

Dan Bernal
President
Laurie Green, M.D.
Vice President
Edward A. Chow, M.D.
Commissioner
Susan Belinda Christian, J.D.
Commissioner
Cecilia Chung
Commissioner
Suzanne Giraudo ED.D
Commissioner
Tessie M. Guillermo
Commissioner

**HEALTH COMMISSION
CITY AND COUNTY OF SAN
FRANCISCO**

**London N. Breed Mayor
Department of Public Health**



Grant Colfax, MD
Director of Health
Mark Morewitz, M.S.W.
Executive Secretary

TEL (415) 554-2666
FAX (415) 554-2665
Web Site: <http://www.sfdph.org>

**MINUTES
HEALTH COMMISSION MEETING
Tuesday April 4, 2023 4:00 p.m.
101 Grove Street, Room 300
San Francisco, CA 94102 & via Webex**

1) CALL TO ORDER

Present: Commissioner Dan Bernal President
Commissioner Laurie Green, MD, Vice President
Commissioner Edward A. Chow M.D.
Commissioner Susan Belinda Christian, J.D.
Commissioner Cecilia Chung
Commissioner Suzanne Giraudo, Ph.
Commissioner Tessie Guillermo

The meeting was called to order at 4:02pm.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MARCH 21, 2023.

Public Comment:

Patrick Monette Shaw made verbal comments and submitted the following summary:

I'm grateful Mr. Morwitz included in these minutes my written testimony congratulating Commissioner Bernal him on re-election as Commission president. I testified Bernal and the full Commission take action as LHH's governing body to direct Roland Pickens to submit a written request to CMS/ CDPH for an exemption to CMS' two-patients-per-room rule, asking you work closely with the City Attorney's Office to make sure a written waiver request is submitted quickly to CMS/CDPH. I provided you with information on 42 CFR §483.90(e)(3)(ii) — dated 3/3/2023 — which provides that survey agencies (CDPH) may permit and grant a variation on patients-per-room when facilities request in writing an exemption request that the variation to 42 CFR §483.90(e)(1)(i) "will not adversely affect residents' health and safety." Given San Francisco's severe shortage of SNF beds, I urge you again to do "everything you can" to seek a written waiver to save LHH's 120 beds. Do so!

Action Taken: The Health Commission unanimously approved the March 21, 2023 meeting minutes.

3) GENERAL PUBLIC COMMENT

Billie Jean Wall stated that each participant using the CPMC Davies pool had to have a physician fill out a form and wait until a spot became available. Classes were taught by incredible instructors. She has personally deteriorated since the program was halted by CPMC. She is certain if she could have continued using the warm pool that she would not have deteriorated or needed a recent medical procedure.

Colette Hughes stated that per physician's orders, she participated in the outpatient community pool at Davies for 20 years. Her neuropathic pain, tremors, and spasms have increased without participating in pool activities. She is unable to participate in land-based physical therapy. To participate in the program, she had to be cleared medically by a physician and release confidential health care information to CPMC. She had to agree to follow all rules and not enter the pool without a therapist being present. An individual assessment occurred at every session. The pool was not open to the public during these sessions; CPMC has misrepresented the situation. When the pool opened for a few months in 2022, Davies now-offereds the same small group exercise classesservices on a short-term basis and billeds insurance- as therapeutic proceduresfor the same service. The small group activities were therapy for those who participated. She urged the Health Commission to schedule a Prop. Q hearing on this issue.

The following was submitted as written public comment:

My name is Alana, I am 37 years old, and I have Complex Regional Pain Syndrome and Reactive Arthritis. I attended community pool classes in 2016 and 2017. Those classes were absolutely vital to my recovery during a horrible flare-up of my neurological pain. The pool classes provided a medically necessary and financially accessible space for me to heal. I am convinced I would not be where I am today without those pool classes and the community it provided. Medical appointments in a pool through my insurance company would have been too expensive for me, since I was unemployed and receiving a very low monthly stipend through SSI. The community pool classes are vital! I request a public Proposition Q hearing to address the harm of the closure of the community pool classes and find a real solution for low-income, sick, elderly, and Disabled people in our communities.

