

PCC Meeting  
January 20, 2026  
In-Person and Via TEAMS

## Meeting Minutes and Notes

### Attendance:

<b>Representatives</b>	<b>Agency/Division/Program</b>
Jim Parisi	Texas Hospital Association (THA)
Dr. Serena Bumpus	Texas Nurses Association (TNA)
Randy Meshell	Texas Division of Emergency Management (TDEM)
Greg Bennett	United Ways of Texas
John Henderson	Texas Organization of Rural and Community Hospitals (TORCH)
Michelle Havelka	Texas Commission on Environmental Quality (TCEQ)
Dr. Jason Moats	University of Health Science Center
Ketan Inamdar	Representative from an Urban Local Health Department
John Austin Stokes	Texas Association of Regional Councils
Eric Epley	Governor's EMS and Trauma Advisory Council (GETAC)
Stephanie Duke	Texas Voluntary Organizations Active in Disaster (VOAD)
Bryan Mares	National Association of Social Workers/Texas Chapter
Holli Tietjen	Texas Animal Health Commission (TAHC)
Lt Col Billy Enochs proxy for Capt Ryan Hammett	Texas Military Department (TMD)
Jeff Hoogheem	DSHS/RLHO/CHEPR Director
Dana Birnberg	DSHS/RLHO/CHEPR PMU Director
Aimee Wong	DSHS/RLHO/CHEPR PMU
Michelle Jones	DSHS/RLHO/CHEPR PMU
Joe Schmider	DSHS State EMS Director
Dr. Lillian Ringsdorf	DSHS Region 8, Regional Medical Director
Chris Medina	DSHS/RLHO/CHEPR RRU SMOC Director
Zach Holbrooks	South Plains Public Health District Executive Director

### Discussion Item #1 Beginning Remarks

Texas Department of State Health Services  
Regional and Local Health Operations  
Center for Health Emergency Preparedness and Response

- Welcome and introductions

## **Discussion Item #2 – PCC Business by (speaker)**

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### **Quorum**

- Quorum met

### **Questions/Discussion:**

- Motions to approve past minutes
- Eric Epley – motion
- Greg Bennett – seconded
- Motion passed.

## **Discussion Item #3 – South Plains Public Health District (Zach Holbrooks)**

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- Gaines county resident diagnosed with measles and reported to SPPHD 1/29/25
- The new England journal of medicine (a measles outbreak in an under immunized Amish community in Ohio)
  - This was shared with community leaders.
- High exemption rates in Gaines (public and private)
- One week after first confirmed case
  - Set up screening clinic
  - Used this site for COVID
  - Gaines county Ag Barn (2/6/25)
  - Covered 4 counties
  - Had regional staff help for understaffing
- UMC coordination for mobile screening clinic was secured
- Thought of using school stadiums and parking lots
- Seminole Hospital- set up a screening clinic in the parking lot



# UMC EMS

## Screening Clinic

In order to better serve the community, in coordination with UMC EMS and South Plains Health District, Seminole Hospital District will host a drive through testing site for measles beginning Monday February 10th from 9am to 6pm.

The testing site will be located in the North parking lot by the Fitness Center.

### MEASLES SCREENING

Gaines County now has 14 confirmed cases with more pending! UMC EMS AMBUS will be here February 10th-14th to help in screening for measles. If you are symptomatic or have been exposed please come by to get tested!

PLEASE help avoid the spread and protect your loved ones!



To help our community, UMC EMS AMBUS will be here starting Monday February 10th-14th at 9am-6pm. They will be here to help screen for measles in people who have not been vaccinated, showing symptoms, and have been exposed to someone with measles.

Located at the North end of Hospital by the Fitness Center  
209 NW 8th, Seminole, TX 79360

- Messaging distributed ^
- Slow attendance for screening clinic so staff was redistributed for other responsibilities
- DSHS deployed strike teams to support
- SPPHD did not have enough staff and resources
- 02/26/25- first reported measles death
  - National media started coming in
  - Massive intrusion by the press
  - Reconsidered location of the clinic to the county HD but HD was not suitable for clinic activities
- Permanent mobile clinic
  - Relocated back to the Ag Barn
  - Media forced moving clinic back indoors
- Public messaging



