PLANNING AND SUSTAINABLE LAND USE COMMITTEE
Council of the County of Maui

MINUTES

September 23, 2020

Online Only Via BlueJeans

CONVENE: 9:00 a.m.

PRESENT: VOTING MEMBERS:
Councilmember Tamara Paltin, Chair
Councilmember Shane M. Sinenci, Vice-Chair
Councilmember Kelly Takaya King
Councilmember Alice L. Lee
Councilmember Michael J. Molina
Councilmember Keani N.W. Rawlins-Fernandez
Councilmember Yuki Lei K. Sugimura (in 9:20 a.m.; out 11:40 a.m.)

STAFF: Ana Lillis, Legislative Analyst
Alison Stewart, Legislative Analyst
Laksmi Abraham, Legislative Analyst
Richard Mitchell, Legislative Attorney
Clarita Balala, Committee Secretary
Jean Pokipala, Council Services Assistant Clerk

Lois Whitney, Executive Assistant to Councilmember Tasha
Kama
Kate Griffiths, Executive Assistant to Councilmember Kelly
Takaya King
Trinette Furtado, Executive Assistant to Councilmember Keani
N.W. Rawlins-Fernandez

ADMIN.:   Michael J. Hopper, Deputy Corporation Counsel, Department of
the Corporation Counsel
Jacob Verkerke, Chief Technology Officer, IT Services Division
Josiah Nishita, Deputy Managing Director, Department of
Management

OTHERS: Stephanie Ohigashi
Kai Duponte, Hale Hawaii
Faith Chase
Cara Flores, Hale Hawaii

Dr. Stephanie Yan, Sustain Hawaii
Kevin Vaccarello, Sustain Hawaii
Heidi Taogoshi, Public Health Nurse Supervisor, Maui District
Health Office, Department of Health
Takako Nakaaki, Epidemiological Specialist, Maui District Health
Office, Department of Health

(4) additional attendees

PRESS: *Akakū: Maui Community Television, Inc.*

PSLU-74:   **CORONAVIRUS CONTACT TRACING AND APPLICATIONS** (MISC)

CHAIR PALTIN: . . .*(gavel).* . . Will the Planning and Sustainable Land Use Committee meeting of September 23rd come to order. The time is now 9:00. If everyone could please silence their cell phones or any noisemaking devices. My name is Tamara Paltin, and I'm the Chair of the Planning and Sustainable Land Use Committee. With me today I have my Vice-Chair, Member Shane Sinenci. Aloha kakahiaka.

VICE-CHAIR SINENCI: Aloha kakahiaka kākou, mai Maui hikina e hauʻoli wau e nana ʻoukou. Nice to see everybody.

CHAIR PALTIN: Nice to see you. We also have Councilmember Mike Molina.

COUNCILMEMBER MOLINA: Aloha kakahiaka, Madam Chair, from under the virtual bridge here in Makawao. Blessings and greetings to you and everyone else. Aloha.

CHAIR PALTIN: Aloha. Yeah, we got to build bridges, not walls, yeah? Next up we got Chair Lee.

COUNCILMEMBER LEE: Madam Chair, as we say in Ireland...oh. Dia dhuit. Dia dhuit --

CHAIR PALTIN: Dia dhuit?

COUNCILMEMBER LEE: -- to everyone.

CHAIR PALTIN: Dia dhuit kākou and aloha. We also have Councilmember Kelly King.

COUNCILMEMBER KING: Good morning, dia dhuit from beautiful Kihei for our friends over at Mulligans.

CHAIR PALTIN: Dia dhuit, Mulligans.   We also have Council Vice-Chair Keani Rawlins-Fernandez. Aloha kakahiaka.

COUNCILMEMBER RAWLINS-FERNANDEZ: Aloha kakahiaka, Chair. And dia dhuit kākou.

CHAIR PALTIN: Aloha. And we have...Councilmember Yuki-Lei will be joining us in a bit. She's running a little late. Non-voting Committee Members Riki Hokama and Tasha Kama are welcome to join as always or, you know, watch virtually. Corporation Counsel today should be Deputy Corp. Counsel Michael Hopper. From the Administration, we have Josiah Nishita, who's available until 9:30; and Jacob Verkerke, who's our Chief Technological...Technology Officer as a resource. From Sustain Hawaii to do the presentation, we have Kevin Vaccarello, as well as

Dr. Stephanie Yan. From our State Department of Health we have Takako Nakaaki, Epidemiological Specialist; and Heidi Taogoshi, also a Epidemiological Specialist. Our Committee Staff, we have Clarita Balala, Committee Secretary; Jean Pokipala, Council Services Assistant Clerk; Anna Lillis, Legislative Analyst; Alison Stewart, Legislative Analyst; Laksmi Abraham, Legislative Analyst; and Richard Mitchell, Legislative Attorney. On the agenda today we have one item, PSLU-74, Coronavirus Contact Tracing and Applications. Because our Deputy Director Josiah Nishita has to leave early, we were going to do the presentation before public testimony. I'll allow a presentation from both Sustain Hawaii and the State Department of Health before public testimony. After the presentations, Councilmembers may ask clarifying questions only. Deliberating on the item is allowed after public testimony. After each presentation, Members would have an opportunity to ask clarifying questions. Let's see. Dr. Yan and Kevin, were you prepared with your presentation at this time?

MS. YAN: Yes.

MR. VACCARELLO: Sure.

MS. YAN: Kevin, can I do my short presentation about why digital contact tracing? I'll be a few...

MR. VACCARELLO: Absolutely. Yeah, please.

MS. YAN: Okay. Sounds good. I'll share my screen now.

CHAIR PALTIN: Okay.

MS. YAN: Are you able to see my screen?

CHAIR PALTIN: Yes. Now we are.

MS. YAN: Sounds good. So this will be a shortened version of my lecture to the Maui County Medical Society about why digital contact tracing. So it's pretty well known that the virus that causes COVID-19 has an R naught of between two to three. And R naught is the number that represents the transmissibility of the virus. It quantifies how many new cases spring from each existing case. But what scientists and epidemiologists are suspecting is that the R naught for the COVID-19 virus actually has a kappa, which is a variation of the R naught that's very narrow. So just to differentiate the two, if you have a K variation that's wide, that means that for a given person, the outbreak probability is very low. A group of...let's say a group of 100 people, you have one super spreader who could pass the disease to 300 people, and then the other 99 people are not infectious at all. The average of this type of virus spread is still an R naught of around three, but see how one spreader can pass to 300 people, and 99 people can pass to 0? This one has a wide kappa variation. And so the K...the kappa variation of the R naught for COVID-19 is very narrow. That means for the same 100 people, each of whom can spread the disease to 3 people equally, the average of that R naught is still 3, but now there's no variation in infectiousness. So allowing a random

person to travel to another location in this group of people with that kind of spread, each person has an equal chance of spreading the disease. Whereas if you had the wide variation, 99 out of 100 times of those people will not spread the disease in the new location. So kind of to graphically show that, this is a kappa with a wide variation. This is a kappa with a narrow variation. You have one person that can spread it. And this is where the manual contact tracers actually really shine because once they identify this person, they can go to that root source and knock out this spread, and then the 99 people can't spread it. But if you have a kappa like this COVID-19 virus that's equal among each of the person, you don't really have a lot of these super spreader events. Each of them can actually spread it to two to three people, so you have...you can easily overwhelm your manual contact tracers. So that's why in a recent report, Senator Gabbard quoted a number from the George Washington University that now the State needs 1,345 active tracers. Before that, it was 500. Before that, it was 300. So this number will just keep going up without digital contact tracing. There is no bottom if you don't have help from technology.

CHAIR PALTIN: Dr. Yan, is it possible for you to make the screen a little bit bigger?

MS. YAN: Oh, sure. Sorry.

CHAIR PALTIN: Maybe maximize. Is that good, Member Sinenci?

MS. YAN: How about that?

CHAIR PALTIN: Oh, yeah, that's awesome.

MS. YAN: Okay. So this is just a number from George Washington University. They report that based on our numbers, we need about 1,345 active contact tracers now. So before that, we heard 500; before that, we heard 300. So that's going to keep on going up. So to go back to my other...oh, sorry. To go back to my other PowerPoint slide presentation. Now, there was another paper in May done by mathematicians. They did a mathematical modeling for different interventions and percent success in isolating cases with COVID-19, and here we have a graph that shows the success of the intervention for contact tracing and telling people to isolate and quarantine. In this first graph, this is three days to isolation and contact tracing. So this...from the time you have a positive result to the time you notify the next immediate contact to your positive patient, if you have three days in that lag time, you don't have a lot of success. The green is not really here. If you have...if you increase that time to two days to telling somebody to isolate and quarantine, then you have a little bit of success. If you increase that to one day...or to decrease that time to one day to isolation and quarantine, you have a little bit more success. And then if you do it within the instantaneous, within 24 hours of getting the positive, then you have more success. And this is where digital contact tracing can help. Now to give you a little bit of background of what it is that the kind of overall view of where the digital contact tracing fits into how we fight COVID-19 at Maui, I kind of want to give you a quick summary of a lot of efforts that are happening on the ground, and a lot of efforts that should be happening. So for the three...for the testing part, we need to, like Dr. Pang

in his Tuesday address to the Maui County Medical Society and the Thursday address as well to the teleconference with the Mayor, we don't have the availability of the tests that other areas do because of our size and because of our market. So we end up with tests that we get. Right now on Maui, we have the CLH Panther, which can do 1,000 tests a day. We are trying to get two more Panthers, or two more high throughput that are PCR machines that can test 1,000 each. So that's 2,000. Then we have the Abbott ID Now machines. These are molecular tests, but they're a point of care test, and these machines can run about four tests per hour. So if you run each machine eight hours, and then you have 10 machines, you can run 320 tests. We're hoping that different entities, private, nonprofit entities in Maui County can get about 30 Abbot ID Now machines. And we can get these in about four to six weeks. Whereas the Panther, it takes some time because they have a lot of competition for these machines, and we've been getting estimated dates for delivery December or January. And the third priority is the antigen testing. A little bit lower sensitivity, but if we have certain protocols in place, we can overcome those. So these are the BD Veritors, that can come in a couple weeks; and the Sofias, which some of our partners here on Maui already have in their possession and using, but you can't order these now because the DHHS has garnered...has ordered other stock. So these are not possible for us to order. There's waivers that you don't need to have CLIA certification for these. And the BD Veritor, for example, each machine is $300 each, they can run 3,000 tests per machine, and each test is about 20 to $30. And this might be a machine we use for our workers. I bought it for my office because I plan to...depending on our prevalence, I plan to test my workers frequently. Now, the test needed is about...we have 3 million visitors a year, that's 8,000 visitors per day. We're probably not going to get that much. We're probably going to get half or a third of that initially. So that's less than 4,000 tests. And then we can attract those visitors that will stay longer than seven days. We can test nursing homes, homeless population, other high-risk groups with the PCR machines. And then on our full-time labor force, we have 84,000 in Maui, we have about 40 percent unemployment rate right now. If we bring those people back, we might get close to that once we start to reopen. But if we take good care to do screening for our travelers, PPE for essential workers, and working on ventilation and keeping outdoors and distance working, we can...we probably don't need to do 84,000 testing for our workforce if we do such a great job with screening travelers, PPE, and ventilation. So that brings us to creating...these are draft protocols that we're going to work with with our Maui DOH Director Dr. Pang hopefully, when he has time. And it will allow us to inform the public of how to look at these different tests and protocolize how we use each test so that there's no confusion in the public. And I think that's very valuable to do, to create a common criteria for all our testing sites and a common testing protocol for that. Now, this brings us to one test versus two tests to opt out of the 14-day quarantine. And this is why...this is where our contact tracing app and our tech solution can help, right? Because one, you need the pre-boarding verification of the test within 72 hours of flight. You need something that can verify it right at the airport, so you need something that's connected to 95 percent of the EHR across the country, connected to all labs that can confirm FDA, EUA approved tests for CLIA certified labs.

CHAIR PALTIN: Dr. Yan...

MS. YAN: None of the apps out there that I've looked at have this ability.

CHAIR PALTIN: Dr. Yan...

MS. YAN: Then we need to manage...

CHAIR PALTIN: Dr. Yan --

MS. YAN: Oh, sorry.

CHAIR PALTIN: -- is it okay if you put it on the slideshow mode --

MS. YAN: Oh, on the slide --

CHAIR PALTIN: -- so that the slide --

MS. YAN: -- oh, sorry.

CHAIR PALTIN: -- goes bigger?

MS. YAN: Okay. Then we need to manage people who opt out of quarantine. We don't need to track them, but the app allows us to prompt them at random times to take pictures, or scan location-specific QR codes so that we know where they are. It matches the GPS where they reported where they should be. And then if you want the two-step system, you also need the quarantine manage...or you also need the testing management part of the app, which you can remind people to test on day five...sorry. You can remind people to test on day five, direct them on where to go right on the app, and again, you can verify the negative test by the app. And then once they clear out, once they finish the 14-day quarantine, and once they opt, or they test out, in the app itself you have proof that they have been given an all-access pass to our island. And these are the things that will help us be safe, 80 to 90 percent effective in curbing the disease. And we need a DOH directed protocol for business reopening. Social distancing, six feet or more per family unit. In this epidemic, we don't treat individuals as individuals. We treat family units as individuals. Cloth and surgical masks for all customers over the age of two if not eating or drinking. KN95 and shields for any workers in enclosed places. So these KN95s are equivalent to the N95s that healthcare workers use. They're readily available in the market and way cheaper than N95s, but they're less quality because they don't have the seal. But these are readily available in the market. Now, surgical masks and shields should be required for any workers in outdoor or well-ventilated areas. This is the key, well-ventilated areas, you can get away with surgical masks and shields. Workers must carry hand sanitizers. Pocket hand sanitizers recommended for everyone in the public. I carry hand sanitizers when I got out to an outdoor eating area. I always have my hand sanitizers because you can't always get up and go and wash your hands. The most...the least expensive things are the most helpful; door stoppers, windows being open at all businesses. There's dilutional quality if the air keeps circulating through.

Remember, infection is time and dose. If you open your window, there's new air, fresh air coming in. Even if there's...sorry, virus in there, you dilute the amount of virus in the air, you lessen your chance of having infection. Sanitizing wipes to be available at all times in businesses in every major common areas. Ventilation changes with MERV-13 for air conditioning system in enclosed places that cannot open their windows and cannot open their doors, and indoor air purifiers for those spaces that cannot have the same open doors and open windows. And then the businesses can buy those BD Veritors, the antigen tests that are $300 each, about $20 per test. And they can test the workers however they want to; once a week, twice a week, depending on our prevalence. We saw that about 10 positives a day in Maui for 14 days was a big, big strain to our healthcare capacity. And mostly, this strain was because of staffing. And everyone should watch a video of donning and doffing techniques for mask and shields, and the whole island, but especially for workers. Now, the contact tracing app, like I said, it helps with the feeling of overwhelment [sic] for our manual contact tracing because mathematical modeling has shown that they will become overwhelmed because of the way that the virus spreads in our community once it spreads. So we need the help of technology to be able to do that because there's no bottom in this number, and we don't have the staffing...staffing capacity as well as resources, to have the manual contact tracing. And to have it done with epidemiological control within 24 hours is the most, most helpful. Anything more than two to three days after a positive gets reported doesn't have epidemiological control, and is just pretty much a show. So you don't want to adopt a technology that will not give you that control that you need. So thank you so much for your time, and I'm going to hand it over to Kevin. I'm going to stop sharing and then he can do his live demo.

MR. VACCARELLO: Mahalo for all the information. Sorry, can you hear me now?

COUNCILMEMBER RAWLINS-FERNANDEZ: Chair, you're muted.

CHAIR PALTIN: Yeah, thank you, Mr. Vaccarello. And thank you, Dr. Yan. At this time I just wanted to recognize and greet Member Sugimura. Thank you for joining us.

COUNCILMEMBER SUGIMURA: Good morning.

CHAIR PALTIN: Aloha.

COUNCILMEMBER SUGIMURA: Aloha.

CHAIR PALTIN: Kevin, can you turn on your video?

MR. VACCARELLO: Yes. I'm not sure you want to see my grubby face in the morning, but here you go.

CHAIR PALTIN: Aloha kakahiaka.

MR. VACCARELLO: Aloha. Good morning. And I can also share my screen really quickly,

which is probably more fun to see than me. Let's see here. Share screen. Okay. That...is that working there? You can see...oops, you can see the --

COUNCILMEMBER RAWLINS-FERNANDEZ: Yes.

MR. VACCARELLO: -- graphs. Okay. So my name's Kevin Vaccarello. I'm with Sustain Hawaii. We're a Native Hawaiian nonprofit organization that's been around since 2003. We focus specifically on healthcare and wellness-oriented issues for the most vulnerable population bases, Native Hawaiians, Pacific Islanders, Filipino, and others. What I'm going to be sharing just really, really quickly, just to give a little bit of context, is kind of our origin story that led us to the creation of Perseus for this pandemic, if that's okay. Can I give a couple minutes for that?