The following was submitted as written public comment:

My name is Anne Hassett. I have been a registered nurse for 40-plus years. I am shocked that the only low-cost hospital-based aquatics program in San Francisco will be closing. It is well-established that the outpatient aquatics program is an essential treatment for those with chronic illnesses, disabilities, mental health disorders and other maladies where standard treatments fail or are not possible. The population served by the community pool program meet this standard as participants are not able to tolerate land-based exercise. For the well-being of the program's diverse users and San Francisco's patient population, the Health Commission must schedule a Proposition Q hearing on the closing of this outpatient program. It is the Health Commission's job to ascertain the detriment closure will create for those requiring such adjuvant prescriptive treatments. At least, you must be willing to explore equally effective and accessible aqua therapy services. This closure will cause permanent harm to many of its users and future users. Sincerely, Ann Hassett R.N

The following was submitted as written public comment

My name is Maria Jiménez. I am a 65-year-old mother and grandmother. I am fluent in Spanish and English. The closing of the Davies Community Pool Program which I participated in for 9 years needs your attention. My health has really gone downhill since the program shut down. I have rheumatoid arthritis, osteoporosis and lupus. Those classes did wonders for me. My multitude of painful joints weren't so stiff and throbbing in the therapy pool and I always woke up the next day feeling better. I was less swollen and could move more easily with less pain. The statements by CPMC that notice was not required because the program allowed the pool to be used for recreational purposes by the public and not for

medical use are untrue. My doctor explained the therapeutic benefits of the outpatient program, ordered it and I benefited. Now I suffer. Please schedule a Prop Q hearing

Patrick Monette Shaw made verbal comments and submitted the following summary:

Across 12 state survey inspections since LHH's sexual abuse scandal in July 2019, LHH received 138 citations for violating 78 separate patient care-related "F-Tags" — many multiple times each — plus an additional 20 "K-Tag" violations of facility "physical plant" deficiencies across the past three years and four months. HSAG's Root Cause Analysis reports identified 63 root causes, requiring 454 corrective actions to resolve. Add in 123 substandard care violations uncovered during LHH's first "mock survey" in June 2022. That totals 261 patient care, and facility, violations of Federal regulations, suggesting severe problems with regulatory compliance to provide quality of care safely to LHH's vulnerable residents. On March 17, LHH received at least 23 more deficiencies. It wasn't always this way. LHH was typically in substantial compliance with CMS' regulations and routinely passed State inspections with few, if any, regulatory violations. What is new is the recent massive mismanagement of LHH.

Dr. Teresa Palmer made verbal comments and submitted the following summary:

Please schedule a hearing on Sutter/CPMC's plans for use of the warm pool at Davies hospital. Now shut down for repairs, the pool was also shut down & not maintained during peak covid. CPMC/Sutter shut down another pool in Pac Heights in 2017. Davies Pool briefly opened from June-October 2022, however "Community Pool/Arthritis program" was NOT resumed. This will be permanent. This long term low cost program for disabled people provided group services by licensed physical therapists to support mobility & pain relief. However, in 2022, short term group pool therapy using an insurance based model with high co-pays WAS allowed. Stopping the Group Pool Arthritis Program is about maximizing revenue, not about serving the needs of low income San Franciscans who depend on this to maintain their health. No other program like this exists in S.F. A "Proposition Q" hearing is absolutely required.

Norman Dagelman, Gray Panthers, urged the Health Commission to hold a Prop. Q hearing about the CMPC Davies pool situation and he urged the DPH to stop shipping people in need of skilled nursing services out of county.

4) DIRECTOR'S REPORT

Grant Colfax MD, DPH, Director of Health, presented the item.

UPDATE TO SF's FIVE-YEAR FINANCIAL PROJECTION AND ADDITIONAL BUDGET INSTRUCTIONS

On Friday, March 31, the Mayor's Office, Controller's Office and the Office of the Budget and Legislative Analyst issued an update to the five-year financial projection, reporting a worsening of the two-year deficit. The driving factors around the increased deficit compared to the December 2022 report includes lower than expected revenue projections compared to the prior forecast, as well as increased costs related to employee health and pension. In addition, as the City is in active labor negotiations with Police and Firefighters' unions and with the In-Home Supportive Services independent providers union, and the outcome of these negotiations will impact the projection.

Furthermore, there are numerous pending or proposed policy decisions with fiscal impact, including: addressing the structural staffing shortages in the Police Department; annualizing the Public Works street cleaning supplemental, heard and pending approval by the Board of Supervisors; maintaining the current level of community ambassadors; backfilling the loss of one-time State funds to maintain current year shelter operations; and several other appropriations for new program initiatives pending at the Board.

