

Dr. Iser's appointment as the new Public Health Officer (PHO) by the BOS is unacceptable. Aside from "one or two stories" of questionable ethics and problematic dynamics, there is also a pattern of **several** euphemistic retirements from recent positions.

- Retired as a Commissioned Officer with the US Public Health Service
- Retired as Yolo County Health Officer
- Retired as Chief Health Officer of the Southern Nevada Health District

The county is in need of a qualified team player during the pandemic.

If the county is unable to attract a hire without a problematic and questionable past, the BOS despite their reservations should consider the advantages of state control.

In addition, there has not been an objective accounting shared with us about what has been explored regarding contracts with neighboring county PHOs. The idea I understand from Ted Williams has been dismissed, but has the county actually approached any of the PHOs?

One advantage of local control is to have better oversight with our sheriff's alignment with PHO orders. However, there is no indication that there is anyone encouraging that. As the sheriff announced he feels it is his prerogative to select which orders are worthy of his attention. As I understand CA law, the BOS, not the PHO, are required to supervise the conduct of county officers ensuring that they faithfully perform their duties.

Another perceived advantage of local control under a PHO is to advocate for a rural county with few cases for relaxing of SIP orders. However because of testing issues (see below), local PHO advocacy is irrelevant.

A definite advantage of a local PHO is knowledge of the county (Iser does not have and has been based in SF) and accessibility to local media (modeled by Dr. Doohan).

Barring the above theoretical advantages, the BOS should objectively consider potential advantages of state control. Potential advantages include:

- Alignment of state responsibility with actual resources on the ground.
- Resources for control of hot spots will be responded to.
- Management of potential surge would be maintained locally with possible support at the state level.
- Educational and state resources available and translated in relevant languages.
- When state options are offered, the county might act more quickly in a more unified manner. For example, the recent Great Plates program misfired with little amplification from the county. A lost resource/opportunity for those living a distance from Mendocino towns.
- CA counties cannot have less restrictive orders than state orders. Local variance is understood at the state level: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID-19-County-Variance-Attestation-Memo.aspx>

Specifically: If a county decides to pursue a variance, the county could simply fill out a form.

1. Notify the California Department of Public Health (CDPH) and engage in a phone consultation regarding the county's intent to seek a variance.

2. Certify through submission of a written attestation to CDPH that the county has met the readiness criteria (outlined below) designed to mitigate the spread of COVID-19.

As the state mandates requirement for testing capacity of 1.5 per 1,000 residents. and as the county de-funded the public health lab and has not been able to compete for a sufficient testing machine, we have appealed to the state and the state's testing task force for a solution. This disconnect (between requirements and capacity) can only be addressed at the state or federal level. The governor is aware that rural testing deserts exist. It is up to the state to align resources with requirements (a local PHO cannot produce testing machines).

As the BOS moves forward with the hiring of Dr. Iser, it is hoped that at least they have carefully considered an attorney's input on contract issues related to retirement benefits. County residents should not have to foot the bill for a potentially irresponsible hire.

For all future hires, please include strong wording about a preference for a Spanish/English bilingual speaker and translators. The county has not been consistently inclusive of Spanish and Asian language speakers with important information and resources during emergencies and this pandemic.

Please also address the following questions:

Please inform us **how many contact tracers are trained** and ready to go and **how many of them are bilingual**. Testing issues solved, contact tracers are a component of Test, Trace, and Isolate. As the number of COVID-19 positive cases have been 'manageable' to date we have heard little about the county's capacity for contact tracing. I have reached out to numerous people (Ted Williams, Mimi Doohan, County Public Health call line and others) through social media, calls, and emails without response. The tracers can be volunteers, there is online training available, they can work remotely. They will need a supervisor. **Who is assigned to manage contact tracers**, with or without a county PHO?

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