

COMMISSIONER SAUNDERS – APPROVED

MS. PATTERSON: Commissioners, that brings us to Item 11A. 11A is a recommendation to approve the continuation of the Collier Health Services, Inc., Community Health Workers to address health disparities among those affected by mental health and substance abuse and approve the use of Community Development Block Grant-CV and State and Local Fiscal Recovery Funds to support the project.

Ms. Kristi Sonntag, your Community and Human Services Division director, is here to present.

MS. SONNTAG: Good morning, Commissioners.

Would you like me to go through the presentation or --

CHAIRMAN LoCASTRO: Please.

MS. SONNTAG: -- or answer some -- okay.

All right. With that being said, the item before you today is the funding to support the Collier Health Services Community Health Worker Program.

First some history. The Board directed staff following their February 28th, 2023, Board meeting to look for alternative funding sources to support the continuation of the outreach program for primary healthcare services.

Staff has identified funding to support the Healthcare Network program through December of 2024. The funding includes \$125,625 from Community Development Block Grant and the -- through September 30th of 2023 and 315,000 from State Local Fiscal Recovery Funds from October of 2023 through December of 2024.

The proposed project will actually include two agreements because there are two different funding sources. The scope of service will include six community support healthcare workers that will focus primarily on mental health and substance abuse. They

will offer primary care referrals, they will offer referrals for mental and substance abuse services. In addition, they will conduct mental health and substance abuse outreach events.

The outcomes proposed under the agreement, we would look at the number of clients served, the number of referrals to provider agencies, so including medical and mental health agencies, and we would also include a measurement of outreach events.

The project would be evaluated through Florida Gulf Coast University, as the State and Local Fiscal Recovery Funds require those funds to be evaluated by an independent evaluator.

So the recommendation is to approve the continuation of the Community Health Worker Service contract using Community Development Block Grant and State and Local Fiscal Recovery Funds.

With that, I'll take any questions.

CHAIRMAN LoCASTRO: I have one, but Commissioner Saunders, I'll go to you, sir.

COMMISSIONER SAUNDERS: Pardon me. Quick question. You've said this, but I just want to clarify, make sure it's clear on the record. I've gotten some requests for justification for using county tax dollars -- ad valorem tax dollars for this type of a program. I believe, from what you've presented, that there are no Collier County ad valorem tax dollars in this appropriations request.

MS. SONNTAG: You are -- you are correct.

COMMISSIONER SAUNDERS: I just wanted to make that clear.

MS. SONNTAG: The funding sources are both federal in origin: Community Development Block Grant, that comes from Housing and Urban Development, and State and Local Fiscal Recovery, which comes from the U.S. Treasury.

COMMISSIONER SAUNDERS: Thank you.

MS. SONNTAG: You're welcome.

CHAIRMAN LoCASTRO: I know we have some public comment. Let me go to Commissioner Hall first.

COMMISSIONER HALL: I've had some additional concerns about why we partner with certain people. And so I asked the question yesterday. So just for the record, I want to clear it up. Why do we partner with NGOs with grant money or with other things? And the answer was a good answer, and it was so that we can provide services to Collier County residents that the county normally does not -- does not provide, and that is the reason for the partnership.

What is the process for maybe allowing -- is there competition? How do we decide who we partner with, or is there just, like, one game in town?

MS. SONNTAG: To answer your question, Commissioner, annually, about January 6th of every year, my division offers an application round for grant funding. We include state -- any state funding that we may have, we include our federal funds in that application round. It is open to the public. It's a two-part process.

So the first part of the process is you have to put your project in our system. We evaluate your project for eligibility and if it meets with the terms of the grant funding, and then we have you come back, do a full application. Then there is a review and ranking committee that is made up of community members that is approved by your County Manager. That review and ranking committee hears all the projects, reviews all the applications. They rank them in order. They decide, you know, what funding source is best for which project, at which point then the County Manager says, yes, you know, those look good. Go ahead and do your pre-award process. We do that, and then all those agreements come back to you as a Board for ultimate approval.