CHAIR PALTIN: Sure, yeah.

MR. VACCARELLO: Okay. So I just want to just share really quickly that we're a high tech and high touch organization. We were contracted a few years back by the Department of Agriculture to do a statewide food system metrics platform. Reason why I'm going to give a little bit of context is because not all apps are created equal, for one. And I think we...it's important to understand where we're coming from as a nonprofit group that's dedicated specifically for 17 years to assisting the betterment of the community's health and wellness specifically. So...and then we do that through the food system and through healthcare systems primarily. That's been our focus. So we did this really robust platform for the Department of Agriculture. It helps see from a nutritional vantage point what the importance of health is for folks' diet. That led to us creating this platform called Healthies. And Healthies, this was underwritten...the Department of Health...I mean, sorry, the Department of Agriculture project was underwritten by Ulupono Initiative. That led us to building up this platform called Healthies, which integrates between the healthcare system and the food system. And the important part of that is it allows us to do an entire health print of an individual from their historical medical records if they wish to opt-in to do so, plus their genetic data, plus microbiome data, inter-extracellular data, all the wearable devices, there's over 400-plus medical devices in home. The reason why that's important to mention as a backdrop is because having this sort of an engine allowed for us to pivot really quickly. We were preparing to launch this particular project in Waimānalo as a pilot, but then COVID hit, so we did a quick pivot. So in order to do that pivot, it led to this creation of Perseus. And another little couple pieces of backdrop, our organization, 80 percent of our board members are native Hawaiian. One of the most relevant is Dr. Maile Taualii, she's the founder of the Indigenous and Native Hawaiian public health program at the University of Hawaii. She's also an epidemiologist and geneticist, and a bioethicist at the Federal level. At the Federal level as a bioethicist, her task specifically is to ensure that any data that is used is never used to negatively impact marginalized groups. So we take that very, very strongly as a requirement for everything that we did for the COVID-related applications. She's also a righthand diversity researcher at Kaiser Permanente. So we have Dr. Maile...Malia Smith as well, that did a . . .*(inaudible)*. . . Ebola program that was ground truthing all of these activities. Dr. Ted Radovich, Kumu Ramsay Taum, and Kawika Kahiapo. So those

folks are the ones that are kind of helping lead the charge, and then what we're doing is, we're the tech end. So on the back end of us, there's...we have access to over 40 different types of...40 different developers, PhDs, engineers, full stacked data scientists. We've...a lot of them are from Ivy League schools, the Cal Tech, MIT, Yale, Harvard, Stanford, so we're not just these guys in Waimānalo just kind of doing stuff. We actually have a decent amount of accessing capability. We've been hired guns for Amazon, Berkshire Hathaway, Walmart, Red Cross, and Toyota, for some examples. So we're...we all decided, let's take our skills and put it towards something that's really a benefit to help the community at large. So before I dive into that, I...because we wanted to do a comparative, we started building this out, this comparative matrix, I'll share that with you...I'm not completely done with it. But I just wanted to show since we can't do a kind of a here's one platform versus another platform, we're actually just listing all of the features and details on the left of what actually is required for a safe reopening. Because that's really important for us to understand. People can talk about contact tracing all day every day, and we get...we often get mispegged as only being a contact tracing app. That's far from the truth, that's one service and feature that we have in our entire platform. So it's important to realize...if you see on the left-side column feature details, those are all of the features that exist in order to properly reopen and prudently reopen.

COUNCILMEMBER RAWLINS-FERNANDEZ: Mr. Vaccarello?

MR. VACCARELLO: And then you can see that ours has all of them but one.

COUNCILMEMBER RAWLINS-FERNANDEZ: Mr. Vaccarello?

MR. VACCARELLO: We don't need webforms. Yes?

COUNCILMEMBER RAWLINS-FERNANDEZ: Can you make the spreadsheet bigger please?

MR. VACCARELLO: Oh, let me try to do that. Let's see here. View. How's that? Is that better? Yeah?

COUNCILMEMBER RAWLINS-FERNANDEZ: A little better. Maybe one more time to, what is this one, 50 to like, maybe 200? Yeah, that's a lot better.

MR. VACCARELLO: Okay. So this spreadsheet, I mean...and of course we don't want you to take our word for it. This is just a starting point. We'd love to have more input. We did have, I'm going to show at the very bottom, we have all of the sources for the links so that it could be verified yourselves to see the actual functions that each of those providers truly are providing. So you can go ahead and do your own research, but I'll share this document. But it basically shows a pretty stark difference as far as applications are concerned. Perseus covers a tremendous amount because that's...we want it to be a safe protocol reopening platform. We don't want to only be, you know, Bluetooth contact tracing, or GPS contact tracing. That only represents one component of safe reopening. NOVID is an excellent alternative solution to the GAEN API and to GAEN in general that's accessible on phones currently. The reason why the

NOVID platform is more powerful than what the GAEN API and the GAEN platforms are, is that there's security and privacy issues from the GAEN. And then there's also, unfortunately, false positives that come about from that because Bluetooth goes through walls. The NOVID thing has a unique component of ultrasound. Ultrasound bounces off of walls, so it can't do false positives. When people are 16 feet apart from each other, but they're on opposite sides of the walls or in different offices, that makes a big difference. I don't want to be falsely notified because I'm 16 feet apart, but in a separate office entirely, as being exposed. So that actually allows for the removal of false positives. And then the rest of the solution sets, as you can see, there's very, very few solutions that have that many features and details. But I'm not going to go too far into all of this, just suffice it to say that there's quite a few of things that are lacking. What we want to do as a platform provider and as a community, Native Hawaiian nonprofit group that focuses on assisting community members' health and wellness is to be a platform that engages as many others. We don't think we're the novial, we want to integrate with other platforms, we want to partner with them. We think that there is a space for multiple solutions. There's no harm for the Department of Health or the State or Counties to use more than one. We can share all the data to the same repositories if we need to. That's not an issue at all. Technical capacity to do that is very, very simple and straightforward. So having more information and more points of failure is better for risk prevention. So to us, bring in Perseus, bring in NOVID, bring in the Safe Travels, bring in Aloha Safe, that's fine. But let's all work together as a community to improve the health and wellness of the community at large. That's the important part. We don't want to be the sole solution, we want to work with everybody else to make sure that the community's health and safe, and then we want to make sure that everyone can get back to work. We need to get back to work. So --

MS. YAN: And Kevin --

MR. VACCARELLO: -- enough of that. I'll share this document, I'm happy to share it. And I'm going to go ahead and dive into...

MS. YAN: Kevin --

MR. VACCARELLO: Yes?

MS. YAN: -- while you're doing that, I also want to add that we also have to future-proof whatever technology we adopt in Hawaii. NIH right now, I heard that they are vetting seven contact tracing apps that they might roll out throughout the country, they have 22 million grants in order to do this. So if we already require each other to share data, to integrate data across these different platforms, allow people to pick from their flavor of app to download, which has the same data, then we future-proof our State to be able to integrate all existing data with the newer platforms that will come. Sorry for interrupting.

MR. VACCARELLO: No, that's a great point. And that's the intent. How our architects and designers and engineers work is we specially want to make sure that every single new

technology that's coming out, that's constantly being innovated, that's better, faster, it's more affordable, awesome. Let's bring it in. Let's integrate it. So that's really the suggestion, and as Stephanie was saying. And so we built it that way. We have the capacity to do that. We're working with many other groups. So I'm going to kind of go through this safe reopening protocol that we've kind of defined. And Perseus, as another little backdrop and fun kind of element, it stands for Planned Emergency Response System Engaging Unified Support. So it's a mouthful as an acronym, but it's a fun and poignant acronym and it kind of articulates the fact that it's future-proofed already. When vaccines come in, we can throw that information in. If it's another pandemic, God forbid, it can still accommodate that as well. It's not solely geared only towards COVID, though that's the most pressing need currently. So we understand that, we focused on that for now. So importantly, as we go through the protocol, there's basically kind of seven steps that if you're a traveler, we have that as a separate component. So residents and travelers are the two primary stakeholders. We want to make all the really important information that Dr. Yan shared become simple and relevant and useful for folks on an app. So our task, as developers and engineers, is how do we make this really simple for people to get the benefit of all this information so that they can act quickly and promptly. How do we get information 24 hours or less. How do we, like, make sure that folks can self-isolate, can they get tested. All of those things really, really well. So if you're a traveler, for one, the travelers are suggested please, you know, follow all the protocol prior to even booking because then you know that you've taken care of, you're not messing up your travel plans if you happen to test inconclusive or negative...I mean or positive. You want to make sure that they test negative, they can then safely go onto the plane and board and enjoy their travels, and then test again when they land here, and preferably multiple times while here. So the first thing is download the app. Next, schedule a test. We're going to have, we already have partnerships with multiple testers in the State. So the largest and probably most well-known is Dr. Scott Miscovich. We have a direct partnership with them. Our Chief Medical Officer is Dr. Darragh O'Carroll. Dr. Darragh O'Carroll works directly with Dr. Miscovich in Premier Medical Group. So we have a partnership with them so that they...when they go out and do all their testing, they then use Perseus to immediately input all of the results of the tests, so it streamlines that process really, really radically. And that's important because the faster we can get the information to folks, the quicker that they can share anonymously and voluntarily their data points for locations, which then provides exposure notifications, which then allows people to act rapidly on that as well. So schedule the test, then go ahead and get tested, receive the results, and then you can see, there's either...you're either negative or you're positive. And if you're positive, then go into quarantine for 14 days. Once you're done, yay, enjoy like it's pre-COVID-19. Let's get back to reality a little bit. That would be awesome. We would love to. If you're negative, go ahead, you're clear. Move forward in any capacity that you like. And that actually is relevant to all types of businesses. So because of the way that we've built it, having groups like Minute Medical hopefully soon, the Premier Medical Group, Project Vision Hawaii, and our work with the houseless and the transition housing folks. We're working with them specifically to give them options as well. We want to make sure that every single individual has access to the tools, they then are associated directly to a QR code on the application as soon as they're

downloading it. And the last thing is that if you happen to be exposed, you go through, you schedule a test, you isolate, and you wait for results in isolation. You don't want to negatively impact folks, just in case you were exposed and it becomes that you're asymptomatic or pre-symptomatic. That's the biggest problem, as Dr. Yan mentioned, 40 to 50 percent of people are walking around not even knowing that they...because they don't have any symptoms, they don't even know that they're actually spreading the contagion. That's really, really problematic. We need to get everybody tested before they arrive here. Residents tested at least once, and then followed up within three to five days to minimize the amount of false positive and false negatives, and preferably do that as frequently as we can. The testing that we're doing too, it's important that we're device agnostic on that end. The reason why we want to be agnostic on the testing side is because those are coming out really fast through the FDA. So we only use FDA, UA approved tests. We look for them to be the most affordable that they can be, the fastest results, and the highest quality results from a sensitivity specificity and LOD vantage point. If we hit those three criteria, that's great, and now we can prioritize and get a portfolio of testing solutions with the groups that are out there on the ground doing the tests. And then that connects up with clinical labs, diagnostic labs, S and G labs. That then basically closes the loop. We can share all that information if Department of Health wishes, which we would love to. We've been actively pursuing an intended relationship and collaborative effort with them for several months. So there...I don't see any real downside for that, and hopefully that can happen sometime soon, especially because now we're getting the rest of the supply chain from the testing side using the platform in order to provide the data. So...and then immediate notification. So I'm going to go ahead and move directly into the app itself, but this basically shows the entire process of the platform, why the app does what it does. The reason why I give this as a backdrop is because the app is so simple, most of the stuff is just happening behind the scenes. And this lets you see all of the things that are happening behind the scenes that actually are required for a prudent protocol and a safe reopening. So I'm going to stop this screen and I'm now going to share this other screen and...let me see. Where did it disappear to here?

CHAIR PALTIN: Oh, Dr. Yan, your video just popped up. So it works now. Just, side note. Sorry, we had a behind the scenes tech issue.

MR. VACCARELLO: Okay, so let me share now this one. This is...okay, can you see the app? Is it...are you able to see the app here?

COUNCILMEMBER RAWLINS-FERNANDEZ: Yes.

MR. VACCARELLO: Okay. Okay, so this is the largest I'm able to do it. It's full screen on mine, so hopefully you can see it fairly well. I'm already logged in, so it's not going to actually show you the login, which is a very simple thing. We have a protocol called auth-zero. It's a password-less login, it's the most secure that you can have. You just quickly type in your phone number, it immediately gives you a six-digit code. That six-digit code gets entered, and then you're into the app. It asks you two things. The first thing that it asks is are you willing to turn on your location services. That's the

same question that's asked by Google maps or Yelp or other location service platforms. We ask the same, however, ours is much more private than even Google maps. But most people use Google maps, and they're not even concerned about it. Ours is...all the data is only located on the individual user's phone, it's never used anywhere else. So that's an important part. The only time anyone can ever possibly share location data is only if they've tested COVID positive. And at that time, they can voluntarily share their data anonymously. So it's as private as we can get, and Dr. Taualii has ensured that we made it so. So that was an important step. The other thing that it will ask you before diving in is, will you have push notifications turned on. And that's just so that the app can actually tell you, hey, thanks for submitting your self-symptom report. We see that, which is what you see here now. There's two forms that I'm going to have to go through and that's it. And then after the two forms, it only becomes one form. This is all the symptom data from the CDC. They're constantly updating that, but it's all the basics. We follow whether they make any updates. If so, then we update that in our platform. The CDC also has five tiers of clinician level response from green to lime to yellow to orange to red. And it visually shows the severity. So I'm going to go ahead and say today that I have a fever. I submit that information, it automatically tells me, you know what, stay at home. Because this is still a concern, we just want to make sure that you shelter in place, maybe go get tested, here is a place that you can get tested at. Go ahead and schedule it and the like. Now the other form that gets filled out is what's called comorbidities or pre-existing conditions or other issues that are exacerbating the concerns. So whether you're a first responder, if you're working at a nursing home or living at a nursing home, if you're over 65 and the like. We wanted to make the thing very simple, graphic oriented. Choose the button, it takes five to ten seconds to complete this portion, you submit it, you're done, it gives you the updates. Now, because we turned on push notifications, what that means is every 24 hours, you're now going to get asked, hey, would you please update your symptoms for us. And we want you to do that really simply. So I'm going to pretend that it was 24 hours. I'm going to turn fever off because I don't have it anymore, but today I actually have shortness of breath, unfortunately. So I update my results, it takes me two seconds, and now I get the correlate update from the CDC of, hey, that's one of the five major conditions that are of concern. We need to actually make sure that you go and get emergency help because that's that severe of a symptom. So that's how that works. Now, of course, there's the other three thresholds in between. If you happen to have comorbidities, if you have had fever or fatigue, coughing for three days straight, that elevates the concern. And then the appropriate messages come as a result. Now, as I mentioned earlier, every single person, as soon as they log in, they immediately get access to a unique QR code. This is only associated to this individual, it can never be anybody else. And I'll show you, you just like click the button, you can see the pattern kind of changes a little bit. I have so many nerds on our team, they gave me this really funny stat that they said there's more QR codes than there are atoms in the universe. I was like, whoa, that's crazy. So we're never going to run out of potential QR codes. So we wanted to do that specifically because we want to make sure that no one can cheat the system. That's a really important part to us. We don't want folks coming in from the mainland or others who have tested and then they scan somebody and they see, oh, that person's negative. Perfect, I'm going to scan their one and I'm going to use that.

