



MINUTES

**Southern Nevada District Board of Health CHO Annual Review Meeting
October 19, 2017 – 3:00 P.M.
Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107
Lake Mead Trail Conference Room**

BOARD: Ricki Barlow – Councilmember, City of Las Vegas (via teleconference, joined at 3:10 pm)
(Present) Bob Coffin – Councilmember, City of Las Vegas
Douglas Dobyne – At-Large Member, Regulated Business/Industry
Chris Giunchigliani – Commissioner, Clark County
Frank Nemec – At-Large Member, Physician (via teleconference, joined at 3:06 pm)

(Absent):

ALSO PRESENT: LeQawn McDowell, City of Las Vegas, Advisory Board Member
(In Audience) Dick Tomasso, City of Mesquite, Advisory Board Member

LEGAL COUNSEL: Annette Bradley, Esq.

EXECUTIVE SECRETARY: Joseph P. Iser, MD, DrPH, MSc, Chief Health Officer

STAFF: Andrew Glass, Michael Johnson, Fermin Leguen, Edie Mattox, Michelle Nath, Verallynn Orewyler, Jacqueline Wells

I. CALL TO ORDER

Dr. Joe Iser, Chief Health Officer, called the Southern Nevada District Board of Health CHO Annual Review meeting to order at 3:04 p.m.

II. PUBLIC COMMENT: A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please step up to the speaker's podium, clearly state your name and address, and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chairman or the Board by majority vote.

Bob Beers, former Board member, stated Dr. Iser and the team that he selected has turned the District around. When he was first elected, restaurant owner/operators told him that one of the biggest problems was Environmental Health's zest to issue fines and foodborne illness was a secondary consideration. Over the last few years things have changed for the better. He is pleased that the District is in the new building, pretty much on time and on budget. As a citizen, Mr. Beers thanked Dr. Iser and commended the District for the wonderful things that it is now doing.

Regena Ellis, SNHD, SEIU read a prepared statement for the record. ([Attachment 1](#))

Victoria Harding, SNHD, SEIU, Chief Steward, reported that today she filed the eleventh grievance of the year, to be added to ten unsolved grievances from last year. They will all go to arbitration as nothing has been solved. The lack of problem solving ability in this organization is crucial, because normally, a health district resolves problems. The grievances are not being solved because of Dr. Iser. There is great conversation in the grievance meetings, they go back for approval, then he turns every one of them down. Once the tentative agreement for the contract was signed, it became a "hell month" for Ms. Harding because instantly after that, the closure of the Kids Clinic started, and Dr. Iser, despite the fact that the chronic health budget was already done, pulled \$200,000 from them. They gave back \$200,000 at the end of the year, which was two positions. Deb Williams (Office of Chronic Disease Prevention and Health Promotion Manager) did a great job of pulling together \$100,000 which saved one person's job, that second person lost their job and is now over in her area and the injury/drowning prevention programs are gone. Ms. Harding has seen the communication from Ms. Williams to Dr. Iser imploring him about the needs of the community that are not being filled. This went around the District and everyone was worried about layoffs in retaliation for signing the tentative agreement. This was all done before the employees were voting on the ratification and because they ratified it, Dr. Iser then put out a letter on

his final attempt to try and sabotage the contract. She sees this every day and can't live in fear at the District anymore. The worst thing was on Oct 6 Ms. Harding was told by Dr. Iser about after the shooting how horrible it was for him. How at 11:00 p.m. he got the call from Jeff Quinn, Office of Public Health Preparedness Manager, and how he took his phone, put it on vibrate and put it on his chest so that he could sleep and did not get any kind of updates that may have happened. Ms. Harding was up until 2 a.m. until she finally made herself go to sleep, wondering if her phone was ever going to ring because the District can be deployed at any time. Nothing happened. Ms. Harding was here in Las Vegas and does not know where Dr. Iser was, but she knows that he was not around and available. What if it were a biological event and our Incident Commander was not here and not able to get here by plane? We can't have a Chief Health Officer who is not present, not here and cannot take care of us. Ms. Harding wishes Dr. Iser had previously submitted his resignation, but now must to ask him to please resign, so that the District can have peace and move on and be healthy.

