spring for such purpose. Per your memo, it looks like through 12/31/20, the County will have spent somewhere between \$99.3 million and \$102 million in COVID-19 related health and mitigation efforts, compared to the \$87.1 million received in the CARES Act.

It is also clear that absent further emergency assistance for local and state governments from the Federal government in this new year, the County is looking at an estimated \$55 million more in expenditures to combat the pandemic through 6/30/21 that will have to come out of our General Fund. I fully support your call to our Congressional delegation to pass more funding for counties – who are the tip of the spear in fighting a pandemic -- in the next Coronavirus relief bill.

That said, I also believe our constituents deserve a more detailed view of how the first \$99 million has been spent.

In your memo, you outline various categories of expenditures related to fighting the pandemic in Pima County, and the amount spent in each. They all make sense, but two categories require more detail in the name of transparency:

1) **“Testing and Contact Tracing: \$38,000,000”**

Can you provide us with a more detailed breakdown of these expenditures? For example, how much has been spent on the following pieces of the puzzle:

- a. Testing, including how many tests have been administered by month through Pima County contracts with Paradigm Labs and/or others; and the overall expenditures per month. How much, if any, of these expenditures has been reimbursed to the County by other jurisdictions within the county – as all testing has rightfully been made available free to the public?
- b. Case investigation: How many cases investigated successfully, and how many initiated but not completed successfully? How many hours does it take to successfully complete a case investigation? How has staffing been ramped up at the Health Department or elsewhere to support this? Is our efficiency improving?
- c. Contact tracing: similar questions to those posed for Case Investigation above.

2) **“County personnel (e.g., time and effort dedicated to COVID-19 response, and pandemic leave including sick leave, caretaker leave, and leave to care for children due to day care and school closures; unemployment benefits/County share): \$33,842,708”**

Can you provide us with a breakdown by the categories listed in the title of this line item and their costs, and any other categories of expenditures that contribute to this sum?

**V. Vaccination Plan and Operations**

On the January 1, 2021 COVID-19 Vaccination Distribution Update online, it states that through December 31:

- Doses allocated to Pima County: 65,000 (including both Pfizer and Moderna; as allocated by the AZ Dept of Health Services)
- Doses received: 45,000
- Vaccinations completed: 15,812

In your memo of 12/31/20, you state that Pima County had received 29,000 doses of the vaccine (counting both Pfizer and Moderna), and that through its partners at hospitals and other healthcare organizations in the county, had administered the first-of-two required shots to 12,283 members of the community who are in Phase 1A: frontline healthcare workers and those working or living in assisted living/long-term care facilities.

You note that in total, we estimate “there are 68,594 individuals in Phase 1a, (which includes LTC/ALF residents and staff).” You also note that it is expected that we will be in Phase 1a until mid-January.

Finally, you note that “The Governor’s most recent Executive Order issued yesterday [12/30/20] further complicates the local control and distribution of vaccination. Under this strategy the Arizona Department of Health Services will retain a significant volume of the state’s allocation to distribute directly to large state pharmacy retailers including Walgreens and CVS with the goal of increasing coverage across the state. Effectively this decreases the proportion of vaccine that will be allocated [directly] by the County to its health care and community partners.”

1. Since the Governor’s order last week, what more have we learned about how vaccine distribution may change as a result?
2. What are we doing, and what more can be done, to ensure we hit our target of mid-January for being able to transition from Phase 1a to Phase 1b of vaccine distribution?
3. How is the County actively engaging ALL community members as allies and partners in this effort, to address the hesitancy or skepticism being expressed by some members of the community regarding getting the vaccine when it’s their turn?