Cannot, it's impossible. And I'll show you in a little bit why. The other thing that's important is that you cannot self-report your test results. That's laden for cheat. So if you can only receive the test that's FDA, UA approved and it's from a healthcare practitioner, then they're the ones that actually submit the results of the test. Nobody else can submit the results of the tests, other than authorized practitioners. That's really critical. So go ahead and we do that, I have my own QR code. Okay, great. Now what I'm going to do is I'm going to pretend that I'm either a tester or a gatekeeper. First, I'm going to say I'm a tester and then I'm actually going in...and you can imagine that this is the same functions as a gatekeeper. Oops. Shucks. Let me download real quick. I apologize. This happens because we're in...you're not supposed to have this test twice for an individual. Let me change my screen real quick and get that thing out of here. It gives the error report because I've already used it, so I just have to delete and reload. I have to reload real quick. Sorry about that. Delete app. So you're going to see the actual process of what a user would go through to upload an app. So here we go, install Perseus ID, and I'm going to do that over here. And then I reopen that, and this is basically the other things that...so you would see what the testing is, sharing feedback. And this is the process of logging in. So sorry for that little hiccup there. Sending the code. That's going to now give me a quick code, it's 0130039. Okay. So now this is that messaging that I mentioned earlier that I didn't show you, I didn't intend to, but it's good now, do I want to share my location services so that I can later make sure that people are warned? Yes, I would love to do so. I want to make sure that that's available. And I also would like to make sure that I'm accessing that history. So I'm going to go through this information really fast, and now that allows me back to this area that I had with the QR code. So let me do that real fast. Okay. And I'm going to share the screen. So it's asking if I can access my camera, and yes, of course, I want the camera app accessed, so I allow that. And I now am going to put my other phone as if I'm a patient going in to get tested. So I'm going to go ahead and look at my screen, here's the patient that's coming through. I'm going to share, as the patient, my QR code. Sorry, it's hard for me to see both at the same time. So there we go. My QR code, I scan it. It says caution, no access. The reason why is because I haven't been tested yet. If I'm asymptomatic or pre-symptomatic, that's problematic because I might be actually spreading the COVID virus. I do not want to do that, so I should be in isolation prior to actually getting a confirmed clean test. So what I then am going to do is I'm going to pretend that I...I'm going to go ahead and scan another code, I'm going to pretend I'm somebody else. So for example, I'll go in here and I will click on tested being negative, I'm going to update that. It's going to update my own personal QR code as a result. So I click on that, I scan it, great. I'm clean and clear. This only came from the tester, there's no other person that could have provided that information. Now, this is where you also can see that it cannot cheat. It has my photo from my driver's license. By law, every tester has to scan and check the identity of the person being tested. So they're making sure that the identify is that person, they're taking a photo of that person, that photo then gets associated to the test results as well. It shows the timestamp at which the test was occurred, and then it updates the results. Now you can see there's another update test results component inside of here. I'm going to go ahead and click on that. That means that me as a tester, I'm the one who's able to actually input whether it's an inconclusive test, negative, or positive. So that's

another user type that nobody else on the app world that we're aware of has. So I'm going to go ahead and this time say that I tested positive, and I'm going to update those results. And there we go, updated the results, it's red. No access. The...there's one other button for a user type for quarantine management specifically, which is really critical for the end portion of this. That user type is considered to be a quarantine manager. Instead of putting update test results, what would be instead, it would be a report to authority button. Now that...for folks to...if they're breaching quarantine, that needs to be known immediately for folks, whether it's the people running and administrating the facility or property, or if it's law enforcement. That's...it's important for them not to be exposing the public unnecessarily to a known virus. So that's what that's for. And we have an entire suite of solutions from the quarantine enforcement and management side of it. So that's an important piece to know. Now, the last thing that I want to show you relative to the test is that now that I'm COVID positive, what happens...I'm going to just show you on another screen, for example. I'm here, I'm going to show that it's COVID positive. If I update this test results, this is the notification that individuals receive immediately because the test results come in. It says, you know, oh oh, really, really sorry to hear that you tested COVID positive. Are you willing to do your part to assist the community stay safe and healthy? We would...if so, you can help stop the spread. Because you turned location services on, that's awesome, please go ahead and now assist us in anonymously and voluntarily sharing your location data. So that's the only way that the information from the user's phone is ever accessible. I don't have access to it, the developers don't have access to it, even you as a user do not have access to it until you are COVID positive. And at that point, then what happens is we see that we can share the data. Now, let me go ahead and...go ahead and do that. So sorry, that's a little bit cleaner version of that for you guys to see. Now I'm going to go ahead and edit and share location history. Now this is where it dovetails and it could dovetail with the Department of Health. There's three different options. You can share all data anonymously, voluntarily. That makes sure that even folks in the private locations that you may not have remembered that you touched base with or crossed paths with. You may not remember every single day for the last 24 days every single person. So that's the kind of the catchall. Because it's anonymous, nobody's going to know that it was you. So it keeps kind of a little bit of comfort of that so that folks don't have to worry about kind of "Scarlet Letter" type of thing like, oh, shucks, COVID positive. So the anonymous portion of it is important. The request assistance is where, whether it's private folks doing their own contact tracing or there's manual contact tracers with the Department of Health, that request assistance then pushes the information to those folks, and those folks, then we have an entire web interface that allows them to basically do this, which is now I'm going to personally do it myself as if I'm my own manual contact tracer because I have all the data as an extra extendo-brain that I don't have the capacity to remember what all the locations were, the exact date and time, so this information's already in the system for me on my phone. There's two important parts. Some folks are concerned about private data, and understandably so. We want them, people to...if they're going to voluntarily share it, they have to be comfortable in the amount of data that they're sharing. There's a few challenges on Department of Health side because the Department of Health, unfortunately, asks individuals, once they're COVID positive, to share names and contact information for

other folks without those other folks saying, yeah, go ahead and share my name and contact information. So that's a little bit of a issue. If we can avoid that and allow people to be notified without...anonymously, without them giving information that they may not want, this is a big deal, particularly for, like, an AIDS epidemic, and stuff like that. That's really sensitive. You don't want to just give information to other people that you didn't offer to share. So we got to let people be able to be the determinates of their own information and data, and make sure that they have reasonable anonymous private protocol to do so.

MS. YAN: Kevin?

MR. VACCARELLO: Now the reason we have transportation on here...yeah.

MS. YAN: Just a little sideline note that Dr. Roberson was in the community webinar with HPH last week, and she was asked a question, how many...what percentage of people actually participate in contact tracing, and she said around 50 percent. And I think a lot of that is because we don't feel comfortable sharing those information of our friends and their names and phone numbers to complete strangers. It's a small community as well, and there is a stigma around reporting you're COVID positive because it can affect somebody's livelihood. So this takes that away, and will hopefully garner more participation in contact tracing.

MR. VACCARELLO: Yeah, that's right. Thanks, Steph. So the last parts that I want to share for this presentation is just a few more functions. The private data for transportation, are you in a single-use passenger vehicle? If so, we want to delete that, it's irrelevant data, we don't need it in the map. If you drive...either take an Uber or carpool or you're on the bus, that is important information that you should keep because those folks are being exposed in those confined spaces, so they need to be made aware of it. So now, because I just reloaded, the only data point is me on my farm in Waimānalo, so unfortunately that is all that anybody can see right now. But this...now we have a database of all of the parcels on the properties, all of the buildings that are publicly accessible. Because of that database, it gives us a footprint. If we reverse that database, everything that is not the publicly accessible parcels and properties is private, so we can automatically delete and remove all of that private data. If there happens to be an additional address, I can get really granular and say, you know what, that's my home, I don't want that ever to be shared. I don't want my family member's home to be shared. I don't want my friend's to be shared, so I can remove all that. As soon as I'm comfortable with that data and the level of accuracy and privacy, I can go ahead and publish. I finish, and then what happens is I get to see the various hotspots that exist. So this is the map, and you can see that Kauai is doing their pilot and they just recently are testing out their own exploiters, so they have a couple of people that have tested positive. So on this, what you see is there's red pins. The red pins represent three hours of exposure potential since being tested positive. The reason why it's three hours is because that's the length of time currently from an epidemiological vantage point that the spread can occur through the air. So as soon as the three hours are over, the pin turns black for another 69 hours. The reason is because 72 hours is the maximum threshold that exists for contact surfaces

for potential spreading of a contagion. So only those pins show up on the map. They're going to be red for three hours, they transition to black. As soon as it's done with 72 hours, it gets automatically removed. Now that's important...let me just show on Oahu, there's all these...this is probably just me on my farm. So that...those are just the other places I have been walking around yesterday. So that shows some of that history of that because I didn't delete that information. Now, what's important is that there still is 24 days of data. So we have the three days of data that stays on and then automatically gets removed. That's important for two reasons. One is that there's a lot of folks that may not have apps that they download. They may not have smartphones. However, this could be published to a map publicly so that folks can actually see, oh, shucks, I better avoid going to that location because three hours ago, somebody who just got tested was there. The aerosol is problematic. That's the worst. You can't control anything about that. So if it's...the pin is red, avoid it for three hours, and then it's going to be gone and you're safe. If you...if there still are black pins for 69 more hours, that's okay, just don't touch surfaces. Yes?

CHAIR PALTIN: Sorry about that.

MR. VACCARELLO: Oh.

CHAIR PALTIN: Somebody was passing by my window and waving.

MR. VACCARELLO: Oh, sorry. Okay. So the rest of the data is going to be for folks who want access. So it actually benefits people who don't even download the app. So it makes that market saturation even lower of a requirement for app users. It still helps. Plus contact tracers, because now we know those hot spots, they can reach out to those locations, let the business owners or managers or whoever know, they can then let their employees know, and if they have the capacity to let all the other customers know, they can. So it makes it a lot easier from that vantage point as well. The last thing to share is now because there's only three days of data that's actually shared publicly because that's the only concern point from an exposure vantage point, there still is 24 full days of location history potential data shared anonymously behind the scenes. Now you, as an end user, do not have to share your data still. What happens is because this was posted to a HIPAA compliant server on the Cloud, even though it's voluntary and anonymous, it still is able to pull that data and do matches. So if it happens that you were in the same location on the same dates, at the same time for a certain duration, then it's going to...from the most recent to the furthest hour, it's going to show that's the...it's going to show that's the full amount of time that exists for the exposures. Now it's going to have it in thresholds of risk, because the longer duration, the higher the risk there is for the individual being exposed. If it's indoor, even more so. So that's really important. The...and that's it for that vantage point. The last thing to mention, however, is if people are not necessarily wanting to use a phone or...and then there's this whole quarantine management side, we want to make sure that there's the capacity to quarantine for folks effectively, and we want to make sure people know within a short amount of time that the data that they're sharing is actually relevant to them. And so if they go through quarantine, and they show that they're...they've gone through that process 14 days, they have a clearance notification

the Department of Health can provide them. We can assist in that process, the app can automatically calculate as soon as you're triggered and as soon as you enter quarantine, it can do a clock time, like, ticking down, until the 14 days are up, and then boom, clear, and it shifts your color to green, and now you can go enjoy reality again. The other thing is that the quarantine management space, if there are, like, schools that want to reopen and keiki don't have smartphones, if it's like we're working with Institute of Human Services and we're going to start speaking with Partners in Care, the houseless folks often don't have phones as well. So we're either going to try to purchase phones on their behalf, and then provide the apps for them, and then they get trained for the service provider, so that's our preferred route. However, if we want, we can actually give them pieces of hardware, like badges that have QR codes that are Bluetooth, or like, little pendants, or key fobs. Those are...people like use those all the time for, you know, if I lost my keys or if I lost my phone, you can use those devices in order for that to find those things again. So spaces, what we're doing is we're looking to create safe spaces. The safe spaces are important because if...for example, if we have this QR code and we have gatekeepers, the gatekeepers scanning the QR codes can be people before they jump on an airplane, before they go into a hotel, before they go into a restaurant, before they go into a bank, before they go into a school. All they have to do is scan the QR code, and everybody that's green, come in. That means that every single person who's in an establishment will know. The employees will know, the customers will know, the staff will know, the students will know, constituents will know that this place is 100 percent safe for me to come into. That's really, really, really important. Yes, Steph.

MS. YAN: I just want to emphasize that this could be really helpful in keeping schools open because it's actually helpful to do contact tracing at school, which is currently not happening. If kids are able to have on their ID badges, the GPS, or the Bluetooth, whatever is preferable to the schools specifically. Because then you could identify...if a kid tests positive, you can identify their contacts and take those contacts out of...or those people in proximate to those students out of the school and test them and quarantine them. You don't need to close down the whole school. So it will actually decrease the amount of closing, opening, closing, and opening. And it will be really helpful for our schools in Maui and across Hawaii.

MR. VACCARELLO: Yeah. And the other thing too, to mention like, for example, working with the Institute of Human Services, they have ten different spaces that are supposed to be these safe places for the houseless folks. They can create those to also be safe zones, and/or they can create wings, or rooms, or floors that are quarantined. So they can really lock down those things. And the way that they do that is by putting Bluetooth beacons in their spaces, and then that connects to the system as well. Bluetooth beacons plus badges, without phones and/or with phones, allows for that level of quarantine management. It could work for resorts, it could work for anything that you could imagine; offices, governmental buildings, schools, restaurants, you name it. It basically works across the board, and that's why it was built. So that's a lot, sorry for the firehose. Sorry I took so long. If there's any questions, I'm super happy to answer.

CHAIR PALTIN: Thank you, Mr. Vaccarello. So at this time, we'll just take clarifying questions from the Members. If they want to go deeper into other offside topics, then we'll need to wait until after public testimony. Member Molina.

COUNCILMEMBER MOLINA: Yeah...

CHAIR PALTIN: Oh, and Mr. Vaccarello, if you can stop sharing the screen maybe.

MR. VACCARELLO: Oh yeah. Sorry, Chair.

CHAIR PALTIN: Thank you.

COUNCILMEMBER MOLINA: Yeah, thank you, Madam Chair, and Mr. Vaccarello, and Dr. Yan. Appreciate it. You gave a lot of information. A lot. And I appreciate that, but at the same time, the honest...I'm not the most tech savvy person, it was a lot of information overload for me. And I guess I'm looking at it through these lenses of as a decision maker, if I asked my constituents and support a reso to encourage the Administration to allow for the use of these apps, I need to explain this to my constituents in layperson's terms. Because, you know, people my age that didn't grow up with all of this technology and trying to understand all these acronyms and different terms, if you could help us, provide us some educational background that you could put like on a cheat sheet and a brief summary so I can explain this to my constituents, it would be really, really helpful. Because some of the key points that have been brought up is the privacy issue, and I'm glad you touched upon that too. And you mentioned one of the benefits is rather than trying to find out who specifically has it, just know about the locations where someone tested positive. I like that. So I live in Makawao. If I decide to go to West Maui, maybe I'd want to know if somebody tested positive in that area. So that's where I can see the app helping me, and maybe mentioning to me, stay out of that area for about two or three hours, just in case. So it's more of a comment, Chair, and I appreciate, but that's just a lot of information to absorb. So if you can condense it and provide something to us in a shorter form that we can explain to our constituents why this is a benefit, that would be really helpful for me as a decision maker. Thank you.

CHAIR PALTIN: Okay. Member Molina, maybe we'll do that part after the testimony then. The...if you folks can try think on that for after public testimony, on how to have...we'll have that discussion. Member Sugimura, you have a clarifying question?

COUNCILMEMBER SUGIMURA: Yeah, you went through the whole process of downloading the app. So I was looking for the app online. Can you give us the address or the app, the name of the app?

MR. VACCARELLO: Yeah that was...that was the point of the last meeting that we had, actually, was that once the...that's a Google and Apple thing. So we have a private data that's available right now. The only way for it to be available publicly was for you folks or somebody else to actually say, we would like the community to voluntarily have access to this so that they can assist themselves. So that's now in process for

Google to say, okay, great. Now that you did that, it's going to be available within a week.

COUNCILMEMBER SUGIMURA: Okay, and your app also showed, as a clarifying question, what was happening on Kauai. So I know the reso it talks about how Kauai, the County has...is doing a test project on it.

MR. VACCARELLO: Yes.

COUNCILMEMBER SUGIMURA: So was that the results that you saw...that we saw?

MR. VACCARELLO: That was an example of a couple of people just showing...testing how that they were exposed positive, just showing it. Yeah, they were testing the functionality. Yeah.

COUNCILMEMBER SUGIMURA: Okay. So it's currently approved through Apple...contact tracing application is currently approved through Apple for a pilot with Kauai County, and Sustain Hawaii is independently running a safe travels application pilot on Oahu. So you're doing two islands?

MR. VACCARELLO: Yeah, now that we...

COUNCILMEMBER SUGIMURA: Or two Counties?

MR. VACCARELLO: Yes. And now that we actually have access through the resolution for the County of Hawaii, and then thankfully for you folks from the last round, we can actually have it accessible publicly for everybody throughout the State.

COUNCILMEMBER SUGIMURA: If the Mayor approves, right? That was the purpose of the resolution. Or did you consider that it's done?

MR. VACCARELLO: I believe it's any officials who provide the authorization for the public. So as long as it passes Council, then it's approved for the...Maui.

COUNCILMEMBER SUGIMURA: And not go through the Governor?

MR. VACCARELLO: That's correct.

COUNCILMEMBER SUGIMURA: Department of Health?

MR. VACCARELLO: Yes.

COUNCILMEMBER SUGIMURA: I don't agree with that. Thank you.

MR. VACCARELLO: It's a legal...there's...the understanding for the way that it works for Department of Health and Google and Apple is there's a GAEN API that exists. That's the...there's only one entity that can provide the GAEN API, which is a health

authority, and that's the only jurisdiction that the Department of Health and the State have over any other apps. Other than that, Google and Apple allow for any apps to be available to public access, other than the GAEN API.

CHAIR PALTIN: Okay, Member Lee, followed by Member King. Clarifying questions.