Lorraine Oliver has been a District employee since 2001 as a Public Health Nurse, currently in the Healthy Start program. Ms. Oliver's nursing career began in South Africa and upon coming here she noticed that everything that a public health clinic has was here, such as STDs, family planning, immunization, TB treatment, etc. In her time here, she has never heard that any one of these services could or would be in jeopardy, but from everything that she is hearing now, it sounds like that has changed. She asked the Board to consider what they think public health will look like when there is no family planning or STD clinic and believes there are already enough FQHS in the area. Ms. Oliver questioned the need for a pharmacy as there are several in the community. She thanked the Board for a unanimous vote on the contract as it restored positivity to employees and showed that they count. Ms. Oliver observed very interesting modes of behavior during negotiations. She took Member Coffins comments to heart when he said that sometimes Dr. Iser must deliver messages that everyone does not necessarily want to hear, but it was only in the last session that someone said they cared about how they feel. Ms. Oliver asked how she is supposed to feel knowing that unless someone cracks a whip over Dr. Iser that nothing is going to move. The staff that will be driving a mobile unit that they never should have been offered to drive were told by management that it is not part of their job description and a driver will be hired to drive and operate the mobile clinic, then that was changed. Ms. Oliver does not believe that the nurses are qualified to drive the mobile unit and the safety of the employee and community may be at risk.

LeQawn McDowell, SNHD Public Health Advisory Board member, speaking as a private citizen, empathizes with former speakers, however, he understands the position that Dr. Iser is in. As the leader of the District, he will have criticism as it comes with the job, but there will be some congratulations as well. In 2012, we were heading toward a downward spiral. After Dr. Iser taking the helm, we are here in this building with a fully functional Southern Nevada Health District. As a taxpaying citizen, this means a lot to Mr. McDowell and he believes Dr. Iser has done an excellent job. When interacting with Dr. Iser, he has always been very nice, pleasant and has always been there for him. Mr. McDowell cannot speak for those that have issues with Dr. Iser, however he has no issues and thinks he has done a great job. He asked the Board, in his opinion, to consider if they want Dr. Iser to stay here as Chief Health Officer, to continue to compensate him appropriately so he will not take his talents elsewhere.

Steve Medley, representing the Department of Homeland Security, apologized for not attending the meeting in person and noted that the department authorized travel funds for this meeting, however he was unable to attend due to illness. The efforts that the Department of Homeland Security had prior to Dr. Iser's arrival were dismal. Las Vegas was the "black sheep" in this jurisdiction as far as public safety measures. So bad, he was told by the State Health Officer at the time that if SNHD could not get its act together, he would withhold funds and the state would take over the program so the citizens will be protected. After Dr. Iser's arrival, we are now the gold star across the country for jurisdictions on how to operate the public safety program. So much so, not only have we been able to expand the number of citizens protected that he works for, but he has also been able to bring in a team with Nellis Air Force Base, gaming and resort industry and other response agencies that did not have a relationship with the Health District prior to Dr. Iser's arrival. This collaborative spirit has also led the Department of Homeland Security to choose Las Vegas as preferred testing site for detecting emerging chemical and biological weapons technologies. While no one is perfect, for Mr. Medley's interaction and that of the Department of Homeland Security with Dr. Iser, they cannot for a better program champion or a better collaborator than what they have in him.

Seeing no one else, the Chair closed this portion of the meeting.

III. ADOPTION OF THE OCTOBER 19, 2017 AGENDA (for possible action)

A motion was made by Member Dobyne seconded by Member Coffin and unanimously carried to adopt the October 19, 2017 agenda as presented.

IV. REPORT / DISCUSSION / ACTION:

1. **NOMINATION OF CHAIR OF THE CHIEF HEALTH OFFICER (CHO) ANNUAL REVIEW COMMITTEE;** direct staff accordingly or take other action as deemed necessary (***for possible action***)

A motion was made by Member Dobyne and unanimously carried to appoint Member Giunchigliani as Chair of the Chief Health Officer Annual Review Committee.

