Public Comment
20-0526

EDC COB <edc.cob@edcgov.us>

Fwd: Covid-19 Course Correction

3 messages

Kim Dawson <kim.dawson@edcgov.us> Wed, Sep 23, 2020 at 1:08 PM
To: EDC COB <edc.cob@edcgov.us>

Can you please attach this email and the attachments to next week's COVID update. Thanks, Kim

---------- Forwarded message ---------
From: **keeley link** <keeley.link@gmail.com>
Date: Wed, Sep 23, 2020 at 9:34 AM
Subject: Covid-19 Course Correction
To: Brian Veerkamp <bosthree@edcgov.us>, David Livingston <david.livingston@edc.us>, John D'Agostini <john.dagostini@edcgov.us>, John Hidahl <bosone@edcgov.us>, Kim Dawson <kim.dawson@edcgov.us>, Lori Parlin <dosfour@edcgov.us>, Lynnan Svensson <lynnan.svensson@edcgov.us>, <michael.ungeheuer@edcgov.us>, Nancy Williams <nancy.williams@edcgov.us>, Shiva Frentzen <bostwo@edcgov.us>, Sue Novaser <bosfive@edcgov.us>
Cc: <kkellum@mtdemocrat.net>, freedomangelsfoundation <freedomangelsfoundation@protonmail.com>

To All Parties,

We expect your full, honest, timely, transparent public participation in course correcting on the Covid-19 response immediately. We will continue to stay in touch to ensure this occurs.

--
Thank you,
Keeley Link

--
Kim Dawson
Clerk of the Board of Supervisors
County of El Dorado
330 Fair Lane, Building A
Placerville, CA 95667
(530) 621-5393
kim.dawson@edcgov.us

5 attachments

- **List of Demands To County Public Health & All Connected Entities.pdf** 48K
- **ElDoradoProtestFlyer.pdf** 83K
- **Placer County PDF.pdf** 1804K

Updated White Paper-Opening SchoolsV1.7 (1).pdf
1224K

CARES Act City of Atwater Sept 15 2020.pdf
562K

EDC COB <edc.cob@edcgov.us> Wed, Sep 23, 2020 at 1:11 PM
To: Kim Dawson <kim.dawson@edcgov.us>

Yes!

Office of the Clerk of the Board
El Dorado County
330 Fair Lane, Placerville, CA 95667
530-621-5390

[Quoted text hidden]

Kim Dawson <kim.dawson@edcgov.us> Wed, Sep 23, 2020 at 1:24 PM
To: EDC COB <edc.cob@edcgov.us>

Thank you!
[Quoted text hidden]

List of Demands to County Public Health & All Connected Entities

To the agents in charge of County Public Health: nationwide, Public Health is holding the reigns on the Covid-19 response. To date, the response has caused more suffering and destruction than the virus and there has not been an adequate or appropriate course correct. Therefore, as a community we declare the end to the pandemic and will be peacefully not complying with the unwarranted and unjust restrictions. We demand public health participate in the course correct by doing the following:

1. End local health emergency *IF APPLICABLE*
    a. Work with local officials and agencies to bring an immediate end to the local public health emergency.
2. Open the Doors
    a. Participate in a public town hall series with all community stakeholders to directly address grievances and find solutions through a transparent due process, including burden of proof and liability.
3. Defund Testing & Tracing
    a. Limit CARES & grant money allocation for testing and tracing to symptomatic cases.
    b. Participate in expert panel investigation on efficacy and function of testing.
4. Fund Healthy Communities
    a. Make access available, at the earliest point of contact, to the entire spectrum of natural and allopathic Covid-19 treatments and fund programs to improve immune health.
5. Save Our Elders & Disabled
    a. Immediate process for direct in-person access to comfort and advocate for loved ones in care facilities.
6. Free Our Kids
    a. Remove barriers to the immediate opening of in-person education with no mandatory mask or social distancing requirements.
7. Protect Mental Health
    a. Provide education & access to direct support programs to adequately address the mental and emotional health risks and effects caused and amplified by the lockdown restrictions.
8. Stop Violating ADA
    a. Rigorously ensure that supportive services for children on IEP's and adults with disabilities are being adequately honored.
    b. No mask mandates. Denounce mask shaming and protect ADA privacy and rights community wide.
9. Stop Destroying Small Businesses
    a. Stop partnering with and allowing state licensing agencies to harass, fine & prosecute small businesses.
    b. Immediately remove restrictions on business operations.
10. No Vaccine Mandates
    a. Begin public community bioethics panel discussions on all developing Covid-19 vaccines including mRNA, DNA and nanotechnology platforms; demand the immediate end to any human Covid-19 vaccine trials occurring in your county, if applicable.
    b. Do not support Covid-19 vaccine mandates so that the full and equal access for children & adults to participate in society (i.e: school, work, entertainment, travel, church, etc) is permanently protected.
    c. Education programs to provide informed consent on risks & exemptions to any Covid-19 vaccines.
11. Public Health Is Liable
    a. Due to Covid-19 response decisions, you are in violation of fundamental human and constitutional rights and you will be held liable and accountable for reparations.

Signed,

Freedom Angels Foundation
1017 L Street, Ste. 415
Sacramento, CA 95814
FreedomAngelsFoundation@protonmail.com

PROTEST PUBLIC HEALTH TYRANNY

El Dorado County

SEPTEMBER 24TH 11:30 - 1:30PM Your Time Zone

Any County. Any State. Email us to get involved:

FreedomAngelsFoundation@protonmail.com

El Dorado County Department of Public Health

931 Spring St., Placerville

California

Alameda
El Dorado
Los Angeles
Marin
Merced
Monterey
Nevada
Orange
Placer
Riverside
Sacramento
San Bernardino
San Diego
San Joaquin
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Thurston
King

Nevada

Washoe

MEMORANDUM
COUNTY EXECUTIVE OFFICE
ADMINISTRATION
County of Placer

TO: Honorable Board of Supervisors DATE: September 8, 2020

FROM: Todd Leopold, County Executive Officer

SUBJECT: Resolution Proclaiming Termination of the Placer County Declaration of Local Health Emergency Regarding COVID-19 and Rescinding Resolution No. 2020-034, as Modified by Resolution 2020-137, in its Entirety.

ACTION REQUESTED

Consider a resolution proclaiming the termination of the Placer County declaration of local health emergency regarding COVID-19 and rescinding Resolution No. 2020-034, as modified by Resolution 2020-137, in its entirety.

BACKGROUND

The attached resolution memorializes the County and State actions to date to limit the spread of Covid 19. Since the Board's declaration of a local health emergency on March 9, 2020, the County has worked diligently and in good faith to manage local disease spread to the extent possible, sharing community health information, reporting Covid case dynamics at each Board meeting, updating its publicly website-accessible Covid dashboard for community reference (https://www.placer.ca.gov/DocumentCenter/View/46267/dashboard?bidId=#case-rate-and-testing-data), addressing the needs of vulnerable populations throughout the County and clarifying State guidance so local businesses could responsibly reopen consistent with state public health orders and safety protocols.

Taken together, the County's considerable efforts have yielded a remarkably low incidence of Covid disease, both in terms of case rates and testing positivity rates, the latest metrics used by the State in its *Blueprint for a Safer Economy,* announced by Governor Newsom on August 28, effective August 31. While this new framework uses lagging data which places Placer County in its most restrictive tier for business reopenings, local data suggest there is sufficient cause to terminate the local health emergency, acknowledging the CA State of Emergency and CA Department of Public Health (CDPH) orders, directives and guidance remain in effect.

Because of this discrepancy with local data and the State's use of lagging metrics, the proposed resolution also expresses the Board's concerns with the state framework for measuring Covid dynamics, as it mischaracterizes the current state of disease in Placer County, to the detriment of the community's economic, health, mental and social well-being. These concerns have been addressed to Governor Newsom in four letters to date (attached), to which the State has not yet responded at this writing.

FISCAL IMPACT

There is no known fiscal impact to the County from the proposed action.

ATTACHMENTS:
Attachment 1: Resolution
Attachment 2: Letters dated July 30, August 5, August 21 and August 26, 2020

Before the Board of Supervisors
County of Placer, State of California

In the matter of:
Resolution of the Board of Supervisors Proclaiming the Termination of the Placer County Declaration of Local Health Emergency Regarding COVID-19 and Rescinding Resolution No. 2020-034, as modified by Resolution 2020-137, in its entirety.

Resolution No.: _____

The following Resolution was duly passed by the Board of Supervisors of the County of Placer

at a regular meeting held_____, by the following vote:

Ayes:

Noes:

Absent:

Signed and approved by me after its passage.

_____
Chair, Board of Supervisors

Attest:

_____
Clerk of said Board

WHEREAS, on March 2, 2020 Placer County Public Health reported the first confirmed case of COVID-19 in Placer County; and

WHEREAS, on March 3, 2020 the Placer County Public Health Officer issued a Declaration of Local Health Emergency, pursuant to California Health and Safety Code Section 101080, and the County Executive Officer issued a proclamation of the existence of a county-wide local emergency, pursuant to Government Code Sections 8630 and 8558; and

WHEREAS, on March 4, 2020, California Governor Gavin Newsom declared a State of Emergency ("State of Emergency") to formalize emergency actions and help prepare for the broader spread of the COVID-19 disease; and

WHEREAS, on March 9, 2020, the Placer County Board of Supervisors passed a resolution ratifying the Declaration of Local Health Emergency ("Resolution No.2020-034); and

WHEREAS, on March 19, 2020, Governor Newsom issued Executive Order N-33-20 ordering all individuals in California to stay in their place of residence except as needed to maintain continuity of operations of federal critical infrastructure sectors, thereby reducing and stopping non-essential businesses from continuing operations ("Stay at Home Order"); and

WHEREAS, on March 19, 2020, the Placer County Health Officer issued a directive instructing individuals to shelter at their place of residence and restricting non-essential activities in response to the COVID-19 outbreak; and

WHEREAS, on April 10, 2020, the Placer County Health Officer issued an order, which was amended on April 16, 2020, to replace the March 19th Directive. The April 16, 2020 Order clarified, strengthened, and extended the terms of the previous directive to reduce person-to-person contact and increase physical distancing in order to further slow transmission of COVID-19. The Order was issued based on the increasing occurrence of cases of COVID-19, and it expired on May 1, 2020; and

WHEREAS, on May 7, 2020, the California State Public Health Officer and Director of the California Department of Public Health ordered that all local health jurisdictions in the state could begin a gradual movement into Stage 2 of California's Pandemic Roadmap to Resilience, which allowed for the gradual reopening of businesses under the state order; and

WHEREAS, on May 11, 2020, the Board approved the Placer County Health Officer's attestation for a variance from the California Department of Public Health to move more quickly through Stage 2 of California's Pandemic Roadmap than the rest of the state; and

WHEREAS, on May 12, 2020, the California Department of Public Health granted Placer County's variance application; and

WHEREAS, on June 12, 2020, several Stage 3 economic sectors in Placer County were allowed to resume operations after the California Department of Public Health provided guidance for how these sectors could reopen under the state's guidelines; and

WHEREAS, numerous businesses and uses in Placer County resumed operations in Placer County in reliance on the State's guidelines; and

WHEREAS, on June 18, 2020, Governor Newsom and the CDPH mandated the wearing of masks or cloth face coverings in most indoor public spaces, with very limited exceptions; and

WHEREAS, on June 23, 2020, the Board adopted Resolution No. 2020-137 which amended Resolution No. 2020-034 to return the authority to terminate the local health emergency to the Board of Supervisors; and