COMMISSIONER HALL: So it's well thought out and well planned?

MS. SONNTAG: Yes, sir. And it happens every year, same time, January.

CHAIRMAN LoCASTRO: Mr. Miller, how many public comments do we have?

MR. MILLER: We have seven registered speakers on this item, Mr. Chairman.

CHAIRMAN LoCASTRO: Let's go to public comment.

MR. MILLER: I would like to ask the commenters to queue up at both podiums. Andrea Werder will be followed by Richard Schroeder -- Schroeder, excuse me. Either one, ma'am.

MS. WERDER: Hi, everybody. I'm a homeschool government teacher, and I'd have to say these last three years, you guys have really, really made me do my homework. It's really interesting to try to teach the Constitution with kids and to try to tell them what is -- what is the essence of what government does for us.

Well, we're here to do what? Pursue life, liberty, and the pursuit of happiness. Well, what happened three years ago and even up till three years ago? That was the question my high school students had for me.

How would each of one of you commissioners -- how would you answer that question to a high school student? Well, I know I can't ask you that right now, but I want you to ask yourselves that, please. I want you to think about what we parents suffered when our college children were coming back and being force vaccinated because of some NGO program, okay.

Everybody's passing the buck, but as a high school teacher and as a homeschool mother, I had to look my children in the eye and tell them why they had to put a face diaper on themselves, why they had to tremble in the presence of a police officer, and why their mother

has to go to commissioners meetings and explain the difference between an NGO government law and how that all filters into life, liberty, and the pursuit of happiness.

Now, I only have three minutes here to speak with you-all, and I'm kind of glad for that, because my feelings are a little bit hurt by this, because I feel like games are being played. When I had to say, what is an NGO, I understand that there are some good NGOs. Of course there are. But there's plenty of non-good -- what did I have to say? NGOs, no-good organization. Okay. So how do you know the difference between the two? Because there are good, and there are bad.

Well, you guys are here to figure out that difference, and you guys get to listen to the professionals. As a high school homeschool mom, I didn't get to do that. I had to go out and ferret and figure out who was good, who was on our team, who was for life, liberty, and the pursuit of happiness, and I think we're all getting to know our answers.

But the good news is, we're all still breathing, okay. When you know better, you do better. And what does it take for a country to fall? For a few good men to do nothing.

Thank you all very much.

MR. MILLER: Your next speaker is Dr. Richard Schroeder. He'll be followed by Beth Sherman.

DR. SCHROEDER: Thank you. Good morning, Commissioners. Richard Schroeder, retired physician speaking to the Partners in Health Community Health Workers Block Grant.

As noted in the *Naples Daily News*, Partners in Health create strong partnerships. This implies a partnership with their generous supporters, which include George Soros, Open Society Foundation, the Bill and Melinda Gates Foundation, Pfizer, Gilead, and GlaxoSmithKline, among others. It is evident from the news article

that the primary interest of Partners in Health, HGN, was getting as much mRNA technology beneath the skin as possible. This undoubtedly stems from their financial heritage of the Bill and Melinda Gates Foundation, the primary driver behind the multipurpose bioweapon development, also known as the mRNA COVID-19 vaccine.

The intent behind the mRNA technology was recently brought to light by biomedical and med/legal researcher Karen Kingston, whom I believe you all know and have heard before, who found that Pfizer made a decision in 2016 to create diseases using mRNA technology then to develop and use and market gene editing technology to treat these diseases. So the prospect that we are not going to see more mRNA technology pushed by Partners in Health via their generous sponsors would seem to be slim to none.

Strong corroborating evidence comes from Dr. Jim Thorp, a maternal-fetal medicine specialist with 45 years' experience and reams of data who says -- who just -- who published an article recently that says the DOD, DARPA, BARDA, CDC, and the FDA have put together a three-year plan and injected it with billions of dollars to promote the mRNA injections. Year 3 of that plan would be 2025, so it looks like that will be coming back with a vengeance.