2. **APPROVE MINUTES/CHO ANNUAL REVIEW COMMITTEE MEETING:** September 24, 2016 (***for possible action***)

A motion was made by Member Dobyne seconded by Member Nemec and carried unanimously to approve the September 24, 2016 minutes of the Chief Health Officer Annual Review Committee as presented.

3. **RECEIVE AND DISCUSS CHO REPORT OF ACCOMPLISHMENTS AND DISCUSS PROPOSED GOALS FOR NEXT REVIEW PERIOD;** direct staff accordingly or take other action as deemed necessary (***for possible action***)

Dr. Iser reviewed the Chief Health Officer Accomplishments, September 2016 – 2017 ([Attachment 2](#)) and the Chief Health Officer Goals, 2017 – 2019 ([Attachment 3](#)).

Dr. Michael Johnson, Director of Community Health, provided a brief update of the October 1 mass casualty incident, noting that he was extremely impressed with the results. All protocols established by the Board for the District were met.

Member Dobyne asked Dr. Iser what he considered as his shortfalls. Dr. Iser noted them as:

1. The thought that there is no vision for the District. He has been unable to convince the Board in some of those situations about how that vision is appropriate for the Health District and where that vision can take the District, but he hopes to continue those conversations.
2. The relationship with the SEIU representatives has not been good, despite efforts by many, including and in particular, Mr. Glass. Our previous HR Directors have been unable to improve that relationship as much as he would like, however, this is countered by the fact that when the two Society for Human Resource Management (SHRM) Employee Satisfaction Surveys were done, both have been above average, above the average for the SHRM database, and improving each year.
3. Dr. Iser wishes that he could be out in the community more. Some of his regular meetings include the School District, Fusion Center, city and county Fire Departments and the Nevada State Medical Association, of which he is a Board member.
4. Dr. Iser wishes the District had more funds, so there would not be so much worry about programs going away when the grant funds go away. There would not have been so much worry over the recent approval of the wage reopener or the future of the district, however, this is all something that he worries about all the time, have asked and will continue to ask the Board to help with some of those financial issues. He has done what he can with the legislature and the Senators, meeting with them at least annually. He has been trying to work with the CDC to get the District to become a "directly funded city", which would greatly reduce, but not eliminate, the District's financial woes.

Member Dobyne asked for clarification on the closure of the Kid's Clinic, confirming that the clients that used to come to that clinic are still being served. Dr. Fermin Leguen, Chief Medical Officer and Director of Clinical Services stated that the refugee children are still referred from Catholic Charities and scheduled to be served on Fridays. Chair Giunchigliani stated that at the Board meeting, direction was given and concerns were raised regarding the clinic and closing it and asked if the District went ahead and closed it anyway. Dr. Iser advised that the clinic was already closed, prior to the Board meeting. Chair Giunchigliani noted this closure was not requested or supported by the Board. Dr. Iser advised that discussion occurred with Chair Kirkpatrick, to which Chair Giunchigliani did not agree was adequate.

Member Dobyne noted the increase in STDs is disturbing. Reports indicate that the Sexual Health Clinic saw 13,326 clients and asked if staff in this clinic is downsizing as STDs are an epidemic in this valley. Dr. Leguen stated the Sexual Health Clinic is not downsizing, but planning on going in a billing direction. In

order to be able to bill Medicaid patients, the clinic must have qualified providers, meaning either physicians, Nurse Practitioners or Physician Assistants. A new Nurse Practitioner was hired approximately three weeks ago, today he received commitment from another Nurse Practitioner that should be starting on November 6. He anticipates having a Physician there soon. Once all in place, the transition from nursing services to qualified providers will be established to begin Medicaid billing. There has been no decrease in clinical staff.

Member Dobyne noting it made public media, asked Dr. Iser about the comment made regarding his lack of presence at important meetings, bargaining session and general absenteeism as he finds it disturbing. Dr. Iser noted he was not present for one Board meeting this year and he discussed it Chair Kirkpatrick the month before. Historically, the Chief Health Officer has not been directly involved in negotiations, generally, it is the Division Directors, HR Administrator and the Attorney.