COUNCILMEMBER LEE: Yeah, I am a little confused because in the first presentation we had, we were told this does not have any force or effect of law. So at some point, may we ask for a legal opinion on this matter?

CHAIR PALTIN: Oh --

COUNCILMEMBER LEE: Thank you.

CHAIR PALTIN: -- Member Lee, if you recall, Member King made the amendment in the resolution that said or any government...the appropriate government authority, and then the resolution passed. And in the second be it resolved, the County Council supported it. So it's not a law, but if there was a resolution or a piece of paper given to Apple and Google, that's what they needed to allow the release of this free app. Is that...

MR. VACCARELLO: And there's nothing legally binding relevant to it, by the way. When there's...legal counsel last round on the meeting that we were in, and they said as long as it's an app that's voluntarily downloaded by constituents, then it's up to the constituents. They...all you folks or anybody is doing is just saying, sure, go ahead and voluntarily download that. It's up to them whether they want to or not.

COUNCILMEMBER LEE: Okay, well, I misunderstood what we were voting on. I really thought we were voting on the concept of this, that it had merit. And, you know, they...it looked very promising. But honestly, we haven't heard from anybody else. We haven't heard from Safe Travels, we haven't heard from somebody from the CDC, from the Department of Health. It's all one-sided, yeah? Which may be perfectly correct but, you know, generally speaking, we hear from two sides. Or more than one side. So this is where for me, I misunderstood exactly. This is the first time I heard that the County Council has authority to allow something to happen with regard to the...that is not legislative. Thank you.

CHAIR PALTIN: Thank you, Chair. We are hearing from the Department of Health next. And we did invite the Aloha Safe app developers as well, but they didn't respond. So we did have a side-by-side presentation planned, but if we can't bring the other people to the table, then we can't force anyone to present to us if they choose not to. Member King, and then maybe unless Member Sinenci has a clarifying question, we can hear from the Department of Health.

COUNCILMEMBER KING: Thank you, Chair. And I think mine was kind of along the lines of Member Lee, is that we...our resolution was urging the Mayor to do something. So if we could get at some point clarification on...and I'm all...you know, I'm all for this, but

I do think that there is confusion about what we did when we passed that resolution, that the resolution was urging the Mayor to do something. You know, I would be all for us looking at a resolution, you know, giving our full support. I just wanted...I just think it needs to be clarified how that resolution allows this to go forward. Because if it does, great, but I feel like there's some Members who don't think that that's what we were doing.

CHAIR PALTIN: Okay. It was actually the friendly amendment that you proposed that said we...

COUNCILMEMBER KING: No, no. I proposed the amendment saying that clarifying the whereas is to get to...to recognize that the Council does have the authority. So I wasn't...and I think I even made the comment that maybe we should make a resolution just, you know, endorsing this as a Council, if that's what's needed. But I wasn't clear that that resolution was what was allowing this to go forward. So if it is, I have no problem with that. It just needs to be stated why we, you know...and I feel a little bit bad that some Members don't think that that's what we were doing when we passed that resolution.

CHAIR PALTIN: Okay.

COUNCILMEMBER KING: Just a clarification.

CHAIR PALTIN: Thank you. Member...

COUNCILMEMBER KING: Maybe after testimony you can bring on Corp. Counsel.

CHAIR PALTIN: Okay. Member Rawlins-Fernandez, did you want to respond to that? Because Member Sinenci also did have his hand up. Or were you responding specifically to Member King?

COUNCILMEMBER RAWLINS-FERNANDEZ: Yeah, mahalo, Chair. Well, first, I just wanted to ensure that we're not in deliberations, like, asking these questions are considered clarifying, and not deliberating. So, you know, if Staff is, you know, thinking that we're getting too close to deliberations, then I think, you know, we should stop. But I did want to respond to...I...the confusion, I guess, that is being shared. Because in my comments, I made clear that that's what we were doing when I voted to pass the resolution, that it was said several times that a resolution that has a be it resolved clause, that the Council supports it. The Council urges the Mayor, and the Council itself supports, you know, moving forward with this app. That's what the resolution is.

CHAIR PALTIN: Okay, thank you. Member Sinenci, did you have a clarifying question?

VICE-CHAIR SINENCI: None, Chair. I can wait until after testimony. Thank you.

CHAIR PALTIN: Okay. Thank you. And then, let's see. If we can have the presenters from

the Department of Health unmute their video. We have Takako Nakaaki and Heidi Taogoshi. So Dr. Yan and Mr. Vaccarello, you can mute your video at this time, and we'll switch over presenters. Whenever you're ready. And their presentation should be on Members' Granicus as well. Ms. Taogoshi, did you have a presentation, or are you ready to present? We don't...we're not sure if you're talking because we can't see your mouth and we don't hear anything. It looks like you're unmuted on our end, but we can't hear you. So she can hear us, but we can't hear her.

MS. LILLIS: Chair, can we have a short, brief recess?

CHAIR PALTIN: Sure. Okay, we'll have a recess at the call of the Chair. . . .*(gavel)*. . .

> **RECESS:** **10:17 a.m.**
>
> **RECONVENE:** **10:19 a.m.**

CHAIR PALTIN: . . .*(gavel)*. . . Will the Planning and Sustainable Land Use Committee meeting of September 23rd return to order. The time is 10:19, and we've fixed the technological difficulties, and we're ready to go with the Department of Health presentation with Takako Nakaaki and Heidi Taogoshi. Please go ahead.

MS. TAOGOSHI: Good morning, this is Heidi. Thank you for allowing us to join today. Takako and I are from the Maui District Health office. So I think our purpose here today is just to give you information and share with you what we have been doing around contact investigations and contact tracing. And, you know, it is exciting to see how technology and new things coming out can help the work that we are currently doing. So I'll just get started with the few slides that we have. Takako is our Lead Disease Investigator, our epi specialist, who is leading the rest of the district health office's investigators, and I am the Public Health Nurse Supervisor. A lot of our investigators are the public health nurses for Maui County. So I'm sure many of you have seen this before, this is just some general terms about contact tracing that's important to know, as well as the process. I don't want to spend too much time on this unless you have specific questions, but just important to know terminology that we use. The biggest thing I always like to point out is when we talk about quarantine, there's some overlap between travel quarantine versus quarantine related to confirmed cases. So just always be clear, you know, when we're talking about different app functionalities or enforcement of different quarantine violators, there is a difference between travel quarantine and again, known cases. But contact tracing is the term for the whole process on what Department of Health is doing from the point we get notified of a case, how we identify those contacts, we isolate confirmed cases, and we quarantine close contacts because we're waiting for symptoms. So there's this whole cycle that we go through. Just some information about currently in Maui County, all of our confirmed and probable cases are contacted by an investigator within 24 hours of our office receiving notification. And actually, it's really less. It's within hours of us getting the notification. The only reason I put 24 hours is sometimes, you know, we have to leave messages and wait for people to call us back or whatnot. But all cases are acted upon immediately, as well as contacts. Once the contacts are identified,

they are interviewed, educated about quarantine, and given all the resources, again, within pretty much 12 hours, but there are some we have to leave messages for. So within 24 hours at least. Contact tracing is being done the same on all islands. We have investigators all throughout Maui, including Hana, as well as Molokai and Lānaʻi. So it's important to know that even if the investigator is not on the same island as the case they're working on, because a lot of it...a majority of it is over the phone, they can be done from anywhere. And...but they are integrated with our whole team. We have daily team meetings and briefings and, you know, we all work together as a team for any concerns or questions, and all investigators have been trained on local resources for food, financial assistance, medical resources, testing, the different isolation quarantine sites on each island as well. So I'm going to let Takako just give a little bit more brief detail about the actual process. I know this is hard to read, it's hard to see, it's just kind of the algorithm that we follow, so I'll let Takako speak on the next slide.

MS. NAKAAKI: Hi, this is Takako from Department of Health and again, thank you very much for having us here. I'm not going in detail, I just want you to have this slide to show you how much...how many steps are involved in the contact tracing. And this arrow goes down to one direction on this screen, but going also back and forth. So we are adjusting the patient...so there's two slide. This is for the case investigation, and next slide is close contact tracing. And with each arrow goes back and forth, and we...every time we communicate with patient cases in close contact, we always assess in detail. And main box going down from the top to bottom is the mainstream of protocol. But then you see so many step on the side by...based on the assessment of the individual at each time we communicate, and we provide service, support, assistance. And this is very comprehensive and very, how can I say, intense follow up with all individual, and we try to do with individual cases, as well as all the close contact or identify throughout the case investigation. Heidi, you can take over.

MS. TAOGOSHI: So just some numbers again for Maui County. We do have 24 staff members with the District Health Office who are doing investigations, as well as contact tracing and daily monitoring. We just hired 11 temporary hires, and...about two weeks ago, and they're currently being oriented and trained to take investigations as well. We did train our medical reserve corp. volunteers, haven't been using them as much because we were fortunate enough to get Hawaii National Guard to be able to assist us as well. So there's about 29 soldiers who are helping us with daily monitoring, as well as the contact tracing side, so doing those initial contact notifications. So that being said, you know, I am all for technology or apps or different things that will help to...help us do our job and help us keep the public safe. Just, you know, when we think about technology and apps though, there's...anything you have questions, all those pros and cons. So I definitely see the pros of the wonderful presentation, you know, on how apps and technology can be used, how things can be done timely, we can identify outbreaks quickly, definitely less manpower on our end. So that helps. It empowers individuals to be...take some responsibility, you know, and have things within their control that they can do to prevent the spread. And definitely, some of these apps that have the memory recall, you know, it's more accurate than relying on the...a person's memory of where they've been. Some cons, obviously, you know, we can't lose that in-person, that touch, that warm touch of a real person being

there to answer questions, give support. A lot of people we talk to are angry or scared, and you'll never get that from an app, you know. But there's always the fear of government, the security, and people don't want government tracking them. And then, you know, how do we get the public to buy in to these different apps and technology. You know, what percentage of the population will need to buy in and download it in order for it to be truly effective. So, you know, these are things everybody is considering. But for us, or for me, really, the most important question is, is how can we best utilize these technology and apps to integrate and enhance what we're currently doing in our office. So, you know, some of the questions as apps go, there's...you guys saw the list of different possibilities, or different vendors out there. But some are for case management, some are for exposure notification, some of it for both. You know, how will these different apps connect to the existing Hawaii statewide reporting system. What about cross-functionality between different states for people who are coming in. We would...can it also be used to educate and push out resources, and it looks like it can, a lot of them. So again, lots of things to consider and what the best route is, and how everybody can work together and communicate to be the most effective. So just from the Department of Health point at the State level, they are using the Aloha Safe app. And to be honest, it's new for us as well, at the district health office level. So I don't know that I want to answer all questions about Aloha Safe, but this is the website. This is what we were told that the State Department of Health approved app. And there's two separate apps. One is the story app that helps you recall where you've been. It's already available to Apple and coming soon to Google. And then the Aloha Safe Alert app, which is the one where Department of Health can send alerts when exposure notifications are, that's coming soon. So we have not integrated it yet at the Maui District Health Office in using this app in our contact tracing. This is coming down the line, and this is the website where you can get more information. And --

CHAIR PALTIN: Thank you.

MS. TAOGOSHI: -- that's actually all I had. Thank you.

CHAIR PALTIN: Thank you, Ms. Taogoshi. Does anyone have any clarifying questions for Ms. Taogoshi or Takako? Ms. Taogoshi, is it okay if you stop sharing your screen?

MS. TAOGOSHI: Yes, as soon as I find the button.

CHAIR PALTIN: Thank you.

MS. TAOGOSHI: Did I stop?

CHAIR PALTIN: Thank you. Yeah, it's good.

MS. TAOGOSHI: Okay.

CHAIR PALTIN: Thank you. Member Rawlins-Fernandez, followed by Member Sugimura.

COUNCILMEMBER RAWLINS-FERNANDEZ: Mahalo for your presentation, Ms. Taogoshi. In the previous slide where you had the pros and cons of using app technology, one of your cons was psychological emotional support better with in person. Is that based on an assumption that this, an app, would replace the tracing...the tracers? Is that the intention that Department of Health is making? Or --

MS. TAOGOSHI: No. No.

COUNCILMEMBER RAWLINS-FERNANDEZ: -- is that the goal?

MS. TAOGOSHI: No.

COUNCILMEMBER RAWLINS-FERNANDEZ: Okay. Thank you.

MS. TAOGOSHI: Not that it would replace, yes.

COUNCILMEMBER RAWLINS-FERNANDEZ: Oh, okay. Because that was one of your cons, so I wanted clarification on what was the basis for listing that as a con.

MS. TAOGOSHI: If people choose to not talk to us and only want to use an app, that might be...that would be helpful as well. But we could...but I don't ever want to go down that route where it's only with the app.

COUNCILMEMBER RAWLINS-FERNANDEZ: Okay. Mahalo for that clarification. Mahalo, Chair.

CHAIR PALTIN: Thank you. Member Sugimura. You're muted.

COUNCILMEMBER SUGIMURA: Yeah, I got it. So thank you very much on the number of Maui personnel, I just wanted clarification. So you said 24 staff, and you just hired 11 temporary, correct? So that's additional? And how does the National...you had 29 National Guard. So they're additional supporting to all these numbers. So in the end, you're going to have like 30, 50, 60 people helping you; is that correct?

MS. TAOGOSHI: Yes.

COUNCILMEMBER SUGIMURA: Or how does National Guard...

MS. TAOGOSHI: Yes, that is correct.

COUNCILMEMBER SUGIMURA: Okay.

MS. TAOGOSHI: So National Guard is helping us with the daily calls. So when you get a case, a confirmed case, that goes to a case investigator. So that's where I said we have about 24 Maui District Health Office staff, and we're training the additional 11 temp hires to do the initial case investigation. Once you do the case investigation and you identify the close contacts, that can go to other people who are trained as well, but not

the full extent of case investigations. Then they do initial contact notifications, tell them how to quarantine, do daily monitoring. So that is where we have our MRC volunteers, as well as National Guard. We're down at the UH College, and that's where I invited anybody who wants a better understanding, anytime, you can come to the District Health Office or down to UH College and see what's going on. So out of those 29 National Guard people I mentioned, they're not necessarily all here every day, it depends on what...how many cases we had, how many new contacts we got, but they're assisting in helping us make those calls. So that has allowed us to continue to do that in-person check in with people, checking on their symptoms, seeing if anything changed, answering questions about testing, or food resources, or whatever is needed. So again, anybody is welcome to come down, get a better understanding, help give us ideas on how we can use this technology to work more efficiently.

COUNCILMEMBER SUGIMURA: Okay.

MS. TAOGOSHI: And those numbers change daily. People leave, new people come on. So, you know, those are the best numbers I can give today, but Maui News might have reported something differently last week. You know, it's a constant fluid thing.

COUNCILMEMBER SUGIMURA: Thank you for the clarification.

CHAIR PALTIN: Thank you. Chair Lee.

COUNCILMEMBER LEE: Thank you, Madam Chair. Ms. Taogoshi, you...when you did your comparison, were you...did you have Perseus in mind or any technical app? And secondly, why are you wearing a mask?

MS. TAOGOSHI: No, I did not have a specific platform or a specific group in mind. This is...these are things that Takako and I and our team have talked about way back when, you know, this whole app thing came out, and then the State was also using the...what is the one for symptom management? I saw that on the grid that was posted. So there...this app technology discussions has always been around. So no, those are just in general. Oh, and I am wearing a mask because there are other people that come in and out, so even though I'm at my computer, like I said, I'm down here at UH. So just to be safe.

CHAIR PALTIN: Thank you. Anybody else with clarifying questions? I just had...oh, go ahead, Member Sugimura.

COUNCILMEMBER SUGIMURA: Oh, Ms. Lee's question was relevant, so are you saying that the alohasafe.org is the app of choice, or is the...is what the...wearesafe.aloha.org is a website that you...so what does that do versus what our discussion is about with the Prius [sic] app?

MS. TAOGOSHI: So the Aloha Safe app is what the State Department of Health is going through, or is what they approved and is moving forward with.

COUNCILMEMBER SUGIMURA: Oh.

MS. TAOGOSHI: Again, that's what I know. I don't really want to speak to, you know, with the changes that you guys are also aware of within the Department of Health at the State level as well, you know, I don't know how things will come down to the District Health Office, but if Takako has any more information she can share. But this is what we were told the State Department of Health approved was the Aloha Safe. And I believe if you go to that website, there's a lot more details about the app that they developed. And again, I hear there doesn't need to be one right answer or one...there can be more than one solution, so I am not here to endorse anything. I just want to make sure that we all figure out how things will integrate and work together so there's not confusion for the public and, you know, whatever we can do to make our jobs better.

COUNCILMEMBER SUGIMURA: Thank you.

