

**COUNTY OF LOS ANGELES
PUBLIC HEALTH COMMISSION
May 8, 2025**

APPROVED

COMMISSIONERS

Patrick T. Dowling, M.D., M.P.H., **Chairperson** *
Kenny Green, **Vice-Chair** *
Alina Dorian, Ph.D.*
Diego Rodrigues, LMFT, MA*
Crystal D. Crawford, J.D.**

DEPARTMENT OF PUBLIC HEALTH REPRESENTATIVES

Dr. Barbara Ferrer, Director of Public Health **
Dr. Muntu Davis, County Health Officer**
Dr. Anish Mahajan, Chief Deputy Director*

PUBLIC HEALTH COMMISSION ADVISORS

Christina Vane-Perez, Chief of Staff *
Jeremiah Garza, Advisor to the Chief Deputy Director**
Dawna Treece, PH Commission Liaison*

****Present **Not Present***

<i>TOPIC</i>		<i>RECOMMENDATION/ACTION/ FOLLOW-UP</i>
<u>I. Call to Order</u>	<i>The meeting was called to order at 10:30 a.m. by Commissioner Green</i>	<i>Information only.</i>
<u>II. Announcements and Introductions</u>	The Commissioners and DPH staff introduced themselves. Land Acknowledgement Action for April Minutes	<i>Information only.</i> <i>Read by Commissioner Green</i> <i>Approved</i>
<u>III. Emergency Circumstance</u>		
<u>IV. Public Health Report</u>	Dr. Anish Mahajan, Chief Deputy Director, Public Health provided Public Health updates. COVID-19 As of the latest data through the week of April 26th, Covid-19 activity remains low and stable in Los Angeles County. There are no current signs of increased risk or emerging variants causing concern. Key metrics—including positive test rates, wastewater surveillance levels, and emergency department visits—are all at significantly lower levels than seen in prior years. Specifically, only 2.5% of tested specimens were positive for Covid-19, and emergency department visits for the virus made up just 0.4%. While Covid-19 continues to pose some risk, its overall impact on public health is currently	

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	limited. Health officials continue to monitor the situation and are prepared to issue updates if conditions change. In addition to monitoring active infections, public health leaders are focusing on long Covid. A virtual town hall held on April 17th aimed to raise awareness of the long-term effects of Covid-19, including chronic symptoms that can persist for months or years. Long Covid can affect anyone who has had the virus—including children—and may lead to disabling conditions. Experts emphasized prevention through vaccination, which remains the most effective tool for reducing risk. The event also served as a forum for community feedback, which public health officials are now reviewing. They encouraged those experiencing persistent symptoms to seek specialized medical care and acknowledged the challenges many residents face living with long Covid, including isolation and lack of immediate treatment answers. Hepatitis A Los Angeles County is currently experiencing a community-wide outbreak of Hepatitis A, with 165 confirmed cases reported in 2024—three times the total from the previous year. Notably, while unhoused individuals remain at higher risk due to limited access to hygiene facilities, the majority of the 29 confirmed cases in 2025 have been among individuals without traditional risk factors such as homelessness or recent travel. Public Health officials have also detected elevated levels of the Hepatitis A virus in local wastewater, mirroring the rise in clinical cases and signaling wider community transmission. This trend highlights a shift in the outbreak's impact, extending beyond the populations typically considered most vulnerable. Although the overall risk to the general public remains low, officials stress the importance of community-wide action to prevent further spread. Hepatitis A is a highly contagious liver infection that can range from mild to severe, and symptoms include fever, jaundice, nausea, and in rare cases, can be fatal. The virus spreads primarily through ingestion of contaminated food, drink, or surfaces. Vaccination is the most effective form of prevention, and residents are urged to check their immunization status. Public health clinics are offering free vaccines to those who need them, especially people at higher risk such as older adults and immunocompromised individuals. Health officials continue to	