With this news, Mayor Breed issued an instruction on Thursday, March 30, requesting departments propose additional options to reduce additional General Fund support, equivalent to at least another 5% in each year,

by April 7th. For DPH, a 5% reduction represents approximately \$50 million of savings in its annual budget. Given the magnitude of this request, the Mayor's Office has agreed to allow DPH to submit its proposal after the April 18th Health Commission. While department staff will begin working on developing a plan to meet the instructions and will bring back additional proposals at the next Health Commission for its review and approval.

LAUNCHING EPIC "WELCOME" AT DPH

Next week, DPH will launch Epic's Welcome solution. Welcome will help our patients prepare for their visits with us. Patients will receive text messages reminding them to prepare and check-in for their appointments via MyChart, the Epic platform which allows patients and their designated family members to see their medical records and message their care team. If documentation is required upon arrival at one of our clinics, patients will use iPads to review and electronically sign documents, as needed. Welcome lands first in our Primary Care Clinics, and over the next several months will launch across our hospital and specialty clinic settings. Welcome will be available in six languages.

BLACK HEALTH, WELLNESS & EMPOWERMENT FORUM

On March 29, the DPH Office of Health Equity (OHE) hosted a community forum to present recent findings from the OHE-funded study as part of a priority setting process for the Black community. The study sought to understand what San Francisco's elder Black/African American population believe contributes to a vibrant and successful way of life. This is a model based on strengths rather than deficits, in response to input from community members and organizations.

The study defined which shared aspects of these elders' lifestyles contributed to their joy and contentment, as well as explored how Black/African Americans have been able to maintain their joy despite adversities faced because of racism and poverty. After the presentation, attendees had the opportunity discuss the findings and to recommend initiatives and activities to promote Black joy to improve health outcomes for Black San Franciscans.

ZSFG EXPERIENCES AND MITIGATES IMPACTS OF PROLONGED COMMERCIAL POWER OUTAGE

Like much of the Bay Area, Zuckerberg San Francisco General Hospital (ZSFG) was significantly impacted by extreme weather on March 21st and March 22nd. As the City's largest primary care facility and the only Level 1 Trauma Center serving San Francisco and northern San Mateo, it is critical that the hospital remain operational for trauma and urgent care, even when it is impacted by emergencies, such as the storm-related power outages.

A series of power outages began during the late afternoon of Tuesday, March 21 which caused systemic problems throughout the entire campus. Most significantly, Building 25, the main hospital building where emergency services, operating rooms, ICU/NICU, and family care departments are located, began running on generator power that evening after the power went out, as did Building 5, where pediatric urgent care, cardiology, and many of our outpatient services are located.

ZSFG mitigated the impacts to staff and patients until commercial power was fully restored, which did not occur until the following late afternoon.

ZSFG has a robust response to emergencies, such as commercial power outages, and the hospital's clinical and support staff and everyone on campus took immediate action and took precautions and set up contingencies so that patients and the community were well-served despite the substantial impacts to outpatient and procedural services. While all facilities throughout the campus operated on minimal power, leading to reduced access to computers, light, phones, refrigeration, and water, staff responded and worked around the

outage. They worked diligently to reschedule hundreds of appointments and shifted to telehealth appointments by phone, as the outpatient clinics did not have enough power to see patients.

The facilities teams worked around the clock to get the hospital back on commercial power. Facilities responded to multiple requests throughout the hospital, including providing lights to families in darkened ICU waiting rooms.

Despite the prolonged commercial power outage, ZSFG maintained critical services, including Trauma, the Emergency Department, and urgent care. Thank you to all the hard-working ZSFG staff who helped us respond to this emergency.

6TH ANNUAL PUBLIC HEALTH DETAILING INSTITUTE

The Capacity Building Assistance program, getSFcba, of DPH's Center for Learning & Innovation will be hosting the 6th Annual Public Health Detailing Institute on March 29th through 31st. Public Health Detailing is an evidence-based approach to encourage clinical practice change through brief, educational, one-on-one provider visits. This will be the first in-person Institute since 2019.

The focus of the Institute this year is on syndemics, or the interactions between health epidemics and other social determinants of health that can impact risk for contracting HIV.