I will also counter the argument and comments you're likely to hear that we will only use this money mainly for screening chronic diseases, mental health, and so forth. Screening for chronic diseases in and of itself can be a problem, especially in "healthy populations" where it's been shown to lead to more invasive, expensive testing, more unnecessary surgery, and, of course, more pharmacological intervention with its attendant side effects and inflated expenses.

And I'm not even going to get into what a big pharmaceutical bonanza the mental health field has become. We're fighting a big medical industrial juggernaut here, and we need to understand what's

at stake. Whether the funding is coming from the local, state, or federal government is immaterial. I advise not authorizing our tax dollars for this purpose.

Thank you.

MR. MILLER: Your next speaker is Beth Sherman. She will be followed by Scott Sherman. Beth Sherman's been ceded additional time from Marge Heinzl. She is here. And Mary David -- Deveas-Pitzi. I hope I'm saying that close to right.

Mary, are you here?

(Raises hand.)

MR. MILLER: So she'll have a total of nine minutes.

MS. SHERMAN: Good morning, Commissioners. Nice to see you again.

I'd like to say thank you for the small victory with returning the CDC money; however, what I realize is that it is a symptom of a much larger problem. The problem is that our county took \$74.8 million of federal funding from the American Rescue Plan which was in partnership with the CARES Act and the U.S. Federal Treasury Department. The government then laid out exactly where you could spend it. They even put it into convenient categories like mental health, PPE, public health, and much more. Sounds great, right?

Many people may not see an issue with this. I, for one, do. We can no longer continue to take federal and state grant money without looking at the long-term and contractual obligations to them or whom they require you to partner with.

From browsing through the American Rescue Plan that you signed on to in 2021, which is where the original Migrant Farmworker Grant came from, listed on Page 19, I find some troubling connections I would like to point out. We took a federal grant and allocated it out to federally-approved subcontractors. Two

out of five of those are local government agencies, and three out of five are NGOs. So, basically, we took in federal money, gave it to federally approved subcontractors that are nongovernmental agencies. Does that seem like flawed logic to anyone? Because it does to me.

The definition of an NGO is a group that functions independently of any government and is usually non-profit. If they function independently from government, then why are they funded by tax dollars? Now, I'm not an expert, but it sure looks like the federal government's goals are being implemented at a local level through nongovernmental organizations. That's top-down control which always leads to dictatorship.

You are working with NGOs and a health department who got it so wrong during COVID. They're working under guidelines of the CDC and NIH. We have showed you already how wrong these three-letter organizations were during COVID. So why are we still working with them and using NGOs who follow their direction? Why do you trust their judgment in anything moving forward?

In this document, there's a hyperlink that goes to the NIH where it states that they are aligned with the UN 2030 sustainability goals. Besides the federal government, these NGOs are taking funding from globalist groups that don't have the welfare of the American people or this county in mind, such as the Clinton Foundation, Open Societies, Big Pharma, and many more.

The Collier County Community Health Coalition Partners were all responsible for driving up the case numbers in Immokalee in exchange for a positive COVID test under the guise of paying their rent. They got cash for a positive COVID test. That includes Healthcare Network. That's where this grant money was used, to drive panic and fear into this community.

So why should we give this NGO a grant to fund the salaries of

their employees? They are a nongovernmental agency. I believe that means local government should not be funding them. They have operated in the county for 40 years without assistance of local government, so why should we pay their salaries now? In fact, why should we pay the salaries of any organization other than local county employees?

Why else do I think funding Healthcare Network through a mental health grant is a bad idea? Well, Healthcare Network has a new mental health facility at Nichols Community Center. They state at the bottom of this website that it is a, quote, health center program grantee under 42 U.S.C. 254b and deemed public health service employee under 42 U.S.C. 233 g through q. Its employees, qualified contractors, and volunteer health professionals are deemed to be public health service employees under 42 U.S.C. 283 g through q.

