COMMUNITY LISTENING SESSIONS

Key Findings for the Health Department of Northwest Michigan

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KARI KRANTZ, PHD KSK CONSULTANCY, LLC
info@kskconsultancy.com

SECTION 1
ADVANCED PREPARATION FOR *COMMUNITY LISTENING SESSIONS*

Background Information

Today's public sentiment reflects the realities and challenges that permeate our national environment. These include hyper-partisanship, the aftermath of a global pandemic, growing distrust of public institutions, and the list goes on. These realities, worsened by the proliferation of social media, have come together such that it is difficult to disentangle the root causes for organizational struggles. Longstanding public institutions like education and healthcare have landed in the crosshairs of this present environment. The Health Department of Northwest Michigan (HDNW), recognized for years as an exemplary public health organization, is now facing a mounting set of hurdles brought on, largely, by the external forces described above.

Today's climate requires new approaches to building inclusive, honest, and informed conversations about complex issues. Traditionally held town halls and public forums – even those facilitated by trained professionals – have become increasingly dysfunctional. Heated exchanges and increasingly hostile situations are no longer rare. The norms and protocols of these traditional formats challenge governance and leadership to seek more effective methods to elicit public input.

Fortunately, the executive team at HDNW developed a comprehensive plan to begin to heal the wounds of all members of its community during this post-pandemic timeframe. Leaders wanted to address the existing lack of trust and diminished sense of belonging that is negatively impacting their abilities to fulfill their mission.

HDNW staff sought and were awarded external funds to support these efforts. These funds were earmarked for establishing public work groups to assess external perceptions through a series of *Community Listening Sessions*. *Listening Sessions*, by design, are quite different from feedback sessions, town halls, and other public forums. They are structured to elicit feedback that is deeper and more contextualized. The input gathered through these channels will help to inform decisions guiding the Health Department's strategic plan. This important work will build and strengthen the capacity for the HDNW to continue to learn and move forward to better serve its communities.

Kari Krantz, PhD, with KSK Consultancy, was selected to facilitate the *Community Listening Sessions* based on her prior experience in doing this kind of work and her record of success as a non-biased host. Dr. Krantz worked directly with the Health Department of Northwest Michigan's Public Information Officer and Community Outreach Coordinator, Janenne Irene Pung, to determine dates, times, schedules, and promotional avenues to encourage participation. Outside of general assistance to publicize and encourage attendance for the *Community Listening Sessions*, HDNW was not involved in any aspect of the registration process, collection of data, analysis of data, or final reporting. The Health Department wanted a final product that was unbiased, reliable, and comprehensive. There were no improprieties of any kind identified throughout the entire process, with the HDNW assuming a consistent, "hands off" stance.

Publicizing the *Community Listening Sessions*

Across March and April of 2023, Dr. Krantz attended several civic events in all four counties to personally introduce the purpose and plans for the *Community Listening Sessions* and to encourage registration. She also contacted key constituents identified on county websites and forwarded information about the series for inclusion in their corresponding communication networks. All press organizations were provided information as well. Printed flyers (see Attachment A) announcing the series were distributed throughout the region (restaurants, community centers, nail salons, gas stations, etc.). These flyers were distributed to audience members during the May 2, 2023, Board of Health meeting. The information about the series was also posted on the HDNW's webpage and the information distributed always included a registration link.

For each county, one in person session was offered from 5:00-6:30 and one virtual was offered approximately one week later from 12:00-1:30. Dr. Krantz offered to host an additional session upon hearing from a participant that there was a group of people reluctant to participate based on their perception that others in the community would potentially "ostracize them" for sharing their views in public. This session was held on June 15, 2023, with 14 people in attendance (4 had participated in an earlier *Listening Session*). A total of nine (9) *Community Listening Sessions* were held representing approximately 81 people.

Most sessions extended beyond the established 90 minutes, largely due to the commitment that was promised to all participants that they would have an equal opportunity to share their perspectives without any pressure of time constraints.

Information Collected on the Registration Form

Participants were asked to pre-register (see Attachment B-Registration Form) so that additional facilitators could be arranged should participation numbers exceed 8-10. Registrants received a reminder email the day before or the morning of their session including the location and time. One facilitator was planned for most sessions based on preregistration numbers; however, a significant number of participants came to sessions having not preregistered. In addition, some people preregistered but did not attend. Had actual participation numbers been known in advance, a second or third facilitator would have been scheduled to accommodate the large numbers. This would have shortened the length of those sessions. Even for those sessions with the most participants and only one facilitator, few people left early. One meaningful session extended beyond three hours, with nearly all participants remaining until the end.

These registration challenges did not impact the inclusive nature of the *Community Listening Sessions*. Everyone who showed up within 30 minutes of the start of the session was welcomed and able to participate. There were two exceptions where individuals arrived so significantly late that merging with the process already in progress would have been counterproductive. In both cases, a brief explanation was offered along with encouragement for these individuals to attend another session.

The information gathered during the preregistration process allowed name tags to be prepared in advance (only first names were used on name tags), which served as an additional check for

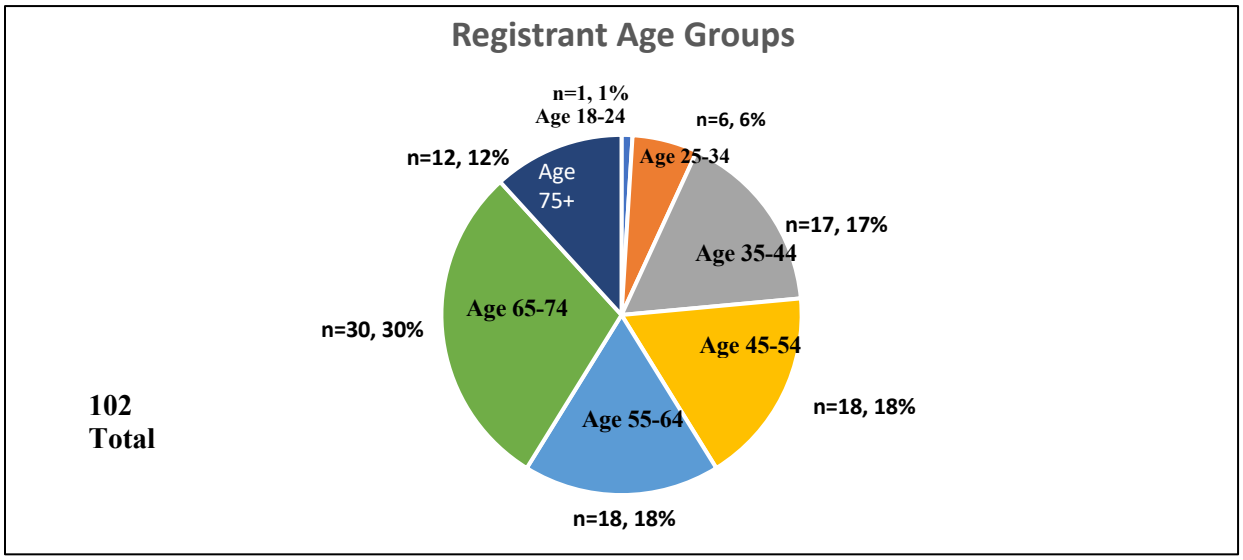
accuracy of participation totals. Participants were asked to sign-in on a note pad and select and wear their name tag prior to sitting down. Blank name tags were available for participants to wear who had not preregistered. It was important for the facilitator to be able to refer to participants by their first names during the listening session, because this helped maintain an environment that was welcoming, emotionally safe, yet somewhat anonymous (thus no last names).

There were only a few participants who were reluctant to sign-in and a few who did not want to wear a name tag. Their preferences were honored. Name tags that were left unused signaled registered participants who did not attend. At the conclusion of each session, the facilitator made note of those from the master registration list who did not attend and, where possible, added the names of the unexpected newcomers who participated. Despite the attention given to accuracy, **these factors help explain the inconsistencies between total registrants and actual participants.** Importantly, these challenges had no impact on the information gathered from the registration process (registrants were asked to identify a strength and challenge for the Health Department on the registration form) or the actual sessions (people who did not register were allowed to participate in all aspects of the *Listening Sessions*). Relevant insights were gained from all avenues.

REGISTRATION DEMOGRAPHICS

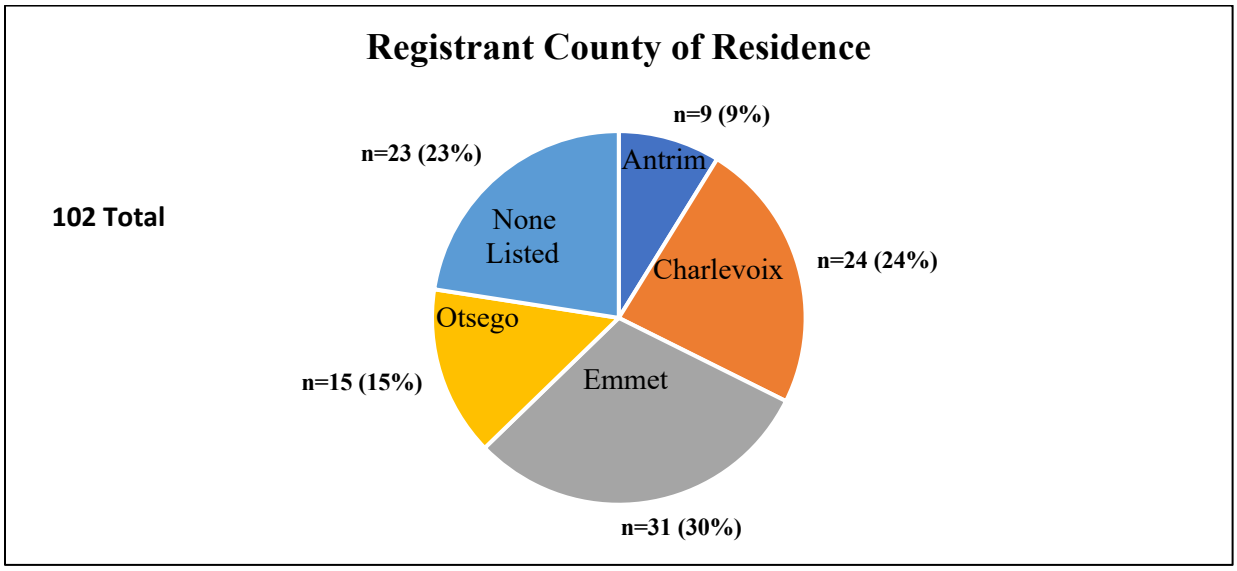
Registrant Age Groups

The chart below offers a snapshot of the range of ages of those who registered. Of the 102 registrants, those identifying their age range as that between 65-74 represented the largest number, 30 total, or 29%. Roughly the same number of registrants registered as 35-44, 45-54, and 55-64, with each of these age ranges representing approximately 18 total, or 18% each. The youngest age ranges of 18-24 and 25-34 had the fewest registrants. Combined, these two age ranges represented only 7 registrants.



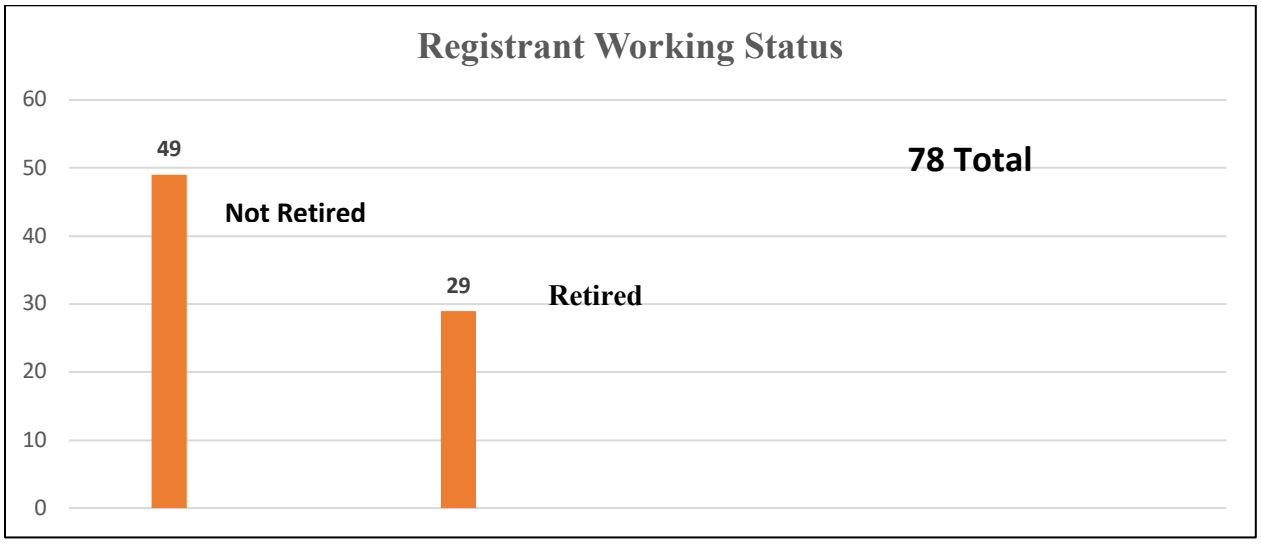
Registrant County of Residence – 102 Total Respondents

In addition to age, registrants were asked to identify the county in which they resided using a short answer format. Below is the breakdown of the information entered. Emmet County had the most registrants with 31, or 30% of the total; Charlevoix County was next with 24, or 23% of the total registrants; Otsego County had 15 registrants, or 15%; and Antrim County had the fewest registrants with 9 total, or 9%.

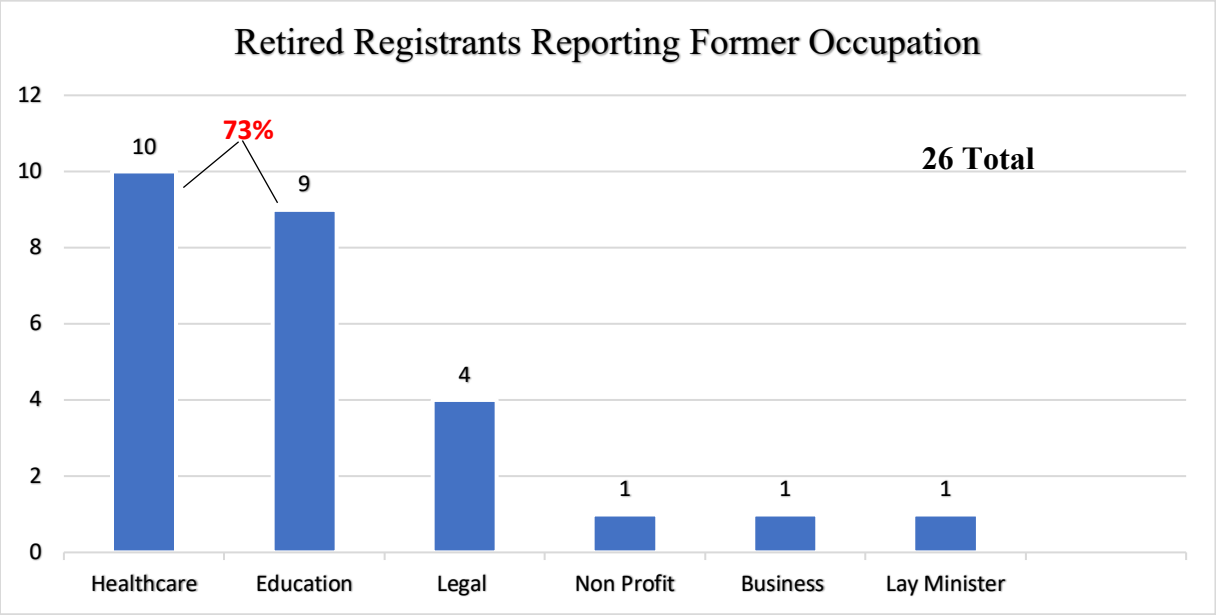


Registrant Occupation - 78 Total Respondents

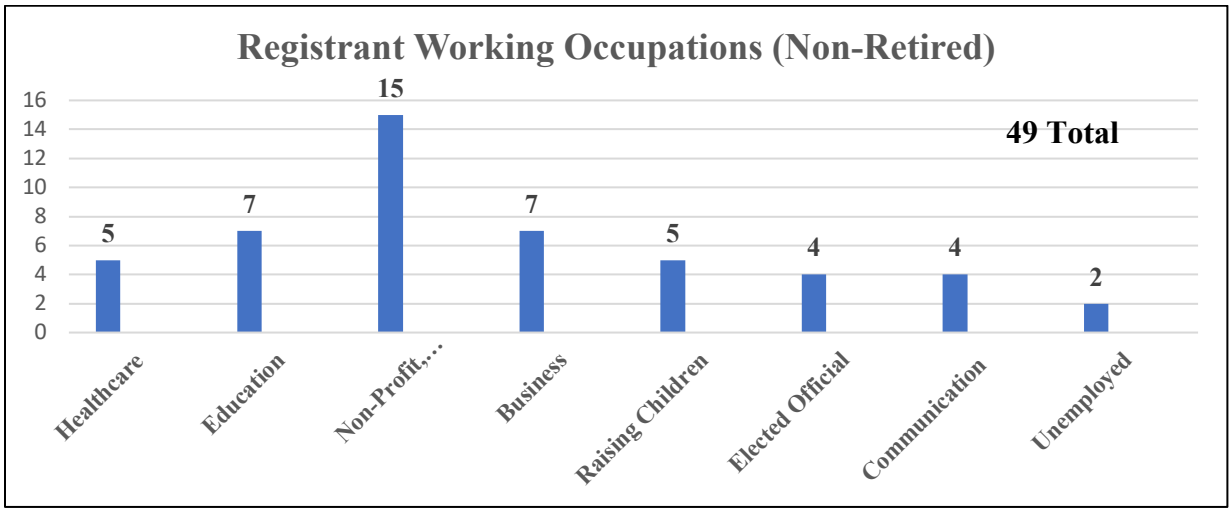
Registrants were asked to identify their occupation using a short answer format. Of the total 78 respondents who identified an occupation, 29, or 37%, indicated that they were presently *retired*. 26 of those who replied *retired* also included their prior occupation. Serving as a point of reference, the following chart provides a breakdown of non-retired registrants, totaling 49, or 63%, and those retired totaling 29, or 37% of the total who identified their occupation.