Member Dobyne commented that one of the primary areas that need improvement is the relationship with the union, as it has not been a pleasant relationship for the last several years. He hopes to move forward, noting that it takes both sides to move forward. He also hopes that Dr. Iser, as Chief Health Officer and the Union representatives can sit down and come to some agreement to start moving forward and being more positive. Change is never easy and Member Dobyne remembers prior to Dr. Iser's arrival, there were difficulties with the District. Overall, Member Dobyne has been pleased with what Dr. Iser's performance and noted that there has been a long time since there have been complaints about Environmental Health at the Board meetings.

Member Coffin, as a new Board Member has listened carefully to all testimony regarding pay. In reviewing last year's CHO Annual Review meeting minutes, he can sense that there was friction at that meeting as well. Member Coffin noted most problems could be solved with more money. The Board of Health created a steward, the Chief Health Officer, who is responsible for creating and balancing a budget. Dr. Iser has done that and how he did it will always be subject to argument. He is an experienced person who is compensated well for the job. Member Coffin thinks Dr. Iser is capable of keeping and doing a good job. He noted Dr. Iser has been under the barrel before and is more than a survivor, he is a valuable employee. However, there are opportunities for further improvement, understanding some of the beefs are about money, but a lot are about workplace and assignment and/or completion of mission. Member Coffin senses that the problems are fixable, does not think a change in leadership is necessary to fix problem.

Chair Giunchigliani has been on the Board for eleven years and has been through four Chief Health Officers. When Dr. Iser was first hired, he was not recommended by the committee, the other person declined the position. The state law had just been changed to allow the Health District to have a Chief Health Officer and an Administrative Officer. The Board at that time, decided to take the second person, Dr. Iser. Chair Giunchigliani noted that she, Bob Beers and Mary Beth Scow voted against hiring Dr. Iser, because it did not move into the direction that they thought legislatively the District should be moving. For the last five years, there has been the dual role, which she believes has caused some of the conflict. Although the Chair likes and respects Mr. Beers, some of where the change of attitude, in her opinion, came when his friend who has a restaurant that had gotten written up by the Health District got fixed. Then everything became very congenial and issues as far as the culture at the District within the departments. There have been issues with Environmental Health that seem to be somewhat settled now, however, some minority restaurants still feel targeted and discriminated against. Chair Giunchigliani believes Dr. Iser has been very disrespectful to her as a woman and he talks down to her and Chair Kirkpatrick. She is very concerned about the District as public health is key to a community's well-being. The number of grievances have gone up, there has been no effort to really work with people and she thinks there have been threats and intimidation. Chair Giunchigliani was shocked that Dr. Iser sent a letter to undermine what the Board was trying to resolve on the Collective Bargaining Agreement and he could have easily said "thank you, let's move on." Her position is that his action was not appropriate. In addition, Dr. Iser lobbied a bill to create the health lab without permission of the Board of Directors and time had to be spent killing that bill. Regarding the issue of whether Dr. Iser lives here, Chair Giunchigliani has actual photographs and has witnessed Dr. Iser at the airport as they were on the same flight together once. She does not believe he works at the District full-time and does not believe they have the same dedication. She has people that have been on a plane with him recently, during the middle of the workweek on an airplane. Chair Giunchigliani knows that Dr. Iser still has an office in California, however, she does not know if he practices from it, and he has a residence in California, which will both need to be addressed at some point. She does not want to put Dr. Iser's assistant at risk, by having someone ask her if she opens and closes his door when he is gone, because that could be a request that comes from the press at some time. Chair Giunchigliani is concerned about Kids Clinic closure, Teen Clinic, drowning, heart/stroke and sexual health. She believes it is like all the things that make the ingredients of public health have been put at the expense

of accreditation, which is nice, but takes time, money. At this point, she does not believe that Dr. Iser has the relationship with the State Health Department that he claims he does, because she knows them well. Also, when dealing with the election of officers, Dr. Iser commented that if Chair Kirkpatrick were elected Chair of the Board, that he would resign, which she finds extremely disrespectful to both Chair Kirkpatrick and the Board as a whole. Chair Giunchigliani thinks that Dr. Iser needs to take a step back and decide whether he wants to remain at the District.