MS. NAKAAKI: And this is Takako, just to add. So this information became very available yesterday, and very new to us, so we are learning how it would work. Oahu is going to use Story app first, and then our app is not up and running yet, so we will see how it goes over there. And we do have another app that we been using from the early stage of this outbreak, which is going to monitor daily. And so because what we value is human touch, support, which also, Oahu, and I think entire contact tracing team, value that part. But again, we can't do with manpower with limited resources. So there is supportive app that we can use for the contact monitoring, but first investigation part always have to be in person.

CHAIR PALTIN: Thank you. Takako, I don't know if you want to unmute your video or not, or if more people are going to have questions, but I just had a couple of questions. For the 24 and the 11 that you were saying, the temporaries, and I'm assuming the National Guard folks are on salary, but the 24 and the 11, do you know roughly the cost of how much that is for staffing? And you have the capacity to ramp it up pretty quickly, say, if there was to be a super spreader event or a surge type of thing?

MS. TAOGOSHI: So they have for...

MS. NAKAAKI: Go ahead, Heidi.

MS. TAOGOSHI: Oh, well, I can speak for the 24. The 24 investigators are already Maui District Office staff. So like I said, primarily public health nurses, we have another nurse from maternal child branch, Maternal Child Health Branch, and then our HIV STD educator. So on that side, yes, the...Takako can speak to the temporary hires that were just hired.

MS. NAKAAKI: And as Heidi said, this is only temporary hire and they have a cap on the hours that they can work, which is only up to 40 hours a week, and so there is a limitation. And also, their term would end on November 22nd, which we do have some potential to extend. Oahu would extend this hiring process or extension process if we

do have a surge. So it's more like case number depending decision.

CHAIR PALTIN: Okay, thank you. And are you aware if that's CARES funding or how the...where the funding comes from?

MS. NAKAAKI: I am not able to say exactly if it is or not. Sorry.

CHAIR PALTIN: Okay, thank you. If there's no further clarifying questions, I would like to open up the public testimony at this time with no objections.

COUNCILMEMBERS VOICED NO OBJECTIONS.

CHAIR PALTIN: Okay. Thank you. Oral testimony via phone or video conference will be accepted. Testifiers wanting to provide video testimony should have joined the online meeting via the BlueJeans meeting link as noted on today's agenda. Testifiers wanting to provide audio testimony should have participated via phone conference by dialing 1-408-915-6290 and entering meeting code 944 [*sic*] 504 421 also noted on today's agenda. Written testimony is encouraged by sending your comments to pslu.committee@mauicounty.us. Oral testimony is limited to three minutes. When your name is called, please unmute yourself by clicking the microphone icon. Or if calling by phone, please press star four to unmute yourself. If you are still testifying beyond that time, I will kindly ask you to please complete your testimony. When testifying, please state your name. If you're testifying on behalf of an organization or a paid lobbyist, please inform the Committee. Staff will post the link to the testifiers log in chat, so testifiers will be able to see where they are on the list. However, please be mindful of the use of chat during the meeting. Chat should be limited to items on the agenda, and should not be used to provide testimony or chat with other testifiers. If providing testimony, please be courteous to others by muting your microphone while waiting for your turn to testify. Participants who wish to view the meeting only without providing testimony can view a live cablecast on *Akakū* Channel 53. You can also visit mauicounty.us/agendas to access live and archived meeting videos. I remember...I remind County...Committee Members, Administration, and the public to please be patient with us as we continue to navigate through this new platform. Let's see. Let me check the thing. So we have about five testifiers signed up, and the first one is Stephanie Ohigashi. Stephanie, can you please unmute yourself, your microphone, and your video --

MS. OHIGASHI: Okay.

CHAIR PALTIN: -- and we'll take your testimony. Thank you.

. . .BEGIN PUBLIC TESTIMONY. . .

MS. OHIGASHI: If I knew I was going to be on Facebook, I would have combed my hair. But...aloha, good morning, everybody. This is a really exciting presentation with contact tracing. My name is Stephanie Ohigashi, I'm speaking on behalf of myself. I am a certified contact tracer, surprise, surprise. I work for the University of Hawaii at

Maui College and all faculty and Administration are mandated to take the contact tracing course through the Association of States and Territories. It's a very brief, easy, you know, online thing, and I encourage all of you to do it because this going forward is going to be our way of life. I did...I was so interested in it I took another course through the John Hopkins Bloomberg School of Public Health, and now I'm certified through them. And thank you, Chair Paltin, for asking me to send you some information between manual and digital contact tracing. In a nutshell, there was so much information today I'm not going to regurgitate some of it, but also, I got to turn off my phone. It's...Macy's is calling. But digital contact tracing is really going to be the wave of the future, and we got to do it one way or the other. And I myself have been frustrated with Department of Health, although I've got to know Heidi really well, and I think that they're moving forward. And I'm really thankful for the changes Governor Ige is making because I have some hope and I have some faith. But let me tell you about the app. It's on my phone. It's Googlewise [*sic*], Apple Google created it for the states. And so far, 25 states were exploring it, and six signed on, Virginia being the biggest user. Virginia expects that 60 percent of their population must log on for it to be effective, so far there's only like 10 to 20 percent reporting. Now, what barrier for us in Hawaii is, you know as well as I that a lot of our kupuna, they don't even have a smart phone or Android phone, they get the kind flip phone. So that is a big barrier. Plus, they no like talk, they no like share, and they shame. So we've got a long way to go. Nonetheless, we should do it, we should work with all parties that are going to put this State in a high-tech state of being so we can fight COVID-19, protect our kupuna, protect our keiki. One of the things I think we should do is look at the lower level. The State Department of Health has their job with the manual contact tracers. I'm one of them, I know how it works. But there's so many places in the State that could use a digital app on their own without having to report to the Department of Health...hotels, schools, healthcare, care homes, there's lots of levels for site, you know, digital contact tracing. So while I think that it might be premature to make a decision today, surely encourage Governor Ige to . . .*(timer sounds)*. . . move forward. Mahalo. Was that my time?

CHAIR PALTIN: Thank you --

COUNCILMEMBER RAWLINS-FERNANDEZ: Chair, you're muted.

CHAIR PALTIN: -- so much, Stephanie. That was your time. We do have a question for you from Member Sinenci.

MS. OHIGASHI: Oh, okay. Hi, Shane. Aloha.

VICE-CHAIR SINENCI: Hi. Aloha, Stephanie.

MS. OHIGASHI: Hi.

VICE-CHAIR SINENCI: Thanks for testifying and being here today. So, you know, you spoke about an app that you're already on. Is that...

MS. OHIGASHI: Yes.

VICE-CHAIR SINENCI: Which app is that?

MS. OHIGASHI: Well, UH Maui College, we created our own. We have it for our whole universe of students and faculty. We have our own QR code, we check in every day, we do all the temperature checks and sanitize...I mean, we are so on it. You guys should come visit.

VICE-CHAIR SINENCI: Wow, for real.

MS. OHIGASHI: Yeah. Beyond our UH Maui code contact tracing app, which is on Playstore. The one that Apple Google created is called Covidwise. It's on your phone, it can be downloaded so you can look at it. And I think Perseus must have taken Covidwise and added a lot more bells and whistles, they got lots more good stuff on it. But Covidwise is used extensively by six states, Latvia, Switzerland, and all that stuff. And it's not perfect, they're only a month in operations, so we got to give this some time. But one thing Apple did say that when they're done with it, when they think that everybody's good, they're going to turn it off. So we need to really get together, brainstorm, maybe have a task force that what is the best and highest use of apps for us in the State of Hawaii.

VICE-CHAIR SINENCI: Okay. Mahalo, Stephanie. And you --

MS. OHIGASHI: You're welcome.

VICE-CHAIR SINENCI: -- also mentioned Virginia Beach and some of the other countries.

MS. OHIGASHI: Yeah.

VICE-CHAIR SINENCI: As we look forward to eventually opening up slowly to more visitors, should we be looking at apps that have more wide range --

MS. OHIGASHI: Well...

VICE-CHAIR SINENCI: -- that include visitors that are coming in? Or they can always jump...

MS. OHIGASHI: You know, absolutely. Google's goal was to have the broadest reach across the 50 states. That was their intention because then it's seamless, right? Makes sense. But in Korea, we'll be talking to Korea today at 2:30 how they fought COVID. They have an app that doesn't give a damn about privacy because they want to save lives. I mean, this is them. That's not us. We have privacy issues up the ying yang. But right now, Covidwise through Apple Google have 25 states they're talking to, and I think maybe even Hawaii, which would make me happy. But yeah, North Dakota, South Dakota, Rhode Island, Alabama, Virginia, Florida. And then in Florida, just for your information, the Florida State Government has the app, but then Miami-Dade

and Palm Beach, smaller municipalities, have their own, you know, adapted apps. So each county can adapt it the way they want it. I think the overarching authority would be the state first, and then move on down. But there is room for entrepreneurs, I can tell you right now. I welcome the creativity of Sustain Hawaii. It looked fabulous. I don't know how it's going to weave in, but surely, they are here at the table no doubt.

VICE-CHAIR SINENCI: Mahalo, Stephanie. Thank you, Chair.

MS. OHIGASHI: You're welcome.

CHAIR PALTIN: Thank you. I got Member Lee, followed by Member Sugimura.

MS. OHIGASHI: Okay, hi.

COUNCILMEMBER LEE: You have me? I didn't have my hand up.

CHAIR PALTIN: Oh.

MS. OHIGASHI: Oh.

CHAIR PALTIN: Sorry, Member...Member King.

COUNCILMEMBER LEE: No, but I did want to say --

CHAIR PALTIN: You guys were right next to each other.

COUNCILMEMBER LEE: -- to Stephanie, we cannot see your face.

MS. OHIGASHI: Oh.

COUNCILMEMBER LEE: Did you brush your hair?

MS. OHIGASHI: Yeah, I did. I did. You cannot see my face? I thought I put it on. Yikes. Thank God.

CHAIR PALTIN: Let me check.

COUNCILMEMBER KING: Did you call on me, Chair?

CHAIR PALTIN: Yeah, sorry, Member King. You know, you guys look alike.

COUNCILMEMBER KING: People keep confusing us. I don't know why. I don't...

CHAIR PALTIN: You're right next to each other.

COUNCILMEMBER KING: Aloha, Stephanie. I would say nice to see you, but we can't see

you on the screen.

MS. OHIGASHI: Really? What did I do wrong?

COUNCILMEMBER KING: I don't know, did you unmute your video?

MS. OHIGASHI: I did. And I can see myself, that's why I know my hair is messy.

CHAIR PALTIN: Oh.

COUNCILMEMBER KING: Oh, okay.

CHAIR PALTIN: Okay, we can see you now.

COUNCILMEMBER KING: Oh, now we see you.

MS. OHIGASHI: See, I have COVID hair.

COUNCILMEMBER KING: You look great.

MS. OHIGASHI: Thank you.

COUNCILMEMBER KING: You look like a young kid with the long hair. So, yeah, I just wanted to...you know, I wanted to thank you for your testimony, and for actually already getting on board with the app.

MS. OHIGASHI: Yeah.

COUNCILMEMBER KING: So is the one that you created, that UH created, is that...will that work well with other apps? Is that was it designed to do?

MS. OHIGASHI: I'd love for UH to come and give a presentation, but remember, it's only for faculty and students, so it's very limited.

COUNCILMEMBER KING: Oh, okay.

MS. OHIGASHI: It says, did you take your temperature, did you travel, were you in close proximity with anybody. And if no, no, no and then submit, then we're in. We can go in the library, the fitness center. Otherwise, we're not allowed in.

COUNCILMEMBER KING: Oh, I see. Okay.

MS. OHIGASHI: So we need separate systems, even in classrooms. But it's very basic contact tracing just for our universe. However, if they answer yes, then it does get monitored by a database that does go to the Department of Health.

COUNCILMEMBER KING: Okay. So do you see...if we do...if we get another app or maybe

more than one, do you see the folks at the University using, you know, multiple apps or switching over? Or, you know, I mean, if you have your own for your own, you know, your little universe there, and then we get Perseus and maybe one or two other apps, do you see...I mean, are they, are folks that are --

MS. OHIGASHI: Well...

COUNCILMEMBER KING: -- within these bubbles, are they interested in, you know, going beyond and helping out the entire community?

MS. OHIGASHI: That's an interesting question because even the University at Manoa created LumiSight, I see Sustain Hawaii had LumiSight on their grid. And so we have an option to use either. But, you know, since we're on Maui, we like support the students that created our app, and that's just the way it is. You never know about the future of digital apps. If there's something better, that it works for a larger population, I think Chancellor would be open to looking at it. I cannot speak for him though, yeah.

COUNCILMEMBER KING: Okay. Okay, but you think the willingness is there to go beyond --

MS. OHIGASHI: I mean --

COUNCILMEMBER KING: -- the scope of University?

MS. OHIGASHI: -- COVID is here to stay. The willingness has to be at the...as the top priority to work together for Maui Nui, yeah.

COUNCILMEMBER KING: I agree.

MS. OHIGASHI: I'm posting about Lānaʻi, I don't even know one person there. So I think that it's very...as the leaders, I thank you for moving the needle forward to provide everything, and even for the contact tracers of Department of Health. I'm going to take the six-credit course that starts next month because Department of Health will only hire people that went through the UH Manoa course.

COUNCILMEMBER KING: Wow.

MS. OHIGASHI: And so it makes it even more narrow, that needle to go through, but I'm going to go back to school and smooth my brain to be able to take this course because I feel so compassionate about being of service.

COUNCILMEMBER KING: Well, I thank you for that, Stephanie. It's right in your lane.

MS. OHIGASHI: It's crazy, I know.

COUNCILMEMBER KING: Mahalo.

CHAIR PALTIN: Thank you.

MS. OHIGASHI: Thank you.

CHAIR PALTIN: Thank you, Member King. Member Sugimura.

COUNCILMEMBER SUGIMURA: Thank you, Stephanie, for your testimony. So based upon all your experience...because I've been seeing all your Facebook posts that you've been in this from the beginning, right? And taking classes, and what you've been doing with the University. So based upon that, what is your recommendation, or what do you see best for Maui County to move forward to integrate?

MS. OHIGASHI: You know, if you have the time to take a look at what the Aloha Safe, that's the first time I heard about it, app and compare the capabilities and services that it provides, do that. I mean, that's first and foremost. And a second thing you might want to do is contact, maybe, a city council in the State of Virginia. Contact a subcommittee that's looking at COVID health and compare notes, what's the pros, what's the cons, what are the successes, what are the things they still have to work on. Because every state said this, that no matter if they had one person that logged onto the app, it was worth it. So the attitude is that we need it, it's the wave of the future, and we should start investigating and find something as soon as we can. Doesn't mean today, but as soon as we can, knowing and getting all good information. The good science is out there. I've never met Stephanie Yan, I enjoyed her presentation today. I think there's so much to learn, and as leaders, we need to open the door to their knowledge.

COUNCILMEMBER SUGIMURA: So one last question.

MS. OHIGASHI: Yes.

COUNCILMEMBER SUGIMURA: You ended with...when the bell went off, you were talking about the Governor. So what were you saying?

MS. OHIGASHI: I'm pretty surprised about the Aloha Safe today. I would urge Governor Ige to work with our Mayor, Mike...Mayor Victorino, and all the county mayors to see if we can have a seamless overarching system. And then if the counties want to do something better or more stylized individualized for Maui Nui, Maui, Molokai, and Lānaʻi, then let us. You know what I'm saying?

COUNCILMEMBER SUGIMURA: Oh, I see. Okay, thank you. Nice seeing you.

CHAIR PALTIN: Thank you, Member Sugimura.

COUNCILMEMBER SUGIMURA: I'll post it on Facebook.

MS. OHIGASHI: No, no, no.

CHAIR PALTIN: Oh, we're already live, I think, on Facebook.

MS. OHIGASHI: Yikes.

CHAIR PALTIN: Member Molina.

COUNCILMEMBER MOLINA: Thank you, Madam Chair. And Stephanie, it is certainly good to see you. And now let me preface my question with a comment, I think your hair is beautiful. I would trade hairdos with you any day. Any day. But you touched on some very good points in your testimony about the kupuna or people who don't have the financial means to afford smart phones. I work part-time for the DOE on my Council off-weeks, on occasion I go in and substitute teach. And next week I do my first...I have my first experience in the COVID area as a teacher. And of course, many families cannot afford computers for the kids. So I'm paralleling that with your comments about our kupuna who only have flip phone. Do you see a need for government to provide subsidies or work with private entities to provide smart phones for our kupuna? Because as you stated, this contact tracing is going to be part of the norm, our normal way of life. Can I get your thoughts on that?