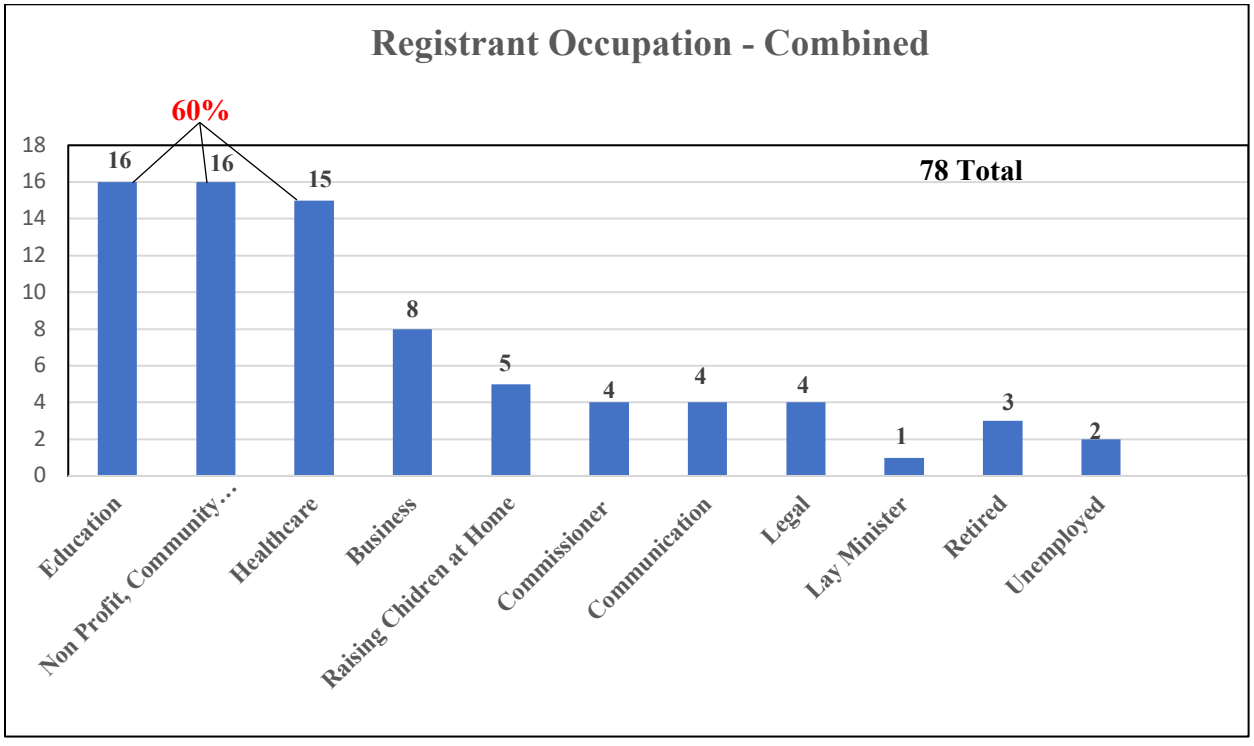
Since such a large portion of the total registrants indicated they were *retired* - 37% - it seems relevant to provide a snapshot of these former professions provided in order to know more about the backgrounds of potential participants. The following chart illustrates the prior occupations of those 26 retired registrants who included this information. Retired registrants worked primarily in two fields – *healthcare* and *education* -- with 10 total former *healthcare* providers, or 38% and 9 total former *educators*, or 35%. Combined, these two occupation sectors represented 73% of the 26 total who reported. 4 retired registrants listed occupations falling under the *legal* field, representing 15%. 3 others identified former occupations as working in *non-profit/community services*, *business*, and as a *lay minister*.



Below is a visual representation of the occupations listed for those working registrants - 49 in all, or 63% of the total 78 registrants. The occupation most frequently reported by those actively working was within the *non-profit/community services* sector - 15 total, or 31% of all working registrants. Examples of occupations listed from this category include tribal housing, philanthropy, executive director of non-profit serving seniors, and community development. Both fields of *education* and *business* were represented by a total of 7 registrants each, or 14%. *Healthcare* and *raising children* were both represented by 5 working registrants each, or 10% of the total 49. *Elected official* and *communication* were the final occupational categories represented equally by 4 total working registrants, or 8% each. There is a wider distribution of the different occupations represented by those actively working registrants than those retired registrants, once the *non-profit /community development* sector is isolated.



Finally, it seems relevant to combine all working and retired registrants to capture an overall snapshot of the 78 total registrants based on the identified present or former occupations. In this next graphic, a cluster appears for the three most frequently represented occupations: *education,* with a total of 16, or 21%; *non-profit/community services,* with a total of 16, or 21%; and *healthcare*, totaling 15, or 19%. Combined, these three occupations represent 47, or 60% of the total registrants. 8 registrants, or 10% of the total are represented by *business*, and 4 total registrants, or 5%, each identified *communication*, *raising children*, and the *legal* job sectors. The remaining are somewhat isolated occupational categories, with *retired* (no former occupation identified) at 3 total registrants, or 4%, and *unemployed* at 2 total registrants, or 3%.

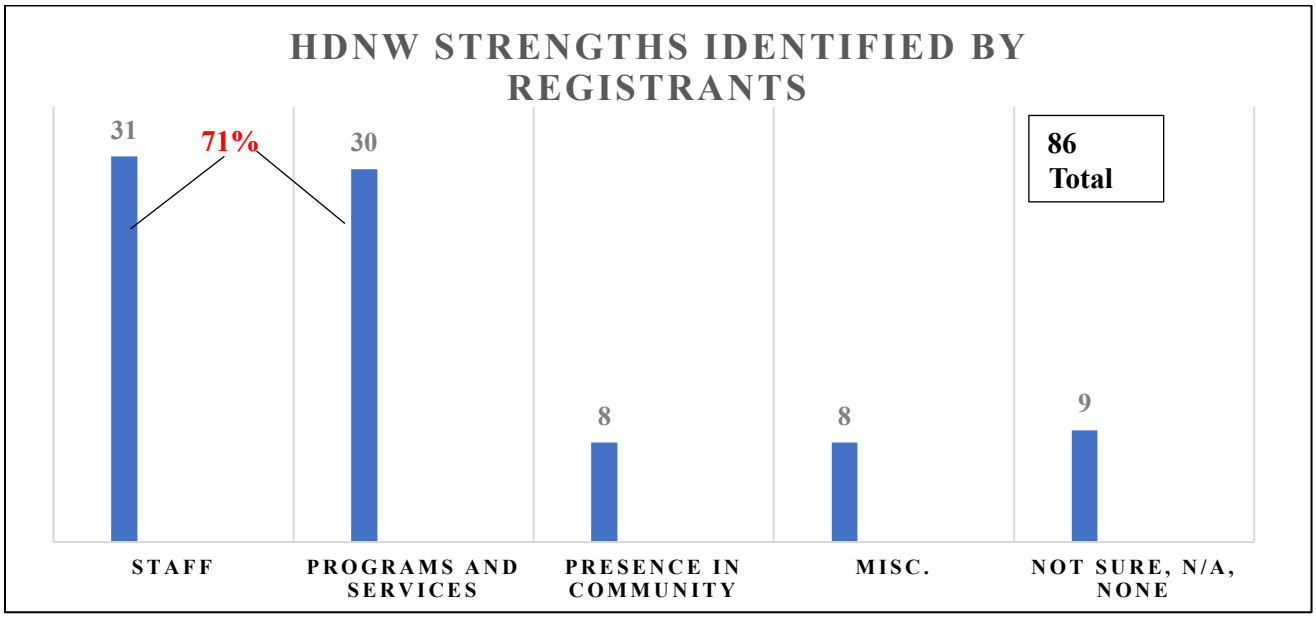


HDNW Strengths and Challenges Identified During Registration

Registrants were asked to identify a point of strength and a point of challenge for the HDNW using an open-ended response format. 86 of the 102 registrants identified a strength and 80 identified a challenge. This information was analyzed and categorized according to common responses, with the actual number of responses for each theme identified within parentheses below. This information provided a brief glimpse into the thoughts of many participants leading up to the *Community Listening Sessions*. This information can also serve as potential baseline data for future use.

Strengths

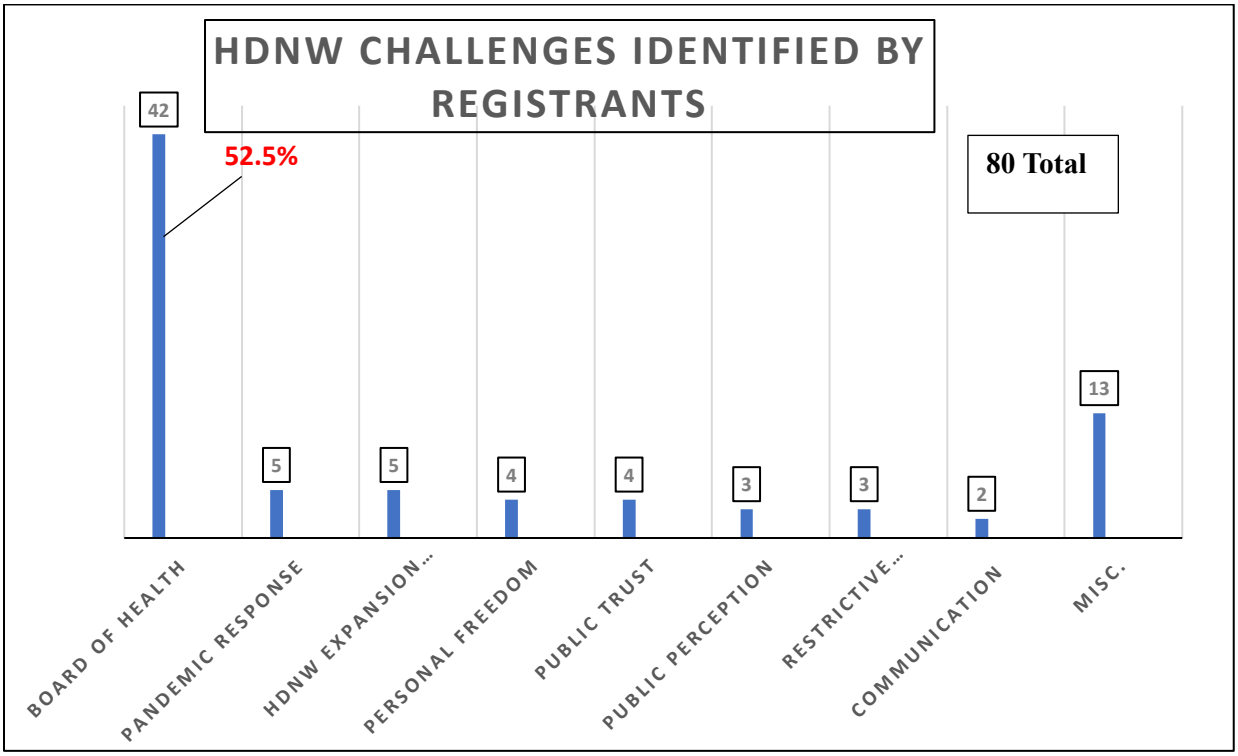
61, or 71%, of combined registrants, from the 86 total, indicated a strength for the HDNW as either the ***quality of the HDNW staff*** or the ***programs and services provided*** to communities. 9% of registrants identified the ***strong presence and availability of the HDNW*** as a strength, with several miscellaneous strengths also provided by another 9%. Approximately 9 combined registrants (10%) indicated that they were either unsure, had no opinion, declared "none", or indicated that a HDNW strength was "not applicable". This chart is depicted below.



Challenges

42 of the 80 total registrants or 52.5%, identified the ***Board of Health*** as a challenge. The Board of Health was the challenge or concern that was most cited by registrants. Several other challenges were commonly cited, however the frequency of those indicated was far less. These challenges, presented in descending order by frequency cited, include ***pandemic oversight*** (5), ***HDNW expansion beyond boundaries*** (4), ***personal freedom*** (4), ***public trust*** (4), ***public perception*** (3), ***restrictive sanitary codes*** (3), ***and communication*** (2). There were also 13 registrants who identified challenges or concerns that were isolated. Some sample stand-alone responses from this

miscellaneous category included *media coverage*, *disparity of education in 4 counties*, *political agenda*, and *distrust of government*. This chart is shown below.



The demographic data (age, county of residence, and occupation of registrants), along with the open-ended responses asking registrants to identify a point of strength and a point of challenge for the HDNW, combine to provide a snapshot of those who took the time to register for a *Community Listening Session*. As previously explained, there were variances identified between those who registered and those who participated in the *Community Listening Sessions* based on several factors, including no-shows, non-registering participants, a few late arrivals who failed to sign-in, and some registrants who attended more than one *Listening Session* (each attendee who participated in two *Sessions* had their individual voices merged and counted as only one participant. Section 2 of this report provides an in-depth view of what participants said during the nine *Community Listening Sessions*, including an analysis of the themes that emerged.

SECTION 2 *COMMUNITY LISTENING SESSIONS*

Norms and Structure

The norms and expectations established at the onset of each session set the ground rules for participation. These were important because they created the conditions necessary for people to be able to speak openly and honestly without having to consider external factors that are typically present in traditional public participation settings. Participants sat in an arrangement noted for

fostering a neutral power structure – a circle. This allowed everyone to have an "equal seat at the roundtable".

Participants in the *Community Listening Sessions* were asked to agree to listen to each participant as they spoke, giving them their full attention. Cell phones, note-taking devices, recording devices, etc. were asked to be set aside. Participants were asked to refrain from making extemporaneous comments or using any nonverbal communication (e.g., head nodding, smiling, furrowing brows, etc.), in response to someone speaking because these actions would impact the environment. For example, nodding one's head in agreement while another participant speaks might prompt someone with an opposing viewpoint to become more reluctant to express their thoughts when it is their turn. In the rare cases where people strayed from the ground rules, a prompt reminder was given.

The decision to refrain from using recording devices to eliminate potential anxiety for participants was explained at the onset of each session. Despite this explanation, one participant insisted on using his/her cell phone to record the session because she/he "wanted to make sure nothing said would later be taken out of context". In this isolated situation, other group members raised no opposition to the session being recorded, which influenced the decision to allow it.

The following questions were asked in the same sequence at each session:

1. Given the context described (emotionally charged political climate, influence of social media, COVID pandemic and all the surrounding issues and outcomes, leadership turnover, new members on the Board of Health, current divisiveness, etc.) leading to today, talk about your experiences, thoughts, and feelings related to the Health Department of Northwest Michigan.

2. What has been the hardest thing for you? Your biggest concern?

3. What would you like to see moving forward?

The questions asked in this series of *Community Listening Sessions* were developed so that the first prompt would elicit the most broadly defined responses. The first question allowed participants to "get it all out on the table". The next question required participants to refine and focus their views stated in the first round and identify the most pressing, or biggest concern. The second question helped participants get to the heart of the matter – to express their core concerns. The final question asked participants to articulate what they would like to see moving forward. This question is purposeful because participants often gain a sense of agency when they express what they ultimately would like to see by way of a potential solution. This input is also valuable for future strategic planning.

Methodology and Analysis

During each session, the facilitator took handwritten notes and transcribed these notes into typed text. All raw data were compiled into one document and categorized by question. All names and personal references of participants were removed or replaced with generic references within

brackets. Several reviews were conducted to ensure that the intended meaning and representation was true to what each participant had said along with attention to minor transcription errors (spelling and punction; incomplete thoughts not captured, etc.). In some cases, relevant thoughts were not captured in field notes which provided necessary meaning. In these situations, brief clarifiers within bracket demarcations were added (e.g., [referring to Health Department leadership]) to signify what was heard and interpreted at that time. In every situation, the goal was to assure accuracy in the intended message of the participant.

In the case where a citizen participated in more than one community session (five individuals attended two sessions each), her/his responses were merged to represent only a single voice to avoid a double count of their views. One participant provided the facilitator with their "notes" they had prepared in advance of their session as he/she was exiting and four participants (including two of those attending two sessions) emailed additional thoughts after their session(s) concluded. These thoughts were reviewed alongside the notes captured for these participants during the session. In all cases, these documents served to support the messages that the individuals had voiced during the session(s).

Responses to each question were first examined at the word level, next at the phrase level, and finally at the conceptual level. Each time a new central concept was identified, it was referenced and coded. The frequency that each central concept was repeated across all responses was subsequently noted. Those concepts were then analyzed within full context, which allowed the most common themes to be identified.

As anticipated, there were individual thoughts expressed that remained isolated as themes were being identified from collective voices. Understandably, the final emergent themes do not reflect single issue comments that are included in the raw data. Just because these issues were not commonly expressed by others, doesn't make them less valid or relevant for individual participants. However, the qualitative research methodology used to analyze the input gathered across the process leads to findings that represent the **greatest common concerns voiced from the greatest number of participants.** A discussion of these common themes is presented next.

Common Themes

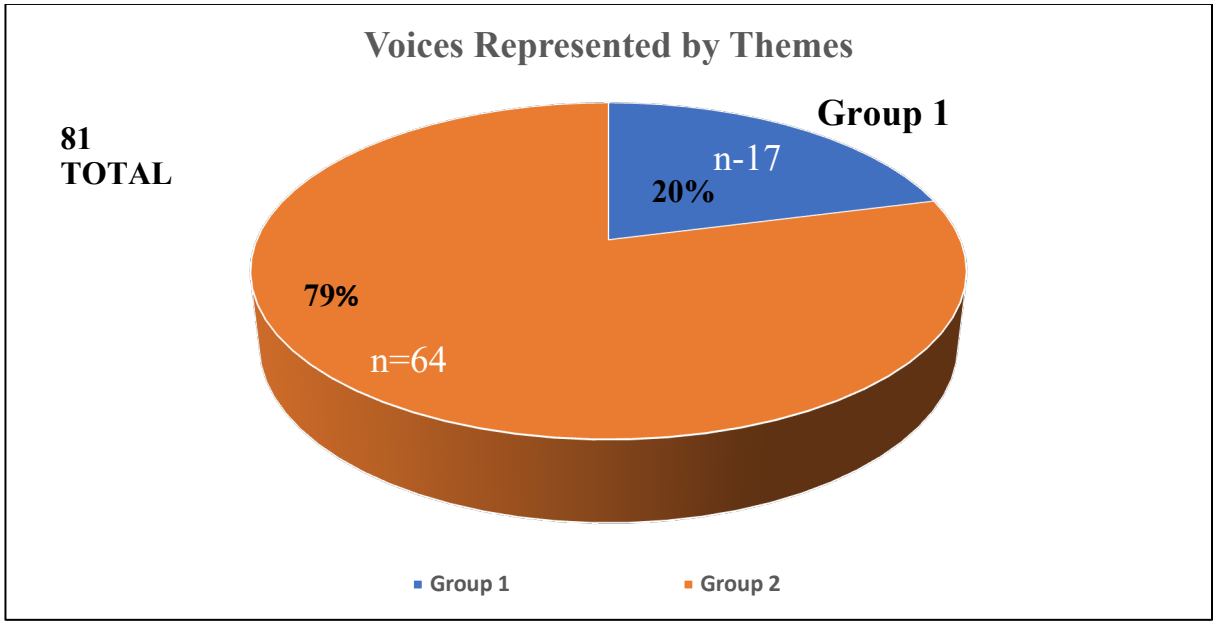
Please read these findings in the positive spirit in which the *Community Listening Sessions* originated. The HDNW sought a way to continue to learn and move forward to better serve its communities. Positive intentions remained throughout the inclusive, months-long process of gathering public input to guide the HDNW's strategic plan.