Participants representing health departments and their affiliates in the West Region – Alaska, Arizona, California, Colorado, Idaho, New Mexico, Oregon, Washington – will converge in the Bay Area to learn how to incorporate new and existing topics into their detailing efforts. Topics covered will include: PrEP, Doxy-PEP, Gender Affirming Care & Respectful Language, Addressing Racism in Public Health Detailing, and more. GetSFcba has partnered with subject matter experts to deliver each session, including DPH staff, as well as representatives from the National Resource Center on Academic Detailing (NaRCAD), UCSF, San Jose State University, and the New York City Department of Health and Mental Hygiene.

VOLUNTEER FOR SF'S 45TH ANNUAL CARNAVAL

The DPH Raza and Indigenous Affinity Group is excited to announce that they are coordinating staff volunteers for the historic 45th Annual Carnival event on Saturday, May 27th in the Mission District. This is the first time that DPH staff volunteers will be stationed at the event entrance to welcome attendees.

The DPH Raza and Indigenous Affinity Group's goal is to provide group members and volunteer staff participants an opportunity to meet and engage with community and participate in this festive event. Carnival San Francisco celebrates the Latino culture and brings people from all walks of life together to enjoy music and dance, culminating in the Carnival Grand Parade on Sunday, May 28th. Contact Isela Ford (Isela.ford@sfdph.org) if you are interested in getting involved. Here's to celebrating Carnival San Francisco: 45 Years of Music and Movement!

ZSFG'S CHIEF EXPERIENCE OFFICER RECOGNIZED BY BECKER'S HOSPITAL REVIEW

Congratulations to Aiyana Johnson, MSW, MPH, the Chief Experience Officer of ZSFG Hospital for being on Becker's Hospital Review's 2023 list of [50+ Hospital and Health System Chief Experience Officers to Know](#). Chief Experience Officers are responsible for refining the patient journey, ensuring that the experience is smooth and comfortable from start to finish. The leaders included on this list are first and foremost advocates for respectful care delivery, acting as champions of equitable care and cultural transformation for their hospitals and health systems. The list honors them for their diligence in creating safe, fair and well-ordered care experiences for patients. Aiyana has been the Chief Experience Officer at ZSFG since 2014. She has experience in strategic planning, project management and program evaluation. Before her current role, she was the training manager at the hospital. Congratulations on this honor, Aiyana!

COVID-19 UPDATE

As of 3/29:

- San Francisco's 7-day rolling average of new COVID cases per day is 48 and 46 people are hospitalized, including 4 in the ICU.
- Eighty-six percent of all SF residents have been vaccinated and 65% have received booster dose(s). Thirty-nine percent of residents have received a bivalent booster.

DPH in the News

Public Comment:

Patrick Monette Shaw made verbal comments and submitted the following summary:

It's disturbing Director Colfax just repeated a claim Roland Pickens made during the Health Commission's 3/21/23 meeting: That LHH only received 23 deficiencies during its second "90-Day Monitoring Survey," that ended on 3/17/23, down from 124 deficiencies LHH received during its first second "90-Day Monitoring Survey that ended on 12/17/22. Pickens and Colfax appear to be comparing and contrasting the two surveys — a drop from 124 to 23 — to show some progress is being made. But the second "Root Cause Analysis" HSAG report dated 1/31/23 regarding the first "90-Day Monitoring Survey" had listed 76 deficiencies — including 56 patient care "F-Tags", plus 20 physical plant (facilities) deficiencies, not 124. The difference between 76 and 124 is 48. Why are Pickens and Colfax artificially inflating 48 additional deficiencies? Why wasn't the public informed in the second RCA report about the other 48? Health Commissioner Chow just stated concern about the data discrepancy.

5) ORDINANCE 077-22 - HEALTH CODE - SKILLED NURSING CARE TRANSFER REPORTING REQUIREMENTS AND CALENDAR YEARS 2021 AND 2022 REPORT

Claire Altman MPH, Senior Program Planner, Office of Policy and Planning, presented the item.

Public Comment:

Patrick Monette Shaw made verbal comments and submitted the following summary:

Between 2006 and 2019, SFDPH public records responses shows 1,736 out-of-county transfers for SNF placement, based on limited data. SFDPH claims its EHR system, Epic, is incapable of identifying out-of-county SNF discharges. Epic Corporation confirms there's a specific discharge notes module identifying names of facilities discharged to. Commissioner Chow just stated it's "mysterious" we don't know where patients are discharged to. This report responding to San Francisco Ordinance 77-22 shows 4,186 transfers of patients across all San Francisco Hospitals (excluding Kentfield, a Marin County hospital chain) to out-of-county SNF facilities in Calendar Year 2022, and 4,185 such discharges in 2021. This happened because this Commission granted so many Prop. Q closures of private-sector hospital SNF units. We've lost 1,381 SNF beds in county; losing 120 beds at LHH will push that to 1,501 lost beds, leaving only 2,161 remaining SNF beds. This Commission should aggressively pursue increasing in-county SNF capacity.