The legal liability of the Health Center and staff is limited pursuant to the Public Health Service Act. Well, the Public Health Service Act is a federal law that was enacted in 1944. The act established the federal government's quarantine authority for the first time and gave the U.S. Public Health Service responsibility for preventing the introduction, transmission, and spread of communicable diseases from foreign countries into the U.S.

This NGO -- which I'm not even sure how they can call themselves an NGO, "nongovernmental," without a chuckle, since their new mental health facility states that they are a public health service employee -- is wanting us to fund their efforts through a grant that, if deemed necessary, will lead to quarantine authority. That's messed up. It really is.

If we truly want to do good for this community and help the migrants in need, then I would suggest making tailored programs run by the county to do such a thing; however, since we took the federal COVID grant, it appears we are just checking off boxes to fulfill our

commitments to the contract.

If we want to see positive change in this county and this nation, we need to stop doing things because it's what we've always done and strive to do the best, the best for the people, not the institutions.

Thank you.

MR. MILLER: Your next speaker is Scott Sherman. He'll be followed by Kathy Maines. Mr. Sherman's been ceded additional time from Milton -- and, Milton, I can't really read this last name. If you'll just raise your hand if you're here, Milton.

(Raises hand.)

MR. MILLER: Oh, I see him. Thank you. So he'll have a total of six minutes.

MR. SHERMAN: Good morning, Commissioners. Thank you for listening to me today. My name is Scott Sherman, for the record. And I come to you today as a father of someone who needed mental health services here in Collier County, and I'm here today to discuss the evidence-based medicine from both of these perspectives, because this document, the rescue plan, says they go by -- it says we go by, as a county, evidence-based medicine.

When my youngest daughter was 12, her mother died. Her situation was exacerbated by her diagnosis of Asperger's syndrome, a less severe form of autism. She moved to Florida with me, and over the next five years, we spent thousands of dollars and hundreds of hours in mental health therapy.

My least favorite experience was actually with the David Lawrence Center, which our county funds. The reason I had a problem with them was their primary solution is to put their patients on antidepressants.

So when we read that we're distributing this -- all this money, it's 29.6 million for the healthcare side -- on evidence-based medicine, I feel the need to point out the following peer-reviewed evidence.

The institute for quality and efficacy in healthcare out of Cologne, Germany, published in 2006 and updated it in 2020, their conclusion was that antidepressants helped improved symptoms in 20 out of the 100 people.

Psychothripsycosim (phonetic), published in -- July 9th of 2010, a meta-analysis of the largest antidepressant effect this trial ever conducted, the FDA trials suggested antidepressants --

THE COURT REPORTER: Can you please slow down?

MR. SHERMAN: Okay. The FDA trials suggested antidepressants are only marginally efficacious compared to placebos. So at least it appears that antidepressants in the meta-analysis are about 25 percent effective at two years.

So let me tell you about that -- we're going to do a tire analogy. And as you go to the best tire shop in town, and he says, you're going to love these expensive tires I'm going to sell you because one of them will still be working in two years. You're going to give a thousand dollars to that guy? I'm not. And this is \$29 million. Okay.

So let's keep going. Let's look at the COVID evidence. Did you know that the study cited by our school board to justify masking of our children was actually a white paper released by NCH? Its evidence showed that with full PPE, their staff exhibited a 1 percent improvement of viral transmission wearing goggles, gloves, mask, and gowns.

So according to our Collier County 2021 performance report, we are giving them \$2 million for distribution of PPE that has a lower efficacy than antidepressants.

So to continue with my tire analogy, you're happy that only one is still going to be working in two years. He says, oh, but I'm going it sell you a cloth that you can put on every day, a new cloth every day, and I'm going to generate a lot of pollution and a lot of time and

extra time and effort on your part, and you might get a 1 percent improvement in your tire performance.