What follows is a discussion of the emergent themes identified from careful analysis. It is important to note that every attempt was made to avoid promoting or encouraging greater divisiveness. Indeed, this process is intended to eventually help alleviate some of the divisions that currently exist. However, after a great deal of consideration of various ways to diminish an "opposing camps" organizational structure in this report, little could be done to avoid the apparent contrasting viewpoints.

Participants and readers should be mindful that this report represents the essence of the words and ideas that were spoken and that **the personal opinions, viewpoints and perceptions of the community members included in this report may or may not reflect factual evidence**.

Group 1 Common Themes

What can be learned from participants representing Group 1, made up of 17 unduplicated individual voices from the total 81 participants in the series of *Community Listening Sessions*? The viewpoints of these 17 individuals contributed to the common themes presented next.



For participants represented in Group 1, at the center of much of what was said related to the COVID-19 pandemic response and surrounding issues. The following example is a detailed response provided by one participant within this group. He/she spoke about many common concerns about how the HDNW implemented the COVID-19 pandemic response.

> *Everyone was affected [COVID-19 response] in very different ways. For me, there were a lot of "on the fly" decisions. Many had lots more involvement. Essential workers versus nonessential workers - created a divide. Outside of Michigan, kids weren't kept out of schools like here. We knew kids didn't get sick. Our kids suffered the most. We still don't have the help these kids need. We know the science - shows masks didn't help. There's been lots of media advice about vaccines - competing information. I'm curious to know what the Health Department has to say about past, present, and future hurt from vaccines. The vaccines were forced down our throats. I personally know of three people who have died shortly after vaccines. Health Department, would you rethink your advice? I have a mistrust in this Health Department pushing vaccines. My fear is that these children vaccinated are dropping dead. There was a lot left out -*

not totally deceived - but...When I see harm coming out of the mandates, like the nursing homes. Putting sick within nursing homes! Basically, anyone who had own business had to suck it up. Others could ride it out. Others couldn't access support. In my opinion these dictates caused divisions. People were harmed, very much because of the dictates. The Health Department needs to reflect on what was done…I believe the Health Department overstepped its bounds during the Pandemic.

This respondent raises concern about specific elements of the COVID-19 response. He/she observed different mandates being issued in different states and perceived many decisions made locally as occurring "on the fly". He/she heard competing medical information (e.g., vaccine recommendations), received conflicting mask mandates, observed the negative impact on kids [school shutdowns], observed deaths of personal acquaintances in proximity to vaccinating, witnessed the negative impact from placing COVID positive patients in nursing homes, and saw the negative impact of shutdowns on businesses. For these reasons, this participant believes the HDNW overstepped its bounds during the pandemic.

Another participant's response aligned with many issues cited in the previous example but this individual also raised his/her concern that public organizations like the HDNW often expand to become too big, ultimately involving more tax dollars. They see the need for government oversight as a way to provide checks and balances for unnecessary growth (bureaucracy) and spending. For this citizen, in her/his view, some of the recent grant proposals contradict policies separating church and state as well as fall beyond the responsibilities of the Health Department.

From the care givers' perspective, I couldn't stand to work there anymore - at the medical care facility. I watched all this end - kids, dogs, pets visiting. All this stopped as a result of the pandemic. COVID got in the facility. 43 out of 45 people in dementia unit got COVID. I want to know why sick patients were sent to nursing homes. We lost so many care givers because of mandates. I got vaccinated and I will never take another vaccine from the government. My trust is a little busted. Just because people have different opinions, doesn't make us divisive. As far as two grants - mindfulness, it has Hinduism in it, but my grandson says he can't even pray in school. If you only read the newspaper, you only get one side of the story. I had a letter saying I was an essential worker, but I saw logging truck...essential, really? Obviously, we need to look back and admit there were mistakes made. Through my course in going to meetings, I'm learning how our money is being spent. I believe we should all be informed. I believe all public organizations should have oversight. I feel like COVID worked me up - I want to know more. The Health Department serves a purpose, and we need to insure it doesn't get too big and outside its guidelines.

It is within this emergent concept – oversight of public organizations to insure they don't become "too big" and "expand outside [their] guidelines" that the skepticism of grant acquisitions seems to fall, as supported by the views of this next respondent.

...Now they want to have us pay [for programs to correct the harm caused by the COVID response]. I have a problem with grants that are not asked for - the Fruits and

Vegetables and a Dr. that ... Stop letting the State of Michigan bait you [Health Department] into anything, coming out of thin air...You haven't asked what the schools need. I actually went to the school food service who said they see food thrown away every day. The kids pick up … walk to the end of the line and then throw it right into the trash. They [Health Department] need to settle down their spending. They formed a committee - this is a positive. The committee said this is not a grant needed or wanted...

Another participant shared his/her concern with the boundaries within which the HDNW operates, believing it exercised too much emergency power during the COVID-19 pandemic. For this participant and others, the involvement of the global World Health Organization (WHO) in mandates impacting local communities in Michigan was viewed as political, misaligned, and intrusive. For many participants, the contrast between international needs and the needs of northern Michigan communities was too great. This contrast appears to have contributed to the concern that COVID-19 pandemic decisions were made from "commands from on high".

I was not aware of the Health Department until COVID. When COVID happened, I tried to discern - very confusing, but, looking at legal aspect, felt that it was Governor's last effort to control us. The Health Department has powerful emergency powers - is it legitimate? Health Department here - making us all involved in the World Health Organization. I hope for more input for executing emergency [powers] in the future.

...when I know these marching orders are coming from global sources, not from local. Government is like fire. It can protect you or it can hurt you if left uncontrolled.

I have concerns about the Health Department. There are many good people, but I'm concerned that good intention is being politicized. I worry. Is there local authority or commands from on high? ... disjointedness of medical profession - not open minded to the scientific process. Hopeful that professionals will reflect and review and examine data to learn from data. Impossible mission. Health Department can't serve all…

This next respondent also sheds light into the context associated with the frequent references made by other participants, wanting the HDNW to, "follow the science", "seek the truth", "show evidence of problems and effects". For these participants, there is also a strong desire for the HDNW to consider the work of medical scholars who are not affiliated with the WHO and the Centers for Disease Control and Prevention (CDC) – especially those medical professionals offering contradictory evidence challenging the safety of the COVID-19 vaccine.

The following respondent describes his/her own legal vantage point that has influenced his/her criticism, as well as his/her informed knowledge base about medical expertise falling outside those aligned with the WHO and the CDC. According to this participant, many experts have provided contradictory medical evidence surrounding some of the COVID-19 protocols issued by the HDNW. Of particular concern for this participant, and shared by others, is the unintended negative outcomes related to COVID-19 vaccinations.

... My distrust of the Health Department came a long time ago...from a legal perspective. A vaccine that is FDA approved but not on child schedule - the medical company is libel. We watched the liability. Leadership at the H.D. doesn't read these experts... Dr. Harvey Risch from Yale; Dr. Bhattacharya from Stanford, Dr. Atlas from Stanford, Dr. Ioannidis from Stanford, etc. [referencing several medical books brought to the session]. Health Department leadership says they must follow the CDC. I don't respect medical degrees of those at the Health Department. Analysis and an apology are needed by the Health Department. Show evidence of problems and effects. We were only 5 of 43 health departments initiating masks. They haven't broadened their willingness to use common sense. Dr. Birx has admitted that 90% who died were with COVID, not as a result of COVID. There was government money provided to help bury deceased if recorded as died of COVID.

Others in Group 1 also expressed their desire to see the Health Department acknowledge these medical perspectives. Some of these sentiments are expressed in excerpts as follows:

My biggest concern is the institution of public health. Supposed to first do no harm. They must take a wider view.

...Nutrition is at the bottom of so much. I thought we live in this community, we made mistakes - we should look back and there are multiple places. I still want control over my own healthcare - Healthcare is changing and we need [to recognize this].

Science is ever-changing. Medicine is political.

The prior excerpts are representative of what was also expressed by other participants during the *Community Listening Sessions*. The compilation of all responses from all participants are included as raw data beginning on page 37. The catalyst for these themes appears to be how the HDNW handled the COVID-19 pandemic response and what occurred in local communities as these decisions unfolded. The following are the themes summarized for *Listening Session* Questions 1 and 2 from Group 1, representing 17 unduplicated voices.

Group 1 Common Themes

1. The HDNW issued unwarranted mandates during the COVID-19 pandemic response that caused harm to local communities (mask mandates, shutdowns, essential/non-essential worker categories, vaccination requirements).

2. There are medical experts who recommend practices that are counter to those recommended by the HDNW and these experts should be consulted in the future (use of COVID-19 vaccine, masks, shutdowns).

3. The WHO and CDC are politically affiliated international organizations whose interests run counter to those people who believe communities are best served through local control.

4. Representative government provides checks and balances to public organizations and those elected or appointed have a role to perform and should be respected as such.

5. The needs of communities should drive grant acquisitions because special interest groups offer grants that may be unnecessary and/or also fail to align with local values and beliefs.

Question 3 asked participants to consider their prior responses about their present concerns, and to describe, next, what they would like to see moving forward. The responses provided to this question were compiled from all nine listening sessions and distilled into concise statements representing those most frequently shared, making up Group 1.

Moving forward, Group 1 would like to see the following:

1. A review of the COVID-19 pandemic response. Examine decisions through an analysis of the intended outcomes compared with the actual outcomes. Did the protocols implemented do what they were designed to do? What went well? What negative consequences occurred? What decisions are best left to local discretion?
    a. A report of findings
    b. A revised crisis plan based on the findings

2. An avenue for medical expertise outside the CDC to be included in HDNW decisions.

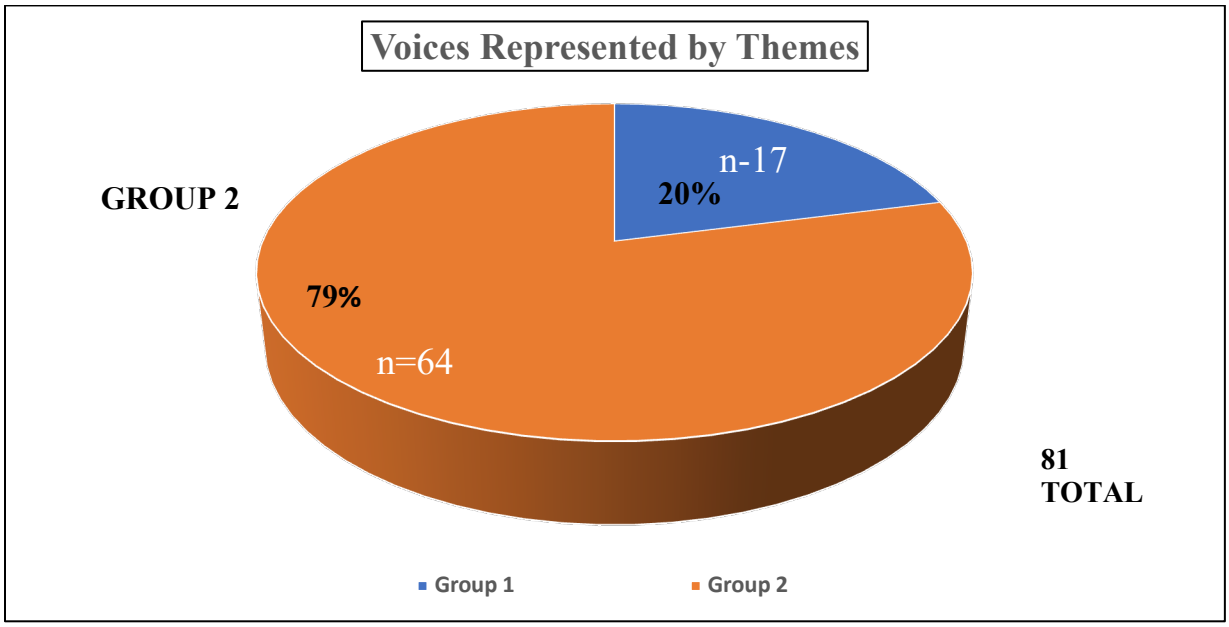
3. A halt to the HDNW's promotion of the COVID-19 vaccine.

4. Grants pursued based only on the demonstrated needs of the community and the degree to which the associated program/services fall within the HDNW's responsibilities (align with mission).

5. Respect for the county commissioners serving on the Board of Health.

What can be learned from participants within Group 2, representing 64 unduplicated individual voices from the total 81 participants in the series of *Community Listening Sessions*? The viewpoints of these 64 individuals contributed to the common themes presented next.

Group 2 Common Themes



For the participants represented in Group 2, at the core of most of what was expressed is a concern about the criticism and subsequent actions that are currently being exercised toward the HDNW organization as well as toward its' employees. These participants value the HDNW and support the decisions made by its leaders.

Many participants are frustrated that people with specialized training across the HDNW programs are being undermined by a smaller number of people who lack knowledge and expertise in the public health arena. For these participants, the expertise of the employees of the HDNW should be respected. These supporters of the HDNW recognize that the ongoing criticism directed at the HDNW is having a negative impact on the morale of its employees. These participants believe employees are choosing to leave the HDNW due to the negativity. These perspectives are expressed in the first set of representative excerpts:

> *I would like to see a respect for people's vocations… my [immediate family member] has a college degree in public health. He/she went to college to learn everything there is about the earth – has several degrees. I would like us to respect people's vocations. We need a call to action to respect the professionals and to somehow – get a message to communities. I have a construction guy in my house renovating – I wouldn't think to tell him what to do because I don't have the background. Why can't we respect those who have spent years learning to be experts? We should ask more questions rather than make our own assumptions. We should trust the vocations of people. My friends who didn't go to college still respect me as a teacher.*

> *I'm a retired physical therapist. I've got to respect what the experts know. People who don't know what they are talking about are making decisions and this Board is disregarding those with more knowledge than they have.*

Biggest concern is the Board not allowing experts in the Health Department do their job. … The morale of the Health Department is being impacted by this minority of people. This will impact the Health Department as they try to hire people. We won't be able to get people to come here.

…It's dysfunctional. In the long run you want the very best people. Good people. The best people won't even apply. They will think, "I want to be where I am respected." Everything starts with the top and it goes down from there.

For many participants in Group 2 there is a great deal of appreciation for the work done by the HDNW during the COVID-19 pandemic. These participants felt safe because of the level of caution reflected in the decisions made during this health crisis and expressed disheartenment that others are critical of the HDNW's pandemic response. Group 2 participants recognized that the public health code charges officials to take care of the most vulnerable populations, which meant they expected guidelines that reflected this responsibility. These participants were not surprised nor offended by the strict mandates. From their perspective, HDNW officials and employees were handed an unprecedented situation which demanded decisions to be made based on their legal duties and the information they had at any given point in time. As one participant voiced, "It's easy to make judgments about the past when looking through the lens of the present." A sample of these views is included in the following excerpts.

There is nobody working at the Health Department who wants to cause anyone harm. The mission of the organization is to provide care and support. This mission is what brought good people to work there. There were bound to be some missteps during a terrible ordeal like the pandemic. But let's allow them the grace they deserve. I can't believe that people are not able to see that the H.D. took a cautious stance – to err on the side that their actions wouldn't cause potential for more illness and death.

I have a hard time. My [immediate family member] was a paramedic, and the Health Department has done amazing work. They have been unsung heroes. Health Department was trying to make decisions of everyone to keep everyone safe. I felt safe, informed, and felt it was best for the community. I'm frustrated. I'm upset.

I believe a happy community is a community that gets along. I believe in science. We took a protective road - lots of people died. I agreed is better to err on the side of caution. We learned a lot. Vaccines have shown we can get out to enjoy our lives. We need to work together without fighting.

There is a concern among several participants in Group 2 that the COVID-19 pandemic response, which was visible to everyone, gave rise to an inaccurate perspective of the programs and services the HDNW offers. For these HDNW supporters, they believe many of the present critics, including some commissioners currently appointed to the Board of Health, are unaware of all the other comprehensive HDNW services that have been offered for decades. These participants want all HDNW services to be understood and supported.

I've been involved in public health for years. Health involvement (mental health, juveniles). Sunday, we went out for dinner. We were comfortable that our food was safe, clean, etc. This is due to the standards that are checked and certified through the Health Department. Little is known about what the Health Department does. I hate to see someone in their own ranks work against the budget allocation [county commissioners who serve on the Board of Health versus HDNW leaders]. There are so many nuances that the general people don't have a clue - need a better understanding of what the Health Department does - grant processes - if we don't receive grants our tax dollars will go up.
My family has benefitted from the services provided by the Health Department in many ways – beginning when I was a child living in very poor conditions. Now I'm a contributing citizen giving back to this community. I am angry that there are a few people hell-bent on destroying this great asset. Don't these people appreciate clean water? Safe food to eat in a restaurant? Dental care for children whose parents can't afford it? Assistance if there is a lice or ringworm problem in a public setting?

I know the quality of the Health Department and the services they provide. The Board of Health used to respond responsively (e.g., received and read reports). Now the employees of the Health Department receive death threats because of the political atmosphere. I know the good things they do. Appointed county commissioners like XXXXX are driving this trouble!

In 2006, I won special election as county commissioner. So important to work with the Health Department - with Government agencies - there was no commissioner interference. Two representatives from each county - we weren't trying to micromanage. This is a major problem now. People don't understand all the services [offered by the Health Department] - dental clinics, regulation for smoke-free workplaces - won right to regulate for public health. Most people don't know - volunteer Hospice - so much value -this problem now is political. I think we can change people's minds.