Dr. Iser responded that there were allegations that Chair Giunchigliani just repeated, about closing the drowning program and others that are totally not true. None of those programs have been closed or downsized. Dr. Michael Johnson, Director of Community Health indicated that one Health Educator from the Office of Chronic Disease Prevention and Health Promotion has been reassigned to the Office of Epidemiology and Disease Surveillance due to the loss of the PICH grant which ended in September. This was a significant grant with substantial loss in funding. There have been additional grant awards over the last year and a half that have helped make up some of the difference for losing PICH, but not all of it. For the remaining deficit, the choice had to be made to either lay employees off or look for reassignments. Fortunately, there was a vacancy in Epidemiology, in Disease Surveillance, and Jessica Johnson is the Health Educator who transferred. She was previously heading the Injury Prevention program, which included drowning, falls and opioid prevention. She continues to do opioid prevention via the surveillance shop and the drowning program continues within Chronic Diseases Prevention. He is looking at other remaining staff and how they can step in to help with that role. This program has been in place for quite some time, extensive community partnerships have been developed and he does not want to see this program go away, despite rumors. Dr. Johnson does his best to quickly refute rumors and meets with his managers and staff regularly. He met one-on-one with Ms. Johnson to ensure she understood the reassignment Jessica. Dr. Johnson also confirmed that the heart/stroke program also not being discontinued.

Chair Giunchigliani asked to go back to the issues that she raised with Dr. Iser, such as where he lives, undermining the bargaining team, the statement about Marilyn Kirkpatrick, disrespect of herself, and the issue of going around the Board on the legislative side.

Dr. Iser responded that he did not undermine the bargaining unit and he has had concerns with the Board related to the decrease in end fund balance.

Annette Bradley, Legal Counsel, requested a brief caucus at 4:25 p.m. The meeting resumed at 4:29 p.m.

Dr. Iser stated, as Chief Health Officer, he has a fiduciary responsibility to let the Board know when he is worried about what may happen. Although Chair Giunchigliani does not disagree, she believes that every time the board, especially in Closed Session, gave certain directions, Dr. Iser would still argue about it and it was constantly as if the Board had not spoken. She appreciates his fiduciary responsibility.

Dr. Iser stated he does not have an office in California, and when he and Chair Giunchigliani were on the same flight, he was going to a meeting in Reno. Chair Giunchigliani stated she has photographs from people that work in this community that took pictures of Dr. Iser going to Sacramento/Oakland. Dr. Iser stated he has not flown into Sacramento or Oakland in years. Chair Giunchigliani asked Dr. Iser if he had met with Mr. (George) Knapp to clear these issues up, Dr. Iser indicated he has not. Chair Giunchigliani suggested it may be something that he wants to do. Dr. Iser reemphasized to the Chair that those were the same questions that she asked him last year and he told her then that he does not have a practice in California, he hasn't had a practice in California and he won't have a practice in California. Also, he has no other job except for this one.

Regarding the comment that he would resign if Marilyn Kirkpatrick was elected as Chair of the Board, Dr. Iser stated that he never said that to her or Chair Kirkpatrick. Member Giunchigliani stated that Dr. Iser said it to someone, because it was reported. Dr. Iser refused to comment.

In Dr. Iser's opinion, it is not true that he tried to undermine the bargaining team. As his letter said, he believes the employees deserve as much of a wage increase that can be given and he thinks that was supportive of his staff. None of that was meant to undermine the bargaining meetings or the agreement. Everyone knew the agreement was going to be approved and he would have recommended that the Board vote for the agreement. The letter was part of fiduciary duty to the Board and others. Chair Giunchigliani still believes that it was disingenuous and led to not bringing closure and move forward, which was what the Board was trying to accomplish. Chair Giunchigliani agrees with the employees and thinks that Dr. Iser should look at himself.