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	provide updated information and emphasize hygiene, awareness, and vaccination as key protective measures. Measles Amid rising measles outbreaks in several U.S. states—particularly Texas—public health officials are emphasizing the critical role of vaccination in protecting against the disease. The science is clear: the MMR (measles, mumps, rubella) vaccine is highly effective at preventing measles. Most people receive this vaccine in childhood, but those unsure of their vaccination status are encouraged to consult their healthcare provider, who can conduct a simple test to check for immunity. Officials are especially concerned about protecting children and infants, urging parents to ensure their children are up to date on their vaccines. Public questions about measles prevention continue to surface, and the answer remains that consistent vaccination is the best defense. In Los Angeles County, officials are on high alert, particularly due to the region’s high travel volume through LAX, one of the busiest airports in the country. This raises the risk of imported measles cases, especially with connections to outbreak hotspots like Texas. In fact, at least one measles case in LA County has been linked to recent travel in Texas. In response, the Department of Public Health is committed to issuing public notifications for every confirmed case and conducting extensive contact tracing to limit further spread. This increased activity highlights that measles is reemerging more visibly in communities and requires renewed attention to vaccination and public awareness. Wildfire Recovery Recent wildfire recovery efforts in LA County have placed a strong focus on community engagement and addressing the unique needs of vulnerable populations. At a recent LGBTQ-focused town hall in Altadena, public health officials shared survey findings that highlighted how recovery needs in the LGBTQ community may differ from the broader population. Attendees voiced ongoing challenges in accessing information and resources, underscoring a persistent “last mile” problem in effectively delivering support. Many residents struggle with issues such as insurance disputes over smoke damage, difficulties applying for assistance due to disabilities, and barriers to accessing mental health	

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	support. While formal mental health services are available, uptake remains low, with many residents turning instead to trusted community and faith-based organizations for emotional support. On the physical and environmental health front, progress has been more encouraging. Survey data suggest improved access to healthcare, and environmental monitoring efforts continue in areas affected by wildfire smoke and debris. Soil testing in fire-impacted zones, including Palisades and Altadena, is ongoing, with final results being shared through public town halls. Additionally, the county is offering free blood lead testing due to concerns about lead contamination from ash, especially in areas downwind of the Eaton Fire. So far, out of approximately 750 tests, only three individuals showed elevated blood lead levels—indicating that while contamination is present, the broader public health risk remains relatively low. Nonetheless, efforts are ongoing to ensure affected residents are informed, supported, and connected to necessary services. Budget Significant budget cuts are looming for public health at both the national and local levels, with the president’s recently released budget proposal calling for up to a 35% reduction in grants and contracts managed by the Department of Health and Human Services, including agencies like the CDC, FDA, and NIH. These cuts have already started, with some grants rescinded and major program funding, such as the long-standing HIV and STD prevention grant, either delayed or eliminated. For LA County’s Department of Public Health, which relies on federal funding for about half of its budget, these reductions could mean losing nearly \$400 million, resulting in layoffs of over 100 contract workers, termination of county employees, canceled contracts, and a significant downsizing of core public health services. The department is working to engage community input to strategically prioritize which essential services to maintain amidst these cuts but faces a "perfect storm" as state and county budgets are also under severe strain. Although Medicaid cuts may be less severe due to political resistance, deeper reductions in public health funding appear likely. Officials have informed the Board of Supervisors and the public about these risks, emphasizing the critical impact such defunding would have on public health infrastructure and the	

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	communities served. They urge commissioners and stakeholders to understand the severity of the situation and advocate for support to sustain vital public health programs. <i>Recommendations/Comments:</i> Green: On Covid is there a new vaccination or an updated one on the horizon? Dr. Mahajan: DPH is not aware of any new vaccination this spring season. Perhaps in the fall. With the absence of any new variants emerging, the need for a new vaccine has been reduced. Dorian: The resurgence of measles underscores the effectiveness of public health measures, particularly vaccination, in preventing widespread illness, especially among children. While vaccination remains the primary tool, there is also discussion about supportive measures like vitamin A supplementation. Additionally, public health officials are navigating complex questions around vaccine exemptions, particularly in states where religious exemptions are allowed. Some families are asking if they can selectively vaccinate—choosing to get the measles vaccine while still claiming exemptions for others—raising broader challenges in health communication and policy consistency across different jurisdictions. Rodrigues: Is there currently any formal collaboration between public health officials and school districts, particularly LAUSD, to disseminate accurate information about vaccinations and opportunities for parents? Given the high level of misinformation, there's concern about the need for clear, coordinated communication. While LAUSD has its own student health services initiatives, it's unclear if a broader, formal public health campaign is underway. It would be good to if a campaign can be launched in the near future to better support families and improve vaccination awareness. Green: He is concerned about the Department of Public Health's communication and outreach, especially in light of changes or challenges within the current administration. During a recent public meeting, attendees were unaware of a local measles case, and it highlighted gaps in public awareness. There's worry that administrative issues or reputational hits could undermine vital preventative work in	