Many participants represented by the opinions for Group 2 voiced concern that the actions of a few commissioners on the Board of Health are thwarting opportunities to advance HDNW programs through grants and other supplemental funding sources. These people worry that there will be programs lost and new opportunities missed. Here are a few excerpts to illustrate these perspectives.

On a personal level, I work closely with addiction and recovery. I see the positive effects of syringe services and Narcan programs. A lot of people are still alive because of these programs, and it hurts me to see the backward progress with decisions. Many people lack information and need more information on addiction.

Watching the level of fear rising from commissioners coming in with a contrary agenda is my biggest concern. The grant, the needs of the community, [are not being fairly represented], I don't know how we combat this.

...I thought if a grant came forward, a Board would study it… (e.g., Mindfulness). The Board seemed to think that it came from an Eastern religion. Oh my. My [family member] teaches in Traverse City and says teachers are doing this already all the time. Calming their minds, resting, reducing their frustrations and anger. On another Zoom meeting I learned that fresh foods were coming into schools. I thought this was wonderful. I see this Board doesn't do their research. I was appalled by this Board.

There is also a strong sentiment among several participants that some commissioners currently appointed to the Board of Health want to stop *everything* from moving forward. These participants believe some of the commissioners ultimately plan to extinguish the HDNW.

The arrow is pointed at defunding the Health Department and it's like a house of cards - a domino effect. There seems to be no care about the consequences of the loss of the Health Department.

As a medical provider - I use the Health Department every week - community connections for my clients, radon, utilities, transportation, connections to other organizations - not being viewed as professional. I feel sadness – it's very hard. Initially, Health Department was our hero in our community. Now they can barely function. I'm grateful [for the Health Department].

I am disturbed that the HDNW staff is being disrespected. The Health Board is intervening in the Health Department not as it should. I have had prior experiences in organizations with boards. The role of boards is to support and stay out of things. The boards I have worked with accepted they didn't have the expertise. They interviewed and hired experts. My major concern is that the people who have trained, developed expertise, they are not being over-ridden by people who know nothing about public health. I don't want to see the public override the experts.

For many participants, the kind of misinformation shared and/or stated by commissioners is very troubling. One participant expressed his/her worry about the negative impact these actions are causing toward the overall environment of local communities. The cultural biases apparent in some of the misinformation being promoted are particularly troubling for participants making decisions about where to raise and educate their children.

I am disheartened. I'm upset. I've dedicated my life to helping those at-risk. The services of the Health Department have allowed me to serve my struggling clients. Children's protective services, Great Start collaborative - incredibly skilled employees - in the collaborative connections I have, I feel I don't believe in the model of leadership of Bd of Health. The Founder of Emmet Responsible Government…I'm appalled by commissioner [XXX], 12 Reasons Groundwork – her/his equity statement – her/his statements are filled with falsities - says schools' agendas are pushing students to be transgender - this is not true. This is not a community I want my 5-year-old to grow up in. I don't know what to do with this. Across the multiple counties - equality and equity is creating a reason for people to force an automatic shutdown – [of meetings, decisions, programs]? People are hurting in our own communities.

The prior excerpts are representative of what was also expressed by other participants during the *Community Listening Sessions*. The compilation of all responses from all participants are included as raw data beginning on page 33. The catalyst for these themes appears to be based on the actions of newly appointed commissioners serving on the Board of Health. The following are the themes summarized for *Listening Session* Questions 1 and 2 from Group 2, representing 64 unduplicated voices.

Group 2 Common Themes

1. Some commissioners appointed to the Board of Health promote positions based on false premises, inaccurate information, and beliefs that are viewed as falling outside those of most residents. In addition, some commissioners fail to portray an appropriate understanding of their purpose and role.

2. The criticism targeting the HDNW is causing negative repercussions for HDNW employees. Many employees do not feel safe or comfortable letting others know their line of work because of the hostile environment that exists. Good employees will no longer want to work in communities that don't support them – turnover and inability to maintain former levels of excellence.

3. Leadership and employees of the HDNW are educated, trained experts with specialized skills that allow them to do their jobs effectively. This expertise is unique to the healthcare profession and should be respected as such.

4. The HDNW offers broad services that help a wide range of community constituents. The HDNW represents more than pandemic oversight, yet many people, including newly appointed commissioners, have little knowledge and understanding of the comprehensive programs and services offered.

5. Programs and services, including new opportunities available through grants, should be supported based on accurate information and community needs presented by HDNW professionals, rather than being rejected because of misinformation and the personal viewpoints of a few commissioners serving on the Board.

Participants with shared viewpoints making up Group 2 also responded to the third question, "What would you like to see moving forward?" Those responses were organized by commonalities and the following themes resulted.

Moving forward, Group 2 would like to see the following:

1. Support demonstrated for the employees of the HDNW with a halt to the unwarranted negative criticism and obstructions to the general operations of the HDNW often initiated by some commissioners currently appointed to the Board of Health.

2. A better community-wide understanding of the programs and services offered through the HDNW including an appreciation of and respect for the expertise of the employees who work in these programs.
    a. The formation of a "Friends of the Health Department" group to help spearhead regular public service announcements and other ways to champion the HDNW.

3. Support for opportunities to improve HDNW programs and services through grants and other supplemental funds available based on the recommendations of the HDNW which includes knowledge of the present needs of the community.

4. Formal training provided for commissioners serving on the of the Board of Health to increase their awareness and understanding of the roles and responsibilities of organizational governance.

Informal Evaluation of the Process

At the conclusion of each session, participants were asked to complete the following prompt: *I came into today's session feeling/thinking… and I am leaving feeling/thinking….* This prompt served as an oral evaluation of the *Listening Sessions* process. It is noteworthy that most participants expressed an initial feeling of wonder, nervousness, and even skepticism upon entering the *Listening Sessions* with many participants indicating a sense of appreciation, encouragement, or hopefulness at the end. Most importantly, many participants indicated they were feeling grateful to have been heard. Here are the actual compiled responses.

I Came in Feeling…	***I Am Leaving Feeling …***
apprehensive	hopeful
not knowing what to expect	appreciative of a chance to listen
to support the Health Department	tired and appreciative
not knowing what to expect	feeling like every opinion was heard and mattered
a lack of clarity	still have concerns, fair camaraderie, still concerned
frustrated	a little less frustrated
curious, concerned	grateful
frustrated, concerned	still frustrated, encouraged
not knowing what to expect from this process	leaving appreciating the listening session
apprehensive	more aware, settled
worried about safety and health	worried about safety

I Came in Feeling…	*I Am Leaving Feeling …*
worried and unsure	invested
worried, concerned, apprehensive	concerned, worried
not expecting this as the format	knowing still lots of work to do
curious and anxious	hopeful and grateful for communication that was not combative
came here to listen	very concerned about the Board
naive and confused about Board of Health	more educated and grateful for opportunity to speak
came in early, feeling need to protect myself	with sense of calmness
came with two expectations, thought it would	with increased sense of anxiety, misunderstanding of
be one on one with listeners	the Board of Health
came in discouraged, not expecting anything	frustrated county H.D. failed
came in wondering if I could say how I felt	knowing I said how I felt
interested in hearing other perspectives	included and respected, intelligent, respectful process
concerned about children	with a better perspective on other sides
concerned about divisiveness	encouraged
frustrated	relieved hearing voices like me
not knowing what to expect	grateful for the ability to hear greater “cloth of community”
totally confused, hoping I would learn	still confused, I didn’t know there was a problem.
not going to say anything	having said a lot
frustrated	heard
nervous about speaking	grateful for being here
ready to listen and to hear	appreciating the varied thoughts I heard
without expectations	with sense of encouragement and sense of purpose
because I heard about this session	learning more but wondering if commissioners know their role and nee better guidance
fearful	a bit more hopeful
unsure	this was an excellent forum and hoping for more

I Came in Feeling…	*I Am Leaving Feeling …*
I didn't have any expectations but a love for people	seeing this listening session as necessary and productive
vulnerable, very raw	very hopeful
angry	hopeful
vulnerable	grateful for this opportunity
concerned	less concerned due to the shared thoughts I heard today
curious about what's going on	there's something rotten that needs to be fixed
curious and anxious	enriched by knowing I heard people, and I was heard
curious about things	hopeful and appreciative
nervous	grateful to meet people with different perspectives
skeptical	more hopeful – good to hear different points of view
feeling encouraged	feeling confused and disappointed
full of curiosity	hopeful – don't hold your breath – good humans

with an open mind wanting to hear different viewpoints	very thankful you gave us the time to speak. I'm thankful that the H.D. is interested in what the community has tis thinking
wanting to learn more	with a lot more understanding of what people want for the H.D. to get better
worried few people would attend	happy to see people care and showed up
wanting to listen	disappointed there weren't more people with other viewpoints
glad to be here	glad to hear good people
excited with nervous energy	with mixed emotions. Not sure I'm hopeful yet but want to be.
with idea I wanted my voice heard	sad that the H.D. needs to ask what community thinks of them
expecting a shout fest – like an old town hall	wondering how to do a recall
not sure – was hoping to hear from others	feeling validated that everyone was heard

I Came in Feeling…	*I Am Leaving Feeling …*
interested in opposing viewpoints	with gratitude
not knowing what to expect	with some optimism
with curiosity and also to hear other opinions	feeling that many opinions are valuable, and I expressed valid concerns
not knowing what to expect	that it was interesting to listen to others
worried, concerned	worried about county not supporting the Board
apprehensive	feeling my opinion is valued
with concerns	with more compassion
came in grateful. I wrote Kari because I wasn't sure my voice was heard the first session I attended.	grateful and feeling better now. Still reserved
skeptical	impressed by the process and impressed by the facilitation
having no idea what to expect	grateful to be able to speak
apprehensive of health department	hopeful the health department will hear
skeptical	grateful we were able to speak
not trusting the health department any more	skeptical the health department won't do something
I wasn't sure I needed to attend	grateful for the knowledge in the room and the wisdom of common people
pretty excited. I like to be involved in this kind of thing…skeptical	appreciating this process
grateful to [fellow participant- for his/her encouragement to attend]	grateful, encouraging. Thank you.

Conclusion

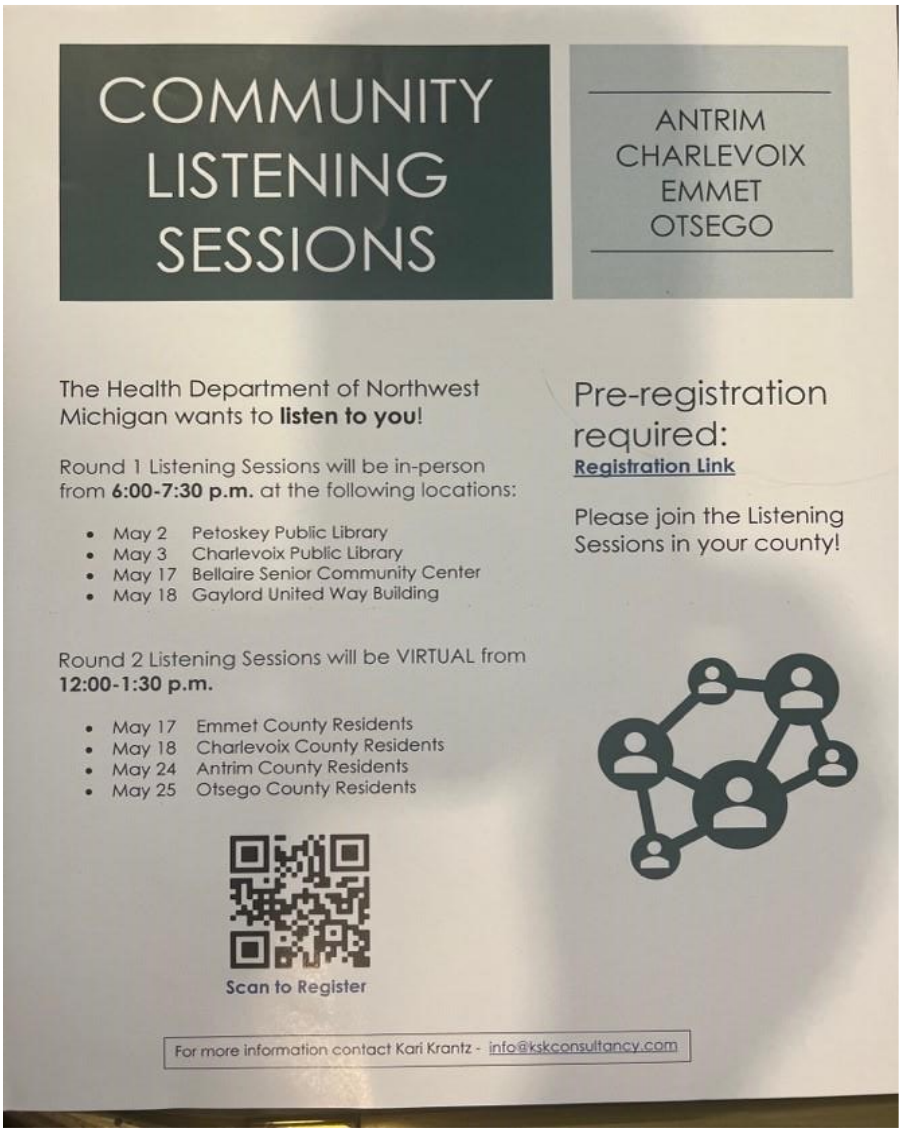
Dr. Kari Krantz would like to thank the Health Department of Northwest Michigan for their invitation to facilitate *Community Listening Sessions* within Antrim, Charlevoix, Emmet, and Otsego counties. During her time meeting people from each of these areas, she witnessed a great deal of concern and passion among those who participated. As a result of her time, she gained additional awareness for the ways different people make sense of their environments based on their personal frames of reference and unique experiences. It is Dr. Krantz's sincere hope that these *Community Listening Sessions* allowed people to express their thoughts and opinions without

interruption, to hear what others had to say, and to connect with others (including strangers) based on this unique format.

Dr. Krantz encourages organizations and communities to seek ways to gather public sentiment about today's societal matters using inclusive means. She believes that solutions to complex problems are best achieved through active processes that encourage multiple perspectives. Dr. Krantz is grateful to the communities in Northwest Michigan who helped her continue to learn and practice how to facilitate these necessary public processes.

Attachments

A. **Promotional Flyer**



COMMUNITY LISTENING SESSIONS

ANTRIM
CHARLEVOIX
EMMET
OTSEGO

The Health Department of Northwest Michigan wants to **listen to you**!

Round 1 Listening Sessions will be in-person from **6:00-7:30 p.m.** at the following locations:

- May 2 Petoskey Public Library
- May 3 Charlevoix Public Library
- May 17 Bellaire Senior Community Center
- May 18 Gaylord United Way Building

Round 2 Listening Sessions will be VIRTUAL from **12:00-1:30 p.m.**

- May 17 Emmet County Residents
- May 18 Charlevoix County Residents
- May 24 Antrim County Residents
- May 25 Otsego County Residents

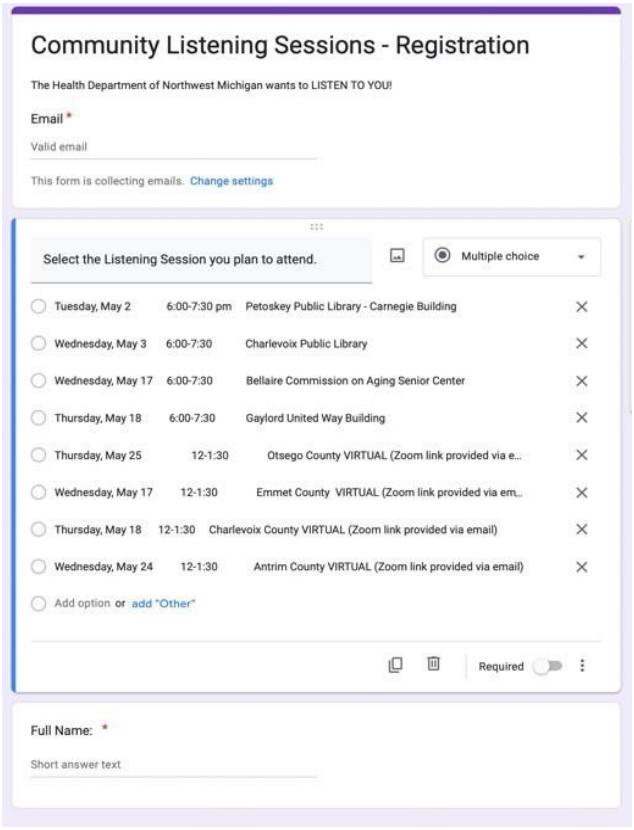
Scan to Register

Pre-registration required:
Registration Link

Please join the Listening Sessions in your county!

For more information contact Kari Krantz - info@kskconsultancy.com

B. **Electronic Registration Form**



Community Listening Sessions - Registration

The Health Department of Northwest Michigan wants to LISTEN TO YOU!

Email *

Valid email

This form is collecting emails. Change settings

Select the Listening Session you plan to attend. Multiple choice

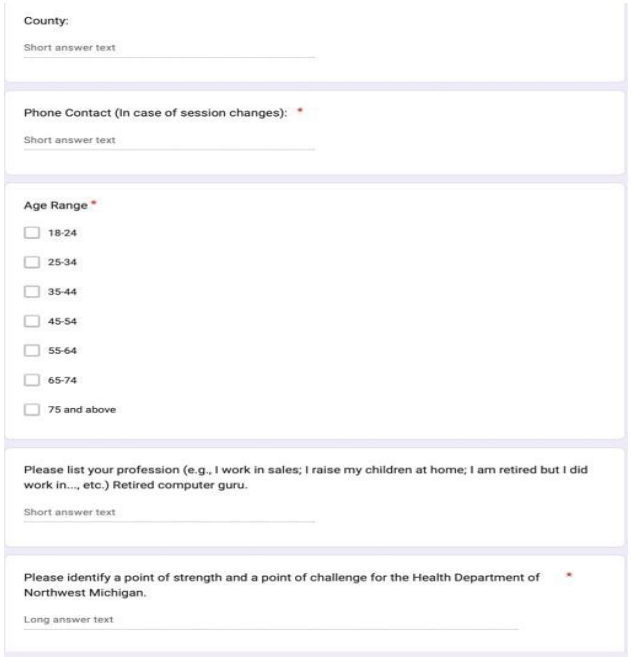
Tuesday, May 2	6:00-7:30 pm	Petoskey Public Library - Carnegie Building
Wednesday, May 3	6:00-7:30	Charlevoix Public Library
Wednesday, May 17	6:00-7:30	Bellaire Commission on Aging Senior Center
Thursday, May 18	6:00-7:30	Gaylord United Way Building
Thursday, May 25	12-1:30	Otsego County VIRTUAL (Zoom link provided via e...
Wednesday, May 17	12-1:30	Emmet County VIRTUAL (Zoom link provided via em...
Thursday, May 18	12-1:30	Charlevoix County VIRTUAL (Zoom link provided via email)
Wednesday, May 24	12-1:30	Antrim County VIRTUAL (Zoom link provided via email)

Add option or add "Other"

Required

Full Name: *

Short answer text



County:

Short answer text

Phone Contact (In case of session changes): *

Short answer text

Age Range *

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75 and above

Please list your profession (e.g., I work in sales; I raise my children at home; I am retired but I did work in..., etc.) Retired computer guru.