Dr. Teresa Palmer made verbal comments and submitted the following summary:

So many San Franciscans are being dumped out of county due to lack of Skilled Nursing (SNF) and Subacute Skilled nursing beds. Sutter/CPMC did not co-operate in tallying their numbers. CPMC/Sutter has shut down many hospital based SNF and SNF Subacute beds. If Laguna Honda closes or has bed cuts, even more San Franciscans will be sent out of county to low quality facilities. There are at least 40 transfers out of county yearly for Subacute SNF patients who are often ventilator dependent. It is

illegal to use a bed for both SNF and SNF Subacute care since Subacute care requires far more specialized training, equipment and staffing. If a subacute patient becomes ill, they must go immediately to an intensive care unit. I see no real plan to create what is really needed for San Franciscans who require subacute SNF care: an adequate number of dedicated beds on a hospital campus.

Rachel Rivera is the sister of one of the six remaining patients at the CPMC Davies subacute unit; she noted that a seventh patient died earlier in the day. She urged the Health Commission to take action to ensure subacute services remain available in San Francisco. Relocating patients out of county has negative health and mental health impacts on patients.

Commissioner Comments:

Commissioner Giraudo asked if it is known which counties are San Francisco skilled nursing patients being sent. Ms. Altman stated that the DPH asked for this information but many hospital systems do not have systems that enable this information to be reported out. She also noted that sometimes patients' families request that a patient be transferred closer to them, which may be out of county. Therefore, without this kind of contextual data, it is difficult to fully understand data on a case-by-case basis.

Commissioner Chung asked if it is possible to capture whether patients have family in the county in which they were transferred. Ms. Altman stated that most hospital systems do not have data systems that can report this level of data.

Commissioner Chow stated that hospitals must have a discharge destination in a patient's clinical data and is concerned that hospitals cannot report this information.

Commissioner Chow noted that the Health Commission has been concerned about skilled nursing facilities closure in San Francisco and added that a Prop Q Hearing only gives the Commission authority to state in a resolution whether a service closure is "detrimental" or "not detrimental" to the health and well-being of San Franciscans; the Health Commission does not have authority to make decisions about whether any clinical service outside of the DPH can remain open.

Commissioner Chow asked if ZSFG and UCSF will be the sole utilizers of the skilled nursing and subacute unit at Chinese Hospital. Ms. Hiramoto stated that the Chinese Hospital skilled nursing overflow beds are currently only utilized by ZSFG and UCSF. Discussions continue with all health systems regarding sharing of costs to keep the unit viable. Commissioner Chow requested an update on this unit in approximately 6 months.

Commissioner Guillermo is concerned that each hospital has varying data collection and reporting methodologies. She noted that the data will lead to policy development. She encouraged the DPH to request in-county skilled nursing data to help contextualize the out-of-county skilled nursing data.

Commissioner Green stated that one of the goals for the report is to better understand skilled nursing service need and capacity. She noted that Chinese Hospital had success with in-county transfers. She asked if there is anything to be learned from this hospital's best practices. Mr. Altman stated that Chinese Hospital offered in-county data because it did not have a method to show out-of-county data. She hopes moving forward that all local hospitals will be willing and have data systems to report in-county data too. Ms. Hiramoto stated that the DPH conducted a financial analysis to determine what it would cost to operate a sub-acute unit; she also noted that a goal is to maintain patients at home, with all the necessary resources. She suggested that another financial analysis be conducted in 12-18 months after the new CalAIM changes are implemented.

Commissioner Bernal asked if the Ordinance included a grace period for required data. Ms. Altman said the Ordinance contained no grace period for reporting required data.

Commissioner Bernal asked if the demographic data is helpful. Ms. Altman stated that the required data is only for out-of-county transfers, so it is difficult to make inferences without the in-county data too.

Director Colfax acknowledged the difficult work of collecting the data, which required persistence. He thanked Chinese Hospital for its partnership on this issue and during the COVID pandemic.

