

10 April 2020

To: Ravalli County Commissioners, Board of Health, Health Officer.

From: James R. Olsen

Subject: Role and Authority of the Health Board AND Requested Agenda Items

I checked the video today of the meeting that I sat through on April 8 to make sure I heard it right. I find the interaction at the beginning of the meeting appalling. A poor start for a public waiting to hear how their health will be protected.

Why did Dr. Michael Turner of the board decide trot this out in public, when a simple phone call would have been sufficient? This member of the public expresses his political opinion in response to that interaction:

The imperious approach taken by Dr. Turner and Katie Scholl was uncalled for.

The Board of Health has been derelict in its duties.

The Health Officer, Health Board Member Jeff Burrows, (and apparently board member Roger DeHaan), the Management Team, have been diligently working on a response to COVID-19, but with insufficient sufficient resources.

I will remind the members of the Board who they work for – the people. In this democratic Republic, the people have allowed you, the members of the board, to have power over my life and my family's lives; you have a duty to protect our lives – each member is accountable; you cannot pass it off to anyone else. I have the right to hold you accountable, which I do.

The Board of the Health does indeed have authority for local public health under MCA 50-2-116, MCA 50-2-118 providing overlapping authority and duties for the County Health Officer. With authority comes accountability.

The Board of Health is accountable to the people in Ravalli county for their health. It was apparent that Ravalli County needed to get ready for COVID-19 in late January; it was obvious by February. Other than Jeff Burrows, where were the members of this board? Roger DeHaan indicated he was working within his expertise. Where were the others?

Why didn't this board call themselves to order in February or March – each member had a duty to call the board into action. When I read the Montana Code, I conclude that *the Board has not done its duty*.

MCA 50-2-116 “each local board of health **shall**.”

“(f) identify, assess, prevent, and ameliorate conditions of public health importance ...

“(g) protect the public from the introduction and spread of communicable disease ...”

(emphasis added).

The code doesn't say someone else should do it; it says the Board of Health *shall* do it – that means each and every member has the duty to *do it*, not observe and then pass judgment. The failure of Katie Scholl and others to accept the invitation to come to the 8:00 AM meeting is

telling. As far as I am concerned, any member of the board that does not have a compelling reason should attend, should engage, and should take assignments — that is what they signed up for under MCA 50-2-116 — I certainly would and have in similar situations.

The members of the board serve at the Commissioner's pleasure: MCA 50-2-104. The Board of Commissioners should hold a review performance of the Board and its members.

I was encouraged by Dr. Calderwood, Jeff Burrows, and the rest of the team's response and applaud their efforts. The Board should not be adding additional administrative burdens so that they can "be in the loop." Get in the loop by showing up — do your duty by getting or demanding the resources they need.

AGENDA AND REQUEST FOR RECORDS FOR APRIL 13 MEETING, I hereby request that following agenda item for the next Board of Health Board meeting and copy any relevant public record related to the following areas under Montana Constitution Article II, Section 9 and MCA 2-6-1003.

#### **Questions of interest to the public.**

1. Why didn't the Board of Health take action to protect the public health on February or March?
2. What is the Board of Health plan for a uniform, best practice, processing and treating patients? If it is to simply follow the recommendations of the CDC, please explain your examination of the CDC recommendations.
3. What is the Board of Health plan for ensuring medical capacity?
4. Does the Board of Health have a projection for Ravalli County – a range of possible scenarios?
5. What is the Board of Health's estimated requirement for:
  - Reagent RNA Test Kits.
  - Antibody Test Kits.
  - Availability and turnaround time of tests and test labs.
6. What is the Board of Health's estimated requirement for:
  - Urgent care facilities.
  - Hospital beds.
  - ICU beds.
  - Ventilators.
  - Medical Personnel protective equipment.
7. Has the Board of Health considered the capacity and competing demands on any out-of-county facility or labs?
8. Is the Board of Health in contact with providers who are in hot zones and other who have treated COVID-19 to learn from their experience?
9. Has the Board of Health instituted cross training for health care providers as a reserve to handle a COVID-19 surge.
10. Has the Board of Health done a survey of the current inventory of beds, ventilators, and safety equipment in Ravalli County from whatever facility?

11. Does the Board of Health have a defined process for handling someone with symptoms related to COVID-19, including things such as when to test, isolation or not, while waiting for a test?
12. Have you publicized information on:
  - how members of the public can improve their immune response,
  - a checklist of symptoms,
  - specific guidance for when to contact medical providers,
  - what to do if they have no funds,
  - and assurances that they retain the right to choose or deny medical treatment?

The members of the Board of Health should answer these questions.

**Right to assemble.**

The Governor's stay-at-home directive does not allow for assembly for religious or political purposes, even if all other elements of the directive are followed. The Board of Health hereby issues a stay for any enforcement of the directive for any religious or political gathering, provided that:

Other elements of the directive are implemented.

Additional protection of public health, hereby adopted by the board are implemented:

- The area of the assembly, if indoors, is sanitized.
- The participants remain 6 feet apart and wear masks.

The Chair of the Board will request and emergency opinion from the Attorney General under MCA 2-15-501 (7).

Regards,



James R. Olsen