Member Dobyne stated that the last two legislative sessions, the District has lobbied for things without Board approval. He believes this is wrong and that policy needs to be addressed as these issues should be discussed with Board prior to going to the legislature. Dr. Iser stated that monthly he provided legislative updates to the Board, either verbally, in writing, or both.

4. APPROVE RECOMMENDATIONS TO BE MADE TO THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH AT ITS OCTOBER 26, 2017 MEETING REGARDING THE CHO'S ANNUAL REVIEW; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Chair Giunchigliani reviewed the draft fourth amendment to the Chief Health Officer's contract, proposing an extension from 2017 - 2019 and a 2.5% increase in pay. ([Attachment 4](#)). Dr. Iser noted that last year the Board approved a one year extension at the CHO Annual Review meeting and then the following month (October 2016) an additional two years was approved at the Board meeting, extending his current contract to 2019. Member Giunchigliani remembers this discussion and voting against it. Staff was asked to research this issue.

A motion was made by Member Dobyne seconded by Member Coffin and carried by a vote of 3-2 to recommend a one year extension and a 2.5% increase.

AYS
Doug Dobyne
Bob Coffin
Frank Nemeec

Nays
Ricki Barlow (*declined in order to be in favor of 2-year contract*)
Chris Giunchigliani

V. PUBLIC COMMENT: A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. No action may be taken upon a matter raised under this item of this Agenda until the matter itself has been specifically included on an agenda as an item upon which action may be taken pursuant to NRS 241.020. Comments will be limited to five (5) minutes per speaker. Please step up to the speaker's podium, clearly state your name and address, and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chairman or the Board by majority vote.

Regena Ellis, SEIU, emphasized the information on her document from internal documents from SNHD. The budget for Chronic Disease was approved in April 2017 and changed later in the year, resulting in at least one full-time employee being moved from Chronic Disease, who was doing the injury prevention program which included drowning prevention. When moving a Health Educator from Chronic Disease who works with the community to another program, the functions are different. The person who was also moved from the Chronic Disease Stroke program was working with the African American community with churches and trying to establish this program and had been finding huge disparities in the treatment of African Americans as it related to heart disease and stroke prevention. Some issues discussed earlier reflected plans for future closure, however the Kid's Clinic is currently closed, The APRN was removed from the Kid's Clinic and is now working as a Registered Nurse. The children that are currently being seen in the Refugee Clinic are children of refugees who come through Catholic Charities. Their treatment is very different and they are billed as a refugee. She believes that the services are much less than what they received in the Kid's Clinic. Regarding the Teen Pregnancy Prevention group, they are being told that the program is closing because they don't have grant funding and they are being moved elsewhere. Regarding the Sexual Health Clinic, wording that shows the nurses have to decrease the number of screenings for walk-ins was taken off the Clinical Services September Board report. One RN was offered to move from that area, she chose to leave. Another RN that wanted to work in that area was declined. She understands that the Health District needs financing, but the community needs services.

Rosemary Ensign, SNHD, Food Safety Training program, was on the bargaining team and has a different perspective of what some may or may not have. Dr. Iser is correct, he cannot take credit for the growth of SNHD. He has amazing staff and middle management who make decisions to make the employees. During bargaining, they would have a very productive meeting, then after caucus, the attorney would come back and say that they did not want to do it. Ms. Ensign understands Dr. Iser's fiscal responsibility, but 2.5% of \$300,000 is a lot more money than 2.5% of \$40,000. Her personal opinion and observation is that middle management does everything that they can to meet the middle ground between the employees and the frustration, fear and intimidation that is sent down from above. Ms. Ensign has worked with Andy (Glass) several times, who is amazing. She has not worked with Dr. Johnson or Dr. Leguen, but she knows that their employees love them,

because they have let her know that. The problem is, that love stops at the top, where there is a lot of lip service, but not a lot of feeling.