- English, Spanish, and German
- Outreach coordinator was staffed during covid funding (used different funding to retain staff)
- Lubbock and DSHS helped with media requests and public messaging
- How else to get information out to the Mennonite community?
  - Contacted local radio station and provided weekly updates on clinic times, scripts (help from CDC)
  - Messaging was distributed to city, county, schools, and any entity with a social media presence
- CDC, DSHS, Lubbock, SPPHD helped create information and resources
- Operating 7 days a week- moved to Monday-Saturday
- At one point 4 counties were participating
- Billboard messaging- county funded 1, DSHS funded the remainder
- DSHS began renting mobile billboards
- Timeline
  - CDC arrives in PHR 1 3/5/25
  - Ag Barn had scheduled maintenance; had to relocate to RMO
  - 223 vaccine, screening and testing clinics held across multiple SPPHD counties
- Challenges
  - Outside influences promoting alternative treatments
    - Facebook and social media downplaying severity of a measles infection
  - Dr. Ben Edwards- cod liver oil, vitamin A and D, steroid treatments for inflammation, antibiotics were all recommended as treatments for measles
    - "Vitamin A deficiency makes measles worse"
    - Set up a clinic in a local health food store for these alternative treatments



- Vaccine hesitancies
  - Tried to appease hesitancy with community
  - Community stated less vaccines at birth would be good
  - Would like spaced out vaccines
- Distrust of local, state, and federal government especially after the covid pandemic
- Delayed and unreported cases in schools or certain providers fueling further spread of disease (private schools for example- no jurisdiction by local govt to mandate reporting)
  - Public health was often shut out by providers using private labs, not communicating testing numbers, patients and families hiding symptoms
- Fear of being in a government database. Privacy was big challenge
- Language and cultural barriers
  - Spanish and German speakers are prevalent (translation issues)
  - Some Mennonite based news outlets were helpful
- Hospital staff were hesitant of Mennonites based on their appearance
  - Were told to vaccinate or leave
  - Home births went up
  - Mother-physician relationship was broken
- Community engagement
  - Need help of providers to ease distrust on vaccines
  - More collaboration with private schools for reporting
  - Multilingual messaging more often
  - Wastewater testing increase
    - Measles declined, spiked, declined again, and measles has been detected again in the last week

### **Questions/Discussion:**

#### **What communication was given to first responders/EMS**

- Were given notice of clinics to respond to adverse reactions, provided the EMS director info on measles basics as a refresh of knowledge
- EMS volunteered to conduct trainings on measles (vaccination, symptoms, etc.)

#### **Seeing measles in the wastewater analysis, but do you see it in the population as well?**

- No, but if we have international travel; it can be exposed and come back.



## **Discussion Item #4 – DSHS CHEPR (Chris Medina)**

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- SMOC- (State Medical Operations Center)- manages disaster responses for the whole state. There are small teams for manageable disasters; whole SMOC can be activated for bigger disasters
- Limited activation of SMOC for measles response
- PHR initial response/measles timeline
  - SPPHD notified PHR 1 epidemiology of suspected case 1/23/25
  - Lubbock hospital notified PHR 1 of 2 additional hospitalizations 1/27. 1/28 first test sample
  - Confirmed by PCR on 1/30
  - DSHS issued news release on 1/30 in Gaines County
  - 2/2/25 PHR 1 fully activated and 9/10 at partial
    - Activated RHMOC
    - Activated under unified command (PHR1 SPPHD, Lubbock HD)
    - 2/14 SMOC activated to limited activation
      - Kickoff meetings and reporting, immunization reporting
  - 2/23 deployed first PHR Incident Management Team (IMT) from other regions (case investigations, specimen collection, testing, communications)
  - 2/24-27 first round of contractors arrived
  - 3/22 NEMR deployed to PHR1 IMT support
  - 4/1 all CDC epi-aid teams demobed
  - 5/27 final PHR support personnel demobed
  - 5/29 PHR1 limited activation status
  - 6/20 PHR1 normal operations and final contractors demobed
  - 8/12 DSHS declares end to Texas measles outbreak
  - Length of operations 2/02-8/12
  - Length of SMOC limited activation 2/14-6/20
  - Regional programmatic support:
    - Used staff from other programs
    - Nursing staff for field clinics
    - Immunization staff for vaccine
- Communications
  - Daily RHMOC battle rhythm was established
  - Strategy meetings conducted with local health jurisdictions
  - Notifications/distribution of educational materials to county officials
  - Measles guidance distributed to healthcare facilities and schools
- Central Office and CDC support
  - DSHS:
    - Vaccine preventable disease group
    - Immunizations program
    - Office of Chief State Epidemiology
    - Media relations
  - CDC
    - Epi-Aid was requested on 2/28; 1<sup>st</sup> team arrived 3/5. Deployed to city of Lubbock, SPPHD, PHR1