MS. OHIGASHI: I used to be with the Office on Aging in my former life, but I know that kupuna are very frail. There's even kupuna in care homes. So there's whole levels of how do we monitor everybody. I think government subsidy and help programs for people who don't even have phones, yeah, it should be created. We have the CARES fund money, we should do it. And that would be my suggestion. There's other ways that Kevin Vaccarello said, key fobs and badges and things like that. If they adverse to using smart phones...and don't underestimate our kupuna now. I'm a kupuna. So I really live with my phone. But yeah, I think government subsidy to help people who really want a phone should get a phone.

COUNCILMEMBER MOLINA: Okay, great. Thank you for that response. Thank you, Madam Chair.

CHAIR PALTIN: Thank you. Any further questions for the testifier? Member Rawlins-Fernandez.

COUNCILMEMBER RAWLINS-FERNANDEZ: Mahalo, Chair. Mahalo, Ms. Ohigashi for your testimony. It's nice to see you.

MS. OHIGASHI: Yeah.

COUNCILMEMBER RAWLINS-FERNANDEZ: Quick question. You said you did the online certification for the contact tracing. How long, if you don't mind --

MS. OHIGASHI: Yes.

COUNCILMEMBER RAWLINS-FERNANDEZ: -- sharing. How long did it take?

MS. OHIGASHI: I don't mind sharing at all. The one that I sent Tamara, the two links, I think, for ASTHO, and that was really easy. I think six hours, and you can spread it out, you know, at your leisure. And I think the John Hopkins one is way more intensive, it's a college level course. It's got lots of quizzes, lots of finals. I spent, I think, 20 hours. I broke them up in blocks of four hours each, five nights. But it's really good, it gives you scenarios of how to be a good contact tracer with rapport. Especially to our seniors because they're already sick, they don't feel good, and they need somebody to go pick up, you know, papaya for them. And so one thing about contact tracers is that you're able to go pick up food. You're able to go pick up medication. You're able to make arrangements for childcare and elder care. All the things they need if they're going to quarantine, they going to need all that stuff. So that's what contact tracers also do. Not only get information.

COUNCILMEMBER RAWLINS-FERNANDEZ: Mahalo nui for sharing that. I would love to share that on social media, and encourage others to volunteer --

MS. OHIGASHI: Yeah --

COUNCILMEMBER RAWLINS-FERNANDEZ: -- and I plan to do this.

MS. OHIGASHI: -- if I were working on Molokai to get, you know, people what they need.

COUNCILMEMBER RAWLINS-FERNANDEZ: Mahalo, Ms. Ohigashi. Mahalo, Chair.

MS. OHIGASHI: You're welcome --

CHAIR PALTIN: Thank you.

MS. OHIGASHI: -- so much. Thank you for letting me talk today.

CHAIR PALTIN: Oh, sure. Thank...you're like the highlight. Any further questions? No? Okay, thank you so much. We have Kai DuPonte, followed by Faith Chase. Kai DuPonte, if you can unmute your microphone, and your video if you choose, and begin your testimony. Thank you.

MS. DUPONTE: Aloha. I did...okay, wonderful. Thank you. Aloha. Thank you so much for hearing me, and I will be brief. I really appreciate you bringing this to Committee and discussing this. I really support the Perseus Sustain Hawaii app. And I do think that what Stephanie Ohigashi said, which was great, which is this moves the needle forward. I think that Hawaii has, and particularly Maui and Maui County, we have been in the forefront of things before. We're not the backwards people that sometimes people say we are. And I think that this particular app does a lot more than many of the other apps that have tried to do wonderful things, and they are doing wonderful things, but it does more. It also works with other apps, and I think that's very important. I do have to say that Perseus Sustain Hawaii has been working, trying to work with Department of Health now for months, and I'm actually really surprised to

hear about this Aloha Safe app. I can't find anything about it online, and I missed writing down the website, but I'm having trouble. I don't think it does nearly as much as this app does. So I really have to say that--not to offend any of the Department of Health people who are, you know, part of this, thank you. Where Aloha Safe...okay, dot org. Okay, thank you so much because I did look under where Aloha Safe but, we're...okay. I do have to say that this would be very useful in...particularly in the schools. If we want to keep our schools open, we have to have a way of communicating, you know, to the parents. I do think that if...and I'm going to call the elephant in the room, if people are concerned about visitors and the visitor industry and offending the visitors, then don't do it with the visitors. Do it with the residents because we want to be safe. You know, we have different options that we can use. I do have to say, like I was going to say, is I do not want to offend the Department of Health people here, I'm sure they're good people, but the Department of Health has let us down in the past by saying that they've got it covered. And I really am somebody who has a lot of trust in government, and my government has been...my trust has been shaken because we're...I've been told that it...yeah, that it was covered, it wasn't covered, so I really think that this would help. Thank you so much. Thank you for listening to me.

CHAIR PALTIN: Thank you, Ms. DuPonte. Any clarifying questions for the testifier? Seeing none. Thank you for your testimony. Next up we have Faith Chase, to be followed by Cara Flores. Ms. Chase if you can unmute your video and your microphone. If you can?

MS. CHASE: Aloha, Chair.

CHAIR PALTIN: Aloha.

MS. CHASE: Sorry, I'm working off of my phone hot spot, so I can only do the audio. Aloha Chair Tamara Paltin and Committee Members. With regard to the State level Department of Health decisions, I echo the last testifier. Yes, the Department has let us down in the past. I have been absolutely appalled at their ability to make sound decisions. I am glad the Maui District is not endorsing the Aloha app prematurely. I'm fiercely against tracking, especially if GPS push technology is involved. That being said, I appreciate the contributors to the app and the presentation today. I don't know if I missed this, my phone internet hotspot was intermittent, but does...I do have a question, does the app in discussion today include multiple flights. Because the in...the app that the State is using right now at the airports only asks the incoming flight, not layover flights. I think this is critical, and I might be a good example. This part is probably going to make me a lonely person after people hear, but here I go. Sadly, I am trying to return from attending my father's death in Sedona, Arizona. He first went to Cottonwood ER, was transferred to Phoenix, and shortly returned to Sedona. I came to San Diego to wait it out a bit because Cottonwood and Phoenix were once the hottest spots in the United States. San Diego is now the hottest spot. In San Diego, you can only receive free tests if you are a resident. My insurance only covers ER visits. I finally got permission from a family's doctor to conduct the test. Layover and connecting flights are critical for tracking. I'm a perfect candidate...I'm

sorry you guys. I'm a perfect candidate of someone who would gladly volunteer for the tracking data. I cheer the Maui District Department of Health in making proactive steps. I'm in agreement...I'm in agreement that it should not be limited to only app. Please stay firm that it is a...if that is a Maui District position statement. I will repeat my concern that the State Auditor, Mr. Kondo, is not able to access requested emails between the Department of Health, the Department of Health and the Governor. In this aspect of boots on the ground, I applaud Maui County for taking independent lead in proactive steps, and not waiting for State to try, fail, and thus recover. Chair, I would kindly request that all information shared today, the summary, perhaps, that Councilmember Molina asked for, please send and include all the safety officers, including firefighters, police department, and jail warden, as this information will help them protocolize this area that they are presently amiss. I echo Stephanie's comments regarding kupuna privacy and flip phones. Make sure alternatives are available. There also needs to be the ability to use the same email address for more than one contact tracing. Site contact tracing is a great idea. I am so proud of UH Maui College and the things I've just learned by her testimony. Thank you, Councilmembers, . . .*(timer sounds)*. . . for providing devices for those who need it. This is the digital divide Share Your Mana speaks to...she might have a grant in the queue specific to this. And I trust Chair Paltin will do as suggested by Ms. Ohigashi, and reach out to Virginia. That sounds proactive as well. Mahalo.

CHAIR PALTIN: Thank you, Ms. Chase. Any clarifying questions for the testifier? Seeing none. We have Cara Flores, followed by someone by the name of Don.

MS. FLORES: Hello.

CHAIR PALTIN: Aloha.

MS. FLORES: Can you hear me? Aloha. I was just wanting to testify really quickly. I just learned about the Aloha Safe app, you know, a few days ago. And the Department of Health is now saying that's what they're going to be using. I'm really encouraged that they're going to be using something. Oh, I forgot to say I'm with Hale Hawaii, and we have no, like, vested interest in anything. But, you know, I'm encouraged that they're wanting to launch an app. I am not understanding why there are two apps. But at this point, honestly, I would be willing to download ten apps, you know. I have like ten travel apps, and I am kind of questioning the timing of them announcing this app. I'm wondering if it's because it's ready, or it's because there is so much public pressure to start digital contact tracing. I'm hoping that they're not doing it prematurely. But if that's the case, that is another good reason why we should be looking at multiple apps, especially apps that are already finished because we need something ASAP. And I think most people...I know I will encourage people to download all the apps that work, and will be putting on our page any app that works. We'll be putting on our page, we'll be encouraging people to download multiple apps if that's what they need to do. And a lot of these apps will talk to each other, from what I understand. And I too, don't trust the Department of Health to do everything. I think they're critical right now, and we need them and we need them to do their job really, really well. But this takes a little bit of the burden off of them, and it helps

lighten the load, but we will always need in-person contact tracers for people who don't understand an app, or who want to be talked to, or who need to be talked to, who need food delivered, kupuna, you know, all kinds of special situations. We're going to need in-person contact tracing, so I don't think this is a replacement. I think this is a excellent supplement. And I think it will help us to open up safer, and move forward, and get back to normal life. It'll help our economy open up. So I hope you guys will support it and help push it forward because we need solutions right now, and we need them really, really fast. We heard, you know, Lieutenant Governor Josh Green talking about depression and suicides going up. At the same time, you know, we don't want to be hasty in how we open so that we start losing lots of people or we end up with a huge spike in cases and we have to shut down again before Thanksgiving. So if we do all of that, you know, all that sacrifice was for nothing. So . . .*(timer sounds).* . . move forward with anything that works. Yeah.

CHAIR PALTIN: Thank you, Ms. Flores, for your testimony. We have a clarifying question from Ms. Sugimura.

COUNCILMEMBER SUGIMURA: Yeah, thank you for being here. Can you say what organization you're from again?

MS. FLORES: Yeah, we're with Hale Hawaii. So we --

COUNCILMEMBER SUGIMURA: Hale Hawaii.

MS. FLORES: --we're an advocacy group to try to stop COVID-19 in Hawaii.

COUNCILMEMBER SUGIMURA: Oh, that's your mission. Okay, thank you.

CHAIR PALTIN: Thank you. And Member Sinenci.

VICE-CHAIR SINENCI: Mahalo, Chair. And mahalo, Ms. Flores, for being here. You know, we had some earlier concerns about when school opens up. As Hale Hawaii, are you guys, like, working towards or with schools, when schools are going to open to person to person contact?

MS. FLORES: We don't have any specific role in that, other than we've been advocating. We support the teachers' union, so we strongly support, you know, the Hawaii State Teachers Association and their stance. And so if you guys saw the metrics released by the DOH that was...you know, they've started working with the DOE, we're really encouraged about that because prior to a week ago, we weren't really seeing documentation on safety plans for reopening schools. And now they're released, you know, I think it's 23 or almost 30 pages of protocol. But the metrics they released would require our cases to be higher than they've ever been before we would go back to distance learning. And so the teachers' union doesn't support that, and we stand with them. We know that our teachers are critical to opening schools. And if our teachers aren't safe, or they don't feel the kids are safe, then we can't have in-person school. And, you know, if we lose even ten percent of our teachers because they don't

feel safe to return to work, that's going to have a huge impact on our school system. So we do feel like the DOH metrics they released are way too lenient. Just for reference, in California, for them to go to full distance learning, if they hit seven cases per every 100,000 people, they go to full distance learning. That's their threshold. The metrics the Department of Health released for the DOE is 25 cases per every 100,000. So they're, you know, three and a half times more loose. And they're also...the same thing, Arizona is seven per 100,000. A lot of states don't have their metrics. New York does it based on their percentage of positivity, which is a different metric. So there's other states, but all of them that we can find are a lot more stringent than Hawaii. So we don't understand why the Department of Health is taking such a loose approach. And it seems a little reckless, the metrics they released as far as our keiki's safety and our teachers and staff.

VICE-CHAIR SINENCI: Mahalo, Ms. Flores, for your information. Thank you, Chair.

CHAIR PALTIN: Thank you. Seeing no other questions for the testifier, our final testifier for today is a testifier by the name of Don. Don, can you unmute yourself, your microphone, and your video and begin your testimony. Okay, I've unmuted you on our end. If you can unmute yourself now. Don, are you with us? We can't unmute you any further, so if you want to provide testimony, please unmute your video and your microphone. Is there anyone else on the line wishing to provide testimony? You can unmute yourself at this time. Or Don? Five, four, three, two, one. No? Okay. So we can accept written testimony if the in-person testimony isn't working. Any objections to closing public testimony at this time?

COUNCILMEMBERS VOICED NO OBJECTIONS.

CHAIR PALTIN: Thank you. Any objections to receiving written testimony into the record?

COUNCILMEMBERS VOICED NO OBJECTIONS.

CHAIR PALTIN: Okay. Testimony is closed.

. . .END OF PUBLIC TESTIMONY. . .

CHAIR PALTIN: Members wishing to speak at today's meeting should say my name, raise their hand, and ask to be recognized so I may call on you. Today's item is PSLU-74, Coronavirus Contact Tracing and Applications. And I scheduled this item so that, you know, people can learn more about contact tracing app, what's out there. And, you know, if nobody downloads the app, then it's just a great tool that's sitting in the shed. So, you know, I think a key point to remember is it's not really a competition, it's, you know, some people can relate to Sustain Hawaii. Like me, I come from a grassroots nonprofit background, and I trust those guys, so I feel safe using that app. Somebody else might not feel safe. They might say, hey, I want to do Aloha Safe, you know? And I think that's kind of the point of it. Our Committee Staff reached out to the other group, but didn't receive a response. So maybe in another Committee meeting

somebody can reach out to them and we can get a presentation from them as well. But at this time, we can have more discussion and more deeper questions to any of our resources. Josiah did have to leave, but we have Takako, Heidi, Kevin, Stephanie, and Jacob still with us. Member Molina.

COUNCILMEMBER MOLINA: Yeah, thank you very much, Madam Chair. And I'm kind of keeping an eye on the clock because we got a 1:30 meeting, and you possibly want to adjourn by 12-ish. So if you'd consider putting a clock on us like, you know, first round of three minutes and then a minute for a follow up. So that way, at least everybody gets a chance to ask questions in a timely matter. Keep us on task. So --

CHAIR PALTIN: Yeah.

COUNCILMEMBER MOLINA: -- I just throw that out as a suggestion.

CHAIR PALTIN: Thank you. That's a great suggestion. I'll do it. And I know, I hope you guys all read the 175-plus emails for this afternoon's meeting, but let me set the clock. Two, three minutes? What do you guys think? Three minutes a person? And for our resources, if you can as quickly get to the point of the answer so that Members can ask more questions. You know, we can always follow up later through email if you want to give a long history detailed answer, but if you can get to the answer faster, then the Members can maybe ask more questions. And so I'll start the clock. Does anyone want to volunteer to go first? Okay, I see Member King's hand out of the side of my eye, and I feel bad for calling her Member Lee earlier, so I'll start this way and go down.

COUNCILMEMBER KING: Okay.

CHAIR PALTIN: Okay, ready, set, go.

COUNCILMEMBER KING: Okay, thank you so much for that. Don't feel too bad. I'm not offended by getting mixed up with Alice. So the first question I have is for Kevin Vaccarello, if you're still here. And, you know, my main...thank you for the presentation. My main concern about this or any app is the potential for hacking or for somebody getting ahold of private information. So can you just address how you guys have been able to protect against that? Real quickly?

MR. VACCARELLO: Sure, yeah. Thank you for the question. First of all, the majority of the data, all location data is only on your phone. So there's no one to hack because it's...they have to somehow hack your phone, which we have zero control over.

COUNCILMEMBER KING: Okay.

MR. VACCARELLO: So that data doesn't even remove from your phone until you are COVID positive. At that point, the data is then up to you, you get to choose how much you...excuse me. Sorry. How much you would voluntarily and anonymously like to share. So at that point, it still does go to a HIPAA compliant SOC2 server, just for the

extra level of safety and security and privacy. But any data that is on there is de-identified. There's no information. All it is is geographical locations and time.

COUNCILMEMBER KING: So it doesn't trace back to any individual ID on the phone.

MR. VACCARELLO: That's correct.

COUNCILMEMBER KING: Okay. And then also for you, this is just yes or no question, but so for if you are at a point where you're allowed to go forward with this, would you guys have people that are available to do multiple presentations on how to access this? Because I think that's what it's going to take to get this widespread throughout the County is, you know, a lot of folks like us and a lot of other organizations, just putting this information out there and walking people through it.