WHEREAS, on June 30, 2020, Placer County, as a state condition to receive CARES Act funding (i.e. federal funding allocated to local governments under the Coronavirus Aid, Relief, and Economic Security Act [HR 748; CARES Act]) certified that it would "adhere to federal guidance and the state's stay-at-home requirements and other health requirements as directed in gubernatorial Executive Order N-33-20, and subsequent Executive Orders or statutes, and all California Department of Public Health orders, directives, and guidance in response to COVID-19 emergency"; and

WHEREAS, on July 1, 2020, Governor Newsom and the CDPH ordered that all counties on the state watch list for more than three days in a row would have to shut down bars and a range of indoor businesses, including dine-in restaurants, cardrooms and movie theaters; and

WHEREAS, on July 11, 2020, the State Public Health Officer issued an Amended State Public Health Officer Order for Placer County after Placer County was on the State's county monitoring list for three days. The state order (which is still in effect) required the closure of bars and indoor operations for certain sectors (restaurants, wineries, family entertainment centers, zoos, museums, and cardrooms); and

WHEREAS, on July 13, 2020, Governor Newsom mandated a statewide shutdown of bars, indoor and outdoor service, and the shutdown of indoor dine-in restaurants, wineries, movie theaters, zoos, museums, cardrooms, and other entertainment centers. For counties, determined by the state CDPH to be on a "watch-list", the order suspended indoor business for places of worship, fitness centers, shopping malls, personal care services, non-essential office spaces, hair salons and barbershops; and

WHEREAS, as a result of the state's action, the businesses who had expended time and money to adhere to the State guidelines and reopened on or around June 12th were forced again to close down most operations; and

WHEREAS, on July 17, 2020, the CDPH released a school reopening framework that precluded schools from reopening for in-person instruction until 14 days after a county is removed for the state watch list. The CDPH also announced a waiver process by which elementary schools could reopen for in-person instruction if they were granted a waiver by the local Public Health Officer; and

WHEREAS, on August 7, 2020, the Governor and CDPH disclosed a state data glitch that resulted in an undercounting of the rate of COVID-19 infection from July 25, 2020 to August 4, 2020, caused up to 300,000 records to be backlogged, and led to CDPH freezing the state watch list, as of July 31, 2020, resulting in no county, including Placer, being able to move off the watch list until the State fixed its computer program problems; and

WHEREAS, finally on August 19, 2020, the County was removed from the Monitoring List and the 14-day countdown began to reopen schools in Placer; and

WHEREAS, on August 28, 2020, the State Public Health Office issued a new framework entitled "Blueprint for a Safer Economy" ("Blueprint"), which the State

claimed would allow for the "safe progression of opening up more businesses in each county so impacts of any given change can be fully evaluated"; and

WHEREAS the Blueprint is a color coded four tier system with the tiers representing the "risk of community disease transmission" with an associated list of uses and businesses that can reopen and the percentage of reopening permitted. Tier 4 (Yellow) is characterized as "minimal transmission" and at the other end of the spectrum, Tier 1 (Purple) is characterized as "substantial transmission"; and

WHEREAS, as of August 28, 2020, the vast majority of counties, including Placer, were ranked in the "widespread" or most restrictive category (Tier 1- Purple), despite the fact that Placer and San Diego had been (as of that date) off the monitoring list for more than 14 days. While Placer remains in Tier 1, San Diego and San Francisco Counties have been ranked in Tier 2, the red zone, which allows a broader range of businesses and churches to open for limited indoor uses; and

WHEREAS, the County's Public Health Officer pointed out to the Acting State Public Health Officer that the State used the County data for weeks ending 8/11 and 8/18 which "overlaps with when Placer County was still on the Monitoring List. As a result, Placer County has been placed in the most restrictive tier, Purple, despite having been removed from the Monitoring List on August 19." (Letter dated August 28, 2020 from Placer County Health Officer Dr. Aimee Sisson to Acting State Public Health Officer Dr. Erica Pan); and

WHEREAS, Dr. Sisson states in the same August 28th letter that the County's "14-day case rate has steadily declined and its testing rate is at 4.0%. below the State threshold for this indicator", and

WHEREAS, on August 28, 2020, Dr. Pan responded to Dr. Sisson via email and acknowledged that both Placer and San Diego Counties "will have been off the County Data Monitoring list for 14 days as of 9/1st. Per our 7/17th framework, schools may reopen once a county is off of the CDM for 14 days/2 weeks, thus your schools are allowed to reopen unless you have stricter local health officer requirements as of 9/1st" (Pan Email August 28, 2020); and

WHEREAS, under this new Blueprint system, even at the Tier 4 level, many businesses and uses such as churches, movie theaters, gyms, restaurants, bars and family entertainment centers are only allowed to operate indoors at a 50% capacity; and

WHEREAS, the Governor admits that there is no Tier in the Blueprint system that will allow businesses and uses in any county to open up to 100% capacity or use even if a county achieved Tier 4 and remained in that Tier for weeks. The Governor stated in his August 28, 2020 press conference that the state didn't "put up green because we don't believe that there is a green light which says go back to the way things were or back to the pre-pandemic mindset"; despite the fact that the Governor can use other health directives such as face coverings, distancing, hand sanitizing, to continue to reduce the spread; and

WHEREAS, to qualify for the Tier 4 under the State's Blueprint monitoring system, a county must have less than 1 new case per 100,000 residents and even then, businesses are limited to 50% capacity. This criterion does not constitute either a local

or state emergency that merits the State's continued actions to restrict businesses and uses, such as religious activities in churches, in either Placer County or the state; and

WHEREAS, the Governor in his September 2, 2020, news conference made the astounding recharacterization of the "COVID-19 pandemic" as the "Twindemic" and stated that the effort by the state will now be focused on fighting both COVD and the flu through "the flu season"; and

WHEREAS, the State's position is untenable for residents of Placer County and many other counties in the state. It will likely force a significant number of businesses to permanently close, livelihoods to be destroyed, and will result in substantial additional unemployment and evictions; and

WHEREAS, the State cannot support the continued restriction on businesses and uses from reopening when it has yet to articulate or establish the root cause of the spread of COVID-19 in the state; and

WHEREAS, the original intent of the State of Emergency and subsequent Stay at Home Order ("State Actions") was to prevent the catastrophic failure of the hospital system due to an anticipated surge of Covid-19 cases; and

WHEREAS, the Board concludes this has been prevented in Placer County; and

WHEREAS, the key implementation step of the State Actions was designed to "flatten the curve", in order to avoid the overcrowding of our hospitals; and

WHEREAS, the Board concludes that the curve has been flattened in Placer County; and

WHEREAS, the Board of Supervisors is informed and believes, based on expert opinion, that the State's response to the COVID-19 emergency has not prevented the spread of COVID-19, but only delayed the spread of COVID-19 cases and that the State's monitoring plans have not established that any of these restrictions on businesses and uses actually targets the root cause or prevents of the spread of COVID-19 in California; and

WHEREAS, the Board of Supervisors is informed and believes, based on expert opinion, that the actual infection fatality rate of COVID-19 is substantially lower than reported by the CDC, that the current herd immunity threshold (H.I.T.) could very well be as low as 10% to 20% of any given population because the contact rate of each person varies and some individuals have prior immunity based on previous exposure to other coronaviruses, and that long-term mitigation efforts unnecessarily prolong the profound negative physical, mental, emotional and economic impacts created by COVID-19; and

WHEREAS, the Board of Supervisors is informed and believes, based on expert scientific opinion, that COVID-19 is a serious virus that can lead to death and that particular segments of society, such as individuals over 65 and persons with pre-existing physical health conditions, are more susceptible to the negative effects of COVID-19 and that state or local restrictions, if any, should target those particular segments of the population; and

WHEREAS, recent information from the National Center for Health Statistics that underscored that most deaths are not *by* COVID but *with* COVID. By combining the two statistics, the state is setting the rate of deaths *by* COVID artificially high. Under the subheading labeled "comorbidities", meaning the additional conditions people experienced in addition to a primary diagnosis such as COVID, the National Center for Health Statistics "shared that 'for 6% of the deaths, COVID-19 was the only cause mentioned' on the death certificate, meaning that only 6 percent of individuals had no underlying health complications other than COVID-19 reported when they died." (The Scientist quoting the National Center for Health Statistics, September 2, 2020 article entitled "No the CDC Has Not 'Quietly Updated' COVID-19 Death Estimates"); and

WHEREAS, the Board is informed and believes, based on expert scientific opinion, that the state should carefully move towards a public health immunity instead of penalizing millions of Californians, and thousands of Placer County residents with more unproven and seemingly arbitrary restrictions as evidenced in the State's August 28th Blueprint system; and

WHEREAS, the Board of Supervisors is informed and believes, based on expert scientific opinion, that initial state actions have "flattened the curve" to allow for adequate preparation by the hospital system in Placer County and that the hospital system is not at risk of catastrophic failure due to COVID-19; and

WHEREAS, as of Wednesday, September 2, 2020, the Placer County COVID-19 dashboard reports that Placer County, with an estimated population of 398,329 by the U.S. Census Bureau, had 3,062 laboratory confirmed positive COVID-19 cases, 2,689 likely recovered COVID-19 cases, 34 deaths of persons with laboratory confirmed positive COVID-19 cases; and

WHEREAS, the known positive COVID-19 cases (3,062) represent 8 one-hundredth of 1% of the population of Placer County and the number of deaths (34) associated with COVID-19 represent 8 ten-thousandth of 1% of the population of Placer County; and

WHEREAS, based on the fact that the County's COVID case numbers have steadily reduced in number through August, it is the Board's conclusion that the circumstances that led to the Board's resolution ratifying the March 4th Proclamation of Local Health Emergency no longer exist; and

WHEREAS, pursuant to California Health and Safety Code section 101080, the Board, having reviewed the need for continuing the Local Health Emergency and recognizing that it is obligated under statute to terminate the same at "the earliest possible date that the conditions warrant termination", now conclude that current conditions related to COVID-19 in Placer County warrant termination of the Local Health Emergency and rescission of Resolution No. 2020-034.

NOW THEREFORE BE IT RESOLVED, by the Board of Supervisors, County of Placer, State of California does hereby terminate, pursuant to California Health and Safety Code section 101080, the Proclamation of Local Health Emergency and thereby rescind Resolution No. 2020-034, as modified by Resolution No. 2020-137 in its entirety.

BE IT FURTHER RESOLVED, by the Board of Supervisors, County of Placer, State of California that all residents of Placer County should recognize they are individually responsible for their own personal choices in response to COVID-19, that an individual's behavior could increase or decrease their chances of being infected by COVID-19 (a virus that can cause fatalities and other serious medical conditions) or having a family member infected, and that local government, in a free society, cannot eliminate all risk to COVID-19.

BE IT FURTHER RESOLVED, by the Board of Supervisors, County of Placer, State of California that California's new Blueprint monitoring system establishes an arbitrary regulation of local economies to the significant financial detriment of citizens. The State's Blueprint system by the Governor's own admission has no "green tier" and therefore no end of state regulation regardless of what many medical experts would find to be a reasonable ratio of new cases per 100,000 population.

BE IT FURTHER RESOLVED, by the Board of Supervisors, County of Placer, State of California, that the Governor's September 2, 2020 news conference recharacterization of the "COVID-19 pandemic" as the "Twindemic" and the Governor's stated goal that the effort by the state will be focused on fighting both COVID-19 and the flu through "the flu season" is an unwarranted extension of the present state of emergency. The Board finds this forecast an overreach of the Governor's authority under the State Emergency Act and an overregulation by the State of local county and city jurisdictions.

BE IT FURTHER RESOLVED, by the Board of Supervisors, County of Placer, State of California that the California State of Emergency and the state's stay-at-home requirements and other health requirements as directed in gubernatorial Executive Order N-33-20, and subsequent Executive Orders or statutes, and all California Department of Public Health orders, directives, and guidance ("State Requirements") remain in effect.