Short answer text

Please identify a point of strength and a point of challenge for the Health Department of Northwest Michigan. *

Long answer text

C. Sample Email Confirmation

Correspondence to Registrants from Dr. Krantz

Good evening,

I am simply reaching out to thank you for registering for tomorrow evening's *Community Listening Session*. Our session will be held at the: Commission on Aging Senior Center at 308 E. Cayuga in
Bellaire.

We will begin at 6:00. I look forward to meeting you during this opportunity to share your perspectives about the Health Department of Northwest Michigan. Feel free to bring someone with you, as long they register using the following link before the event begins.

Registration Link
Should you have any questions, please do not hesitate to contact me by email or phone. See you soon.

In kindness,

Kari Krantz Facilitator, Community Listening Sessions

RAW DATA

D. Registration Form Open Ended Responses

Identify a Point of Strength for the HDNW (presented as written on registration form)

- I like the postings on Facebook of what the health department does and the services it provides. Keep spreading the info and bringing awareness.
- Strength – looking out for the best interests of the people. (Good health care shouldn't be political)
- Point of strength is the department's staff are so willing to accommodate and meet our needs
- Staff strength
- They are a local organization, a local resource
- None
- Staff
- Strength is staff
- Individual staff members, their passion, commitment, drive
- Strong staff commitment to protecting/improving public health resulting in impressive, successful track record
- Great staff and programs
- Well & Septic process for new homes, I work with [specific name] from Otsego County Health Department and she/he is a gem!

- WIC
- The environmental services/sanitation folks seem reasonable and understand trade-offs
- Child health
- Delivering its mission statement
- A lot of people rely on HDNM's advice.
- They have always been a presence and good for our community. Hard workers.
- Open to trying new ideas (example: mindfulness)
- Strength is professional commitment
- Provides needed health services to the public
- Strong point: WIC
- There seems to be a few board members that would like to help the residents of their counties and others who would not.
- High quality medical health services.
- Dedicated staff
- The organization is well established and provides many great services for our county and region.
- Competent leadership during Covid
- Service
- The local clinic went above and beyond to help me with a health issue that was outside their usual job description:
- The HDNW has been a strong leader in public health for our community.
- No opinion
- Strength is helping residents stay healthy.
- We wish to support the Health Dept.
- Wide variety of programs for families.
- The strength is providing services to those residents who don't have a insurance or a primary care provider.
- Strength - strong presence.
- Strength-Educated well-rounded staff, knowledgeable in many areas.
- NA
- Dental
- Strength - local leadership.
- Strength is the large number of workers.
- I appreciate that you're taking the time to do these listening sessions!
- Not sure
- Strength - strong presence
- Strength- many qualified employees.
- Not sure
- Point of Strength - The close working/collaborative relationship with other area agencies that work with families in the community.
- Your dedicated professional staff.

- Presence in Northern MI
- Strength is staff
- I am not sure.
- Strength: robust programs that keep people informed and taken care of.
- Strength - Covid vaccinations and masking requirement
- Strength is willing to consider feedback from Constituents.
- Goal is to support the community.
- The Health Department is doing a great job! Thank you.
- Why not help make our families healthier and go for the grant?
- Staff talent & commitment.
- Strength is the actual employees and team.
- The team and their investment in prevention and equity.
- Personnel and breadth of program offerings.
- Strength: Staff
- Na
- Expertise
- Public availability.
- Providing primary care to the less fortunate.
- The staff of the Health Department is helping our community despite obstacles.
- A point of strength: I am not sure but willing to learn more so I can answer.
- Excellent history of service to the region.
- I believe that our Health Department is strong and informed and lead by very capable professionals.
- Services offered by the Health Department
- Everyone I have interacted with has been pleasant and professional,
- Some members are willing to listen to the community and help safeguard the health dept.
- Strength – staff.
- A challenge is working with a board that has politicized healthcare and basic science and facts- they do so much for our community- especially those without a lot of options.
- Health support for all
- Strength is staff
- Providing essential services well
- Outreach for testing during the pandemic was very good.
- Provide public assistance to for families such as family welfare services, oversees health policy and substance abuse services
- Availability to the community
- Availability to the community but needing to stay informed on the latest updates regarding current events besides the CDC.
- Strength in Administrative Staff
- I am not sure.
- Flaur*

- Health dept has a lot of strong partners and does so much to support vulnerable populations

*Not an error - letters entered onto the registration form as displayed.

Identify a Point of Challenge for the HDNW (presented as written on registration form)

- Point of Challenge - Distrust of the gov in general and the HD as a "gov entity".
- Disparity of education of 4 counties
- The mission of this Department is weakened by political agenda of some commissioners.
- Challenge- The Board of Health (we are working on state legislation to address this problem).
- Listening to comments from citizen participants
- Communication of the HDNW skills
- Challenge...ineffective board
- They have destroyed their credibility by becoming politicized.
- This ridiculous health board that does not represent this community and is driving the work of the
  NWHD.
- A challenge is the current Board and community's polarization in politics tearing the agency down.
- Challenge: power trips by conservative politicians
- Challenge: leadership seems resistant to oversight
- Needing to stay informed on the latest updates regarding current events besides the CDC.
- You have developed mistrust with the community.
- A point of challenge is the ongoing negativity and misinformation that's out there from groups such as Otsego County liberty rising and the improper actions/agendas of a couple of the health department board members.
- Challenge: dysfunctional BOH & antagonistic county commissions
- Challenge: dysfunctional BOH & antagonistic county commissions*
- Challenge is political pressure from some commissioners
- Inexperienced, alternatively motivated individuals have infiltrated a critical government agency and must be monitored and squelched as necessary in the interest of our community health. Nothing is more important! These men are dangerous and a shameful embarrassment to society.
- Challenge: being a target of political extremists in government
- In the fall of 2021, a week before school started, the department changed their mind and wanted to require masks for children. The way this last-minute change was handled, without listening to what the local populations wanted, was completely wrong.
- The board is a problem
- Challenge - impending on citizen personal freedom
- Challenge--Interference from County Commissioners
- Sanitary code too restrictive
- Weakness is recent decisions by the board that go against their mission.

- Consideration of curriculum without review
- Challenge is the Board
- Challenge=Recent personnel turnover
- Point of challenge -- septic & stormwater regulations
- I think the challenge is the perception among conservatives that the Health Department operates as an unelected branch of government empowered to inhibit liberties outside their purview. The arrogance brilliantly illustrated by Dr. Fauci's "I am science" utterance. The utter lack of humility and the unwillingness to admit that there are alternatives to the way the public health professionals dictated the restrictions during the pandemic.
- A point of challenge: How to provide service and balance that need the with societal need to teach personal independence and personal responsibility.
- Challenge - Impinging on personal freedom
- Challenge: A fractious board.
- Most bd members don't care about the truth or listen to what people say. Feels like some just want power and to make changes that don't help the people in their districts.
- Challenge: Infringing on our rights
- I'm a mom and grandma who is very concerned about the health department - should be working with families not against families.
- Inconsistent and non-health focused board
- New board leadership threatens the effectiveness of the organization by undercutting staff's ability to apply for grant funding and is not focusing on science-based facts for maintaining and improving public health.
- The challenge is a misunderstanding of their mission and commissioners who want to impose their political ideology on the department.
- Challenge: a board of health that is seemingly incapable of doing anything (even agreeing on a meeting agenda). Being too mired in politics and not focused on science and public health.
- Naysayers
- Challenges: People with political agendas can decrease the effectiveness of the departments and decrease the public's faith and belief in the mission of the Department
- Leadership - the HD handling of the pandemic (lockdowns, vaccine recommendations, mandates, covid treatment etc.) shows the professionals in charge are either foolish or ideological. They cannot recognize that you cannot judge a program based on its stated intent, rather one must look at the consequences and the results via data (not feelings).
- Mission creep - they are constantly looking for ways to expand their programs regardless of cost, common sense, the rights of the individual, or actual need.
- Challenge: Board
- The challenge is dealing with committee officials with an agenda
- Challenge: lack of adequate and appropriate support from Board and non-employee leadership, individuals turning public health into a "political" issue and creating polarization & overcoming key associations to COVID as you attempt to rebuild support, provide services to all that are not COVID related, etc.

- If a doctor's office isn't comfortable advising me on my health issues without seeing me, why would anyone trust the health dept to dictate health policy to them? Stop restricting care options and get out of parents' business.
- Health Board interference
- Weakness-a tendency to want to expand beyond traditional health department duties
- Challenge is listening to health professionals and following their recommendations.
- Current perceived reputation in community after pandemic
- Challenge: Leadership on bd lacks skills and knowledge and respect for medicine and science
- Restrictive sanitary code
- Media coverage
- Challenge: Trust in HDNM going forward as a result of overreach on Covid dictates and policies.
- Meetings of the board need to rotate to all 4 counties represented by the board to make them accessible to ALL represented. Why are they not? That is fair governance
- Challenge is obstruction from the board of health
- Their public trust is precarious with some in our community
- Challenge - Dysfunctional HD Board
- Challenging point: elderly shut ins (little to no income and no transportation for needed health care)
- Lack of cohesive support from governing personnel
- Weaknesses: Temptation to promote--perhaps unintentionally--political, social, and commercial agendas alien to the primary mission due in part to the strings attached to grants that provide much/most of the funding.
- Pandemic response lacked sufficient independence from compromised sources of information, i.e., higher up in the government
- Board does not support mission of public health and is obstructive to governance
- My concern is that a small group of area citizens have the loudest voices and have a political agenda
- Challenge: getting people on the board to educate themselves so they will agree to apply for grants to try something new/helpful/uplifting for school kids.
- Challenge - Board micromanaging
- Challenge: a dysfunctional board
- Challenge: their board of health
- Challenge: [specific commissioner]
- Challenge – Increasing numbers of misinformed community members regarding Health Department programs and everyday activities
- Political agenda
- Challenge - overreaching your authority
- Community Communication
- Challenge is the ignorance of [specific commissioner] and other board members who are putting their political beliefs ahead of the wellbeing of our residents.

- The HB needs to go. All of them but at least 4 who do not have a clue how proper committees are ran and how RECOMMENDATIONS are put to the board.
- Challenge is the current public perception

*Appears to be a repeat but represents second registrant from same household.

E. Transcribed Notes from all *Community Listening Sessions*

Question 1 -Given the present environment and why you are here, what have you been thinking, experiencing, feeling related to the HDNW?

My [immediate family member] is a health inspector - I grew up within the public health "family". I could have gone anywhere. We came back to be in this area. I trust the Health Department. My [immediate family member's] role is environmental. Pandemic hit - my parents were in another state. My sister got COVID. Everyone got sick! My [immediate family member] got bilateral pneumonia. All "strong" yet we all got sick. My [immediate family member] was one of the first taken to Mercy Hospital. At same time, best friend - an emergency worker- ended up on ventilator. All Mercy is COVID. My [immediate family member] is looking up - we could only talk to him through a nurses' ... My audiology practice closed. I paid attention to the Health Department. COVID hit us so directly and it hit my [family member] at 46! I served everywhere I could in this community starting early on in my life. As I'm talking to the leaders I've trusted, they said. "This is a pandemic" - my [close relative] was trained in this - " Early on he/she said, "You're looking at five years... My work is in the non-profit sector, and I may not be able to go back [to profession] because of how negative this community is responding.

I've lived here for 40 some years. The reason for mistrust is the feds lean on the state, she [Governor Whitmer] tried and was shut down. I've tried to help with the process. I see this as a leadership issue. I remember sanitary needs - no water, polio, I didn't take the sugar cube, I took the vaccine. Leaders are the issue. They have everything to shut down. I'm opposed to masks and vaccines.

Everyone was affected in very different ways. For me, there were a lot of "on the fly" decisions. Many had lot more involvement. Essential workers versus non-essential workers - created a divide. Outside of Michigan, kids weren't kept out of schools like here. We knew kids didn't get sick. Our kids suffered the most. We still don't have the help these kids need. We know- the science - shows masks didn't help. There's been lots of media advice about vaccines - competing information. I'm curious to know what the Health Department has to say about past, present, and future hurt from vaccines. The vaccines were forced down our throats. I personally know of three people who have died shortly after vaccines. Health Department, would you rethink your advice? I have a mistrust in this Health Department pushing vaccines. My fear is that these children vaccinated are dropping dead. There was a lot left out - not totally deceived - but...When I see harm coming out of the mandates, like the nursing homes. Putting sick within nursing homes! Basically, anyone who had own business had to suck it up. Others could ride it out. Others couldn't access support. In my opinion these dictates caused divisions. People were harmed, very much because of the dictates. The Health Department needs to reflect on what was done, we asked police for guidance, they said "we can't arrest anyone because the mandates do not call for that".... I believe the Health Department overstepped its bounds during the pandemic.

Close relationship with high school, hard to distil; been grateful to health department. Tremendously hard position. Marginalized communities… (importance of Health Department services). Retired teacher -

found the health department a value for communities. Shocked that Health Department is facing current problems - makes me angry - I want to do something about it. It's been a roller coaster last three years - feeling like the whole structure is crumbling; no one is perfect; want leaders to do the right thing. I feel helpless - hard to see damage done - don't know how to reverse that - feeling hopeless.

I've been a resident for 20 years. I am mad at the employees and the leaders. The politics there are grotesque! I understand the employees have a right. Lawsuit on masks. My child was suspended for not wearing masks. He/she started a group. The district sent out message at school to each family. Then the Health Department overturned this to mandate all. School Board couldn't say anything, but hands are tied. Called the peanut gallery…. Children were damaged, were physically. The Health Department overrides its jurisdictions - Our Superintendent and [Heath Department Official] were in cahoots.

…Recognize all groups of people. I've noticed two groups – [one group] It's my right, and [second group] it's my duty to advocate for me but to also sacrifice for the common good. When I look at people who have served others - when people who don't know the Health Department - and don't know that there are [so many valuable services] - and when you have to call to get services for people who don't have the ability to "go to the Dr." I know there are people here who have polar opposite views - what troubles me is I was looking forward to the Health Department meeting. Our kids deserve healthy food. What teachers do for others – some grants are people who have money to share - when I hear that kids can get access to food, I can't understand [why we wouldn't support this].

As a medical provider - I use the Health Department every week, community connections for my clients, radon, utilities, transportation, connections to other organizations - not being viewed as professional. I feel sadness - very hard. Initially, Health Department was our heroes in our community. Now they can barely function. I'm grateful [for the Health Department].

I teach at the high school. I expected to be back learning. I always felt ineffective on the computer - feeling comfortable - risk factors - masks at schools, I was expecting about 4% of people with [COVID] to die. Be careful about blaming people who are sick - people were mad at me (teachers) for making kids wear masks. Now shift of anger is toward Health Department - Frustration shifts - divisiveness is huge concern...

Love for community; Health Department being subjected to unfair criticism. Hard on students in community. Difficult to see how students are being impacted.

Everyone's experience is different. Further division is happening. How do we bring it back to community?

Angry to face that public health has become divisive.

Thank you for holding these listening sessions. I want to speak in support of the Health Department.

The staff at Health Department are well educated and very experienced. They are doing a fantastic job in face of adversity. Why have a health department when two [commissioners] from each county who want to dictate. How [former HDNW leader] was treated was terrible. Nobody is safe. Frustrated that politics are entering. The Health Department does exceptional work (vaccine clinics, COVID testing). They've been wonderful to work with. Super programs – they don't get enough credit.

I have a hard time. My [immediate family member] was a paramedic, and the Health Department has done amazing work. They have been unsung heroes. Health Department was trying to make decisions of everyone to keep everyone safe. I felt safe, informed, and felt it was best for the community. I'm frustrated. I'm upset. The Board of Health should be made up of medical professionals.

Many of us did not appreciate the overreach of the Health Department. Masking was far too long. The Health Department is a government agency. The Health Department are people who are not voted in. Our current Board is our representation. If the Board of Health says no more masks, the Department needs to follow the dictates of the commissioners. I fully support our present Board. I don't think the Health Department is worth it. Health Department is worthless. Grants have strings attached. I don't want America to be taken down. Be sure families - Michelle Obama - "wiggling their way to farmers' market". " What is the foundation behind grants? Health Department telling me I have to get vaccinated. I don't want people telling me what to do.

I think the health dept did an amazing job. It was an unknown [COVID]. It was a learning curve. It was the first time I have seen health issues as political. New information. We must be able to evolve as new information is coming. Seamless clinics were implemented. It was great to see everyone pitching in. I know people who died from COVID. I know close relatives with long-term effects from COVID. The Health Department's governing Board - How can we get balance on this Board? If you are going to govern health, they should restructure how it is [represented].

In 2006, I won special election as county commissioner. It's so important to work with the Health Department - with Government agencies - there was no commissioner interference. Two representatives from each county - we weren't trying to micromanage. This is a major problem now. People don't understand all the services [offered by the Health Department] - dental clinics, regulation for smoke-free workplaces - won right to regulate for public health. Most people don't know - volunteer Hospice - so much value -this problem now is political.

I've lived here for over 20 years. I have had two businesses. New food codes and rules come out with no warning. I have a daughter (nurse) who lost her baby, and daughter in law who also lost baby. Pfizer – pg. 27 or 72 indicated that vaccine should not be administered around pregnant people. Outdoors having to wear masks and stay six feet away. Nearly all my family is in healthcare. But I tell them that I can't make someone sick. V.A.E.R.S. 1% of people even know about this report/organization. Safe and effective is a joke. Parents are going to be coerced. My cousin runs a VA stem cell lab as a nurse - when vaccine was announced, she told me - "I test for 19 COVID viruses every day as a stem cell nurse - when I know these marching orders are coming from global sources, not from local. Government is like fire. It can protect you or it can hurt you if left uncontrolled. [These] words are really relevant. I feel there are far more who know/believe like this. We don't have a tv. On Good Morning America - talking about wildfires. Dr. R said the next pandemic won't be a virus; it will be environmental. This is the new normal. On tv. I heard paper masks...