MR. VACCARELLO: Absolutely, we're happy to do as many work training sessions and things like that as needed. Any additional presentations and demos. We're also going to start putting together videos for every single segment on a per-user type. Because as Councilmember Molina mentioned, it's a lot of information that I share. When I'm sharing it, I'm sharing it for all of the user types. If I were to only focus on just basic users, it's really simple. So --

COUNCILMEMBER KING: Okay.

MR. VACCARELLO: -- when I break it down that way, then it'll make everything much more bite-sized for everybody and not so overwhelming.

COUNCILMEMBER KING: Okay, thank you for that. And then I have a couple questions for Dr. Yan, I think who is doing the DOH, that first presentation on the DOH protocol. And I apologize...was that you, Dr. Yan? Because I actually got pushed off the --

MS. YAN: Yes, that was me.

COUNCILMEMBER KING: -- call for a little while, so I came back and you were doing your presentation. So one question I have is there was some statements on the DOH protocol slide that referred to surgical mask and shield. So it's not either/or, you have to use both? . . .(timer sounds). . .

MS. YAN: Yes, it's not either/or. So over time...in February there were some...in January and February, there were some dynamic studies that pointed to the possibility of aerosolized spread of the virus. Now over the last few months there've been 292 scientists all across the world for the WHO and the CDC to recognize that aerosolized spread is possible.

COUNCILMEMBER RAWLINS-FERNANDEZ: Chair? Chair? Quickly, Dr. Yan, you have some feedback --

CHAIR PALTIN: Are you outside?

COUNCILMEMBER RAWLINS-FERNANDEZ: -- is it possible to make your mic not have too much wind sound. Because I really want to hear the answer to this question, but it's really hard to hear.

MS. YAN: Oh, sorry. So to go back, so in January and February, there were some dynamic studies by the NIH that showed aerosolized spread is possible with this virus. The last few months, there've been 292 scientists across the world trying to convince the WHO and the CDC to recognize that aerosolized spread is happening. Because of studies that have been ongoing coming from China, and also case studies such as the choir, people regular talking, having the infection in indoor restaurants. So all those examples point to some aerosolized spreading. If you used a mask, the surgical mask or the KN95, it protects mostly the people around you from you. It somewhat protects you too, a little bit of a percentage. But if you wear the shield as well, you can be protected from those aerosols coming into closer to you, to your eyes, any mucosal surfaces that are open.

COUNCILMEMBER KING: Thank you. Thank you, Chair. Looks like we're going to need to get a lot more of those shields out into the public. I think everyone --

CHAIR PALTIN: Thank you.

COUNCILMEMBER KING: -- have access to masks, but I haven't seen a lot of shields in the general public. Thank you.

MS. YAN: It's most important to essential workers that don't have a choice but to work. So we need to protect our people on the front lines, and also the ones that will be, you know, working. And those disproportionately affect certain populations than others.

COUNCILMEMBER KING: Okay. Thank you.

CHAIR PALTIN: Thank you. Okay, next up we got Member Molina with three minutes on the clock. Resources, if you can, when you answer, also unmute your video so folks can see your face because they're lovely. Okay, Member Molina, ready, set, go.

COUNCILMEMBER MOLINA: All right. Thank you very much, Madam Chair. It's been said that delays in contact tracing make them ineffective now. Is the current contact tracing efforts being done with delays, and if so, how long are the current delays? And when you say no delays in contact tracing, how soon should the contact tracing be implemented? I'll throw that out to all of our resources to take a shot at that.

CHAIR PALTIN: Maybe Ms. Takaako [*sic*] Takako first, sorry, Nakaaki.

MS. NAKAAKI: Well, currently, our protocol is we will follow up with...as Heidi said, you know, we usually follow up within 24 hours when we get report. And...but, it all depends on if they're available, but what we being see...I don't have statistic how soon they were doing and, you know, what is the percentage that we were able to reach

them within 24 hours, but that is our goal. And of course, we can't reach everybody unfortunately, and...but we do have...well, I have to look at with the statistical number to show, you know, how soon. But we've been seeing most of the people has been reached within one to two days.

CHAIR PALTIN: Thank you. Dr. Yan.

MS. YAN: So there was a UCSF Grand Rounds maybe a month and a half ago that talked about testing. And they talked about the turnaround time for testing. Anything that delays the turnaround for testing by 48 hours increases the likelihood of the infectiousness by 32 percent. And you can apply that to the delay in contact tracing as well. And in the graph that I showed, this graph about the success of COVID, any delay more than 24 hours, that's related to not from the time you have a positive result as the contact tracing, to the time you are able to contact...not the COVID-positive. Because the COVID-positive should have already quarantined after they tested. It's the time you're able to contact their close contacts. And that...I also asked that question of Dr. Roberson last week when she had her HPH community webinar, and she answered about the testing turnaround, but she wasn't able to give us the average time that the DOH was able to contact the COVID-positive contacts. And that would be a good number to kind of pin down, and so if anybody in the DOH can give us insight to that, the Maui DOH, that would be really helpful.

MS. NAKAAKI: And actually, the timeline that we were talking about is...I just have to say depending on how we work. So there is two system, one time. One is investigator . . .*(timer sounds)*. . . take care of all the case, as well as close contact. So the contact tracing happen at the time case is investigated. And...but if you do as a refer to other manpower that needs to be investigated or contacted, that may take extra half day or so. So, but if...

COUNCILMEMBER MOLINA: Thank you, Madam Chair.

CHAIR PALTIN: Thank you.

COUNCILMEMBER MOLINA: Thank you for your responses.

CHAIR PALTIN: Next up, Member Sinenci, you got three minutes. Ready, set, go.

VICE-CHAIR SINENCI: Mahalo, Chair. My first question was for Ms. Nakaaki or Ms. Taogoshi. We talked about schools reopening and anticipation of schools, has the Department of Health come out with any policies or regulations? We did hear from Ms. Flores about, you know, one...25 to 100,000 in other states were taking seven cases per 100,000. So has the Maui Department of Health started to...as far as prevention or just addressing the schools at this time?

MS. NAKAAKI: I don't think I'm in a good place to answer to that question. We are using pretty much standardized statewide community guidelines, not specially for Maui. But we do have a good communication with DOE site, each school, and school health

aide are well connected with public health nurses, as well as principals are connected with us as well.

CHAIR PALTIN: And it looks like Ms. Taogoshi dropped off the call. Did you have another question?

MR. VACCARELLO: Excuse me, Chair Paltin.

CHAIR PALTIN: Oh.

MR. VACCARELLO: This is Kevin. Can I just chime in a little bit?

CHAIR PALTIN: Sure, sure.

VICE-CHAIR SINENCI: Go ahead.

MR. VACCARELLO: Sorry. Yeah, excuse me. So we're actually working with several charter schools, as well as Kamehameha Schools, and they just signed an endorsement with us to...for all of their campuses throughout the three different counties. So we're actively moving on what the protocol is for schools as well, and the Kamehameha Schools intends to then share that with HAIS and the Department of Education.

VICE-CHAIR SINENCI: Mahalo, Kevin. Because it looks like Ms. Ohigashi at UH Maui, they've kind of created their own contact tracing app as well. So in yesterday's meeting with Dr. Pang, he mentioned that Oahu, when we were talking about people coming over from Oahu, as far as Maui, we're looking to see that Oahu kind of takes...addresses their contact tracing first prior to coming over to Maui. There was something that he did share. So is there anything...I mean, I get it, the more apps out that is Oahu-centric because a majority of cases are there. So I guess my question would be once we're getting control of Oahu, then maybe the outer islands can also start to address travelers, interisland . . .*(timer sounds)*. . . travelers. Thank you, Chair.

CHAIR PALTIN: Thank you. Member Lee, you're up. Three minutes, ready, go.

COUNCILMEMBER LEE: Thank you, Madam Chair. Okay, this is for Dr. Yan on the issue of privacy. Can a person...so the app cannot identify a person, but it identifies the location of an infected person, right? So can the person with the app deduce who that person may be?

MS. YAN: So if you have a...the time and the place and the date that's given on the notification, yes. But the notification just says, you were exposed. And then when you look at the map of the GPS location of the COVID-positive, you just see positive. You don't have the time and the date. So you...it's very hard for you to do that with the way the app is set up because you don't have the information, you just have the notification that yes, you were exposed.

COUNCILMEMBER LEE: Okay.

MR. VACCARELLO: And then...sorry to chime in, but just to clarify, the user is able to remove their data if they wish to so that for sure, no private location is shared. They can...they have the option to voluntarily anonymously share whatever data they want.

COUNCILMEMBER LEE: Okay. The other thing, real quick, is if you doing this already, you're doing this already with let's say Kihei Charter or Kamehameha School, which government entity allowed you? Is that the DOE or...where did you get permission to do that?

MR. VACCARELLO: So the way that Google and Apple works is that there's...I...it's a little bit confusing. So on one side, Google and Apple has authority with Department of Health only for the GAEN API. That's one specific type of tool, it's the Bluetooth...

COUNCILMEMBER LEE: Okay, that answers my question.

MR. VACCARELLO: Well...

COUNCILMEMBER LEE: So then the other part is what makes us a governmental entity or authority to allow you to go public? What --

MR. VACCARELLO: So...

COUNCILMEMBER LEE: -- what is a definite --

MR. VACCARELLO: Yeah, so...

COUNCILMEMBER LEE: -- because we're the legislative body. I mean, a governmental authority could be the Auditor's Office. Maybe the Parks Department. We're the legislative body. How do we have that authority?

MR. VACCARELLO: So the rest of the response to your initial question is that Google has one part that only has authorization over a certain function. And then for the rest of the apps that exist relative to COVID, there's four different types of entities that are allowed to provide support and endorsements. One is any governmental agency with authority, but...which could be state, it could be municipality, it could be . . .*(timer sounds)*. . . even down to a Councilmember, there could be educational institutions, there could be insurers, there could be hospitals, clinics, and community health centers which we have all four of those.

MS. YAN: And then furthermore, like Stephanie Ohigashi said, the University has their own version of the contact tracing app. They were allowed to have their teachers and their students to publicly download their specific app because they got approval, because they're a university. They're a school. So many different entities can get approval for this app, and it doesn't have to be a governmental body. And it doesn't have to be a legislative body. It just is a representation of the body of the public for...as one

category to have the app go public. If you represent your constituents, if you represent your school, if you represent your hospital, then you can approve an app to be used by your constituents, by your members, by your staff.

CHAIR PALTIN: Thank you. Member Sugimura, you have questions? No?

COUNCILMEMBER SUGIMURA: Thank you. So in line with what Ms. Lee has just said, in other words then, Google...an app, by the categories that were just shared, can work with anybody. You don't really need...you can have...one Councilmember can approve this, or all the Council, or the Mayor, or the Governor, schools...anybody, right? So right now, and correct me if I'm wrong, but...so right now with the app that's being presented, you can just launch a marketing campaign and ask all the residents of Maui County to use it?

MR. VACCARELLO: That's correct. As soon as the app is publicly available for download, then, yes, that's correct.

COUNCILMEMBER SUGIMURA: And you can? I mean, and based upon this resolution that was passed at our last Council meeting, you are currently holding that authority?

MR. VACCARELLO: Google and Apple have it, and they're deciding on that, and they're just processing it right now. Yes.

COUNCILMEMBER SUGIMURA: So you already took that next step --

MR. VACCARELLO: Of course.

COUNCILMEMBER SUGIMURA: -- to process it.

MR. VACCARELLO: Absolutely.

COUNCILMEMBER SUGIMURA: Okay. And during that last meeting, Kevin, if I could ask you this question...because I asked you, and I apologize if I misunderstood. Because I asked you...and I asked your wife first, and then she deferred to you, is that, what is the cost for this?

CHAIR PALTIN: Oh, just clarifying, they're not married.

MR. VACCARELLO: No, Dr. Yan lives on Maui, and I live in Waimānalo.

COUNCILMEMBER SUGIMURA: Oh, sorry.

MS. YAN: And I've never met Kevin. We only know each other from . . . *(inaudible)*. . .

COUNCILMEMBER SUGIMURA: Okay, sorry. Anyway, can you answer my question? That was a big misstep if I misunderstood what you said, but I had heard and I thought you had testified, so I just want that clarified.

MR. VACCARELLO: Sure, yeah. I appreciate that, and I appreciate the opportunity to clarify. Our intent is to allow this to be offered to anybody freely. What I mentioned relative to monies is that we personally have been funding this entire thing ourselves independently, and...because we haven't seen any solutions really move forward in the market. So if there were CARES Act monies to continue to assist in supporting it, that'd be wonderful. We would rather not support independently the benefits for the community at the statewide or county levels. That's a lot of weight for a small organization to take on themselves. So I didn't --

COUNCILMEMBER SUGIMURA: When you said --

MR. VACCARELLO: -- there's no money that's requested.

COUNCILMEMBER SUGIMURA: -- a million...so Kevin, when you said a million dollars, you were kind of like wishing for a million dollars of CARES Act money?

MR. VACCARELLO: I was saying that, yes. The app, if everybody were to use it, there are expenses to us because everything that...there's servers, there's downloads of data, there's all that sort of stuff that's being used, we have developers, there's a lot of time and money that goes into it. We continue funding that every single month for the past five months. . . .*(timer sounds)*. . . So if there were CARES Act monies available that wished to support this, since it's a use it or lose it thing, and we're smack in the center of the CARES efforts, that would be great. We'd be able to push it even further.

MS. YAN: And there's --

COUNCILMEMBER SUGIMURA: Thank you.

MS. YAN: -- different sources too. I'm looking into Federal grants. I'm looking into crowd source funding for this thing. And so all those things together can decrease the amount that would be needed from the government. But if there's CARES Act money in the millions that's not being used, why aren't we helping a local nonprofit who's gone above and beyond in creating something that would be really helpful to the community?

COUNCILMEMBER SUGIMURA: Ah, so that was your wish. Okay, I just wanted clarification of that because that was a little controversy at the end of our last meeting. Thank you.

CHAIR PALTIN: Thank you, Member Sugimura. Member Rawlins-Fernandez, did you have some questions?

COUNCILMEMBER RAWLINS-FERNANDEZ: Mahalo, Chair. Yes, I do have questions.

CHAIR PALTIN: Okay.

COUNCILMEMBER RAWLINS-FERNANDEZ: I think I will start with Department of Health if they're still on. Ms. Nakaaki?

MS. NAKAAKI: Yes, I am on.

COUNCILMEMBER RAWLINS-FERNANDEZ: Do you know how much the Aloha Safe app was? How much the State paid for that?

MS. NAKAAKI: I do not able to say that. I know it was not, I mean...there was discussion yesterday, but I didn't get exactly how it was addressed with the State.

COUNCILMEMBER RAWLINS-FERNANDEZ: Okay, but it wasn't free?

MS. NAKAAKI: That my understanding is, but I may be mistaken. Yes.

COUNCILMEMBER RAWLINS-FERNANDEZ: Okay, mahalo.

MS. YAN: Sorry, I have a little bit of insight into that, if I could speak?

COUNCILMEMBER RAWLINS-FERNANDEZ: Dr. Yan.

MS. YAN: So initially, when we formed our Aloha Trace Coalition, it had Kevin's group, the Aloha Trace people there, Michael Kamida there, HMA there, a representative of the HMA. So when they were thinking about providing this app in their two-pronged approach to the State, they were thinking about providing it for free for the State because they're piggybacking off the Safe Paths MIT app, and that they would just put their skin to it so it wouldn't cost a lot to develop it. And so I feel that it's probably free for the State because it only has that one part, the notification part. They're coming up with two apps, so I don't know if you guys are aware. One is the diary, and one is the notification. Separate apps, one is GPS and one is Bluetooth. And the Bluetooth is the one that's piggybacking off the Harvard/MIT group, and I think they're just putting on their skin. And it's not really needed because you can download the Covidwise app that has the Bluetooth API once the DOH approves it.

COUNCILMEMBER RAWLINS-FERNANDEZ: Mahalo, Dr. Yan. Okay, and for the Perseus app, one of the cons at the Department of Health, Ms. Taogoshi stated, was that there would be a lack of human interaction. Does the Perseus app have that recommendation to someone who receives a positive test or, you know, to contact a live person?

MR. VACCARELLO: Yeah. So we --

COUNCILMEMBER RAWLINS-FERNANDEZ: Yes.

MR. VACCARELLO: -- very clearly and intentionally made sure that there was access to other individuals in three different forms. One, directly with Department of Health's manual contact tracers, if they wish. Two, through physicians themselves, either

through phone call or through telehealth. And in general, there's a telehealth service that's similar to what we're doing now where we can see each other and talk face to face. That digital component allows for that without having the negative impacts of potential additional contagions.

COUNCILMEMBER RAWLINS-FERNANDEZ: Okay, mahalo. And then I know like...you know, we tried to get Aloha Safe--mahalo, Chair--to present so that we would have a way to . . .*(timer sounds)*. . . compare, but do you have an idea of how Perseus differs from the Aloha Safe app?