6) SFDPH HEALTH SERVICES IN PERMANENT SUPPORTIVE HOUSING:

Dara Papo LCSW, Director of Whole Person Integrated Care, presented the item.

Commissioner Comments:

Commissioner Bernal noted the importance of hearing personal stories of clients, to understand the impact of services.

Commissioner Green thanked Ms. Papo for the presentation and noted that it is emblematic of what can be accomplished when City Departments work together. She hopes the City is publishing some of this success to share its best practices with other regions. She asked if there is adequate staff and funding for this initiative. Ms. Papo stated that Prop. C tax funding are used. She added that the behavioral health component is being expanded via RFP being released in the future.

Commissioner Giraudo asked that future updates include how many clients have been served by the roving team services.

Commissioner Christian thanked Ms. Papo and all those involved for their incredible work. She added that the work is an excellent example of meeting people where they are, then meeting their basic needs.

Commissioner Chung thanked Ms. Papo for the presentation and client stories. She asked if all the services are offered in one building. Ms. Papo stated that the work is being done in approximately half of the supportive housing programs in different buildings.

Commissioner Guillermo is glad to hear that Prop. C funding is being put to use the way it was intended. She suggested that voters should be updated on the use of these funds.

Commissioner Chow noted that he would appreciate that future updates include staffing costs and the types of staff utilized. He also asked if clients can self-refer. Ms. Papo stated that currently the onsite support services make referrals through an online portal; clients cannot self-refer at this time.

Director Colfax acknowledged the interagency collaboration, making sure there is a seamless integration of physical and behavioral health care. These services enable acute system resources to be freed since people are being offered services where they live.

7) CONSENT CALENDAR

Action Taken: The following items were unanimously approved by the Health Commission:

- **April 2023 Contracts Report**
- **Request for approval of a new software contract with 3M Health Information Systems, Inc. ("3M HIS") to acquire access to the 3M 360 Encompass Platform which includes encoder software to accurately code medical records for compliance and billing purposes for the Department of Public Health.**

- **Request for approval of a new contract with Bamboo Health Inc, in the amount of \$160,067.41 to secure a PMP Clearinghouse solution gateway (PMP Gateway) and analytical reporting service (Narxcare) to allow integration of DOJ's CURES system with our hospital's Electronic Health Records System, to provide real time Prescription Drug Monitoring Program (PDMP) data at the Point-of-Care, for transparency into prescription transactions**
- **The following ZSFG-related items were recommended for approval by the ZSFG JCC:**
 - Ophthalmology Rules and Regulations with Tracked Changes
 - Revised Neurology Standardized Procedures
 - Revised Ambulatory Care Clinical Pharmacist Standardized Procedures
 - Ambulatory Care Clinical Pharmacist Standardized Procedures

8) JOINT CONFERENCE COMMITTEE AND OTHER COMMITTEE REPORT

Commissioner Chow, ZSFG JCC Chair, stated that the ZSFG JCC met at 101 Grove Street on March 28th, which was the first hybrid meeting of the committee since the pandemic. At the meeting, the committee reviewed standard reports including the Regulatory Affairs Report, CEO Report, Hiring and Vacancy Report, and Medical Staff Report. The Committee was pleased to see a reduction in the diversion rate. The Commission also heard that any patients being admitted or having surgery are tested for COVID-19. During the Medical Staff Report, the committee reviewed and recommended for approval the ZSFG policies that were listed on the April 4, 2023 Health Commission meeting Consent Calendar. The Committee also discussed a presentation on the ZSFG True North Scorecards, reviewing the many complex metrics tracked by the hospital. In closed session, the Committee approved the Credentials Report and PIPS Minutes Report.

9) OTHER BUSINESS

Commissioner Bernal stated that March 31st was International Transgender Visibility Day. Noting gratitude for the service-rich and supportive environment for this group in the Bay Area, he added that it is also a dangerous political environment for trans people throughout the country.

Commissioner Chung thanked Commissioner Bernal for acknowledging the day and noted that in the United States and some other countries, those who identify as LGBTQ can be targeted for death. In San Francisco, the recently opened clinic devoted to transgender services has received ongoing death threats; we all need to ensure that the staff and clients remain safe.

Commissioner Christian stated that these attacks can be physical and/or psychological, and undermine physical and mental health. She encouraged the DPH and Commission to consider how to engage these issues publicly and boost impacted people's resiliency.

10) ADJOURNMENT

The meeting was adjourned at 6:44pm.