BE IT FURTHER RESOLVED, by the Board of Supervisors, County of Placer, State of California, this resolution shall be effective immediately upon adoption.

County of Placer

Board of Supervisors

175 FULWEILER AVENUE
AUBURN, CALIFORNIA 95603
530-889-4010 • FAX: 530-889-4009
PLACER CO. TOLL FREE # 800-488-4308

BONNIE GORE
District 1
ROBERT M. WEYGANDT
District 2
JIM HOLMES
District 3
KIRK UHLER
District 4
CINDY GUSTAFSON
District 5

August 26, 2020

The Honorable Gavin Newsom
Governor, State of California
State Capitol, First Floor
Sacramento, CA 95814

Re: *COVID-19 Statewide Response*

Dear Governor Newsom:

This letter is to first communicate my thanks to you and to the staff at the California Department of Public Health for your collective professionalism and dedication while working through the numerous calamities now being faced by Californians. The Placer County Board of Supervisors knows that the COVID-19 pandemic, state wildfires, heat wave, energy blackouts, homeless conditions, and current cultural unrest that grips society have caused severe physical and mental suffering among Californians and we know that you and CDPH are working tirelessly at addressing the same.

As the current Chair on the Board of Supervisors, I see the same physical and mental anguish in Placer County residents. On a day to day basis, the Board receives calls and hears pleas from Placer County residents who are truly suffering from the COVID-19 emergency. Unfortunately, the suffering is not from COVID-19 alone, but from the State's response to the emergency.

The State's closing of some "non-essential" businesses but allowing other businesses to remain open when the exact same risk of infection exists is hard to explain to residents because it makes no sense and has not helped in the fight against COVID-19. The State's response causes tremendous economic hardship without any tangible benefit. While I appreciate your good intentions, please consider the following:

1. The original intent of the State of Emergency and subsequent Stay at Home Order ("State Actions") was to prevent the catastrophic failure of the hospital system due to an anticipated surge of Covid-19 cases and to "flatten the curve" so as to avoid the overcrowding of our hospitals. California has been successful in this effort.

2. The actual infection fatality rate of COVID-19 is substantially lower than the earliest predictions in March 2020. As of Tuesday, August 25, 2020, the Placer County COVID-19 dashboard reported that Placer County, with an estimated population of 398,329 by the U.S. Census Bureau, had 2833 laboratory confirmed positive COVID-19 cases, 2,478 likely recovered COVID-19 cases, and 32 deaths of persons with laboratory confirmed positive COVID-19 case. The known positive COVID-19 cases (2,833) represents less

than 1% of the population of Placer County and the number of deaths (32) associated with COVID-19 represents 8 thousandths of 1% or 1 of every 12,448 residents in Placer County.

By comparison, the CDC reports that 1 of every 5,705 Californians died of influenza/pneumonia in 2018.[1] The same year 1 of every 2,894 Californians died of chronic lower respiratory disease.[2] Even though the death rate is more than double for influenza/pneumonia, the state was able to manage without stay at home orders or business closures.

3. Based on expert opinion, the State's response to the COVID-19 emergency has not prevented the spread of COVID-19, but only delayed the spread of COVID-19 cases. During a shut down, the virus does not simply go away. The spread slows but it will reemerge until public health immunity is reached by natural infection or through a vaccine.

4. Based on expert opinion: (a) the actual infection fatality rate of COVID-19 is between 5 thousandth and 8 thousandth of 1% of the population; (b) the herd immunity threshold (H.I.T.) could be as low as 10% and 20% of any given population because the contact rate of each person varies and some individuals have prior immunity based on previous exposure to other coronaviruses and (c) the long-term mitigation efforts (such as a shelter in place order) unnecessarily prolonged the negative physical, mental, emotional and economic impacts created by COVID-19.

5. It is our hope that a vaccine will be developed in the near future. However, the timing for an approved vaccine (that will be accepted by the public) is unknown. In addition, it is always a possibility that COVID-19 will return each year similar to an influenza virus. Therefore, public policy cannot be based on waiting for a vaccine.

Public Health Immunity Response

At this point, the best defense in response to the existing COVID-19 emergency is a "Public Health Immunity" response that encourages good health behavior to limit the spread of COVID-19 but recognizes that COVID-19 positive cases will naturally increase, with or without government intervention, until Californians have public health immunity.

A public health immunity response means that Californians practice good health habits and social distancing protocols but continue with their normal lives until public health immunity is achieved through either the natural spread of COVID-19 or through the development and use of an approved vaccine. A public health immunity response should be proportional to the epidemic and balanced against the negative effects created by the response (i.e. government's cure should not be worse than the disease). This responsive strategy accepts that COVID-19 is a virus that exists and that each year persons could die from COVID-19 just like persons could die from influenza or pneumonia. Further, a public health immunity avoids the wasteful use of government time and money on failed programs, such as contact tracing, but instead focuses government

[1] 39.46 million Californians divided by 6,917 influenza/pneumonia deaths = 5705 deaths.
[2] 39.46 million Californians divided by 13,634 chronic respiratory deaths = 2,894 deaths.

resources on protecting at risk population sectors, such as elderly persons in skilled nursing facilities. Furthermore, a public health immunity response recognizes that Californians are individually responsible for their own personal choices and that an individual's behavior could increase or decrease their chances of being infected by COVID-19 or having a family member infected. Finally, a public health immunity response acknowledges that government in a free society cannot (and should not try to) eliminate all risk to COVID-19 by creating social restrictions that have questionable effectiveness and cause serious collateral damage to California and its residents.

Next Steps

The State should give counties local control the discretion, based on infection rates in their jurisdictions, to determine the best course of action to address the coronavirus in their communities. We cannot allow our schools and businesses to be shut down until some unknown level of infection rate is met. Businesses and schools can open safely with safety protocols already in place. Continued shutdowns will only further result in mental, emotional and economic hardships. We must acknowledge that we should move toward public health immunity. Allow our communities to reopen, as appropriate, with safety protocols, based on their infection and death rates.

I understand that you are very busy and that neither you nor the CDPH have been able to respond to my correspondence to you dated July 30, 2020, August 5, 2020 and August 21, 2020. Our residents need assurances that the state is responding to their elected officials. Counties, by definition, are responsible for the public health of our residents and for providing direction and assistance during crises. Please accept these suggestions in the spirit they are being offered. Like you, the Placer County Board of Supervisors wants to continue to work together to combat COVID-19. Once again, I thank you in advance for taking the time to consider and respond to this correspondence.

Sincerely,

Bonnie Gore, Chair (District 1)
Placer County Board of Supervisors

Attachments: Letters dated July 30, 2020, August 5, 2020 and August 21, 2020

cc: Placer County Board of Supervisors
Todd Leopold, Placer County Executive Officer
Shaw/Yoder/Antwih

County of Placer

Board of Supervisors

175 FULWEILER AVENUE
AUBURN, CALIFORNIA 95603
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PLACER CO. TOLL FREE # 800-488-4308

BONNIE GORE
District 1
ROBERT M. WEYGANDT
District 2
JIM HOLMES
District 3
KIRK UHLER
District 4
CINDY GUSTAFSON
District 5

August 21, 2020

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

Re: *Businesses Opening Indoor Operations During Air Quality Emergency*

Dear Dr. Pan:

Thank you again for your continued efforts to keep our state residents safe from COVID-19.

We are writing to respectfully request that our local businesses be permitted to open indoor operations as soon as possible to protect our residents from the increasingly poor air quality due to these unprecedented wildfires.

The Placer County Board of Supervisors submitted a letter to you on August 19 requesting that our County be permitted to open businesses following 14 days from our removal from the watch list. Since then our state has been devastated with several horrific wildfires. Our county has been fortunate to not have a wildfire break out within our boundaries, however there are fires in communities around us which have significantly impacted the air quality of our entire county.

Placer County Health Officer, Dr. Aimee Sisson, stated that she does not recommend any person remain outdoors for an extended period when the Air Quality Index (AQI) is above 150. Today our main populated areas have an average AQI of 171. A representative of CalFire shared that we will likely see air quality at this level for at least the next two weeks.

In the continued spirit of collaboration, we have echoed your warnings about the spread of COVID-19. Our community has done an excellent job slowing the spread of COVID-19 as shown by our removal from the state watch list. With that said, our businesses that have already been struggling to stay open and have followed the state order to close or operate outdoors cannot continue to do so under these new circumstances.

We respectfully request that the businesses outlined in the July 13th statewide health order be allowed to reopen indoor operations in Placer County to protect public health. These include, gyms and fitness centers, places of worship, hair salons and barbershops, personal care services (nail salons, massage parlors, and tattoo parlors), and malls.

Further, although still listed as to be shut down throughout the state, we ask that restaurants, wineries and breweries be allowed to resume indoor operations for the same reasons listed above.

We believe these businesses will continue to implement precautions to keep employees and customers safe.

We appreciate your time and thank you for your consideration.

Sincerely,

Bonnie M. Gore
Chair, Board of Supervisors
Placer County, District 1

Cindy Gustafson
Member, Board of Supervisors
Placer County, District 5

Daniel Berlant
Mayor
City of Auburn

Dan Karleskint
Mayor
City of Lincoln

Jan Clark-Crets
Mayor
Town of Loomis

Greg Janda
Mayor
City of Rocklin

John B. Allard II
Mayor
City of Roseville

Cc: The Honorable Governor Gavin Newsom
Placer County Board of Supervisors
Todd Leopold, Placer County Executive Officer

County of Placer

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August 5, 2020

The Honorable Gavin Newsom
Governor, State of California
State Capitol, First Floor
Sacramento, CA 95814

Re: ***COVID-19 Statewide Response***

Dear Governor Newsom:

I write this letter to first express my sincere gratitude for your efforts on behalf of the State of California to fight SARS-CoV-2 (Covid-19). Few, if any of us, could have predicted in January and February of this year the coming devastation that would be thrust upon our local communities, state, country, and world.

I further thank you for the recent distribution of the CARES Act dollars to the County of Placer. At the local government level, we have also worked hard to fight Covid-19. As a county supervisor, I witnessed firsthand Covid-19's catastrophic effect on children, adults, businesses, and churches (to name only a few). I know the federal CARES Act dollars will help our county address a small portion of the loss suffered by the residents of Placer County (for which I am grateful).

My constituents have asked me questions about the State's response to the Covid-19 public health emergency. At the local level, there is a sincere confusion as to your strategy to address Covid-19. Some businesses are forced to close while other businesses are open even though the risk of spreading Covid-19 is logically indistinguishable between the two businesses. You have frequently stated that the State response will be dictated by science, but the science to date has shown that there is an extremely low statistical chance (i.e. thousandths of one-percent of the state population) that any given person in the state will be hospitalized and die from Covid-19.

It has been expressed to me that at this point in the state of emergency, you cannot stop the Covid-19 spread rate without literally destroying our society. For example, a plan to suppress social interaction until the spread rate drops to a specific number could take years given that a successful vaccine is not guaranteed and people may not take a vaccine because, among other reasons, it was rushed to production without proper vetting. If the goal is to reduce the spread rate, then what is the acceptable spread rate and how are you balancing the negative physical, mental, and economic effects created by the shut-down itself?

By emphasizing standard, accepted precautions (e.g. social distancing, hand washing, face coverings, etc., etc.) but allowing normal business to occur for persons that are not the truly at risk population, like the elderly or physically compromised, wouldn't the state naturally move toward herd immunity, without a significant increase in the infection fatality rate? Why couldn't the State pivot toward a herd immunity policy while making sure the social supports, medical capacity and PPE are available to treat the at-risk populations?

That is, until immunity is achieved either through the natural spread process or through a vaccine, the state could focus the emergency response on the at-risk population, not the entire population.

