September 1, 2020

Governor Gavin Newsom
State Capitol
1301 10th Street, Suite 1173
Sacramento, CA 95814

Mark Ghaly, MD, MPH
Secretary Health and Human Services Agency
1600 9th Street, Room 460
Sacramento, CA 95814

Erica Pan, MD, MPH
Acting State Public Health Officer
California Department of Public Health
PO Box 997377, MS 0500
Sacramento, CA 95899-7377

Re: Rural Concerns With Blueprint for a Safer Economy; Request for Local Control

Dear Governor Newsom, Dr. Pan and Dr. Ghaly:

We are writing to express our concerns with the challenges associated in working with the metrics outlined in the recently released “Blueprint for a Safer Economy” (Blueprint) upon rural counties. The Blueprint does not reflect the realities of rural communities and economies, and makes it nearly impossible to move forward within the State’s established structure for COVID-19 (Coronavirus) response and recovery.

Over the past six months, we have been tasked with responding to a number of different metrics at the local level, from hospitalizations and ICU capacity, to percent of positive cases. In the ongoing spirit of collaboration, we have partnered with the State on pivoting to respond to these changing metrics, all while continuing to advocate for proper public health protocols and adherence to State guidelines.

We do appreciate the reopening of hair salons and barbershops, but modifying the metrics, once again, delays reopening of other local businesses and high schools. It also confirms local resident distrust of the State’s direction and local governments’ ability to reach established targets before they’re abruptly upended, often without logical documented rationale, or remedies for solutions. The administration continues to ignore rural counties’ requests to view us with a different lens, as it relates to what is open, what is not, the overall metrics and duplication of data. Once again, the most recent system of metrics in the Blueprint represents a one-size fits all approach that is not feasible for rural counties, and only further slows the reopening of local communities.

By our calculations, not only would we need to somehow dramatically increase local testing, there are still delays in testing results and there is a general fatigue in the community regarding testing at all. We would need to target less than one positive case per day in order to advance within the tiered system. Moreover, the data that the State is using to determine a county’s assigned tier often includes duplicate counts, essentially handcuffing us from realizing any real advancement at all. Continuing these shutdowns will result in further declines in the economic, emotional and mental health of our community.
The suggestion that our communities must wait to reopen until there is a vaccine is simply not realistic. We must learn to live with this virus among us, while still protecting our most vulnerable. Keep in mind that when the COVID-19 shutdown first occurred, it was to prevent our healthcare systems from being overwhelmed. It appears the State has now transitioned to a position of keeping our communities shut down until the virus is completely eliminated.

We are proud of the progress that our community has experienced in responding to the COVID-19 pandemic, and credit the hard work and sacrifice of residents in adhering to local public health protocols, such as wearing face coverings, and maintaining physical distance and proper hygiene. We are working to achieve a balance between protecting public health, and reopening our local economy safely, and are confident that our local Public Health team is best positioned to lead COVID-19 response and reopening.

We are, once, again, respectfully requesting local control over COVID-19 response, recovery, and reopening as the Blueprint’s one-size fits all approach is not a workable system for Colusa County.

Sincerely,

DENISE J. CARTER, CHAIR
COLUSA COUNTY BOARD OF SUPERVISORS

cc: Senator James Nielsen
Assemblymember James Gallagher
Assemblymember Cecilia Aguiar-Curry
Sandra Shewry, Acting Director California Dept. of Public Health
RCRC
CSAC
HBE