I have listened to segments of Board meetings. They are politically motivated. There's no place for this…it's very discouraging to hear of the manipulation of an agenda. I'm unsettled, frightened - there is bullying - there's a political agenda.

*I resent employees calling a citizen attending a meeting [negative reference]. Blood clots formed in my cousin after having to take the vaccine to travel. ****Did not capture the participant's full comments in notes. From facilitator's memory of the comments made by participant: [I'm very concerned with side effects from COVID vaccines. I have immediate family members who work in healthcare. Some agree with me, others do not. Causes strain on relationships causing great sadness. I'm so afraid that if HD continues to recommend COVID vaccines – it's a death sentence.*

I am concerned about the backlash from the COVID response toward the Health Department. How do you learn and grow? The climate surrounding the Health Department is unproductive. It's counterproductive.

I've been following what's going on. I'm concerned. I've always gotten great service. I support the Health Department.

I've been involved in public for years. Health involvement (mental health, juveniles). Sunday, we went out for dinner. We were comfortable that our food was safe, clean, etc. This is due to the standards that are checked and certified through the Health Department. Little is known about what the Health Department does. I hate to see someone in their own ranks work against the budget allocation [Board members vs. Department leaders]. There are so many nuances that the general people don't have a clue - need a better understanding of what the Health Department does - grant processes - if we don't receive grants our tax dollars will go up.

I think that the information I am receiving - the politicians I'm reading - who are not supporting the Health Department --that grant, it was going to help local farmers. I would think it should be to help everyone. The grant was regional. How can they not support this? The Health Department is a positive thing and I support them. Especially the poor - I'm concerned that politics are getting in the way here.

Being informed in what's happening. Seeing some of our elected leaders representing political bias still voting - even when it's illegal. We have very educated and experienced staff at the Health Department. The grant for mindfulness for schools was voted down based on opinion - A board member stated the grant was "grounded in voodooism". Our own grandchild has learned breathing techniques to calm himself down when upset. He broke her/his arm and used this to calm himself down. The Board voted down - based on opinion. Over 30% of our population is obese - the grant addresses this. The Board is basing on opinion not information to help in decision making.

As a former educator, I'm interested in what curriculum we are being asked to do [nutrition grant]. I'm a numbers guy - $500,000 grant isn't much - $28,000 per district. We ought to look at the curriculum - what training is expected? With the complexities of education, why does the Health Department want to tell us what to teach? How is this better than what we have already?
Born and raised here. It's a community for the great outdoors. Living "off the grid" can turn into nobody's going to tell me what to do. The pandemic required us to work together. Then when elected people make decisions but not based on the whole community, by a personal opinion. Public health is about everyone. When I wear a mask, I am trying to help everyone.

I've always been proud of this community. People care about one another. Our elected officials don't listen to us. They should listen to the experts who did the best they could and should be supported.

I have concerns about the Health Department. There are many good people, but I'm concerned that good intention is being politicized. I worry. Is there local authority or commands from on high? Lack of professionalism from physician - disjointedness of medical profession - not open minded to the scientific process. Hopeful that professionals will reflect and review and examine data to learn from data. Impossible mission. Health Department can't serve all. Kids who feel strongly ... Don't believe in the least common denominator policy on greatest number ...

I feel like the current Board members are great and ask good questions. I have a 12 yr. old in middle school, where survey was sent home asking kids about sex, frequency, etc. This was a Health Department survey that was completely inappropriate. ... I want a breakdown of what healthcare [is supposed to be].

I came to show my support for the Health Department. They are one of our greatest institutions.

Growing up poor, we relied on these public institutions. I didn't know when the first Health Department came to be, but it feels like it is a long-standing institution. I have seen our Board - two from Otsego - want to obstruct the mission of the Health Department. I wanted to be sure to show up to support them [Health Department].

I also have a lot of thoughts. Public health official- 40 years. Board of Health is beating down employees; many leave healthcare and public health - like fire fighters, police - you don't know then until you need them. Difficult to see the frustrations [these people are facing].

Not a lot of interactions with Health Department. I was happy there was a plan, how well coordinated - since then, heard, read that Board trying to shut down Health Department; like opportunities for grants and info about nutritious food trying to be denied. Can't imagine taking food [opportunities away from kids]. The Board of Health needs to let the professionals do their work. The Board of Health needs training to understand its role.

From the care givers' perspective, I couldn't stand to work there anymore - At the medical care facility. I watched all this end - kids, dogs, pets visiting. All this stopped as a result of the pandemic. COVID got in the facility. 43 out of 45 people in dementia unit got COVID. I want to know why sick patients were sent to nursing homes. If we serve four counties, why are we not rotating the Board of Health meetings? We lost so many care givers because of mandates. I got vaccinated and I will never take another vaccine from the government. My trust is a little busted. Just because people have different opinions, doesn't make us divisive. As far as two grants - mindfulness, it is Hinduism in it, but my grandson says he can't even pray in school. If you only read the newspaper, you only get one side of the story. I had a letter saying I was an essential worker, but I saw logging truck...essential, really? Obviously, we need to look back and admit there were mistakes made. Through my course in going to meetings, I'm learning how our money is being spent. I believe we should all be informed. I believe all public organizations should have oversight. I feel like COVID worked me up - I want to know. more. The Health Department serves a purpose, and we need to insure it doesn't get too big and outside its guidelines.

My sentiments mirror what was just said. Masks - terrible idea. Now they want to have us pay [for programs to correct the harm caused]. I have a problem with grants that are not asked for - the Fruits and Vegetables and a Dr. that ... Stop letting the State of Michigan bait you [Health Department] into anything, coming out of thin air...You haven't asked what the schools need. I actually went to the school food service

who said they see food thrown away every day. The kids pick up … walk to the end of the line and then throw it right into the trash. They [Health Department] need to settle down their spending. They formed a committee - this is a positive. The committee said this is not a grant needed or wanted. Why are these people there at meetings as employees during work time? And let's talk about the nursing homes.

Concerned with the agenda not serving community - Will we have adequate mental health resources?

I don't have lots of knowledge of Health Department I am here to seek to understand. Parents, professional educators - top priority for vaccines. Confused why Board is shutting down opportunities - improved academics, growth, concerned that 3,000 kids we serve - programs we've used for many years are going [to be lost].

Concerned Board is not asking people who work [at the H.D.] – the staff - about their knowledge.

Frustrated that health of individuals is politicized. Want Health Department to be based on facts and science.

I was gone for three to four years. Not active in community until now. Last 1.5 years. Essential workers. 200 employees feel threatened? Issue with leadership. [Health official] is gone. He/She made a bad mistake in issuing mandates. My chief concern with [Leadership] now is that they are still pushing the vaccine to reduce infection. [They] are still pushing. There is an oath that physicians are supposed to take. First, do no harm. Vaccines were developed in a short time. Before we started administering them to everyone, my own Dr. recommended I get the vaccine, but I was concerned with long term impact. People rely on the CDC. Maybe folks need to wait. G. Barrington documentation came out. No second opinions were asked for. There's no "informed consent". What we know about these lipids. After 11 months. Mask mandates. At first Fauci said masks do not work. Then reversed this. What happened?

People who represent us [Board] are not accurately representing us.

Current Board of Health - frustration; not taking time to learn about health department services and impacts. Work not valued because Board of Health is not understanding.

Public health begins with scientific method and should not be politicized.

Disappointed in decisions. Back in December started to pay more attention. I've heard comments from Board of Health - Narcan removed. As someone who lost a sister to an overdose, seeing these people [commissioners] in authority is very unsettling.

I'm so glad to be a part of the conversation. My perspective is the Health Department was moving along doing its job. Then COVID hit. I became aware of the large amount of oversight the Health Department has. People became aware and concerned that Board is trying to provide more oversight. The commissioners who were elected because they wanted to provide more oversight…I see some of these Board members getting attacked. Seeing this Health Department is way bigger and way more involved, I wonder who is driving the train? I'm watching unfair and brutal treatment of the new members.

Seeing the exit of strong capable leadership - women - pushed out of positions - based on political stances - that was horrible. You have to know what health is to oversee it.

I didn't think there was a problem until I viewed the meetings. I thought organizations gathered their own Board of Directors. I'm confused, in the dark, this whole world has gotten so divisive…

Concern over a year - divisive political rhetoric, media - inaccurate information, promotes fear - Health Department's safety is at risk. Private grant program - to teach about fruits and vegetables - two Board members now politicizing food - huge concern.

I help in food pantries. Emmet County has 24% free and reduced population. I'm a young mom not in Michigan long - very concerned about grant and those Board members saying no. There needs to be a process. The stance currently is harmful and unethical to deprive hungry children.

I'm surprised at the structure [re. listening session format], never felt more hopeful- my voice is being heard like never before- things were done to my children [pandemic response] - there's blame--things to make right. The Health Department is democracy, people showing up and something good comes- "we're taking some of our freedoms back." Feeling hopeful - there's a misunderstanding - loss of freedoms - one person in charge of four counties - we know people we love who work…- control of our destinies, starts locally - I take a stand, helped elect those now in charge.

I appreciate the meetings are open - some commissioners are great and thoughtful; some are pure obstructionists - appears they have no idea what public health is and are there to stop the work of public health - further divisive. It looks like we are good at electing people who don't want to find common ground; rather they just pat themselves on the back.

Past school superintendent - been on community foundation - I have been continually impressed with leadership over last 13 years. The current [situation] divisiveness in nature - I'm terrified. We elect people who pat themselves on the back - They should be here to offer a positive voice and be supportive to the organization. We should demand a high performing Board.

I was not aware of the Health Department until COVID. When COVID happened, tried to discern - very confusing, but, looking at legal aspect, felt that it was Governor's last effort to control us. The Health Department has powerful emergency powers - is it legitimate? Health Department here - making us all involved in the World Health Organization. Hope for more input for executing emergency [powers]. [Immediate family member] worked on bioweapons, my family - attorney and engineer. [Immediate family member] was concerned - A coronavirus would mutate. We have elderly parents who we needed to advise about the vaccine. We read books. My distrust of Health Department came a long time ago...from a legal perspective. A vaccine that is FDA approved but not on child schedule - the medical company is libel. We watched the liability. I don't trust [Health Department Official] – she/he is not going to read these experts... Dr. Harvey Risch from Yale; Dr. Bhattacharya from Stanford, Dr. Atlas from Stanford, Dr. Ioannidis from Stanford, etc. [referencing several medical books brought to the session]. My son, other young men, were told had to vaccinate - he didn't vaccinate. [Health Department Official] says he must follow the CDC. I don't respect medical degrees of those at the Health Department. Analysis and an apology needed by [Health Department Official]. Show evidence of problems and effects. We were one of only 5 of 43 health departments initiating masks. They haven't broadened their willingness to use common sense. Dr. Birx has admitted 90% who died were with COVID, <u>not</u> as a result of COVID. There was government money

provided to help bury deceased if recorded as died of COVID [gives reason to question the accuracy of official death reports].

I am here because of grant - dumbfounded with [actions of] Antrim and Emmet Board members - nothing to do with tax dollar. Nutrition is a major part of healthcare.

I am disheartened. I'm upset. I've dedicated my life to helping those at-risk. The services of the Health Department have allowed me to serve my struggling clients. Children's protective services, Great Start Collaborative - incredibly skilled employees - in the collaborative connections I have, I feel I don't believe in the model of leadership of Bd of Health. The Founder of Emmet Responsible Citizens Through Christian Service - appalled by [specific commissioner], 12 Reasons Groundwork – her/his equity statement – her/his statements are filled with falsities - says schools are pushing students to be transgender agenda - this is not true. This is not a community I want my 5-year-old to grow up in. I don't know what to do with this. Across the multiple counties - equality and equity is creating a reason for people to force an automatic shutdown [of decisions]?! People are hurting in our own communities.

The reason I am here - I have worked with Health Departments - retired dentist - I moved here because of the quality of life offered here – e.g., back in the day - fluorinated water, one of the first. Outcome based medicine is important. Dental Clinics North - very successful - the director, staff is excellent - troubling to see non-enlightened people on Board. I don't believe they understand the health of people. I believe there needs to be standards to serve on the Board of Health.

50-year resident. So impressed with Health Department. I'm disheartened by the commissioners - their religion - they have a political biased agenda that is without any educational background. They say healthcare is not role of H. D. How safe are we with leaders' lack of respect for science?

Had my septic tank approved…FDA approval…if local Health Department said something. Their credibility is completely gone. It's obvious they are politicized. Advocacy groups push their own agendas. I can't trust anyone anymore. There is such thing as bioweapons and if we have another pandemic... They have a long path to regain trust. Abandoning the woke policies is a place to start.

The Health Department has had a hell of a couple years. I commend the leadership. The Health Department is concerned with public health. I have some concerns about the Board of Health - can't even decide on an agenda. Indication that we are not able to move forward. I am in philanthropy. I'm curious who/how it is coming together. There are so many of us... The Health Department should just be concerned with health of all people. I hope our community can come together.

I am just a citizen. I had such strong feelings during COVID. I trusted and still trust the Health Department. I'm mortified about the treatment of [Health Department official]. We are not respecting the people who are trying to do their job.
I am disturbed that the staff is being disrespected. The Health Board is intervening in the Health Department not as it should. I have had prior experiences in organizations with boards. The role of boards is to support and stay out of things. The boards I have worked with accepted they didn't have the expertise. They interviewed and hired experts. My major concern is that the people who have trained, developed expertise, they are not being over-ridden by people who know nothing about public health. I don't want to see the public override the experts.

Disgruntled people. Health of state, government over-reach, terrible bickering. People want to tear it apart. Going the wrong way.

I believe a happy community is a community that gets along. I believe in science. We took a protective road - lots of people died. I agreed is better to err on the side of caution. We learned a lot. Vaccines have shown we can get out to enjoy our lives. We need to work together without fighting.

It's ugly. I started getting involved in both local commissioner's meetings. I'm tired of the ugliness that continues. This last meeting when couldn't agree on agenda. We might need more public service announcements. Lot of people don't even know what the Health Department does. I wish government could be a little smaller - but in a perfect world -- all would be able to be healthy. I guess there is still litigation about masks - a few commissioners need to get with the picture. Have the Health Department toot their own horn.

I like the Health Department and I'm upset with people working against them. There is a need to educate communities about the Health Department. I don't think people understand. I'm afraid we are going to see people leave. Divisions are here because of fear. I wonder how we are going to talk with others.

There is nobody working at the Health Department who wants to cause anyone harm. The mission of the organization is to provide care and support. This mission is what brought good people to work there. There were bound to be some missteps during a terrible ordeal like the pandemic. But let's allow them the grace they deserve. I can't believe that people are not able to see that the H.D. took a cautious stance – to err on the side that their actions wouldn't cause potential more illness and death.

I lost my job - never been on unemployment - then a global pandemic hit - every day dealing with divisiveness as an editor. Next went to new career. I'm so disappointed in the lack of humanity - we all make judgments - we have the potential to do better. I'm willing to put skin in the game.

I have a commissioner that I disagree with. When I spoke to him, he said he represents the community. He is working to shut down the Health Department. I am appalled in this commissioner not wanting to listen and I don't believe he's representing the majority of the community.

I lived in Northern Michigan then moved to a few socialized countries. Coming back to Michigan I was hoping for more open communication. I thought it would be different in our democratic society. The voice of people can be heard only through representative government.

I'm continuously shocked that someone so anti-government runs for government. It's horrifying that one person has so much power and I'm really mad about it.
My family has benefitted from the services provided by the Health Department in many ways – beginning when I was a child living in very poor conditions. Now I'm a contributing citizen giving back to this community. I am angry that there are a few people hell-bent on destroying this great asset. Don't these people appreciate clean water? Safe food to eat in a restaurant? Dental care for children whose parents can't afford it? Assistance if there is a lice or ringworm problem in a public setting?

My perspective is I've been watching the Health Board - across the pandemic. My [immediate family member] was a nurse in the Health Department. There has been a definite turn in the manner the Board

is now operating. Commissioner [xxxx] is a cancer on the Health Board. [Health Department Official] was doing his/her duties given his/her power and role in his/her job. The Board gave this individual nothing but grief. The health, safety, welfare of all. Since that time, the new person has been doing decent job. May 2 meeting - a committee of four newly created, one person leading the charge -- to stop a $500,000 grant! There is something wrong with this. The three districts that this [Board member] represents should start a recall of this [person].

Science is ever-changing. Medicine is political. Lockdowns were terrible. Money and power are controlling the department. Health Department does serve a lot of people. They deviate from their core mission. Pushing agendas that some do not agree with. Schools are getting used for other reasons. Confusing freedom and entitlement for public health. Not seeking truth, sciences.

I try not to give opinions - but based on observations. I worked in urgent care in California, treated COVID patients here and there. I'm a nurse, women's health, trying to understand people who were obese, Vitamin D levels, increase Vitamin C, we received info in-depth from all sorts of agencies. Evaluating backward what we did. I'm finding the arm is being behind physicians' backs - Nutrition is at the bottom of so much. I thought we live in this community, we made mistakes - we should look back and there are multiple places. I still want control over my own healthcare - Healthcare is changing and we need [to see this].

Feelings, concerns, frustrated. The library has worked with the Health Department over the years. The grant [fruits, vegetables, nutrition] has really emphasized the issues the Health Department is facing. It's appalling that the grant to better things is being hindered. This Board is not allowing the Health Department to do its job. Some Board members believe they know more than the Health Department.

The Health Department has always existed. I'm a nomad. I live in Wayne, Otsego, California. I'm in a small area in southern Otsego County in small area called Waters. We also live in California and Northville. When the Health Department says something to help us, I do it. I listened to some of the Board member commissioners on Zoom meeting. I actually spoke to my computer in frustration! I thought if a grant came forward, a Board would study it… (e.g., Mindfulness - the Board seemed to think that it came from an Eastern religion). Oh my. My [immediate family member] teaches in Traverse City and says teachers are actually doing this already all the time. Calming their minds, resting. On another Zoom meeting I learned that fresh foods were coming into schools. I thought this was wonderful. I see this Board doesn't do their research. I am appalled by this Board.