Some constituents wonder if politics have taken over the State's response to Covid-19 and that after the November election there will be a dramatic shift in the State's response. I agree with you that during this time we must set politics aside. We all must continue to work together to find the best solutions to combat Covid-19 at all levels of government. I thank you in advance for taking the time to consider and respond to my correspondence.

Sincerely,

Bonnie M Gore

Bonnie Gore, Chair (District 1)
Placer County Board of Supervisors

Cc: Placer County Board of Supervisors
Todd Leopold, Placer County Executive Officer
Shaw/Yoder/Antwih

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District 5

July 30, 2020

The Honorable Gavin Newsom
Governor, State of California
State Capitol, First Floor
Sacramento, CA 95814

Dear Governor Newsom,

On behalf of the Placer County Board of Supervisors, I am writing to request your consideration in releasing federal CARES Act monies immediately to Placer County as our employees are the ones at the forefront of the COVID-19 crisis and are focused on supporting the dire needs of our communities.

As elected officials, our leadership through this tragedy is tested daily. As a local government we are responsible for the boots on the ground response, every hour of every day. This effort is led by our local Public Health Officer, public health employees, local businesses, residents, social workers, first responders, and a host of others, including our city partners. All of us in Placer County are committed to defeating this pandemic and helping restore our communities.

In the spirit of collaboration, we implore you to immediately release all local CARES Act funding as appropriated by the federal government as we work in our community to meet critical needs and achieve outcomes you, your team and all of us desire. Local leadership is on the front line of "doing what's necessary" for Californians. We are dedicated to doing what is right for our communities and request release of all CARES Act funding immediately.

In Placer County, we have already committed 80 percent of our CARES Act funding to support our residents through County operations, including our most vulnerable residents with housing and food services. We have also committed 20 percent to our local community in the form of small grants to businesses and non-profits which have been hit especially hard during this pandemic. We understand this funding will not solve all the problems; however, it is our hope it can bridge the gap until we can reopen our community safely.

Lastly, thank you for your support for local governments in recognizing the need for CARES funding. It is imperative we do not fail our most vulnerable residents and our success in meeting this challenge will be greatly increased when we are given our much-needed resources.

Thank you for your consideration to this request.

COUNTY of PLACER

Bonnie M Gore

Bonnie Gore, Chair (District 1)
Placer County Board of Supervisors

cc: Placer County Board of Supervisors; Todd Leopold, Placer County Executive Officer; Shaw/Yoder/Antwih

Orange County Board of Education

Orange County Department of Education
200 Kalmus
Costa Mesa, CA

White Paper

Special Community Forum on "Opening Schools in Orange County"

Recommendations for the Safe and Effective Reopening of Orange County Schools

Adopted and approved by the Orange County Board of Education on July 13, 2020.

Forum Moderator

Will Swaim, President, California Policy Center

Expert Panelists

Steven Abelowitz, M.D., Clayton Chau, M.D., Simone Gold, M.D., Michael Eilbert, M.D., Mike Fitzgibbons, M.D., Mark MacDonald, M.D., Sherry Kropp, Ph.D., Joel Kotkin, Larry Sand, Michael A. Shires, Hon. Don Wagner

Table of Contents

***The OCBE acknowledges and appreciates Mr. Will Swaim assistance and input in the preparation of this document.**

PREFACE

California public schools are critical community institutions with civic responsibilities that often move far beyond teaching. For many families, public schools also provide crucial childcare and recreation needs as well as important mental health care and nutritional needs.

Public school employees frequently function as front-line detectors and reporters of child abuse and neglect issues. The shutdown of our schools has not diminished these risks to children; abuse doesn't stop merely because reporting from teachers is halted. Indeed, as one expert told us, children "are the silent casualties of this lockdown." For too many children, our schools are a refuge from a difficult, even violent world, and now that refuge is closed. Dr. Sherry Kropp stated, "We have hurt hundreds of thousands more children than we have helped." Orange County District Attorney Todd Spitzer predicts, *"One of the things we're going to learn after this pandemic is over is that by having people sheltered at home, we have potentially put children and elderly people closer to their abusers."*

There are reasonable arguments on all sides about whether this is the best and highest outcome for our school system, or why we often fall short of the high education standards we set for ourselves. But this is not the place for that debate. Here, we accept what is: that parents of school-age children – and children themselves – have come to rely on our schools. Deprived of these institutions even for a short time, children have lost valuable instruction. Many American communities have been plunged into social and economic chaos.

Therefore, the Orange County Board of Education concludes that it is not acceptable to delay the opening of public schools as it is not in the best interests of our children and families. Further, it is not clear that an effective cure or a vaccination for *SARS-CoV-2 infection* (Covid-19) will be developed in the near future if at all.

Declaring this in the face of widely held misconceptions and mixed messages about Covid-19 – particularly about its lethality and contagiousness to children – requires fact-finding and courage, as we

move through these uncertainties together. The American Academy of Pediatrics reported the following in late June [1]:

> *"Although many questions remain, the preponderance of evidence indicates that children and adolescents are less likely to be symptomatic and less likely to have severe disease resulting from Covid-19 infection. In addition, children may be less likely to become infected and to spread infection. Policies to mitigate the spread of COVID-19 within schools must be balanced with the known harms to children, adolescents, families, and the community by keeping children at home."*

We recognize that this conclusion is dramatically and significantly different from some common misconceptions about the disease. It was a conclusion that our panelists – and many in the medical community – reached long before the AAP released its recommendations. For that reason, we asked these experts to attend a special June 2020 special community forum at the Orange County Department of Education's Costa Mesa office. Each board member had the opportunity to place an expert of choice on the panel, and the board approved the resulting expert panel at its regular board meeting.

The OCBE special board public meeting on June 24, 2020 on reopening schools in Orange County followed the governor's current guidelines on social distancing. Members of the public were allowed to attend in person on a space-available basis, and we simultaneously made it possible for the public to attend the live-streamed meeting with more than 1,000 attendees. Hundreds of on-line listeners submitted questions and comments for discussion. And though we certainly could not answer all of the questions submitted, the experts' discussion, feedback, and conclusions provided a general response to all.

The board received both support and criticism to the stated mission and purpose of the meeting. Observers of the meeting saw evidence that the public and parents are eager to participate in the conversation on reopening schools. The purpose of the board's public dialogue is to provide transparent, open discussions for interested parents and community members, which are often in contrast with decision-making processes of other federal, state and local government agencies on the same subject. For instance, the board's community public forum and meeting reflected great

[1] https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/

transparency in contrast to the county superintendent's task force and meetings. In creating guidelines, this task force utilized community healthcare experts and primarily unelected school administrators in which the public and elected county department trustees were prevented from attending or participating. The subsequently released superintendent task force guidelines on re-opening schools, "Orange County Together" [2], is available for review on-line.

In this white paper, we have done our best to capture the general assessment of the various expert opinions. And, of course, some panelists were careful to say that they were speaking only for themselves and not necessarily for all colleagues or organizations with which they work in their professional capacities (see e.g. Appendix A.).

INTRODUCTION

Our schools were closed in March 2020 in order to meet what state officials said was the short-term goal of "flattening the curve," that is to slow the spread of Covid-19. Many of our panel experts said that decisions made to halt the spread of the virus by federal, state, and local government entities was reasonable at the time, given the general lack of knowledge about this novel infectious disease and evolving epidemic/pandemic. But continuing the shutdown despite new science and data, our experts said, has been a mistake with disastrous implications for children, their families and community. It hardly goes without saying that poorer families with fewer options, and families with special-needs children, have suffered most from the shutdown.

The current knowledge of this virus and its virulence has given science and medicine much information and knowledge to make reasonable public health policy, recommendations, and guidelines. More efficacious data and science will inform our knowledge of Covid-19 over time and guidelines will be continually adapted as we learn more about how to best live in the COVID-19 era.

General recommendations

What we know to date allows us to offer the following guidelines:

[2] https://newsroom.ocde.us/orange-county-together-guide-provides-recommendations-for-safely-reopening-local-schools/

- K-12 children represent the lowest-risk cohort for Covid-19. Because of that fact, social distancing of children and reduced census classrooms is not necessary and therefore not recommended.
- Requiring children to wear masks during school is not only difficult – if not impossible to implement – but not based on science. It may even be harmful and is therefore not recommended.
- Children play a very minor role in the spread of Covid-19. Teachers and staff are in greater danger of infection from other adults, including parents, than from students in their classrooms.
- Participation in any reopening of public education should be voluntary. These guidelines are not "laws" or "regulations" or even "rules." Parents, not government officials, are in the best position to determine the education environment that best suits their children. If a school district is unable or unwilling to provide that education, parents should be allowed to send their children to a district or charter school that will provide that education. Some parents with the means will opt for private schools or home schooling.
- Temperature checks should be performed regularly. As with any illness, ill children, teachers, or staff should be sent home and if identified not allowed to be on campus.
- As always, good hygiene with frequent hand washing and the use of hand sanitizer should be encouraged.
- Classrooms, meeting rooms, transportation vehicles (e.g., busses) and administrative offices should be thoroughly cleaned each night

Our goal is to provide parents, teachers, schools trustees, administrators and other stakeholders with evidence following the CDC's and the Academy of American Pediatrics' simple, common-sense guidelines that will allow us to reopen our schools safely this fall – and that our schools must reopen.

The general use of the U.S. Centers for Disease Control and Prevention (Appendix B-Schools during the Covid-19 pandemic,") and the American Academy of Pediatrics (Appendix C- COVID-19 Planning Considerations: Guidance for School Re-entry) is prudent reference for policy makers.

K-12 children represent the lowest risk cohort for Covid-19. Because of that fact, social distancing and masking of children is unnecessary and therefore not recommended.

There's no question that children generally represent the lowest risk cohort for Covid-19. The American Academy of Pediatrics concludes [3] :

> *SARS-CoV-2 appears to behave differently in children and adolescents than other common respiratory viruses, such as influenza, on which much of the current guidance regarding school closures is based. Although children and adolescents play a major role in amplifying influenza outbreaks, to date, this does not appear to be the case with SARS-CoV-2. Although many questions remain, the preponderance of evidence indicates that children and adolescents are less likely to be symptomatic and less likely to have severe disease resulting from SARS-CoV-2 infection. In addition, children may be less likely to become infected and to spread infection. Policies to mitigate the spread of COVID-19 within schools must be balanced with the known harms to children, adolescents, families, and the community by keeping children at home.*

Similarly, weeks before the Pediatric Academy's publication, the *Journal of the American Medical Association* reported, "*it is important to emphasize that the overall burden of COVID-19 infection in children remains relatively low compared with seasonal influenza*." [4]

As of June 24, 2020 the Orange County Healthcare Agency reported that residents under the age of 24 (38 percent of the population) accounted for just 15 percent of all Covid-19 cases and no Orange County deaths (Appendix D -"Orange County Covid-19 Cases and Deaths by Age). By contrast, individuals over the age of 75 (just 13.5 percent of the population) accounted for 56 percent of all deaths. As one of our experts on the panel put it, "*This is a disease that kills our most elderly and spares our children. It may sound callous, but would we want it the other way around*?"

The importance of vital social interaction among children is well-documented and is indeed foundational to American K-12 education. Social distancing and mandatory masking have been found to be more harmful to children than previously thought. An American Enterprise Institute working group notes [5]:

> *"The isolation brought about by social distancing can exacerbate children's depression and anxiety. As students return, schools must have counseling support to address the numerous*

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[3] https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/

[4] https://jamanetwork.com/journals/jamapediatrics/fullarticle/2766037

[5] https://www.aei.org/wp-content/uploads/2020/05/A-Blueprint-for-Back-to-School.pdf

causes of trauma that result from the deaths of friends and family members, economic hardship from a parent losing his or her job, or abuse, violence, or neglect" (Appendix E, "A Blueprint for Back to School,").