So this is what we're talking about. These are the kind of evidence-based medicines that we're doing here.

So, in conclusion, all the solutions offered during COVID by our leading healthcare organizations that we're funding, including Healthcare Network, resulted in stricter controls on our population and record profits for pharmaceutical companies.

So we'd like to move this county in a direction to stop taking money from these global entities and from the federal government. These are our tax dollars. I mean, it's -- the lady said that it's not funded by, you know, our local county ad valorem, but if you're getting it from federal government, remember, that's our tax dollars too. So we're using tax dollars. And we'd rather have local solutions to start by.

So one of the things I would like to suggest is that this board request -- or instruct our Collier Health Department to compile and release an all-cause mortality rates for the last six years in total and broken out in the top 10 killers. No interpretations, just the numbers.

My research indicates that during the worst pandemic we have ever experienced, no more people died on average than the previous five years; however, once the vaccination was rolled out, the overall moratorium spiked. This means one of two things: The vax is killing people, or the vax makes you more susceptible of dying of other things.

My opinion is clearly anecdotal, but correlation often points to causation. So maybe a vax injury study should be funded with some of this money. So find some local doctors who have no ties to Big Pharma, and ask them to look into these numbers, please.

So we can't just let the mistakes that happened during COVID be ignored by just continuing to fund the same people doing the same

things, and we would like to find some local alternatives.

Thank you very much.

MR. MILLER: Your final speaker on this item is Kathy Maines. Kathy Maines?

(No response.)

MR. MILLER: And there is no one on the fifth floor, so... One more time, Kathy Maines.

(No response.)

MR. MILLER: All right, sir. That is it.

CHAIRMAN LoCASTRO: Okay. Commissioners, do you have any questions of anyone or any statements at all?

(No response.)

CHAIRMAN LoCASTRO: And, Commissioner Hall, what you had said to lead us off is the same sort of feeling I had initially when I sat down with the county staff. I mean -- I mean, I appreciate -- I'll just open it up, since everybody's, you know, sort of here trying to think of what they want to say, is I think it's really -- first of all, I wouldn't say that it was a minor victory on the CDC.

So when this room was packed and we sat here for hours, you know, I mean, one -- once you sort of get the outcome you want, I guess it's easy to kind of downsize it. But I think you would have called it a minor loss had we all not have been in agreement with that. So I don't want to discount the efforts that we did up here to dissect the 10 different angles of the CDC money. But that decision's already -- already been made and come and gone. And I stand by my vote, and I think my colleagues do as well.

You know, one thing that I just say as an opening statement is having heard everybody very clearly, it's quite dangerous to just say when we accept federal money, there's a whole bunch of negatives.

There's hundreds if not thousands of people in Collier County

whose lives were basically -- you know, I say "lives," but lifestyles were saved during COVID and during hurricanes from federal money that we got from FEMA, federal money that we got to pay their rent for two years, federal money that they got to augment their lost job. So, you know, let's not lump everything. You know, if you marched all those people in here that -- and they did march in here saying, you know, why weren't we giving out more money.

So, you know, you can't say what's good for the goose isn't good for the gander kind of thing. But also, too, the peanut butter spread -- you know, we take everything on face value. So there are plenty of people screaming in here saying, where's the federal dollars? Where's the FEMA trailers? Where's the money to help us with our rent during COVID? And that seemed all okay to everyone.

In fact, we were all getting chastised that we weren't handing out the money fast enough. Then we found out during an audit that this was one of the few counties that actually did it correctly where some others are still in litigation for being Santa Claus and not actually filling out the form properly. So I thank Ms. Sonntag for standing by her guns and making sure that we followed the, you know, state and federal guidelines.