MR. VACCARELLO: Yeah, I'm happy to share the comparative matrix that we dug up so far, and I'll give you that as a reference. But it's actually a...I made a joke a little bit, but I'll just share the joke. It's the difference between a Swiss army knife and a plastic knife that breaks when you need to use it the most.

COUNCILMEMBER RAWLINS-FERNANDEZ: Mahalo. And then one yes or no question, Chair. Does the app ask multiple...about multiple flights or just one?

MR. VACCARELLO: The app can get the access to all of the information for the person traveling because that's part of the feature set from them going from one to the next. And the intent is for them to have a test done when they've...before they leave, so we know where they're coming from, we can see them from where they're originating, when they land. And then they have to take another test, from our vantage point, for safety protocol to reduce the issues of false positive or negatives, and then they're supposed to when they go to another state. So the capacity to do that is a non-issue. Yeah.

COUNCILMEMBER RAWLINS-FERNANDEZ: Mahalo, Mr. Vaccarello. Mahalo, Chair.

CHAIR PALTIN: Thank you. I'm going to just take my three minutes real quick. My first question is for Mr. Verkerke. We were told that when this was presented to the Administration that IT was going to look into the app and verify that it's legit and it does what it says it does...they do. And I just was wondering, did you have an opportunity to look at the app, and is it what they say it is?

MR. VERKERKE: No, I did not have that opportunity. My staff has been very busy working on our cases that prior to work with the State application, you know, it's not completely up to the County what application is used for tracing and for quarantine management. The State kind of likes to direct the counties --

CHAIR PALTIN: Okay --

MR. VERKERKE: -- as to what to use.

CHAIR PALTIN: -- thank you. So what we're currently doing is having our appointed officials stay at the airport to take that information manually instead of using any which app?

MR. VERKERKE: There is an app that was developed by the State that's being used for travelers to put their information in, and then the information that is obtained there will work on importing that to an application that we developed when interisland quarantine was first announced so that we can follow up with contact tracing and especially quarantine enforcement. So at this point, we don't have the ability to try and see how Perseus would fit in with that environment, but we...as soon as we have a chance, we can take a look at that. My biggest concern about all this is that ultimately, the best tool is the one that gets used.

CHAIR PALTIN: Yeah.

MR. VERKERKE: Not necessarily the one that has, you know, the most features. And that's a problem. You heard it from earlier testifiers that they're dealing with, you know, a growing portfolio of tools that could be used, but if all of them get used only by 10 or 20 percent of the time, the people that really need to use them have to juggle multiple tools. So that, I think, is going to be an operational challenge that we really need to resolve.

CHAIR PALTIN: So --

MR. VERKERKE: As to whether...

CHAIR PALTIN: -- I just was wondering why our department heads have to go to the airport. What is the...

MR. VERKERKE: It's too bad that Josiah is not on the call anymore because he would be in a better position to answer that than I am.

CHAIR PALTIN: Okay. All right. Second round. Member King, you have a few more questions?

COUNCILMEMBER KING: Yeah, I...actually, I'll just ask one more question, Chair, because our time is being short. You know, it was the second question for Dr. Yan who gave the DOH protocol presentation. And on your slide you, you know, it was like if this happens, you go here. And then at one point, for travelers, there was a, you know, if they don't test negative, then they...or if they do test negative, then they move on. But what happens...what's the protocol if they test positive? Do they get sent back to the mainland, or do they go into quarantine, or is it their choice?

MS. YAN: So the details of that, based on what we're hearing from the State Government is not yet clear to me, just reading the news. Maybe the DOH can give us insight. So what I'm thinking is from what the Lieutenant Governor is saying that anybody who tested positive within 72 hours of pre-boarding cannot board, cannot come. But once they're here and they're found positive, in that algorithm that we all need to work at, it's a starting point. Like let's say if we do the two-step...you're talking about the two-step testing?

COUNCILMEMBER KING: Right, right.

MS. YAN: Yeah. So if we do the two-step testing and then somebody tests positive, then we have to make a decision of whether to quarantine that person in their hotel room and then put them on the quarantine category, or do they pay their own ticket back, but that's not safe for the people that's going to be on the plane for them. So what would be best is to put them on the quarantine category, and then they will have that designation that they're under quarantine until they are safe for other people...for other people to be safe to fly with them.

COUNCILMEMBER KING: Okay, and that's basically the decision of the Department of Health?

MS. YAN: That would be...I'm guessing that that would be something that they should give input to.

COUNCILMEMBER KING: Okay, so maybe airport authority. Okay. I'll yield, Chair, I know there's only a few minutes left.

CHAIR PALTIN: Thank you.

COUNCILMEMBER KING: Thank you for this opportunity.

CHAIR PALTIN: Member Molina, further questions?

COUNCILMEMBER MOLINA: Yeah, thank you, Madam Chair. Real quickly for Department of Health, and you can just answer it real briefly. This one question first is, do you believe there's a serious undercount here in Hawaii as it relates to COVID-19 deaths? Because there's been talk about some undercounting. Yes or no, and if no, briefly explain.

MS. NAKAAKI: Well, undercounting means that we do not know the count. Okay, so I'm not able to say yes or no. And the death have to be very, very fine detail...in detail about what cause the deaths and that sometimes takes some time. Yes, there is some delay on identifying what was the cause of the death.

COUNCILMEMBER MOLINA: And my last question is, you know, it was mentioned that October 15th, we're going...assuming we'll be prepared to open up for mainland visitors. And with the addition of apps like, you know, Perseus, do you feel that it's going to lead to a better, safer, opening for travel and people coming here to Hawaii as far as it relates to contact tracing?

MS. NAKAAKI: And as Heidi said, at this moment, we are open to...as Department of Health on Maui, we are not limiting to only manpower or apps, we believe that we have to use both.

COUNCILMEMBER MOLINA: Okay, great. Thank you. Thank you, Madam Chair.

CHAIR PALTIN: Thank you, Member Molina. Member Sinenci.

VICE-CHAIR SINENCI: Thank you, Chair. I just had one quick question for Dr. Yan. I believe I saw something about SARS COVID in one of her slides.

CHAIR PALTIN: Dr. Yan.

VICE-CHAIR SINENCI: Would you...

CHAIR PALTIN: Oh, you're muted.

MS. YAN: Oh, yes, yes.

VICE-CHAIR SINENCI: Was there...I wasn't sure SARS COVID, did you have that on...

MS. YAN: Yeah, the SARS COVID-1, which is that virus that causes the SARS disease, has a similar R naught as the COVID-19, but the difference between the two is based on the incubation time, it's different. The number of asymptomatics is different. There's more in COVID-19, there's about 40 to 50 percent of asymptomatic or pre-symptomatic, whereas SARS COVID, the incubation time from the time of infection to being infectious, and then the latency period to the time of being able to infect others is different for both. And so for SARS, people who got the disease or got that virus, immediately, you know, within days, showed symptoms. And so it's easier to spot. Whereas COVID-19 virus, people who are infected, they have a long latency period, they have a long incubation period that doesn't really coincide with each other. So I didn't show that part, but the latent period is the time where you get infected and you are able to spread to others. The incubation period for COVID is the time where you get infected to the time you have symptoms. The incubation period for COVID is way longer than that latent period, so people can spread the disease before they're even asymptomatic. And based on studies on the Grand Rounds that I saw from UCSF, the peak infectious time is about seven to eight days after they get infected, but this is one to two days before they even show symptoms. So that's the difference between the two disease. SARS COVID shows symptoms right away, the COVID is more covert. It's a more hidden virus that can spread easily that way because there's a lot of asymptomatics and pre-symptomatics.

VICE-CHAIR SINENCI: Thank you, Doctor. Thank you for that. Thank you, Chair.

CHAIR PALTIN: Thank you. Member Rawlins-Fernandez? Or, sorry, Member Lee.

COUNCILMEMBER LEE: Thank you, Madam Chair. For Dr. Yan, did you contact the Mayor's Office before the Council, and if so, when?

CHAIR PALTIN: Oh, you're muted. We can't hear you --

MS. YAN: So...

CHAIR PALTIN: -- Dr. Yan.

MS. YAN: Hello. So I've been contacted the, the Maui DOH since March. And I've been contacting to meet with the Mayor since maybe April or May to hear us about this application. And not just this application, I've actually been working a lot with different things related to COVID. And then another doctor in the community yesterday pointedly asked me, like, who...in her own words, who do you think you are to be able to speak to the County about COVID, about the issues of COVID, and I kind of gave her a list. So from March to April, I've been joining the...March to April, I join the Lieutenant Governor meetings from 7:30 a.m. every Tuesday.

COUNCILMEMBER LEE: Okay.

MS. YAN: Every day from March, April, May, we met with the local healthcare providers, and healthcare providers throughout Hawaii, Monday, Wednesday too.

COUNCILMEMBER LEE: Okay, Dr. Yan. I just wanted to check if you did contact the Mayor's Office, when. So as you said, April or May.

MS. YAN: Yes.

COUNCILMEMBER LEE: And then what was the answer you got? Were --

MS. YAN: So...

COUNCILMEMBER LEE: -- they going to support you or not?

MS. YAN: So I was able to get a meeting with the Mayor yesterday. And I was talking mostly about testing, but again, I also brought in the quarantine management solution that this app can bring with the October 15th looming --

COUNCILMEMBER LEE: Okay.

MS. YAN: -- around the corner. So...

COUNCILMEMBER LEE: That's all I needed to know. Thank you.

MS. YAN: Okay.

COUNCILMEMBER LEE: So you didn't get an answer from him yet. Okay, thank you.

MS. YAN: He said that...he said that he would refer to the State DOH, as a lot of mayors are doing that --

COUNCILMEMBER LEE: Okay.

MS. YAN: -- or something to that extent.

COUNCILMEMBER LEE: All right, thank you.

CHAIR PALTIN: Member Rawlins-Fernandez?

COUNCILMEMBER RAWLINS-FERNANDEZ: Mahalo, Chair. Response to Member Lee's question is kind of disappointing that everyone's kind of like passing the buck on like taking action and, you know, it just...it...we don't have a whole lot of time when it comes to this kind of stuff. We need to move faster and make decisions on behalf of our community. I just have one question for whoever can answer. What combination of functions do you think could make it safe to travel without having to quarantine, or do a post-travel test?

MS. YAN: So in my slide that I showed earlier, . . .*(timer sounds).* . . I feel that there is...there has to be a...because of the way the disease spreads, the latent period, all that different stuff that I've talked about, there has to be a combination of frequent testing or repeated testing as well as quarantine, right? Because our tests are not...they're sensitive at different times, depending on where the course of your disease...where you are in the course of your disease. We have to have pre-boarding test, and then a repeat quarantine period, and then a repeat test. The type of test we use for each of these things can be negotiated, and can be protocolized if we work as a community, and we work with different testing sites, and we work with different experts. But I feel that it has to be a combination because we're not given a very great test, and it varies on where you are on the chart, and then you need to quarantine to catch you at the right time for these tests to...you know, to detect your viral load. And so with quarantine, whenever you mention quarantine, it becomes important that quarantine management is a big issue. Because even if you say, let's have people quarantine in one hotel, people are going to come on different days in the hotel, right? Then to keep everybody separate, you either need to create zones where you have geofencing in that hotel, which the quarantine app can provide. But it's very hard because some hotels are smaller than the others. Or you keep everybody in their room, and then the legality of that becomes a problem. I think Kevin raised his hand, maybe he has more insight into that question.

MR. VACCARELLO: Yeah, I'll just try to be real quick. The...for example, Kauai or Lāna'i, who have...and even Molokai have very few cases. I think Lāna'i has none right now, Kauai has none. I'm not sure if...I think Molokai had maybe one or two. The best-case scenario is to keep that level of rigor already down, so you already squashed the curve right there and then for that island community. Now for Lāna'i, as an example, they only have two points of entry, the airport and the ferry. So if those two points of entry are guarded against, and the only people that can ever come through are the ones who have only passed a test, and are only green for clearance, and have gone through the rigor of knowing that for them to come through, there is as little false positives and negatives as can, that's the best that we can do. We create these tiny bubbles, and an island level is the best-case scenario. If we have to do it smaller, then we can, and then we can go off from there. But get an island, and then you

control the ports in.

COUNCILMEMBER RAWLINS-FERNANDEZ: Mahalo, Dr. Yan and Mr. Vaccarello. Mahalo, Chair.

CHAIR PALTIN: Thank you. And as our time is almost up, I just wanted to apologize to any Members that weren't clear on the purpose of the resolution. But, you know, given yesterday, Dr. Pang's opening, I was kind of horrified. I called my parents and told them don't leave their house. And I don't regret the action that we took because, you know, for my community, my constituents, Lahaina, we do need to open up, but we don't feel safe. We don't have the tools, we don't have, you know, any kind of thing within our grasp that we can do to find out how...where people are that test positive have been. And we don't feel like we have a choice on when we're opening up. We don't feel like we have a choice on being able to stay closed any longer. And so with all these lack of choices, and for me to be put or elected into this type of a leadership position, I couldn't just do nothing. And so, you know, no app is going to work, like Mr. Verkerke said, if there aren't people using it. And to me, whatever app that you use, I don't mind, you know. Use something or stay home or, you know, don't gather in large groups indoors without masks. And just that we've been doing this for six months without a solid plan, it was something that I really felt necessary to do as Planning and Sustainable Land Use, planning is the first word. So I feel like these guys have a great plan. I wish Dr. Yan was the Director of the Department of Health, and I'll yield to Member Rawlins-Fernandez.

COUNCILMEMBER RAWLINS-FERNANDEZ: Mahalo, Chair. I just wanted to comment about what you were sharing in your apology, and I'm going to try to say this very carefully because I don't want to be offensive at all. I'm one of the ones who voted yes to approve the resolution at Council. I understood what the resolution said, and what it meant if we voted to pass it. The two Members who was...mentioned that they weren't clear on what it meant to approve it voted against the resolution. And so it would've...they would've voted against it anyway. So I hope that's not offensive, I don't mean to be offensive at all. I just...I don't think that bit of information would have changed any...I don't know. And I won't speak for any of the Members that did vote yes if they understood fully what that meant when they voted yes, but I did. And I just...so mahalo for your apology. But for me, I mean, that wasn't necessary.

CHAIR PALTIN: Okay, we're a little bit about to lose quorum, but Member Lee, go ahead.

COUNCILMEMBER LEE: Yeah, you know, I just want to say, if you folks want to express your opinions, go right ahead, yeah? Don't express our opinions. You have no idea what we're thinking, our thought process, or any of that. Can we agree on respecting each other's opinion, and agree to disagree whenever it comes up? Thank you.

CHAIR PALTIN: Thank you. And so anybody that wants more information on this app, Kevin, did you want to let folks know where they can go to if they, you know, they didn't satisfy their information with this last three hours that we had?

MR. VACCARELLO: Sure, they...we're actually creating the updated site since Safe Travels is used as a name by the State, but safe-travels.org is where you can get some information. Perseus.id is going to be the updated website. And then I'm happy to share everything that I can with you, and if there's other addendum material that you would like to share somewhere, otherwise it'll be accessible on our websites.

CHAIR PALTIN: Thank you.

MS. YAN: And I would just like to say that Dr. Pang has been doing an amazing, amazing job with keeping a full-time job with other things non-COVID related for Maui. And because of his expertise in vaccines, we're going to need him, you know, right where he is. And we need to support him, and we need to work with him and able to come up with protocols, come up with the right testing combinations. And he is a brilliant man, and he talks...he's scholarly, and I like that. Every time I talk to him, I learn so much, and I get a lot of resources, a lot of studies from him. And he is...you know, he is very much...very...has a lot of integrity to the science. So I just want to give him a shout out, and he's doing an amazing job. And he is...he's been working with the community outside the full-time job that is also a full-time job, which is COVID. So I want to applaud the DOH, the Maui DOH for all that they do as well.

CHAIR PALTIN: Thank you. And I will release you folks to go read your 100-something-plus testimonies for the next meeting. If there's no objections, I'll adjourn the meeting. It is 12:05. . . .*(gavel)*. . .

ACTION: DEFER PENDING FURTHER DISCUSSION.

ADJOURN: 12:05 p.m.

APPROVED:

Tamara M. Paltin

TAMARA PALTIN, Chair
Planning and Sustainable Land Use
Committee

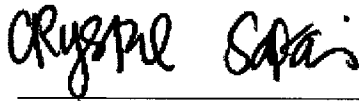pslu:min:200923:cs   Transcribed by: Crystal Sakai

CERTIFICATION

I, Crystal Sakai, hereby certify that pages 1 through 58 of the foregoing represents, to the best of my ability, a true and correct transcript of the proceedings. I further certify that I am not in any way concerned with the cause.

DATED the 20th day of October 2020, in Wailuku, Hawaii

Crystal Sakai