Indeed, our expert panelists expressed the same concerns about the lockdown's impact on our children's health. Dr. Sherry Kropp, recently retired superintendent of Los Alamitos Unified School District, summed up the conclusions of many on this issue: In closing our schools, "*we have hurt hundreds of thousands more children than we have helped.*"

Our professional educators and other support staff do not need to be reminded when and how to look for signs of psychological or mental health distress, including distress caused by social distancing, among our students and colleagues. Because of the established link between social-distancing and child harm, we cannot support extraordinary efforts aimed at social-distancing at school.

There's a complementary form of social-distancing that's often recommended or even required in other guidelines on school-reopening, that is considered just as unwise as social-distancing itself, i.e., the use of masks by children. The argument that children should wear masks to prevent the asymptomatic spread of the coronavirus to other students or a high-risk teacher or administrator is fallacious and lacks science and data to support this notion.

Requiring children to wear face coverings may even be very harmful to the child. Learning is inhibited and critical social interactions among students and between student and teacher are fractured. Mandatory masks may well lead to a spike in childhood behavior problems such as learning disabilities, anxiety disorders, and depression to name a few.

Responding to guidelines published by our colleagues in the Los Angeles Unified School District, Dr. Alice Kuo, President of the Southern California chapter of the American Academy of Pediatrics, opined [6]:

> *"Our concern is that recently issued guidelines for schools re-opening in Los Angeles County are not realistic or even developmentally appropriate for children. For example, wearing masks throughout the day can hinder language and socio-emotional development, particularly for*

[6] http://aapca2.org/wp-content/uploads/2020/06/AAP-CA2-press-release-on-schools-re-opening-6-2-20-Rev.pdf

younger children." (Appendix F)

It's important to note masks that are effective in preventing disease by viral contagions require formal certified instruction and training. Health professionals are generally experienced and fitted properly with personal protective equipment (PPE), and sophisticated masks that are properly fitted to the individual by a thirty minute test and process called "fit testing. " That's not the case with children and adults who currently are using inadequate filtering cloth or medical-surgical grade masks. According to the US. Department of Labor-Occupational Safety and Health Administration [7], "*cloth face coverings are not considered personal protective equipment (PPE)",* and surgical masks "*will not protect the wearer against airborne transmissible infectious agents due to lose fit and lack of adequate seal or inadequate filtration*."

"*Medical-surgical grade masks can be worn to contain the wearer's respiratory droplets (e.g., healthcare workers, such as surgeons, wear them to avoid contaminating surgical sites, and dentists and dental hygienists wear them to protect patients*)." Additionally, medical-surgical masks should be used by infected individuals to decrease the transmission of respiratory infections that spread by large Covid-19 droplets [8]. Pragmatically, as our panel of pediatric and medical experts iterated, the use of mask by children is unnatural and difficult to enforce. Prolong face mask during the schools day use will inevitably contribute to the increase frequency of children touching their faces and constantly adjusting their masks, thereby potentially increasing the rate of contaminating their hands and face coverings.

Future prevention by vaccines that are tested and approved by the FDA will not available for some future undefined time period. The Covid-19 virus will be a global endemic disease for the next generations until herd immunity or a vaccination is available. As the world advances its knowledge and medical science on the Covid-19 virus, we currently do not have any data or evidence of the effectiveness in preventing Covid infections in children and adults by the mandatory use of masks.

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[7] https://www.osha.gov/SLTC/covid-19/covid-19-faq.html#testing

[8] Ibid

The only evidence and data available on mask effectiveness against viruses are studies from the analysis of the 2009 pandemic Influenza (H1N1) virus. Cowling in his meta-analysis study [9] of 279 citations and 12 articles found by PubMed search, concluded there is " *limited evidence base supporting the efficacy or effectiveness of face masks to reduce influenza virus transmission*". Likewise, bin-Reza PubMed database search concluded in his meta-analysis study [10] that none of the "*studies reviewed established a conclusive relationship between mask/respirator use and protection against influenza infection*." There is a paucity of studies and data that does not support the use of masks to prevent becoming infected with Covid-19. In the future months and years ahead perhaps meta-analysis studies and data will reveal more information on mask effectiveness in preventing disease.

Future Covid-19 prevention in both adults and children by vaccines that are tested and approved by the FDA will not available for an undefined time period. The Covid-19 virus will be a global endemic disease for the next generations until herd immunity or a vaccination is available. Because children represent such a negligible risk for reasons unknown but with data and science supporting this notion, we cannot recommend masking children or social distancing. Indeed, we would ask those who advocate such requirements to respond to the medical evidence that masks and social distancing actually inhibit learning.

Children play a very minor role in the spread of Covid-19. Teachers and staff are in greater danger from one another – from all other adults, including parents – than from children.

If our neighbors are surprised that children are not vectors for Covid-19, it may come as a greater shock that many nonprofit childcare centers have remained open throughout the pandemic – even in New York City, the nation's hotspot for viral spread. National Public Radio reports [11]:

> *"Throughout the pandemic, many child care centers have stayed open for the children of front-line workers — everyone from doctors to grocery store clerks. YMCA of the USA and New York City's Department of Education have been caring for, collectively, tens of thousands of children since March, and both tell NPR they have no reports of coronavirus clusters or outbreaks. As*

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[9] Cowling, BJ., et. al., *Race Masks to Prevent Transmission of Influenza Virus: A Systematic Review*. Epidemiol. Infect. (2010), 138, 489-456

10 bin-Reza, F., et.al., *The Use of Masks And Respirators to Prevent Transmission Of Influenza: A Systematic Review Of The Scientific Evidence*.

[11] https://www.npr.org/2020/06/24/882316641/what-parents-can-learn-from-child-care-centers-that-stayed-open-during-lockdowns

school districts sweat over reopening plans, and with just over half of parents telling pollsters they're comfortable with in-person school this fall, public health and policy experts say education leaders should be discussing and drawing on these real-world child care experiences."

A researcher from Brown university [12] similarly found as of June 24, 2020, the day of our hearing, that "*916 childcare centers serving more than 20,000 children, just over 1% of staff and 0.16% of children were confirmed infected with the coronavirus*." Thus, indicating preliminary data and observations from childcare centers reflects low transmission capacity by children.

Data increasingly supports the conclusion that children are a very low risk of Covid-19 infection and are also not likely to transmit the disease along to adults. We therefore recommend that adults – including teachers, staff, parents – consider guidelines from the American Academy of Pediatrics (AppendixC)

Participation in any reopening of public education is voluntary. Parents, not government officials or a group of health experts, are in the best position to determine the education that best suits their children. If a school district is unable or unwilling to provide that education, parents will be allowed to send their children to a district or charter school that will provide that education.

Perhaps our most important recommendation is based on the principle of individual choice – both for the families of our students and, to the extent possible, for select employees. Though it is important that we reopen our schools, some parents and some employees may reasonably question their own fitness for a fall return. We understand that multigenerational families, for instance, or families in which children or adults live with maladies that make them more vulnerable might feel safe at home. It's important that school districts accommodate these choices to the best of their ability.

Similarly, parents must be granted the freedom to move – must be assisted in moving – to any other school that serves their interests. Our goal is to see to the continued education of our children, not to produce a top-down, centralized approach that assumes all families make this important decision in the same way.

[12] https://watson.brown.edu/taubman/news/2020/what-parents-can-learn-child-care-centers-stayed-open-during-lockdown-emily-oster-cited

COMMUNITY FEAR AND FUTURE GOVERANCE DECISIONS

Among the many compelling expert arguments for reopening our schools, a number of us were also struck by something different, something we might call advice for adults. Several panelists – policy experts and medical doctors – admonished us to remember that the data is clear, but data should not penetrate fear. Among our greatest responsibilities as adults is our responsibility to model courage and persistence in the face of uncertainty and fear, which is what many families are feeling with the mixed messages and confusion surrounding reopening of schools in the COVID-19 era.

Among these panel experts at the June 24, 2020 special board meeting, Dr. Mark McDonald, a psychiatrist who specializes in children and at-risk youth, may have summed it up best:

> *"Children are not dying from Covid-19. Children are not passing the disease on to adults. So the only question is, "Why are we even having this meeting tonight?" We're meeting because we adults are afraid.*
>
> *As parents, we will face many moments of anxiety: seeing our children off on their first day of kindergarten, their first day of camp, their first year of college. We may want to keep them home to protect them from the world, which can indeed be a frightening place. But let's be clear, when we do that, we are not really protecting our children. We are only attempting to manage our own anxiety, and we do that at their expense. We are acting as negligent parents. We are harming our children. We are failing them.*
>
> *We must agree to make decisions in the best interest of the children. If we do not – if, paralyzed by fear, we continue to act purely out of self-interest – we will ensure an entire generation of traumatized young adults, consigned to perpetual adolescence and residency in their parents' garages, unable to move through life with independence, courage, and confidence. They deserve better — we owe it to them as parents."*

ON DISTANCE LEARNING

While a thorough discussion of distance learning is beyond the scope of this discussion, it's important to note that it appears so far to have been an utter failure. Abandoning the classroom in favor of computer-based learning proved frustrating to all – not just parents and students but teachers, too.

The move has revealed huge class-based disparities in access to technology. It produced irregular attendance by children, and teachers simply (generally through no lack of effort) unable to manage distracted children in multiple locations. Its reliance on parental oversight is also a fatal weakness. With good reason, virtually every major newspaper report has declared the experiment a failure. Here are just a few of the many reports:

- *Los Angeles Times,* "With the coronavirus keeping campuses closed, parents report academic, financial struggles and stress" [13]
- *Sacramento Bee,* "Moving California schools online was difficult. Imagine doing it without fast internet or laptops" [14]
- *San Diego Union-Tribune,* "Some schools are pulling the plug on distance learning" [15]
- *Wall Street Journal,* "The Results Are In for Remote Learning: It Didn't Work" [16]
- *Zocalo Public Square*, "I deserve a 'A' for flunking my kids' distance learning" [17]

Summary

The Orange County Board of Education held a community public forum on reopening schools in Orange County with varied responses from constituents. The board's experts presented evidence that strongly supports opening schools in the fall as it is critical to the well-being of our children, families, and communities. The intent of the board was to demonstrate and provide expert opinions and science-based data that can be considered by local school trustees and superintendents when making policies for reopening schools in their district. K-12 children represent the lowest-risk cohort for Covid-19, and children play a very minor role in the spread of Covid-19 to adults. Evidence shows that teachers and staff are in greater danger of contracting a Covid-19 infection from other adults in the teachers' lounge than from students in their classrooms.

The findings of this forum are reflected in these guidelines:

- Social distancing of children and reduction of classroom size and census may be considered, but not vital to implement for school aged children.
- Requiring children to wear masks during school is not only difficult, but may even be harmful over time.