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	schools and communities, particularly around health education. The question posed was how these challenges might impact future efforts in public health education and outreach. Dr. Mahajan: He acknowledged that effective communication and public health education are major challenges. It was concerning to hear that some community members were unaware of measles cases in LA County, despite efforts to share information through press releases, media coverage, and social media. However, these channels alone are not sufficient, and there's a clear need for more creative and engaging communication strategies. He also indicated that broader concerns about public health capacity—both locally and beyond—would be addressed in more detail shortly, including specific risks to the system's ability to respond effectively. Rodrigues: He expressed appreciation for the wildfire recovery task force's work and the collaborative response driven by community-identified needs. He emphasized that mental health continues to be a major concern, particularly for hard-to-reach populations. While the Department of Mental Health (DMH) has deployed various services, there is a noticeable gap in community engagement and service uptake. The standard approaches, such as group therapy and peer-led activities, are not effectively resonating with many residents, who often express a preference for one-on-one therapy—something difficult to access due to limited resources and insurance-related barriers. He recommended that DMH consider more culturally responsive and innovative models, such as the Integrated Services Model (ISM) and Innovation 2, which were designed to better meet the needs of diverse and underserved communities. He stressed the importance of adapting practices to fit the lived experiences of the people being served. This could include engaging trusted community members to lead listening sessions or facilitate culturally rooted support groups. The overall message was a call for more flexible, inclusive, and locally relevant mental health strategies to better connect with and serve those most in need.	

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<u>V. Presentation</u>	Lisa Patrick-Mudd and Alice Berliner from the Office of Worker Health and Safety provided a Workplace Safety and Silicosis Update. Silicosis is a respiratory lung illness that's seen a resurgence in recent years. It's inclusively an occupational illness that's 100% preventable. It's typically a disease that's common in mining and folks that are doing sandblasting, jackhammering, tunneling, things of that nature where they're disrupting a natural element and creates a dust that they entail. Recently in California, there has been a rise in silicosis cases among workers who cut and fabricate engineered stone, such as quartz countertops, which can contain over 90% silicon. The risk varies widely across different shops—some follow proper safety protocols to prevent silica dust inhalation, while others either lack awareness of the dangers or simply disregard the responsibility to protect workers. Additionally, many smaller shops struggle financially to afford the expensive equipment and tools necessary to implement effective dust control measures. This combination of varying knowledge, attitudes, and resources creates ongoing challenges in preventing workplace silica exposure and protecting worker health. Engineered stone, especially popular in the San Fernando Valley, is a widely used countertop material known for its durability, stain and heat resistance, and variety of colors. It is also relatively affordable compared to other options. North America holds the largest share of this global market, which is valued at \$6.9 billion and expected to grow nearly 6% over the next three years. This popularity has shifted consumer preference from traditional natural stones like granite and marble, which have much lower silica content, to engineered stone that contains upwards of 90% quartz (silica). This rising demand for engineered stone correlates with an increase in silicosis cases, a serious lung disease caused by inhaling respirable crystalline silica dust. Silicosis is irreversible, progressive, and preventable, characterized by lung inflammation and scarring that leads to severe respiratory issues. The trend highlights a growing	