But having said that, I don't know if my colleagues here feel like we need to do a, you know, deeper dive on this. I mean, I have some concerns just making sort of a rubber stamp and saying, oh, my God, more federal money. We definitely don't want to do that because there's a million negative things with it, and then we turn our back on something that actually helps in a lot of other areas that aren't COVID, aren't face diapers, aren't all these other things.

So I want to make sure that we've done our homework as well. And I know that I've spent a lot of time speaking with the various agencies and with our county staff on this, just like I know we all did

for hurricane relief, for, you know, rent relief and housing assistance. And, you know, all those had a federal stamp on it as well.

And in the words of our County Attorney, if strings are attached, we can -- we can always address that, you know, when the time comes. And I'm not saying that's our fallback position. But, anyway, those are just some opening comments. I don't have a predetermined vote or anything right now, because I do value the opinions of not only the citizens but my colleagues.

So I'll go to Commissioner McDaniel, and then, Commissioner Saunders, you're on deck.

COMMISSIONER McDANIEL: Thank you, Mr. Chair.

You know, I -- we all lived through some really tough times with the -- with the virus, and the medical data that, Doc, you and I talked about on a regular basis with regard to the manipulation of the data sets and the information that was put out by the CDC and who was actually passing away and what they were passing away from.

At the end of the day, money is fungible. I had an enormous amount of experience with the Healthcare Network for the care of the folks in Immokalee. I didn't agree -- as virtually everyone knows, I didn't agree with the mandates and the things that were put out by those agencies, if you will.

But I watched. I watched what the Healthcare Network did for the community of Immokalee. The greater good, ultimately, was served. I saw no -- I saw no forcing of vaccines. I saw no forcing of wearing masks. We went through -- we went through some of the processes and procedures. And, again, medical directors -- the executive director of the organization at that particular time was taking information that she, in fact, thought was best. She's now moved on. There's another executive director of that organization.

And just to share a little story. When I was -- when I was over meeting with him last fall, there was a lady that came into the Nichols

Center, heavy, heavy, heavy with child when she was about to bear a child, literally.

She was standing in the waiting room trying to get an audience with somebody. And I went on through, got a tour of the mental health facility, and so on and so forth. And when I came back down, that lady was in one of Collier County's ambulances underneath the vestibule out front giving birth to that child.

So all that notwithstanding -- but, you know, you can draw a lot of correlations, a lot of potential circumstances that can come from taking grant money, utilizing grant money. But I sincerely believe that what you said, Mr. Chair, can be, should be, and will be a fallback, if necessary -- not necessarily a fallback, but the lead, and that is -- you know, we're not going to react to those type of mandates and edicts and directives that come from these -- from these agencies. I mean, we -- Commissioner Hall, you led the charge on the return of those initial grant monies, and we even sealed that deal by putting back the money that was already taken in advance to the -- to this organization.

And I'm -- I personally am not fearful of utilization of this money to support -- to support that community.

CHAIRMAN LoCASTRO: Commissioner Saunders.

COMMISSIONER SAUNDERS: Thank you, Mr. Chairman.

I was actually going to ask Commissioner McDaniel a couple questions about the use of those funds and the benefit to the folks in -- basically in District 5. It's mostly Immokalee, and I think Everglades City, perhaps, there's some, but mostly -- mostly Immokalee.

The issue we dealt with several months ago was the mandates from the CDC and the fact that we did not want to be subject to those mandates. We've eliminated all that by canceling that grant. And I think the sense of the Board was that this medical program in the

Immokalee community was very important to those folks that are receiving those services and that we unanimously wanted to proceed with a way to fund those.

And I don't -- I'm not persuaded by what I've heard today that we are doing something that would be inappropriate in the use of grant funds for this project. I think the project is beneficial, as articulated by Commissioner McDaniel, and as agreed upon by all five of us several months ago.

So I don't have any problem in moving forward with this.

CHAIRMAN LoCASTRO: Okay. I don't see anybody else lit up. Do I have a motion to pass this recommendation?