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[13] https://www.latimes.com/california/story/2020-05-18/la-schools-distance-learning-students-survey
[14] https://www.sacbee.com/news/local/education/article241799591.html
[15] https://www.sandiegouniontribune.com/news/nation-world/story/2020-05-14/some-us-schools-are-pulling-the-plug-on-distance-learning
[16] https://www.wsj.com/articles/schools-coronavirus-remote-learning-lockdown-tech-11591375078
[17] https://www.zocalopublicsquare.org/2020/05/12/distancing-learning-covid-19-education-students-parents-broken-system/ideas/connecting-california/

- Participation in any reopening of public education should be voluntary. These guidelines are not "laws" or "regulations" or even "rules." Parents are in the best position to determine the education environment that best suits their children rather than government officials.
- If a school district is unable or unwilling to reopen schools in a manner that resumes a typical classroom environment and school atmosphere, parents should be allowed to send their children to another school district or charter school that will provide that preferred education. In fact, many parents stated they will opt for private schools or home schooling if their child does not have a typical interactive academic classroom environment.
- Temperature checks should be performed regularly. As with any active disease or illness, children, teachers, or staff suspected of having an acute respiratory illness should be sent home and if identified not allowed to be on campus if testing and medical evaluation is performed.
- As always, good hygiene with frequent hand washing and the use of hand sanitizer is encouraged.
- Classrooms, meeting rooms, transportation vehicles (e.g., busses) and administrative offices should be thoroughly cleaned each night.
- Ongoing surveillance and coordination with county public health is encouraged.
- At risk children with underlying medical conditions and individual IEPs are in a different cohort or at-risk status. Thus the guidelines provided should not apply and all mitigating efforts should be used.

Appendix A-Community Forum Expert Panelists

Dr. Steven Abelowitz is past Pediatric Department Chair, Hoag Memorial Hospital Presbyterian. He is board certified in Pediatric Medicine and Medical Director of Coastal Kids Pediatric Medical Group in Newport Beach, Irvine, Laguna Niguel, and Ladera Ranch. Among other credentials and honors, Dr Abelowitz is a fellow of the American Academy of Pediatrics and board certified in Pediatric Medicine.

Dr. Clayton Chau is the director of the OC Health Care Agency, having worked for the agency's Behavioral Health Services team from 1999-2012. He was most recently Chief Clinical and Strategy Officer for Mind OC, the not-for-profit created to support the advancement of Be Well OC. Dr. Chau received his PhD in Clinical Psychology from Chelsea University in 2004, and his medical degree from the University of Minnesota in 1994. He completed his psychiatry residency at the University of California, Los Angeles/San Fernando Valley followed by a fellowship with the National Institute of Mental Health in psychoneuroimmunology focusing on substance use disorder and HIV. Dr. Chau has conducted international trainings in the areas of health care integration, health care system reform, cultural competency and mental health policy.

Dr. Michael Eilbert is a hospitalist and pulmonologist practicing medicine in Newport's Hoag Memorial Hospital Presbyterian. He has been in private practice for more than 20 years in Orange County. In this pandemic, Dr. Eilbert is actively involved in the treatment and care of acute Covid-19 positive patients. He is a member of the Board of Directors of the Orange County Medical Association (OCMA) and president elect to OCMA.

Dr. Mike Fitzgibbons is a hospitalist and an Infectious Disease specialist practicing medicine in central Orange County for over three decades. He is on staff at St. Joseph Hospital in Orange. A graduate of Georgetown Medical School, Dr. Fitzgibbons completed his residency and fellowship at UC Irvine Medical Center. In the current pandemic, Dr. Fitzgibbons is actively involved in the treatment and care of acute Covid-19 -positive patients. He is an expert on infectious pathogens and their associated morbidity and mortality. Dr. Fitzgibbons is a delegate to the California Medical Association and active in public policy on health and medical issues with the Orange County Medical Association.

Dr. Simone Gold is a board-certified emergency physician in Los Angeles, California. She graduated from Chicago Medical School before attending Stanford University Law School to earn her Juris Doctorate degree. She completed her residency in Emergency Medicine at Stony Brook University Hospital in New York. Dr. Gold has had a life-long interest in health policy, and worked in Washington D.C. for the former Surgeon General, as well as for the Chairman of the Labor & Human Resources Committee. She has also worked as a physician advisor determining inpatient or outpatient status, and as a physician-attorney advocate for hospital-clients with

Medicare and Medicaid appeals. She is a published author and editor of several magazine and newspaper articles.

Joel Kotkin is the Presidential Fellow in Urban Futures at Chapman University in Orange, California and Executive Director of the Houston-based Urban Reform Institute. He is Senior Advisor to the Kem C. Gardner Policy Institute. Kotkin has recently completed several studies including on urbanism, the future of localism, the changing role of transit in America and most recently California's lurch towards feudalism. He is co-author, with Michael Lind, on a report published in 2018 on the revival of the American Heartland for the Center for Opportunity Urbanism. As director of the Center for Demographics and Policy at Chapman University, he was the lead author of a major study on housing, and recently, with Marshall Toplansky, published a strategic analysis for Orange County.

Sherry Kropp PhD served in Orange County's Los Alamitos Unified School District since 1985 and was superintendent from 2011 until her retirement in 2019. A graduate of Orange County schools, she began her teaching career in 1978 as an English, math, and biology teacher and coach in Washington state before returning to Southern California. Before she was named Superintendent of Los Alamitos Unified School District, Dr. Kropp was a teacher, assistant principal, and interim principal at Los Alamitos High School, a principal at a continuation high school, and a director and assistant superintendent in the district. She has a bachelors degree in English, masters in Educational Administration, and a doctorate in Educational Leadership.

Dr. Mark McDonald is a double board-certified child and adolescent psychiatrist in private practice in Los Angeles. He studied classical cello and world literature at UC Berkeley before beginning medical training at the Medical College of Wisconsin. He completed his adult psychiatry residency at the University of Cincinnati and child psychiatry fellowship at Harbor-UCLA in Los Angeles. He specializes in working with children with autism and trauma, as well as obsessive-compulsive and bipolar disorders. He is a candidate in psychoanalysis at the Psychoanalytic Center of California (PCC).

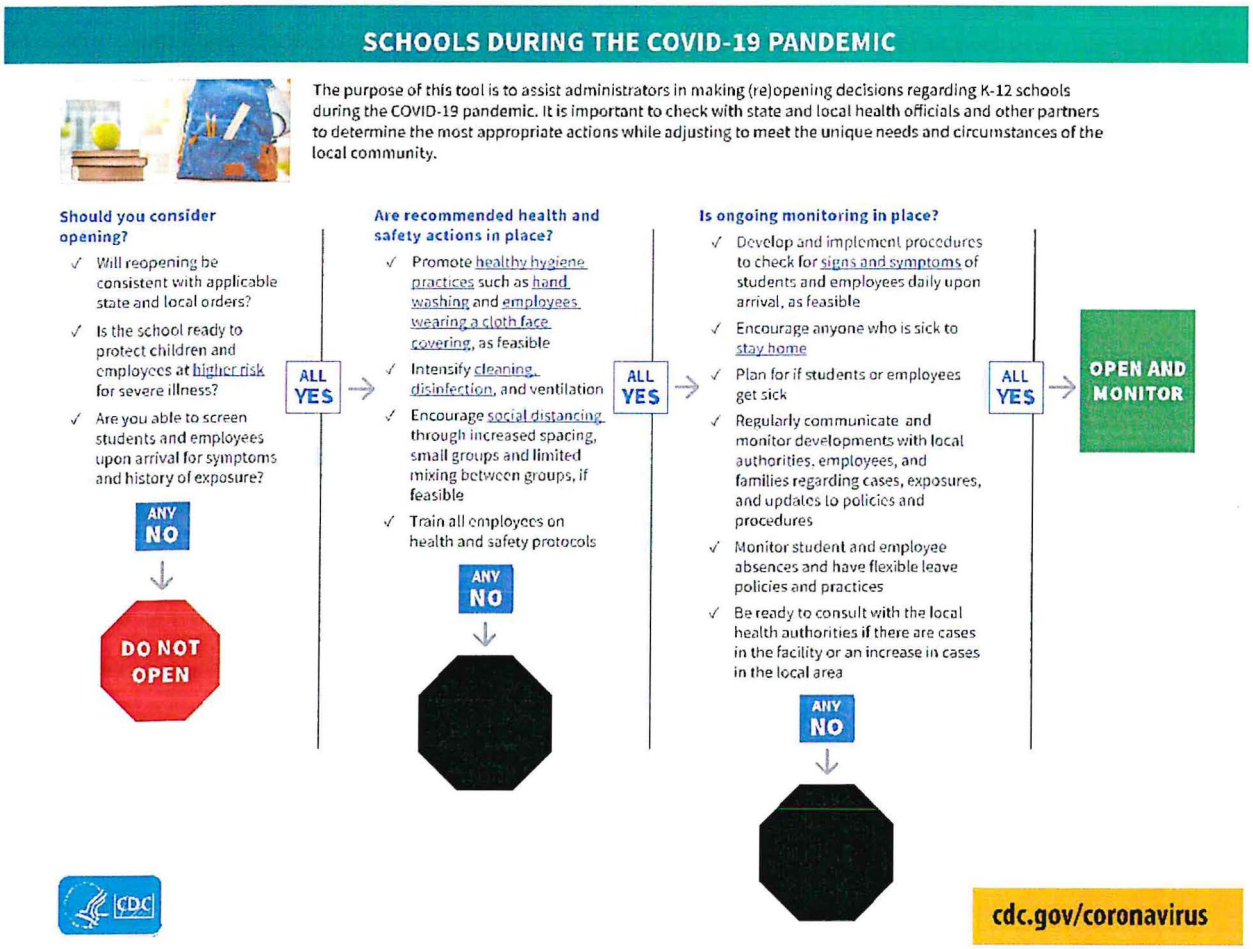
Larry Sand is an education policy expert with an insider's view: he began teaching in New York in 1971, and, in 1985, taught elementary school as well as English, math, history and ESL in the Los Angeles Unified School District, where he also served as a Title 1 Coordinator. Retired but not retiring, he is the president of the nonprofit California Teachers Empowerment Network (CTEN), a nonpartisan group dedicated to providing teachers with reliable and balanced information about professional affiliations and positions on education issues. In 2011, realizing that parents, taxpayers and others frequently receive faulty information from the mainstream media, CTEN expanded its mission to help the general public understand the array of educational issues facing our country today.

Michael A. Shires, Ph.D is associate dean for strategy and special projects and an Associate Professor at Pepperdine University School of Public Policy. Shires has a long record of success finding new strategies and solutions to problems across a wide range of organizations, from small and mid-sized businesses to nonprofit organizations and think tanks to local communities and governments. Over 25 years, he has worked extensively with new organizations with line

responsibility for developing management and educational systems. Dr. Shires has published extensively on state and local government finance in California, K-12 education policy and higher education policy. His research includes not only the nuts and bolts of state and local governance and finance, but also the ethics and politics of decision-making at these levels

Orange County Supervisor Don Wagner was re-elected to the Third Supervisorial district seat in March 2020, and has served as an elected leader in Orange County for over 24 years. He represents nearly 600,000 residents in Orange County's Third District (Anaheim Hills, Irvine, Orange, Tustin, North Tustin, Villa Park, Yorba Linda, and the unincorporated canyons). A practicing attorney, he has also served as a community college district trustee, state legislator, and mayor of Irvine from 2016 – 2019.

APPENDIX B -*U.S. Centers for Disease Control and Prevention-"Schools during the Covid-19 pandemic,"*



APPENDIX C-American Academy of Pediatrics Guidelines

COVID-19 Planning Considerations: Guidance for School Re-entry

Critical Updates on COVID-19 / Clinical Guidance / COVID-19 Planning Considerations: Guidance for School Re-entry

The purpose of this guidance is to support education, public health, local leadership, and pediatricians collaborating with schools in creating policies for school re-entry that foster the overall health of children, adolescents, staff, and communities and are based on available evidence. Schools are fundamental to child and adolescent development and well-being and provide our children and adolescents with academic instruction, social and emotional skills, safety, reliable nutrition, physical/speech and mental health therapy, and opportunities for physical activity, among other benefits. Beyond supporting the educational development of children and adolescents, schools play a critical role in addressing racial and social inequity. As such, it is critical to reflect on the differential impact SARS-CoV-2 and the associated school closures have had on different races, ethnic and vulnerable populations. These recommendations are provided acknowledging that our understanding of the SARS-CoV-2 pandemic is changing rapidly.