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	occupational health concern as the popularity of engineered stone continues to expand. Respirable crystalline silica (RCS) is a natural mineral found in the earth's crust and common in materials like quartz, granite, marble, bricks, and tiles. When these materials are cut, drilled, or ground, they release a very fine, sticky silica dust that is difficult to contain and easily inhaled. Continued exposure to even low levels of this dust can cause silicosis, a chronic lung disease characterized by inflammation and scarring that progressively worsens lung function. Silicosis is diagnosed through imaging like chest X-rays or CT scans, but it is often misdiagnosed as tuberculosis or other lung diseases because it is less well-known. There is no cure, and treatment focuses on symptom relief and preventing further exposure. In severe cases, lung transplants may be an option, potentially extending life by 5 to 10 years, but the disease is irreversible and progressively worsens with continued silica exposure. Silicosis from engineered stone fabrication is occurring widely across the U.S. and the world, but its epicenter in California is the San Fernando Valley in Los Angeles County. The area hosts around 500 to 800 small fabrication shops—where stone slabs are cut and shaped for detailed work like sink holes and edges—with an estimated 4,000 stone fabricators statewide. The San Fernando Valley became a hub due to its historic tile industry, established granite and marble fabrication, and proximity to major distribution networks. Cal/OSHA estimates that 500 to 850 workers in these shops will develop silicosis, with 90 to 160 deaths likely. Unfortunately, about 72% of shops fail to meet safety standards for dust control and worker protection. Shops in the Valley will have heavy dust accumulation, poor ventilation, and inadequate use of water suppression methods. Although some workers have received respirators and education, many workplaces still pose significant health risks. A high-end engineered stone fabrication facility will significantly contrast with typical smaller shops. The high-end facility features clean, wet floors, advanced machinery like CNC machines and bridge saws, and electronic monitoring of silica dust levels to keep exposures below safety limits.	

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	These shops also conduct employee health screenings and report few silicosis cases. In California, there are currently 310 diagnosed silicosis cases among fabrication workers, with 175 cases in LA County alone, which also has 15 deaths and 31 lung transplants. Orange County follows with 57 cases. Most affected workers are immigrant Latino males in their 30s and 40s, often uninsured or underinsured. There is also concern about Asian immigrant workers in the San Gabriel Valley, though outreach there has been limited. The California Department of Public Health (CDPH) Occupational Health Branch has launched a new online dashboard that tracks silicosis cases by county, including data on lung transplants and fatalities, providing a helpful resource for public monitoring. To combat silica exposure, Cal/OSHA implemented a strengthened silica standard in December 2024, introducing stricter safety measures such as air monitoring and medical screening for workers. While these new rules are expected to cost California businesses \$66 million over the next decade, the projected benefits—including reduced health impacts and productivity loss—are estimated at \$603 million, not counting indirect costs like pain and suffering. The Cal/OSHA silica standard requires employers to enforce protocols for high-risk tasks like sanding, grinding, and polishing, including designated work areas with warning signs, strict housekeeping practices, and bans on dry cutting or using compressed air for cleaning. Employers must provide training, water suppression equipment, and mandatory health screenings every three years at no cost to workers involved in these tasks. Additionally, personal protective equipment (PPE) such as eye protection, coveralls, boots, and powered air-purifying respirators (PAPR) must be used to further safeguard workers from silica dust. Public Health efforts to address silicosis include enhanced surveillance and close communication with the State's occupational health branch to raise awareness. Media coverage by outlets like Telemundo and The Times LA has helped spread the word, and legislative efforts such as State Senator Caroline Menjivar's SB 20 aim to implement licensing and registration requirements for fabrication shops. The Office for Worker Health and Safety has been	

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	coordinating with experts nationwide, county departments, and stakeholders from related industries to develop educational materials and handouts for community outreach. Outreach is carried out through contracts with two community-based organizations since 2023, initially focused in the San Fernando Valley and later expanding countywide with support from the Board of Supervisors, which declared June Silicosis Awareness Month. These partners receive extensive training alongside environmental health officials and physicians to ensure they can effectively communicate with workers about silicosis using the right language. This preparation has enabled them to engage in meaningful one-on-one conversations directly at the workplaces, improving education and prevention efforts. Significant funding cuts to National Institute for Occupational Safety and Health (NIOSH) have led to the early termination of a crucial free silicosis screening study for workers in the county, originally planned through 2026, but now ending by mid-2025. This program, the only free screening available locally, has been vital in identifying cases—of the 62 workers enrolled by community outreach teams, 40% of those screened were diagnosed with silicosis, highlighting the program’s importance. The loss of this resource is a major concern for worker health. Looking ahead, while engineered stone can be cut safely using proper methods, many are not following these protocols. Key strategies to improve safety include stronger enforcement by Cal/OSHA, enhanced state surveillance, legislative measures, ongoing silicosis screening, and educating consumers and designers to prefer products with low or no silica content. Notably, Australia banned engineered stone containing over 1% silica in 2024, demonstrating that safer alternatives exist. Recommendations/Comments: Green: A lot of the material in here is misdiagnosed when they go to the hospital. Are there other fields of employment outside of masonry where people can contract silicosis? Lisa: It’s the disturbance of any natural material that contains silica. So again, like that’s in a lot of things, rock, sandstone,	