COMMISSIONER McDANIEL: I'll make the motion.

CHAIRMAN LoCASTRO: Okay. I've got a motion. Do I have a second?

COMMISSIONER SAUNDERS: I'll second it, Mr. Chairman.

CHAIRMAN LoCASTRO: Motion and a second. All in favor?

COMMISSIONER HALL: Aye.

COMMISSIONER McDANIEL: Aye.

CHAIRMAN LoCASTRO: Aye.

COMMISSIONER KOWAL: Aye.

COMMISSIONER SAUNDERS: Aye.

CHAIRMAN LoCASTRO: Opposed?

(No response.)

CHAIRMAN LoCASTRO: It passes unanimously.

COMMISSIONER HALL: Could I make a comment, Commissioner -- Chairman?

CHAIRMAN LoCASTRO: Absolutely, absolutely.

COMMISSIONER McDANIEL: You've got to light you up.

COMMISSIONER HALL: I never did light up.

CHAIRMAN LoCASTRO: It's all right.

COMMISSIONER HALL: But I just had a -- I just had a thought. I appreciate the comments, and I appreciate the concern. And what I would like to see going forward is as much research that is done from the public -- to backtrack and to assume what we're doing is not correct, I would like to see the research go forward and bring viable solutions and opportunities for us to act on what you think is better. We represent you. And as far as this decision, I think it's a good decision.

Mental health is a big deal. Substance abuse is a bigger deal. And if we can take a small amount of money and fund good, solid workers that are out there trying to make a living, they're not the ones with the conspiracy. They're not the ones in cahoots with whoever the evil parts are. They're out there, and we're funding their job so that they can go do services in our community.

So I would just like to see that going forward, for the research to be what we can do to make that better or get with human services in January when the new process starts over. We found these people who we feel would be really reliable and better suited to meet the needs of our community. So I just wanted to say that going forward.

CHAIRMAN LoCASTRO: Commissioner Kowal.

COMMISSIONER McDANIEL: That's a great idea.

COMMISSIONER KOWAL: Thank you, Chairman.

I look at this philosophically. I mean, we look back -- and I had the opportunity to actually sit down with the new director, because I believe -- he wasn't director when all the CDC and all that stuff came about. He came in after the fact, and I had actually had an opportunity to sit down with him -- James, I believe his name is -- a few weeks ago, and we just had a good talk. I mean, he's a U.S. Army veteran, retired airborne. You know, he did a lot of service to our country. He's very decorated, came out as an officer out of the U.S. Army.

And, you know, we talked about real-life cases where his community health workers were out in the field and talked about a few cases where they actually intervened where they saved some lives.

So the question I ask, a lot of people that do a lot of research and do the old, you know, Six Degrees of Kevin Bacon, you know, if you ever heard that, I can connect any person in this room to somebody you don't like or dislike in some way if I research deep enough.

And so my question is, what is the price of a human life? Can anybody put a number on that?

UNIDENTIFIED SPEAKER: The government does.

COMMISSIONER KOWAL: Human life is different between me and you, right? Because a loved one would be more to you than maybe to me. It would be priceless.

So when we look at these sometimes, we have to look at the greater good and not so much the George Soros and the Gates. Because you think once a human life is saved by this organization, George Soros gets angry because his money was used to do that? Does he pull his money back?

We have to look at this with open eyes sometimes. And when you're on a crusade, pick your battles. Pick your battles, because it diminishes your work on the crusade sometimes.

That's all I'm going to say. Thank you.

CHAIRMAN LoCASTRO: County Manager, what I'm going to propose, so that we can have a nice fresh start with The Haven -- I know it's no sooner than 10:00. It's 10:26. Let's come back at 10:35 so people can use the bath -- we'll say -- let's say 10:40. There's a lot of people here. People want to use the restroom. People want to get a drink of water. There's not a lot of availability out there. So we're going to say 10:40 so then we can come back refreshed and really jump into that one.