Any school re-entry policies should consider the following key principles:

- School policies must be flexible and nimble in responding to new information, and administrators must be willing to refine approaches when specific policies are not working.
- It is critically important to develop strategies that can be revised and adapted depending on the level of viral transmission in the school and throughout the community and done with close communication with state and/or local public health authorities and recognizing the differences between school districts, including urban, suburban, and rural districts.
- Policies should be practical, feasible, and appropriate for child and adolescent's developmental stage.
- Special considerations and accommodations to account for the diversity of youth should be made, especially for our vulnerable populations, including those who are medically fragile, live in poverty, have developmental challenges, or have special health care needs or disabilities, with the goal of safe return to school.
- No child or adolescent should be excluded from school unless required in order to adhere to local public health mandates or because of unique medical needs. Pediatricians, families, and schools should partner together to collaboratively identify and develop accommodations, when needed.

- School policies should be guided by supporting the overall health and well-being of all children, adolescents, their families, and their communities. These policies should be consistently communicated in languages other than English, if needed, based on the languages spoken in the community, to avoid marginalization of parents/guardians who are of limited English proficiency or do not speak English at all.

With the above principles in mind, **the AAP strongly advocates that all policy considerations for the coming school year should start with a goal of having students physically present in school**. The importance of in-person learning is well-documented, and there is already evidence of the negative impacts on children because of school closures in the spring of 2020. Lengthy time away from school and associated interruption of supportive services often results in social isolation, making it difficult for schools to identify and address important learning deficits as well as child and adolescent physical or sexual abuse, substance use, depression, and suicidal ideation. This, in turn, places children and adolescents at considerable risk of morbidity and, in some cases, mortality. Beyond the educational impact and social impact of school closures, there has been substantial impact on food security and physical activity for children and families.

Policy makers must also consider the mounting evidence regarding COVID-19 in children and adolescents, including the role they may play in transmission of the infection. SARS-CoV-2 appears to behave differently in children and adolescents than other common respiratory viruses, such as influenza, on which much of the current guidance regarding school closures is based. Although children and adolescents play a major role in amplifying influenza outbreaks, to date, this does not appear to be the case with SARS-CoV-2. Although many questions remain, the preponderance of evidence indicates that children and adolescents are less likely to be symptomatic and less likely to have severe disease resulting from SARS-CoV-2 infection. In addition, children may be less likely to become infected and to spread infection. Policies to mitigate the spread of COVID-19 within schools must be balanced with the known harms to children, adolescents, families, and the community by keeping children at home.

Finally, policy makers should acknowledge that COVID-19 policies are intended to mitigate, not eliminate, risk. No single action or set of actions will completely eliminate the risk of SARS-CoV-2 transmission, but implementation of several coordinated interventions can greatly reduce that risk. For example, where physical distance cannot be maintained, students (over the age of 2 years) and staff can wear face coverings (when feasible). In the following sections, we review some general principles that policy makers should consider as they plan for the coming school year. For all of these, education for the entire school community regarding these measures should begin early, ideally at least several weeks before the start of the school year.

Physical Distancing Measures

Physical distancing, sometimes referred to as social distancing, is simply the act of keeping people separated with the goal of limiting spread of contagion between individuals. It is fundamental to lowering the risk of spread of SARS-CoV-2, as the primary mode of transmission is through respiratory droplets by persons in close proximity. There is a conflict between optimal academic and social/emotional learning in schools and strict adherence to current physical distancing guidelines. For example, the Centers for Disease Control and Prevention (CDC) recommends that schools "space seating/desks at least 6 feet apart when feasible."

In many school settings, 6 feet between students is not feasible without limiting the number of students. Evidence suggests that spacing as close as 3 feet may approach the benefits of 6 feet of space, particularly if students are wearing face coverings and are asymptomatic. Schools should weigh the benefits of strict adherence to a 6-feet spacing rule between students with the potential downside if remote learning is the only alternative. Strict adherence to a specific size of student groups (e.g., 10 per classroom, 15 per classroom, etc.) should be discouraged in favor of other risk mitigation strategies.

Given what is known about transmission dynamics, adults and adult staff within schools should attempt to maintain a distance of 6 feet from other persons as much as possible, particularly around other adult staff. For all of the below settings, physical distancing by and among adults is strongly recommended, and meetings and curriculum planning should take place virtually if possible. In addition, other strategies to increase adult-adult physical distance in time and space should be implemented, such as staggered drop-offs and pickups, and drop-offs and pickups outside when weather allows. Parents should, in general, be discouraged from entering the school building. Physical barriers, such as plexiglass, should be considered in reception areas and employee workspaces where the environment does not accommodate physical distancing, and congregating in shared spaces, such as staff lounge areas, should be discouraged.

The recommendations in each of the age groups below are not instructional strategies but are strategies to optimize the return of students to schools in the context of physical distancing guidelines and the developmentally appropriate implementation of the strategies. Educational experts may have preference for one or another of the guidelines based on the instructional needs of the classes or schools in which they work.

Pre-Kindergarten (Pre-K)

In Pre-K, the relative impact of physical distancing among children is likely small based on current evidence and certainly difficult to implement. Therefore, Pre-K should focus on more effective risk mitigation strategies for this population. These include hand hygiene, infection prevention education for staff and families, adult physical distancing from one another, adults wearing face coverings, cohorting, and spending time outdoors.

Higher-priority strategies:

- Cohort classes to minimize crossover among children and adults within the school; the exact size of the cohort may vary, often dependent on local or state health department guidance.
- Utilize outdoor spaces when possible.
- Limit unnecessary visitors into the building.

Lower-priority strategies:

- Face coverings(cloth) for children in the Pre-K setting may be difficult to implement.
- Reducing classmate interactions/play in Pre-K aged children may not provide substantial COVID-19 risk reduction.

Elementary Schools

Higher-priority strategies:

- Children should wear face coverings when harms (e.g., increasing hand-mouth/nose contact) do not outweigh benefits (potential COVID-19 risk reduction).
- Desks should be placed 3 to 6 feet apart when feasible (if this reduces the amount of time children are present in school, harm may outweigh potential benefits).
- Cohort classes to minimize crossover among children and adults within the school.
- Utilize outdoor spaces when possible.

Lower-priority strategies:

- The risk reduction of reducing class sizes in elementary school-aged children may be outweighed by the challenge of doing so.
- Similarly, reducing classmate interactions/play in elementary school-aged children may not provide enough COVID-19 risk reduction to justify potential harms.

Secondary Schools

There is likely a greater impact of physical distancing on risk reduction of COVID in secondary schools than early childhood or elementary education. There are also different barriers to successful implementation of many of these measures in older age groups, as the structure of school is usually based on students changing classrooms. Suggestions for physical distancing risk mitigation strategies when feasible:

- Universal face coverings in middle and high schools when not able to maintain a 6-foot distance (students and adults).

- Particular avoidance of close physical proximity in cases of increased exhalation (singing, exercise); these activities are likely safest outdoors and spread out.
- Desks should be placed 3 to 6 feet apart when feasible.
- Cohort classes if possible, limit cross-over of students and teachers to the extent possible.
    - Ideas that may assist with cohorting:
        - Block schedule (much like colleges, intensive 1-month blocks).
        - Eliminate use of lockers or assign them by cohort to reduce need for hallway use across multiple areas of the building. (This strategy would need to be done in conjunction with planning to ensure students are not carrying home an unreasonable number of books on a daily basis and may vary depending on other cohorting and instructional decisions schools are making.)
        - Have teachers rotate instead of students when feasible.
        - Utilize outdoor spaces when possible.
        - Teachers should maintain 6 feet from students when possible and if not disruptive to educational process.
        - Restructure elective offerings to allow small groups within one classroom. This may not be possible in a small classroom.

Special Education

Every child and adolescent with a disability is entitled to a free and appropriate education and is entitled to special education services based on their individualized education program (IEP). Students receiving special education services may be more negatively affected by distance-learning and may be disproportionately impacted by interruptions in regular education. It may not be feasible, depending on the needs of the individual child and adolescent, to adhere both to distancing guidelines and the criteria outlined in a specific IEP. Attempts to meet physical distancing guidelines should meet the needs of the individual child and may require creative solutions, often on a case-by-case basis.

Physical Distancing in Specific Enclosed Spaces

Bussing

- Encourage alternative modes of transportation for students who have other options.
- Ideally, for students riding the bus, symptom screening would be performed prior to being dropped off at the bus. Having bus drivers or monitors perform these screenings is problematic, as they may face a situation in which a student screens positive yet the parent has left, and the driver would be faced with leaving the student alone or allowing the student on the bus.

- Assigned seating; if possible, assign seats by cohort (same students sit together each day).
- Tape marks showing students where to sit.
- When a 6-foot distance cannot be maintained between students, face coverings should be worn.
- Driver should be a minimum of 6 feet from students; driver must wear face covering; consider physical barrier for driver (e.g., plexiglass).
- Minimize number of people on the bus at one time within reason.
- Adults who do not need to be on the bus should not be on the bus.
- Have windows open if weather allows.

Hallways

- Consider creating one-way hallways to reduce close contact.
- Place physical guides, such as tape, on floors or sidewalks to create one-way routes.
- Where feasible, keep students in the classroom and rotate teachers instead.
- Stagger class periods by cohorts for movement between classrooms if students must move between classrooms to limit the number of students in the hallway when changing classrooms.
- Assign lockers by cohort or eliminate lockers altogether.

Playgrounds

Enforcing physical distancing in an outside playground is difficult and may not be the most effective method of risk mitigation. Emphasis should be placed on cohorting students and limiting the size of groups participating in playground time. Outdoor transmission of virus is known to be much lower than indoor transmission.

Meals/Cafeteria

School meals play an important part in addressing food security for children and adolescents. Decisions about how to serve meals must take into account the fact that in many communities there may be more students eligible for free and reduced meals than prior to the pandemic.

- Consider having students cohorted, potentially in their classrooms, especially if students remain in their classroom throughout the day.
- Create separate lunch periods to minimize the number of students in the cafeteria at one time.
- Utilize additional spaces for lunch/break times.
- Utilize outdoor spaces when possible.
- Create an environment that is as safe as possible from exposure to food allergens.
- Wash hands or use hand sanitizer before and after eating.

Cleaning and Disinfection

The main mode of COVID-19 spread is from person to person, primarily via droplet transmission. For this reason, strategies for infection prevention should center around this form of spread, including physical distancing, face coverings, and hand hygiene. Given the challenges that may exist in children and adolescents in effectively adhering to recommendations, it is critical staff are setting a good example for students by modeling behaviors around physical distancing, face coverings and hand hygiene. Infection via aerosols and fomites is less likely. However, because the virus may survive in certain surfaces for some time, it is possible to get infected after touching a virus contaminated surface and then touching the mouth, eyes, or nose. Frequent handwashing as a modality of containment is vital.

Cleaning should be performed per established protocols followed by disinfection when appropriate. Normal cleaning with soap and water decreases the viral load and optimizes the efficacy of disinfectants. When using disinfectants, the manufacturers' instructions must be followed, including duration of dwell time, use of personal protective equipment (PPE), if indicated, and proper ventilation. The use of EPA approved disinfectants against COVID-19 is recommended (EPA List N). When possible, only products labeled as safe for humans and the environment (e.g., Safer or Designed for the Environment), containing active ingredients such as hydrogen peroxide, ethanol, citric acid, should be selected from this list, because they are less toxic, are not strong respiratory irritants or asthma triggers, and have no known carcinogenic, reproductive, or developmental effects.