Victoria Harding, SNHD, SEIU. agrees with Ms. Ensign, and has worked tirelessly with Andy (Glass). They have a very back and forth relationship, they disappoint each other fairly often, make up and move forward, because they have business to do. Dr. Iser has never fixed a problem for Ms. Harding. There is not a problem in the District with money, the problem is with the Chief Health Officer who will not solve problems. She has worked so tirelessly to where her health is bad to try and make sure that every day the District keeps going forward doing public health trying to minimize the poison that has been coming down from the top. Ms. Harding doesn't do her job anymore because it is a full-time job taking care of the mischief that Dr. Iser is creating in our environment. It is now bleeding into the community, which is why she must now ask for his resignation. She is fearful for the community and the public health. She does not have confidence in Dr. Iser to do public health, to do a public health motivated thing ever and does not think that he has ever done anything for anyone else in his life that has been related to health. She has been the one moving things, making sure clinics stay open and keeping funding intact. What has come out during this meeting is lies. Jessica Johnson is now doing only doing opioid prevention and she is not at all doing injury prevention. Converting to a FQHC would be the nail in the coffin, we would no longer be doing public health, only privatized billings.

Edie Mattox, SNHD, Administration, is a fifteen-year employee who has served under four CHOs and feels that by far, Dr. Iser has been the most accessible CHO to date. She personally appreciates the All Hands meetings and feels that he has been as open to the employees as he has been able to. She feels the attacks on him and disrespect to him because of some very difficult decisions that he had to make during and after the recession, at the direction of the Board, are incredibly unfair. Ms. Mattox is from Detroit, the union stronghold of America. She is 100% for union, however, the divisiveness and negativity of the SNHD union representatives is deplorable. It begs the question of compromise. Neither Dr. Iser, laws, or the employee personnel code are perfect, but nothing is done with the maliciousness that the union would have the Board think is being done. Some grievances, as stated, are very legitimate, some are not. Everything that Ms. Mattox can see that Dr. Iser has done has been to protect the District and its employees. Regarding fiduciary responsibility, he may be a little too tight for some people with the purse strings, but he has a responsibility to the District to make sure that it is whole and healthy. Ms. Mattox believes that every decision that he has been made to protect the District and she strongly disagrees with the call for his resignation, as the tide has turned. She hopes that with the new contract and COLA, the District needs to start a new page with new attitudes and new vision for the Health District.

Andy Glass, Director of Administration, noted it is very unusual for him to even think that comments are necessary, however, he thinks there has been a lot of misinformation, or at the very least, miscommunicated information, at this meeting. It makes it difficult to work in an environment like this, because there is so much misinformation and miscommunication. Ms. Glass thinks that Dr. Iser is a pillar of public health and has never seen a man who cares more about the employees that work for him and public health and services are delivered. He is genuinely caring. As far as Dr. Iser being the individual who controls the strings of what happens in this organization, Ms. Glass would not ever jeopardize his own personal ethics business standards because of a decision of anyone else. He agrees with and supports the decisions made by Dr. Iser.

Veralynn Orewyler, Legal Secretary, clarified that she is not leaving because she can't stand working at the District as it has been a very pleasant working experience for her. She has learned that everyone wants public health, but no one wants to pay for it. Ms. Orewyler thinks that any CHO that comes to this environment or any public health agency anywhere in the United States, basically is handed a big bag of manure and has to make the best of it. Dr. Iser has done a very good job at taking that bag of manure and making it something much more pleasant. His job is extremely difficult and he is not going to be able to make everyone happy, although she is sure that he would like to. Ms. Orewyler believes that Dr. Iser does the very best that he can.

LeQawn McDowell, Advisory Board Member and private citizen, has listened to everyone and loves the passion and energy brought by all. He does not believe that anyone in the room has a cynical way of thinking. He understands that there are a lot of people that say they are "for the people" but very few people practice that. Mr. McDowell feels that Chair Giunchigliani is one that practices what she preaches, but at the end of the day it comes down to money and being able to operate.

Seeing no one else, Chair Giunchigliani closed this portion of the meeting.

VI. ADJOURNMENT

The Chair adjourned the meeting at 5:04 p.m.

Joseph P. Iser, MD, DrPH, MSc
Chief Health Officer/Executive Secretary

/jw

DRAFT