- Measles infection control in hospitals
- Community engagement in Gaines
- Data analysis
- SME for educational material
- Helped hospitals develop infection control procedures
- Experience with Mennonite community
- Case investigations
  - Large case load
  - Contact tracing
  - Data analysis
  - Issues:
    - Lack of cooperation during case investigations
    - Need for cross-jurisdictional accessible line-list visibility
- Specimen collection and testing
  - Collected at fixed clinic sites
  - Had a strike team
  - Specimen collected were processed at PHR1 headquarters and submitted to DSHS lab (initially) and Texas Tech took over
- Healthcare facilities (missed some)
  - SUCCESSES:
    - Utilization of DSHS healthcare safety unit HAI epis for investigation
  - Challenges:
    - Initially roles and responsibilities of PHR 1 and HAI Epidemiologists in responding to healthcare site exposures.
    - Healthcare facilities not providing timely notification of potential exposures
- Vaccination clinics
  - School based clinics and other community-based clinics
  - Standing clinics
- SMOC support
  - Info collection, management, analysis and dissemination
  - 82 SITREPs
  - Purchase and deployment of medical supplies and equipment (epi pens, ancillary supplies, PPE)
  - Tracking hospital bed capacity
  - Command and control of DSHS and federal resources
  - Activation and deployment of staff:
    - Activation and Deployment of 112 personnel to PHRs and local jurisdictions
    - Provided 62 medical staff (nurses, LVNs, RNs) for specimen collection & vac clinics
    - Provided 16 public health staffing (epidemiologist, epi data entry with NEDSS, case investigators)
    - Provided IMT staffing (5 contractors & 29 others from PHRs)
- Lessons learned
  - Contractor deployment



- Locked contractors into roles and locations
- Flexibility on a mission (don't limit them to doing only one thing like vaccine administration only)
- Some clinic sites operated non-traditional hours
- PHR1 extended by continuous response
- Other PHRs could not provide continued support

### **Questions/Discussion:**

#### What led to de-escalation of the outbreak

- Combination of vaccination clinics and education for the community

### **Discussion Item #5 – EMS Update (Sabrina Lee Richardson)**

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- Annual Texas EMS conference will be held in FW, TX November 22-25, 2026
- Whole blood task force
  - Get whole blood into every county in Texas- goal
  - Meets weekly
  - \$10 million to support this project
- 89<sup>th</sup> legislative session
  - Started process for compliance
  - Taking away 6 rules and 6 coming in
  - HB33 plan and drill for school shootings with Emergency services and school officials
  - HB742 require education for EMS on human trafficking
    - HHSC developing courses (free and paid ones)
  - HB3000 grant funding for purchase of rural ambulances
    - Webinar 1/21 at 10AM
  - SB1021 conviction of stalking disqualifies EMS certification after 9/1/25
  - HB149 will require disclosure when AI is used for patient care

### **Questions/Discussion:**

#### Question/Discussion

- None

### **Updates from PCC Members**

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- United Ways of Texas – Mr. Greg Bennett  
No updates
- Texas Division of Emergency Management (TDEM) – Mr. Randy Meshell
  - Half the state will experience winter weather impacts
  - Working with EM council members to get assets where they need to go



- Collaborate with local partners around March to do public information warning drills all at the same time within a few hours of each other
- Working on world cup planning
- Voluntary Organizations Active in Disaster (VOAD) – Ms. Stephanie Duke
  - No updates
- Governor’s EMS and Trauma Advisory Council (GETAC) – Mr. Eric Epley
  - No updates
- National Association of Social Workers/Texas Chapter – Mr. Bryan Mares
  - Hosting a webinar:  
<https://www.naswtx.org/events/EventDetails.aspx?id=2016242>
- Texas Commission on Environmental Quality (TCEQ) – Ms. Michelle Havelka
  - Working w state and federal partners for July 4 floods for debris operations
  - Preparing for world cup and winter storm this weekend
- Texas Organization of Rural and Community Hospitals (TORCH) – Mr. John Henderson
  - No updates
- Texas Nurses Association (TNA) – Dr. Serena Bumpus
  - Received grant from Pfizer to do a survey on republican voters on vaccine uptake
  - Recently received data from the study and working through the data for informed messaging
  - Open to present on data in the next meeting
- Texas Association of Regional Councils (TARC) – Mr. John Austin Stokes
  - No updates
- Representative from an Urban Local Health Department – Mr. Ketan Inamdar
  - No updates
- Texas Hospital Association (THA) – Mr. Jim Parisi
  - No updates
- University or Health Science Center – Dr. Jason Moats
  - No updates
- Texas Animal Health Commission (TAHC) – Ms. Holli Tietjen
  - New world screwworm planning



**TEXAS**  
Health and Human  
Services

Texas Department of State  
Health Services

## **Closing Remarks**

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## **Adjourn**