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	mining. So there's been historically sectors where silicosis is acquired. According to our colleague physician, silicosis is not an easy disease to get. You have to have a chronic high level of exposure for a duration of time to develop silicosis. But it derives out of this natural mineral when building, but it's in concrete. Dorian: It would be valuable to offer training on silica safety and material awareness at architecture and design schools like FIDM. Since students in these fields will be selecting materials and working in environments where silica exposure is a risk, incorporating a short guest lecture—maybe just 15 minutes—into their curriculum could help them become more thoughtful, informed consumers and professionals. Schools are open to this, making it a great opportunity to educate future designers and engineers early on. Rodrigues: He expressed appreciation for the team's hard work amid increasing silicosis cases and looming funding cuts, acknowledging the emotional and operational toll. He raised a concern about potential underdiagnosis in specific populations, particularly the Asian American (API) community, noting that cultural practices may lead individuals to avoid traditional medical care and instead rely on homeopathic remedies for lung issues. His question focused on what outreach efforts are being planned by the involved agencies to engage the API community, especially given suspicions that silicosis cases may already exist within this group but are going undetected. Lisa: Outreach to the Asian American community has begun through training initiatives. They conducted a training session with clinicians at a Chinese service center, featuring a presentation from a chief occupational health clinician from CDPH. Additionally, Community Field Services staff in the San Gabriel Valley have been educated on silicosis. Looking ahead, they plan to expand outreach through a summer internship program, with one intern who speaks Mandarin assisting in targeted engagement with Asian-owned businesses in the San Gabriel Valley to help overcome cultural and language barriers.	

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<u>VI. New Business</u>		
<u>VII. Unfinished Business</u>	2024 Public Health Commission Annual Report	A motion was called to approve the annual report All in favor and seconded by Commissioner Rodrigues
<u>VIII. Public Comment</u>	P.H.: Caller urged the commission to recommend workplace safety improvements to the Board of Supervisors, including incentives for indoor air quality upgrades like MERV 14 filters, ASHRAE 241 standards, RUV systems, and increased ventilation to combat airborne illnesses and pollution. He advised to take an active stance against federal cuts to public health and vaccine programs, calling on LA County to take a stronger, science-based stance. He advised on a reallocation of \$13 million in unspent COVID relief funds toward long COVID efforts, including establishing an Office of Long COVID, launching public education campaigns, and mandating public data reporting. He expressed frustration with the recent Long Covid town hall in that it that failed to provide clear action plans. J.: She is disappointed with LAC's decision to cancel clinic contracts a month early ignoring the healthcare of LGBTQ community members particularly when access is already limited. She emphasized that other counties are waiting on state decisions regarding federal funding and urged LA County to follow suit, especially with Pride season approaching when demand for HIV prevention, testing, and care is high. She called the decision ill-informed and	

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	reversible, urging the county to at least maintain support through June while awaiting further developments. S.J.: She advised the recent town hall on long Covid contained inaccuracies that don't reflect the lived experiences of patients, including overstating vaccine effectiveness against long Covid and the difficulty people face accessing vaccines. Key issues were unmet, such as lack of services, no discussion of patient rights, and providers often dismissing symptoms due to lack of training on long Covid and ME/CFS. An estimated 268,000 people in LA suffer from long Covid, disproportionately affecting Black and Latino communities, many unaware due to insufficient public health messaging. Ignoring this could cost LA over \$12 billion in five years. There is about \$13 million in unspent CARES Act funds that could support long Covid infrastructure. The speaker urges the commission to request a formal briefing on existing services and gaps, and to consider establishing a dedicated county-wide long Covid office like the one created for HIV in 1989. A.: The recent long Covid town hall revealed disappointing gaps in knowledge and care from doctors and public health officials. Education on long Covid is needed not just for the general public but for all involved. She urges inviting people with long Covid to lead the conversation and present what the community truly needs.	
<u>IX. Adjournment</u>	MOTION: ADJOURN THE MEETING <i>The PHC meeting adjourned at approximately 12:10 p.m.</i>	<i>Commissioner Dowling called a motion to adjourn the meeting. The motion passed and was seconded by Commissioner Rodrigues.</i>