I'm neutral. I tuned in because as a citizen - it's tough with the Health Department. There's a lot of drama, politics. One of the big wigs at the Health Department got fired. It seemed that there was miscommunication, lack of education, etc.
In my career, we work closely with the Health Department. Most people during COVID only saw the television and only saw the Governor. This I think led to the current perceptions. There are two lawsuits pending with the Health Department - relating to masks. People can't move on.

Many thoughts. Frustration with people who really don't have a desire to learn more about what the H.D. does day-to-day to service our communities. It is unimaginable to me that we can have a few folks appointed to the Bd who simply want to obstruct everything without a care for the overall welfare of the H.D. employees or the work they do to serve our community.

Question 2 - What is the hardest thing/biggest concern for you?

Biggest concern - we tend to have to align to one team or the other - finance/education but when it comes to serving community feel like some are being left out - serve all - serving Jesus/leaders need to represent whole community.

Glad many stayed here - appreciate they stayed - dangerous situation. Greatest fear is losing people in all areas - police, health, education. I would like the Board of Health to listen.

Mental and physical health.

Frustrating to see voices not heard.

Divisive community. Passion behind everyone. Difficult to see a path forward. Everyone has opinion. People not caring about people. Feeling like there is not a way out.

Biggest concern for me is the government overreach. By the end of summer 2020 we knew it wasn't going to impact the young. Concerns were for friends. Government giving out checks, band aids. Barber and landscaping business received visits by police - irrational reactions. It was a terrifying time to see the government shut down [economy]. My elected commissioners are the only thing between me and tyranny.

Divisiveness. Not having answers. Feeling like there is no way out.

People having entitlement over lives. People pushing agenda over public health. Not considerate of community.

I know the quality of Health Department and the services they provide. Board of Health used to respond responsively (e.g., received and read reports). Now the employees of Health Department receive death threats because of the political atmosphere. I know the good things they do. Now appointed county commissioners like [Board member] as chairman are driving this trouble!

Watching the level of fear rising in from commissioners coming in with a contrary agenda. The grant, the needs of the community, [are not being fairly represented], I don't know how we combat this.

Hardest thing is figuring out answers to those that say no to helping people who need it most. I'm frustrated.

Hardest thing is people grabbing power, intimidating others.

I wonder who will be in our health fields - or our public educators. Will we only attract the least qualified?

Subsidized food, lack of quality. I'm a nutritionist. Serve health and teach fundamental principles.

Greatest fear is that these dangerous people can stay in power is us closer to fascism and strikes against our democracy.

The power of government. Harbor Springs everyone wore masks. We took back socially, immunity needs.

We have come to…the stories came out, no one's telling. Health Department -we have to come to the middle as a community. Worry that [Health Department Official] is not gone. Still issuing vaccine mandates.

Authoritarian leadership style of Board is a concern. It isn't helpful. Lack of acknowledgement of common humanity. We are all worth - to have access to healthcare - We have leaders unwilling - we have a large barrier before us.

Worse thing - the recent change in Health Board - rooted in mandating masks. I hear very strange ideas about vaccinations, measles, whooping cough, etc. The anti-intellectual theme of meetings is totally depressing.

My biggest fear is the micromanagement of Board of Health acting like a bunch of crazies. Without proper knowledge. No background. I am frightened.

[Cited Supreme Court case] We have the right to act "stupidly" (Jehovah's Witnesses). Largest concern - the bureaucracy will take its marching orders from world order - the bureaucracy has to get their marching orders from legislature.

On personal level, I work closely with addiction and recovery. I see the positive effects of syringe services and Narcan programs. A lot of people are still alive because of these programs, and it hurts me to see the backward progress with decisions. Lack information and need more information on addiction.

I'm a retired physical therapist. I've got to respect what the experts know. People who don't know what they are talking about are making decisions and this Board is disregarding those with more knowledge than they have.

Sad about people not being served the way they were before. Lack of respect. Lack in trust in political leadership. Deprived of job because they wouldn't take the vaccine.

Feeling like our community is being torn apart. Our health should not be politized. So many people got sick or died because they didn't believe it. My daughter's patients lied to her. They said they did not have COVID when they did. This is a sad commentary on humanity, and it hurts.

Biggest concern is Health Department will continue to be dictatorial.

Biggest concern is how to best support the Health Department - then and now. How to continue to show kindness and respect with differing points of view. How do we bridge together?

The May meeting - not able to approve an agenda! When two bodies in the same community can't even agree. This is my biggest concern.

Hardest thing for me is the good of our Health Department has now been defined by COVID - years, decades of good work - erased by this event. I don't have all the answers - but something has to change.

Nobody spoke for seniors during this time. People didn't pay attention. Don't we want to protect our most vulnerable? ...33 days on a ventilator! Hindsight is 20/20. Easy to say now. Who gets on Board - legislative changes? It's unfair to expect commissioners to know all of this.

Health Department is supposed to be governed by a Health Board. Need to be governed by those elected.

Health Board is here to serve us. When the elected officials were over-ruled by attorney hired by the Health Department... If there is tyranny coming down from arbitrary…I expect our elected officials to stop it.

The quality of the Health Department is not being represented properly by the Board. The amazing Health Department is being ignored because of the political agenda.

Watching the level of fear in the community and this fear is being promoted by Board of Health members. Trying to find an answer to deal with people who are denying fresh food to people in need.

Biggest concern is that I worry about who will work in the health department in the next several years when they are being treated this way by the Board.

Certain members of board want to micromanage without listening and being open-minded. My biggest concern is the institution of public health. Supposed to be first do no harm. They must take a wider view.

No follow-up of any kind from COVID response. It was entirely new "experiment."

Biggest concern - Is there something wrong with what the public-school curriculum has now? What does this curriculum consist of? What training is required? Is there controversial content? New is not always better. I don't completely understand how much is food given to schools and how much is curriculum.

Biggest concern is a concern for our community's well-being. The Health Department has always provided wonderful services to all of us. I'm very concerned that our Health Department could become ham strung without having governance that has education and understand. I worry that this great organization becomes stymied to the detriment of all of us.

I've worked on boards myself. This Board is so fractious. If this Board doesn't start to bring it together. We need basic Board training.

I would like to see both the Board and Health Department need to come together. Transparency, checks and balances, are there for a reason. Without those checks and balances - on either side - concerned about inability to talk together.

I don't know background of the Health Department. I attended the meeting in May. My biggest concern is that what was discussed and is being debated had nothing to do with public health - it was mostly about politics. Where there is conflict, decisions can't be made. Real people's health, real lives. It's dysfunctional. In the long run you want the very best people. Good people. The best people won't even apply. They will think, "I want to be where I am respected." Everything starts with the top and it goes down from there.
My biggest concern is letting the Health Department do their jobs and the Health Board should not micromanage any kind of health decisions.

Biggest fear is that the Health Board has an ax to grind.

A minority of representatives who want to shake things up are getting their way. We can't live healthy because of a few people.

Biggest concern is confusion over small subgroup. Still learning about how things operate. Otsego is far right. Open wound of litigation.

The Health Department dropped the ball. There has been no examination of processes. Show this evidence and outcomes to demonstrate the Health Department has learned. When there are business failures, you examine all the variables and see how to not repeat the same mistakes.

Our health department is still promoting the COVID vaccine.

I think the Board is a huge problem - not being supportive of organization. Rules, by laws, for a reason. I've' been on Boards for 33 years. This Board is not there for the betterment of the organization. They need to stay out of local health department. Community people - I've had 1,000 emails - it is frustrating to keep hearing the ignorant, lack of facts. It wears on everyone to have to try to combat the untruths all the time. Meetings have turned to public comment fights between people. For years only a few people would show up. Now it is divisive. To go to this one committee where it is so divisive, stand still, hold secret meetings to plan to be anti-health department - antigovernment agencies. My biggest fear is Board and micromanagement. The Board is not educated and don't want to be.

We're losing our democracy by these people - a small minority who are controlling the Board. [Board member]- her/his motivations are purely political - the far right. This is very discouraging.

Concerned that professionals are not being able to do their jobs. Public boards are not supportive. We need the fortitude to let our experts do their jobs. [Board Member] is a manifestation of negative group influence. There are no goals, no purpose of this sub-committee.

It is a Republic.

The arrow is pointed at defunding the Health Department and it's like a house of cards - a domino effect. There seems to be no care about the consequences of the loss of the Health Department.

People do need to keep their indoor voices. The Health Department, government, need to go forward. It would go far to hear admittance of mistakes. People need to be civil. Mask mandate on Friday to be instituted on Monday raised my concern. There are two sides - what people choose for their family is their choice.

I might be the person to start a recall. There is an enormous concern that a huge void will occur without the Health Department.

One person/one committee is able to bring work of the whole to a halt. There is an organized effort to thwart the work of the Health Department. The morale of the Health Department is being impacted by this

minority of people. This will impact the Health Department as they try to hire people. We won't be able to get people to come here.

Biggest concern is the Board not allowing experts in the Health Department do their job.

I'm really concerned about the mental health of our kids. I, as a former teacher, see this pandemic made it worse.

The Health Department seems unwilling to abide by the Board's oversight. The Board is their bosses.

The Health Department is trying to demonize the Board. I was at that Board meeting. It was scary. People were so angry. They were ready for a fight.

Politics is my biggest concern. Allow the Health Department to do its work.

From day one, this Board has micromanaged. "I don't trust"... I don't know how to fix the trust issue.

The public trust issue with the Health Department that came out as a result of the pandemic. How could any public organization come out with trust when trying to manage a pandemic? We just heard of a murder/suicide of a public health official.

The politicization of the Health Department - it affects their mission - concerned that politicians are sticking nose into channels that are not helpful.

Qualified and experienced people will be leaving as a result of this scrutiny - this leaves us vulnerable to public health resources.

I don't believe this is the only ugly situation we will ever face - when something else happens, will we be prepared? Our elected officials - truck drivers - may not drive people to support experts.

Some of the leaders leading the pandemic - some were wrong. Not just here but in other countries. It hurts to watch the suffering. I believe there are other ways to lead without forcing people. Many who look back can see they made mistakes. It would go far to hear from Health Department's admittance in error.

I very much support the Health Department. I feel that negative voices tend to be louder than others and they get more attention than they deserve.

The way people who have been acting, in uncivilized manner. I thought our country has always given and taken - both.

Biggest concern - worry that the Health Department will disband based on misinformation, disinformation.

I'm not convinced that some people are using peer-reviewed journals - but only following viral nonsense.

Let elected officials do their job. Get rid of bureaucrats [Health Department] who collect paychecks.

Biggest concern is that there is a lack of intellectual curiosity. Inability to understand unintended consequences.

My biggest concern is emergency power and the allegiance upward to the W.H.O. and the C.D.C.

Question 3 - What would you like to see moving forward?

I would like to see a respect for people's vocations… my [immediate family member] has a college degree in public health. He/she went to college to learn everything there is about the earth – has several degrees. I would like us to respect people's vocations. We need a call to action to respect the professionals and to somehow – get a message to communities. I have a construction guy in my house renovating – I wouldn't think to tell him what to do because I don't have the background. Why can't we respect those who have spent years learning to be experts? We should ask more questions rather than make our own assumptions. We should trust the vocations of people. My friends who didn't go to college still respect me as a teacher.

I would like us to be better prepared "next time". Look at the winners and losers - especially our youth [learn from this pandemic].

…show the evidence and outcomes to demonstrate what the Health Department has learned. Include public input to correct processes of past/pandemic.

The ALICE Report - numbers worse this year - supports available helped people - It showed that when we help out those struggling, we all do better. Food grant [rejected by Board] - felt a disservice to those in need. Moving forward I hope the Health Department can have meetings [that are productive]. How this plays out... the outcomes...

I would like to have people - on the Board, the Health Department, learn from what people have to say. Take responsibility - common ground.

Hope - focus on what good can be accomplished. Make sure people have food if needed - allow people to explain what the programs have actually done.

Going forward, like to see common sense at Health Department. Like to see communication. Why I see these things and my opinion, "Dark money" "Stay in lane". Keep people healthy.

I would like people to listen to me. I would teach what the health department has to offer. I would like to have them educate us about what the Health Department does.

I would like people to contact Health Department to ask questions versus assuming. I would like the Board to listen to constituents. I would ask those to step down and allow the Health Department to do its job.

[Board member] needs to go. She/he has been trained in Future Farmers of America. Recall him/her. He/she is the center of this controversy. I don't want inaccurate representations.

Moving forward I would like less divisive meetings, less clapping.

I would like things to be neutral - I can't tell who matters.

What I want to see moving forward is courage [by elected officials]. Give power back to those elected.

I would like to see a professional code of conduct - improved communication, better explanations, like to learn, Board of Health supporting those in profession.

Better environment, less emotions.

I would like to see an apology about the COVID mistakes. More open-mindedness, more intellectual curiosity, more generosity.

Need to know Board of Health is protecting the people. People's voices are welcome to be heard. Opinions will be valued.

Board of Health value expertise, not conspiracy theories.

Board of health should have good intentions for public health.

Board should trust experts. Good people are leaving because they are not allowed to do their jobs.

Revert Board back to how it was run before - reasonable and smart oversight. Go back to Board of Health not micromanaging. Board needs training.

Require education of Board members, need intellectuals. Get Board and candidates that listen to those with expertise versus conspiracy theories.

There needs to be accountability.

Such a waste of time - time to go to the state level - get standards and accountability - perhaps answer is a state level recall.

Bad behavior is normalized now, and we might take steps backward. We need to recognize that everyone matters.

What I want to see moving forward is follow-up from COVID response.

Whatever side you're on, you can't have conversations and become worked up. Everyone needs to go to Loom.

We need to create trust and find a way to move forward, the health department, trust health commissioners.

Need to do these "listening sessions" with the commissioners. Need to create trust.

What I want to see moving forward is before the Board makes a decision, get all the facts. If you trusted me as a social worker, to fix your plumbing, [I don't have the skills to do so]. The Board doesn't have health skills. I would like to see the Board get all the information before making decisions.

I would like to see the Health Board make better informed decisions moving forward.

See that the Health Department, as an agency, be submissive to the Board of Health.

The Board of Health have balance- have medical professionals serving - more balance. Health Department is there to make best decisions about health, not politics. I want to see decisions made based on the information at the time. We are always learning and changing.

We can't go backwards. We need better communication and knowledge. Togetherness and peace are much better.

I would like to see a Board work together to make decisions - commissioners are expected to have a breadth of knowledge of many things - I'm not sure it's appropriate for the Board of Health. Not sure how Board of Directors are determined in other places. We need to have a say in how people are selected to serve. The Board needs to do trust building. I believe Kent County has appointed medical people. This is what is needed here. Not political. I read the health code – it is not for a lay person. We need to find another way.

If they want to go forward [Health Department], demonstrate knowledge and rational [decisions]. The Scientific process allows for self-correction midway.

COVID caused separations from others. We should offer community-based education. We need to see the human, set the model, share perspectives.

The model of the library is the "friends of the library". 100's of members. Why couldn't the Health Department have "friends of Health Department".

Option - Have two county Health Departments - an enlightened one and one based on conspiracy theories.

Educating people - newspapers need to flood readers with information about the services the Health Department offers. Have Health Department sit down with commissioners. Why? Is it your religious background? What is it? Intentional discussions.

Encourage commissioners to listen to community. Leaders that understand and fulfill their role.

I'm attending meetings. During the pandemic, I felt like an outcast based on my different opinion. To enable to trust in the experts, I'd like an honest admission of what went right and what went wrong.
Who was harmed the most? The experts have been wrong. We can't rely on one person, one entity. There is a large group who don't want to be here because they will be talked about. I want unity.

Education and intellectual education for boards for position of understanding and they need to listen to experts rather than dictate the theories and conspiracies.
Accountability for board members that aren't providing what they need to provide.

Work towards standards for board members. Recall those who aren't serving community. Bad behavior has been normalized. Step back and recognize 110,000 people and that everyone should matter.

More listening and trust in all parties and find a way to move forward.

[Nutrition Grant] I want to see a breakdown of funding $500,000 - administration fees, what is scope and sequence, each administrator must have a description, what kind of training. Funds come with strings. Costs to districts? Justify that existing is not good.

Have all Board and Health Department leadership attend training. It can benefit all. Defining these roles and adhering to them.

When new Board members are elected in other organizations, they have an orientation and training. The Institute of Organizational Training - Board governance is very complex. Defining roles.

Biggest concern is that the Health Department continue to do their job but allow Board of Health to ask good questions. The Board of Health needs to do their job and respect proper oversight.

Transparency on both sides. Maybe better transparency and better understanding of norms.

Training for Board seems very needed. Basic Robert's Rules, but more about roles. Have Board and staff meeting NOT in public meetings. People act differently in public than in more informal settings - see one another as real people. Let's get procedures down - rules help - especially when there are disagreements.

Please keep in mind your responsibilities to the welfare of the entire community. Make decisions based on fact.

I like the idea of Board training, retreat. Would like to see Board of Health and Health Department develop a rapport. Meeting before, in advance, to iron out issues. I'm concerned that the Board can have final say.

Moving forward I would like to see the Board support the Health Department - make it a good place to work - health, water safety, sanitation - stop the hinderance.

I believe [Board member] needs to be removed immediately - to work against the Health Department because of political reasons should not be allowed.

It should be a Republic.

Moving forward I want to see true studies. I want to see phase three clinical trials.

We need to address litigation; hammer out rules; follow procedures - (more grants are in the pipeline).

Maybe we need lawyers present at meetings. We need to think about the physical and mental health of Health Department employees. They've gotten no love or respect for years. We need to stand up for the

Health Department. I wish we could find middle ground. The Health Department should keep tooting their own horn. They should keep saying facts and truth.

Moving forward we need to recall [Board member]. She/he's not just on only one committee. She/he's on a lot of other committees. I want the future of the Health Department to be very exciting.

The Board needs to participate in events (volunteer at Farmer's Markets). Get support people in community to help support the Board. I want the bullying to stop. I want to see a full Board meeting to allow the information section to happen. The Board should tour other places. We need to have an orientation from the organizational chart so that others can see. I'd like to see public service announcements from the Health Department. The people who serve on the Board should be advocates for the Health Department.

I would like to see others with different viewpoints serve on the Board.

I would like to see expectations that are high. I would like to see some humility, so people can all be heard - communicating, conversation, listen and learn.

Tell people to back off. The Health Board runs the Health Department. Talk to [participant's name] about Parliamentary Procedures. The audience should not be calling out someone else in audience.

I would like to see [Board member XXXX] lose his/her power. Like to see Health Department get back to being its strong self and all resources available. I'd like to have more people involved.

I would like to see an immediate recall of [Board member XXXX].

...the focus of the Health Board - rather than being politically "gotcha" – needs to focus on the people's welfare and their health. Get rid of political business! This has to stop - going down a rabbit hole - do our job!

The Health Department represents all four counties. It needs to rotate Board meetings. I expected someone from the Health Department here. The pandemic and social media have changed our world. The Health Department needs to be more accessible, and they should worry about their image. This is the USA, and we should be able to make choices for ourselves.

I would like to see... the Board needs training - not all have been - the Board needs to be trained. The Health Department could have training to learn about dealing with difficult people. Training by outside expert. I would like to see moving forward that the Health Department conduct some education about all they do - a marketing campaign.

Moving forward…see Board members looking up information on their own to learn about issues. I hope we can find new candidates for Boards of Commissioners - maybe find people who want to help others, rather than focusing on themselves. In the 50's we were in line to get the vaccine. There was some resistance then. Elvis was filmed getting the polio vaccine.

Training and education are needed for the Board.

Training has been given - they are not willing to learn. We need to find advocates - a "friends' group". Some Board members are always trying to correct the misinformation that the other Board members repeat. We're stuck in a tie of 4 to 4.

Let own elected officials do their job.

We should trust our vocations. My friends who didn't go to college still respect me as a teacher.

Health Department needs to do some outreach to educate the public. It would be nice rotate the meetings. Allow public comment. Health Department needs to explain what they have to do - their mission. Knowledge and information will help.

Collaboration - learning together - I wish there was a desire to seek information with valued resources.

I would like to see more trust in the professionals. I'd like to see accessibility for all to ask questions - we may need to increase accessibility given the present situation. Improved communication.

People need to listen to others more and check out information and seek facts before we react.

Artificial intelligence - determining what is true and not true - we need to be able to do this.

I really don't believe people educated in public health are trying to harm the public good. Somehow you have to be able to communicate the information without it being politicized. Better communication!

Maybe the Health Department should have people like you, Kari, listening more.

F. Additional correspondences received from community members (Presented as written)

Commentary Concerning the May 2, 2023, Community Listening Session

XXX Thu, May 4, 3:16 PM

to me, XXX, XXX, XXX, XXX, XXX, XXX, XXX, XXX, XXX, XXX, XXX, XXX, XXX XXX, XXX, XXX

Kari,

You encouraged me to send you an email concerning my thoughts relating to the May 2 Listening Session.

Commentary – XXX XXXX - May 4, 2023

RE: **Community Listening Session May 2, 2023, Petoskey Public Library Directed by KSK Consultancy, Dr. Kari Krantz,**

Why have we lost respect for, and lost control of, our formerly highly respected institutions and our government? The answer to this question is at the heart of the recent issues involving discontent focused upon the Board of Health of the Health Department of Northwest Michigan.

What follows relates to the "Elephant in the Room" – the hidden factors that are at the heart of the conflict. A good understanding of what is in my commentary below can be obtained by watching this excellent video: James Lindsay, European Parliament –

Woke is a culture war against Europe" … "What is Woke? Woke is Maoism with American characteristics." https://youtube.com/watch?v=lc0684V2ej8&feature=share April 2023

My thoughts on the May 2 Listening Session

Although several mentioned that they were worried about "the nation" I did not hear anyone actually name the "elephant in the room": **We are in WWIII**. Most understand that a bioweapon, COVID-19, was developed in a bioweapons lab was released into the US and on the world. Some know, the "vaccine" was also developed as a part of a military bioweapons project and is proving to be more deadly than COVID itself. See: https://rwmalonemd.substack.com/p/the-very-fabric-of-thisgreatnation?publication_id=583200&post_id=118098623&isFreemail=false Quoting from the above link:

The extent of these [COVID-19 related governmental and private] operations has been vast, with billions of dollars funneled into astroturf organizations and NGOs. The military, HHS, the White House, big pharma companies, and big tech have been partnering together to conduct these operations. These include money, meetings, strategic sessions, technical help, "hit" lists of people to take down, etc." Andrew Lowenthal, on Substack writes: "I also underestimated just how explicit many organizations were regarding narrative policing, at times blatantly drifting from anti-disinformation to monitoring wrongthink. Stanford's Virality Project recommended that Twitter classify "true stories of vaccine side effects" as "standard misinformation on your platform," while the Algorithmic Transparency Institute spoke of "civic listening" and "automated collection of data" from "closed messaging apps" in order to combat "problematic content", i.e. spying on everyday citizens. In some cases the problem was in the title of the NGO itself - Automated Controversy Monitoring for instance does "toxicity monitoring" to combat "unwanted content that triggers you."
Nothing about truth or untruth, it's all narrative control." "Government and philanthropic oligarchs have colonized civil society and proxied this censorship through think-tanks, academia, and NGOs. Tell this to the sector, however, and they close ranks around their government, military, intelligence, Big Tech, and billionaire patrons. The field has been bought. It is compromised. Pointing that out is not welcome. Do so, and into the "basket of deplorables" for you." Biggest worries:

1. Many if not most do not know we are at war. We are in WWIII and we are losing.
2. Many of those who know we are at war but do not know who or what the enemy is.
3. Many who know we are at war do not know or understand the first thing about "Unconventional Warfare".
4. Many cannot believe (or will not allow themselves to believe) COVID-19 was a bio-weapon produced in the Wuhan Bioweapon Laboratory with major financing and help from the US (CDC, Anthony Fauci, Bill Gates, many top US virology experts).
5. Many do not know about or do not want to care to know about Event 201: The Johns Hopkins Center for Health Security in partnership with the World Economic Forum and the Bill and Melinda Gates Foundation hosted Event 201, a high-level pandemic exercise on October 18, 2019, in New York, NY. Many use this Event 201 as some of the proof that COVID-19 was planned.
6. Many do not know about **"The Great Barrington Declaration"** - In October of 2020 a large group of health care providers from many countries were aware that the current pandemic governmental directives (at that time in the Fall of 2020) were causing harm and decided to make their recommendations known through the publication of the Great Barrington Declaration (see below).

The Declaration, in a strongly worded statement, stated the board shutdowns should be stopped and schools should be opened. The elderly should be protected: … "for children, COVID-19 is less dangerous than many other harms, including influenza." … "Those who are not vulnerable should immediately be allowed to resume life as normal. "

The Great Barrington Declaration [As you read about the Declaration, consider why it is that very few people have ever heard about The Great Barrington Declaration. You may also consider what price many of the medical practitioners paid to sign the Declaration.] The Great Barrington Declaration – As infectious disease epidemiologists and public health scientists we have grave concerns about the damaging physical and mental health impacts of the prevailing COVID-19 policies, and recommend an approach we call Focused Protection. Coming from both the left and right, and around the world, we have devoted our careers to protecting people. Current lockdown policies are producing devastating effects on short and long-term public health. The results (to name a few) include lower childhood vaccination rates, worsening cardiovascular disease outcomes, fewer cancer screenings and deteriorating mental health – leading to greater excess mortality in years to come, with the working class and younger members of society carrying the heaviest burden. Keeping students out of school is a grave injustice. Keeping these measures in place until a vaccine is available will cause irreparable damage, with the underprivileged disproportionately harmed. Fortunately, our understanding of the virus is growing. We know that vulnerability to death from COVID-19 is more than a thousand-fold higher

in the old and infirm than the young. Indeed, for children, COVID-19 is less dangerous than many other harms, including influenza. As immunity builds in the population, the risk of infection to all – including the vulnerable – falls. We know that all populations will eventually reach herd immunity – i.e. the point at which the rate of new infections is stable – and that this can be assisted by (but is not dependent upon) a vaccine. Our goal should therefore be to minimize mortality and social harm until we reach herd immunity.
The most compassionate approach that balances the risks and benefits of reaching herd immunity, is to allow those who are at minimal risk of death to live their lives normally to build up immunity to the virus through natural infection, while better protecting those who are at highest risk. We call this Focused Protection.

Adopting measures to protect the vulnerable should be the central aim of public health responses to COVID-19. By way of example, nursing homes should use staff with acquired immunity and perform frequent testing of other staff and all visitors. Staff rotation should be minimized. Retired people living at home should have groceries and other essentials delivered to their home. When possible, they should meet family members outside rather than inside. A comprehensive and detailed list of measures, including approaches to multi-generational households, can be implemented, and is well within the scope and capability of public health professionals.

Those who are not vulnerable should immediately be allowed to resume life as normal. Simple hygiene measures, such as hand washing and staying home when sick should be practiced by everyone to reduce the herd immunity threshold. Schools and universities should be open for inperson teaching. Extracurricular activities, such as sports, should be resumed. Young low-risk adults should work normally, rather than from home. Restaurants and other businesses should open. Arts, music, sport, and other cultural activities should resume. People who are more at risk may participate if they wish, while society as a whole enjoys the protection conferred upon the vulnerable by those who have built up herd immunity.

On October 4, 2020, this declaration was authored and signed: Total Signatures 937,355 Concerned Citizens 873,747 Medical & **Public Health Scientists 16,067 Medical practitioners 47,541.**

7. "We know that the Federal government interfered with Hunter Biden's laptop, when over 50 "ex" intelligence officials signed a letter stating that this was a fake story planted by Russia two weeks prior to the 2020 presidential election. Thus, the Federal government directly interfered with a Federal election, which by all estimates was the deciding factor in President Biden's election."

8. Many just want the "politics" to go away. But, that cannot happen, at least not right now: Quoting from Dr. Robert Malone's Substack article from May 2, 2023: "I am pro-America and a patriot. I am a Constitutionalist. I believe in free speech. A strong nation. A free press. Our republic. Our democratic institutions. This is not an anti-government tirade. I am not antigovernment, I am a conservative constitutionalist, but I am shocked and saddened by how quickly our great nation is falling into corruption rationalized by the thesis that censorship is necessary to 'preserve democracy'." https://rwmalonemd.substack.com/p/the-very-fabric-of-thisgreatnation?publication_id=583200&post_id=118098623&isFreemail=false

Many of our top corporate leaders as well as our top Washington DC leaders have fallen victims of **"Elite Capture"** … many do not know what that means (Hunter Biden and Joe Biden are prime examples – as more whistleblowers come forward the extent to witch the Biden family have been working on behave of the Chinese Communist Party will become more and more apparent.

See article: Elite Capture, Why America Is Losing in the Political Warfare Arena, and What Can Be Done https://www.heritage.org/the-oversightproject/countering-ccp-influence/elite-capture-why-america-losing-the-political April 5, 2023 9.

We have an excellent Health Board. They have differing points of view. That is to be expected. We are in a state of confusion - cognitive dissonance – which is a planned state of affairs - a direct result of the "Unconventional Total" war China has declared upon the US . It a good thing that some members of the board see the complicated chess board differently. I believe they are all honorable and patriotic and if the external threats to our community increase, which I believe is likely, this board will continue to make good decisions for our community. Respectfully submitted,

XXX XXXX Wed, May 17,

1:46 PM

Dear Kari,

Thank you so much. I just had a few things that I want to include. More specific actions of the health board that really need to be stopped because they are interfering with their mandate because of ignorance and maybe malfeasance.

1. Threatening Health Department Staff i.e. XXX XXX. and previous county commissioners from Emmet essentially made them resign. These are a lot of the folks who elected this current board. They are the minority of folks not the majority.
2. Dismissing the meditation grant in December that would have helped immensely with our children and teens in schools facing a crisis in mental health. The board dismissed it out of hand because they are ignorant of its benefits.
3. When a few members of the board meet and make decisions for the entire board outside of a public meeting.
4. Having a public meeting that includes a Christian Invocation. That is offensive and seems like it should be against the open meetings act.
5. The last huge mistake of the $500,000 grant not being applied for when we have 1 in 3 families in this district living with food insecurity and child poverty. This is an outrage!

So these have been on my mind and heart. Thank you for listening.

I am still pretty angry about this behavior because it all started with Trump and his closed minded followers that care nothing for the common good.

Thank you again,

XXXX

XXX XXXX

Fri, May 19,

6:58 PM

Dear Dr. Krantz,

I attended the May 2nd, 2023 Community Listening Session in Petoskey. I was very disappointed in the entire proceeding.

The three questions used to prompt the dialog were very vague and appeared structured to encourage and promote emotional responses--which is not what I came to offer. There was nothing in the handbills or online information concerning the Listening Sessions suggesting this was supposed to be a directed group therapy session--but that's what it resembled. ,

The facilitator appeared to listen intently when I spoke, but wrote down little or nothing of what I said, and when recapping what she had heard, I did not hear my comments reflected at all. So I am concerned that the product delivered to HDNW will be only what they want to hear--an impetuous rant against the Health Board--not a complete and impartial rendering of what was actually said.

What I find is a Health Department that is resistant to citizen oversight, stirring up gratuitous angst amongst Department personnel, and drumming up undeserved animosity towards certain Board members based on innuendo, half-truths, and spite.

The entire American public health establishment, from the US HHS and DHS to local health departments, ran amok in their pandemic response, recklessly risking, and ultimately severely damaging, the physical and mental health, wealth, and civil liberties of the American public they claim to "serve." As Dr. Jordan K. Peterson said, "We call it the 'COVID epidemic' but it really wasn't. The Swedish data show for example that if you do a 2-year smoothing of mortality that there was no epidemic at all. It's quite remarkable, and so really what we had was an epidemic of imitating Chinese authoritarians. That's actually what we had. It was a psychogenic epidemic of totalitarian impulse. The COVID virus was the EXCUSE for it, but not the REASON. In fact it isn't obvious at all that there was a reason at all. And so that's really quite terrifying."

The leadership of the HDNW needs to do some serious self-reflection, and consider how they were betrayed by their hierarchical superiors, how they abdicated their responsibility to protect the health of the citizens of the 4-county region by "going along" with unsubstantiated response protocols handed down from above, and how they will endeavor to stand up to such malicious tyranny in the future.

XXXXXXX

Re: Follow-up from Gaylord Community Listening Session
XXX XXXX Tue, May 30,

4:42 PM
Hi Kari,

Thank you for contacting me. I was out of town most of last week, but I will be in touch with several people that may be interested in attending a listening session. I will get back with you, probably next week, as I am waiting to hear back from some. I also think it is important to hear from all voices, and I appreciate this opportunity that you are offering. Thanks,

XXX

On Tue, 23 May 2023 at 12:14, Kari Krantz > wrote:

Good afternoon, XXX.

I am simply reaching out to encourage you to gather some of your acquaintances who you referenced as reluctant to attend a Listening Session and let me know a time and place for me to facilitate a special session for you.

I appreciated the experiences you shared leading to your present feelings and the recommendations you offered. Having time to honestly express your complete thoughts without the pressure of a time limit or a huge audience behind you is more valuable than many people realize. I would welcome the opportunity to hear more from all voices within the communities served by the HDNM.

Let me know if you have any ideas or thoughts related to a special session.

Sincerely,

Kari Krantz

XXX XXX Fri, Jun 16, 2:41 PM
Hi Kari,

Thank you again for the session last evening in Gaylord. I wanted to follow up with some of the doctor names that I mentioned, in the context of saying I trust these doctors more than I trust Dr. , who has avowed publicly to only listen to the various (in my opinion, captured) agencies and organizations, like CDC, HHS, NIH, MDHHS, AMA*, etc. They were:

Dr. Jay Bhattacharya, Stanford
Dr. Scott Atlas, Stanford
Dr. John Ioannidis, Stanford
Dr. Martin Kulldorf, Harvard
Dr. Harvey Risch, Yale
Dr. Theresa Long (MD, MPH, FS) ("FS" is "Flight Surgeon", I believe.)
Dr. Robert Malone
* Astonishingly, the AMA only represents about 15% of physicians - as of at least 2011.

I handed you a few articles, including a review of a book by another doctor (he's in psychiatry) that I admire:

Dr. Aaron Kheriaty - fired by UC Irvine for not taking the vax, he was their head of medical ethics (!) at the time.

I would also add these Drs, just off the top of my head, who developed treatments for patients with covid, and who are able to explain all the problems with the studies cited by, e.g., Dr. , suggesting that ivermectin or hydroxychloroquine "don't work." (Never mind that, in order to get emergency use authorization (EUA) for these shots in the first instance, "there [had to] be no adequate, approved, and available alternative to the candidate product for diagnosing, preventing, or treating the disease or condition." Hmm.) Dr. Peter McCullough , Dr. Pierre Kory, Dr. Paul Marik .

I wanted to heartily affirm that yes, you come across as a very empathetic person (and no doubt are one!). I would say that is a big factor contributing to your workplace success, and I commend you for it. I see myself as highly empathetic, too, although I know that when I am advocating for something I can come across as pretty strident (yikes). But - being able to put one's self in another's shoes is really necessary in order to connect with people and truly communicate. I also know and like XXXX at the Health Dept, and have observed this strength in her, too.

I know I did not comment on the grant "dispute" last evening, but please allow me to say this: There is nothing the Board of Health has done to date that generally endangers current services, including safety-net services, or the current employment of anyone at the Department. Nevertheless, the histrionics of various people at BOH meetings, and Emmet County meetings, alleging otherwise, has been a constant. Only one grant proposal has been denied by the BOH, and, since that grant was not awarded to the Department in the past, "losing" that grant changed nothing about the operation of the Health Department. If that makes sense. Further, one gentleman who has been spreading the rumor that the BOH members want to get rid of every single grant (his name is XXX something - I met him for the first time a few weeks ago and heard his spiel first-hand) seems to be purposely trying to stir the pot, in my humble opinion.
Last but not least, here is what I had composed to send you way back in May:

I was in your group on Tuesday evening in Petoskey. I'm pretty sure you will note and account for what I'm about to say, but I still felt called to write to you about the cross-section of the community that participated in the session. It seemed weighted in favor of people with a connection to the Health Department, or to other government (e.g. public school teachers), and I'm sure that is a normal result of the way that the sessions are advertised (at the Health Department, via the Health Department, and via friends of the Health Department). I'm a regular at the BOH meetings, however I learned about the session at 2 pm on Tuesday, from my friend XXXX, who had picked up a flyer (that I missed) at that day's BOH meeting. No harm, no foul, just something that would be worth noting, alongside the results.

Again, many thanks for the session last evening, and if I can be of any assistance, please don't hesitate to call, text, or email me.

XXX XXXX