When EPA-approved disinfectants are not available, alternative disinfectants such as diluted bleach or 70% alcohol solutions can be used. Children should not be present when disinfectants are in use and should not participate in disinfecting activities. Most of these products are not safe for use by children, whose "hand-to-mouth" behaviors and frequent touching of their face and eyes put them at higher risk for toxic exposures. If disinfection is needed while children are in the classroom, adequate ventilation should be in place and nonirritating products should be used. Disinfectants such as bleach and those containing quaternary ammonium compounds or "Quats" should not be used when children and adolescents are present, because these are known respiratory irritants.

In general, elimination of high-touch surfaces is preferable to frequent cleaning. For example, classroom doors can be left open rather than having students open the door when entering and leaving the classroom or the door can be closed once all students have entered followed by hand sanitizing. As part of increasing social distance between students and surfaces requiring regular cleaning, schools could also consider eliminating the use of lockers, particularly if they are located in shared spaces or hallways, making physical distancing more challenging. If schools decide to use this strategy, it should be done within the context of ensuring that students are not forced to transport unreasonable numbers of books back and forth from school on a regular basis.

When elimination is not possible, surfaces that are used frequently, such a drinking fountains, door handles, sinks and faucet handles, etc., should be cleaned and disinfected at least daily and as often as possible. Bathrooms, in particular, should receive frequent cleaning and disinfection. Shared equipment including computer equipment, keyboards, art supplies, and play or gym equipment should also be disinfected frequently. Hand washing should be promoted before and after touching shared equipment. Computer keyboard covers can be used to facilitate cleaning between users. practices should be used for indoor areas that have not been used for 7 or more days or outdoor equipment. Surfaces that are not high touch, such as bookcases, cabinets, wall boards, or drapes should be cleaned following standard protocol. The same applies to floors or carpeted areas.

Outdoor playgrounds/natural play areas only need routine maintenance, and hand hygiene should be emphasized before and after use of these spaces. Outdoor play equipment with high-touch surfaces, such as railings, handles, etc., should be cleaned and disinfected regularly if used continuously.

UV light kills viruses and bacteria and is used in some controlled settings as a germicide. UV light-emitting devices should not be used in the school setting, because they are not safe for children and adults and can cause skin and eye damage.

Testing and Screening

Virologic testing is an important part of the overall public health strategy to limit the spread of COVID-19. Virologic testing detects the viral RNA from a respiratory (usually nasal) swab specimen. Testing all students for acute SARS-CoV-2 infection prior to the start of school is not feasible in most settings at this time. Even in places where this is possible, it is not clear that such testing would reduce the likelihood of spread within schools. It is important to recognize that virologic testing only shows whether a person is infected at that specific moment in time. It is also possible that the nasal swab virologic test result can be negative during the early incubation period of the infection. So, although a negative virologic test result is reassuring, it does not mean that the student or school staff member is not going to subsequently develop COVID-19. Stated another way, a student who is negative for COVID 19 on the first day of school may not remain negative throughout the school year.

If a student or school staff member has a known exposure to COVID-19 (e.g., a household member with laboratory-confirmed SARS-CoV-2 infection or illness consistent with COVID-19) or has COVID-19 symptoms, having a negative virologic test result, according to CDC guidelines, may be warranted for local health authorities to make recommendations regarding contact tracing and/ or school exclusion or school closure.

The other type of testing is serologic blood testing for antibodies to SARS-CoV-2. At the current time, serologic testing should not be used for individual decision-making and has no place in considerations for entrance to or exclusion from school. CDC

guidance regarding antibody testing for COVID-19 is that serologic test results should not be used to make decisions about grouping people residing in or being admitted to congregate settings, such as schools, dormitories, or correctional facilities. Additionally, serologic test results should not be used to make decisions about returning people to the workplace. The CDC states that serologic testing should not be used to determine immune status in individuals until the presence, durability, and duration of immunity is established. The AAP recommends this guidance be applied to school settings as well.

Schools should have a policy regarding symptom screening and what to do if a student or school staff member becomes sick with COVID-19 symptoms. Temperature checks and symptom screening are a frequent part of many reopening processes to identify symptomatic persons to exclude them from entering buildings and business establishments. The list of symptoms of COVID-19 infection has grown since the start of the pandemic and the manifestations of COVID-19 infection in children, although similar, is often not the same as that for adults.

School policies regarding temperature screening and temperature checks must balance the practicality of performing these screening procedures for large numbers of students and staff with the information known about how children manifest COVID-19 infection, the risk of transmission in schools, and the possible lost instructional time to conduct the screenings. Schools should develop plans for rapid response to a student or staff member with fever who is in the school regardless of the implementation of temperature checks or symptom screening prior to entering the school building. In many cases, it will not be practical for temperature checks to be performed prior to students arriving at school. **Parents should be instructed to keep their child at home if they are ill.** Any student or staff member with a fever of 100.4 degrees or greater or symptoms of possible COVID-19 virus infection should not be present in school.

In lieu of temperature checks and symptom screening being performed after arrival to school, **methods to allow parent report of temperature checks done at home may be considered.** Resources and time may necessitate this strategy at most schools. The epidemiology of disease in children along with evidence of the utility of temperature screenings in health systems may further justify this approach. Procedures using texting apps, phone systems, or online reporting rely on parent report and may be most practical but possibly unreliable, depending on individual family's ability to use these communication processes, especially if not made available in their primary language. Although imperfect, these processes may be most practical and likely to identify the most ill children who should not be in school. School nurses or nurse aides should be equipped to measure temperatures for any student or staff member who may become ill during the school day and should have an identified area to separate or isolate students who may have COVID-19 symptoms.

COVID-19 infection manifests similarly to other respiratory illness in children. Although children manifest many of the same symptoms of COVID-19 infection as adults, some

differences are noteworthy. According to the CDC, children may be less likely to have fever, may be less likely to present with fever as an initial symptom, and may have only gastrointestinal tract symptoms. A student or staff member excluded because of symptoms of COVID-19 should be encouraged to contact their health care provider to discuss testing and medical care. In the absence of testing, students or staff should follow local health department guidance for exclusion.

Face Coverings and PPE

Cloth face coverings protect others if the wearer is infected with SARS CoV-2 and is not aware. Cloth masks may offer some level of protection for the wearer. Evidence continues to mount on the importance of universal face coverings in interrupting the spread of SARS-CoV-2. Although ideal, universal face covering use is not always possible in the school setting for many reasons. Some students, or staff, may be unable to safely wear a cloth face covering because of certain medical conditions (e.g., developmental, respiratory, tactile aversion, or other conditions) or may be uncomfortable, making the consistent use of cloth face coverings throughout the day challenging. For individuals who have difficulty with wearing a cloth face covering and it is not medically contraindicated to wear a face covering, behavior techniques and social skills stories (see resource section) can be used to assist in adapting to wearing a face covering. When developing policy regarding the use of cloth face coverings by students or school staff, school districts and health advisors should consider whether the use of cloth face coverings is developmentally appropriate and feasible and whether the policy can be instituted safely. If not developmentally feasible, which may be the case for younger students, and cannot be done safely (e.g., the face covering makes wearers touch their face more than they otherwise would), schools may choose to not require their use when physical distancing measures can be effectively implemented. School staff and older students (middle or high school) may be able to wear cloth face coverings safely and consistently and should be encouraged to do so. Children under 2 years and anyone who has trouble breathing or is unconscious, incapacitated, or otherwise unable to remove a face covering without assistance should not wear cloth face coverings.

For certain populations, the use of cloth face coverings by teachers may impede the education process. These include students who are deaf or hard of hearing, students receiving speech/language services, young students in early education programs, and English-language learners. Although there are products (e.g., face coverings with clear panels in the front) to facilitate their use among these populations, these may not be available in all settings.
Students and families should be taught how to properly wear (cover nose and mouth) a cloth face covering, to maintain hand hygiene when removing for meals and physical activity, and for replacing and maintaining (washing regularly) a cloth face covering.

School health staff should be provided with appropriate medical PPE to use in health suites. This PPE should include N95 masks, surgical masks, gloves, disposable gowns, and face shields or other eye protection. School health staff should be aware of the CDC guidance on infection control measures. Asthma treatments using inhalers with spacers

are preferred over nebulizer treatments whenever possible. The CDC recommends that nebulizer treatments at school should be reserved for children who cannot use or do not have access to an inhaler (with spacer or spacer with mask). Schools should work with families and health care providers to assist with obtaining an inhaler for students with limited access. In addition, schools should work to develop and implement asthma action plans, which may include directly observed controller medication administration in schools to promote optimal asthma control.

If required while waiting for a student to be picked up to go home or for emergency personnel to arrive, when using nebulizer or a peak flow meter, school health staff should wear gloves, an N95 facemask, and eye protection. Staff should be trained on proper donning and doffing procedures and follow the CDC guidance regarding precautions when performing aerosol-generating procedures. Nebulizer treatments should be performed in a space that limits exposure to others and with minimal staff present. Rooms should be well ventilated or treatments should be performed outside. After the use of the nebulizer, the room should undergo routine cleaning and disinfection.

School staff working with students who are unable to wear a cloth face covering and who must be in close proximity to them should ideally wear N95 masks. When access to N95 masks is limited, a surgical mask in combination with a face shield should be used. Face shields or other forms of eye protection should also be used when working with students unable to manage secretions.

On-site School Based Health Services

On-site school health services should be supported if available, to complement the pediatric medical home and to provide pediatric acute and chronic care. Collaboration with school nurses will be essential, and school districts should involve School Health Services staff early in the planning phase for reopening and consider collaborative strategies that address and prioritize immunizations and other needed health services for students, including behavioral health and reproductive health services.

Education

The impacts of lost instructional time and social emotional development on children and adolescents should be anticipated, and schools will need to be prepared to adjust curricula and instructional practices accordingly without the expectation that all lost academic progress can be caught up. Plans to make up for lost academic progress because of school closures and distress associated with the pandemic should be balanced by a recognition of the likely continued distress of educators and students that will persist when schools reopen. If the academic expectations are unrealistic, school will likely become a source of further distress for students (and educators) at a time when they need additional support. It is also critical to maintain a balanced curriculum with continued physical education and other learning experiences rather than an exclusive emphasis on core subject areas.

Students With Disabilities

The impact of loss of instructional time and related services, including mental health services as well as occupational, physical, and speech/language therapy during the period of school closures is significant for students with disabilities. Students with disabilities may also have more difficulty with the social and emotional aspects of transitioning out of and back into the school setting. As schools prepare for reopening, school personnel should develop a plan to ensure a review of each child and adolescent with an IEP to determine the needs for compensatory education to adjust for lost instructional time as well as other related services.

Schools can expect a backlog in evaluations; therefore, plans to prioritize those for new referrals as opposed to re-evaluations will be important. Many school districts require adequate instructional effort before determining eligibility for special education services. However, virtual instruction or lack of instruction should not be reasons to avoid starting services such as response-to-intervention (RTI) services, even if a final eligibility determination is postponed.

Behavioral Health/Emotional Support for Children and Adolescents

Schools should anticipate and be prepared to address a wide range of mental health needs of children and staff when schools reopen. Preparation for infection control is vital and admittedly complex during an evolving pandemic. But the emotional impact of the pandemic, financial/employment concerns, social isolation, and growing concerns about systemic racial inequity — coupled with prolonged limited access to critical school-based mental health services and the support and assistance of school professionals — demands careful attention and planning as well. Schools should be prepared to adopt an approach for mental health support.

Schools should consider providing training to classroom teachers and other educators on how to talk to and support children during and after the COVID-19 pandemic. Students requiring mental health support should be referred to school mental health professionals.

Suicide is the second leading cause of death among adolescents or youth 10 to 24 years of age in the United States. In the event distance learning is needed, schools should develop mechanisms to evaluate youth remotely if concerns are voiced by educators or family members and should be establishing policies, including referral mechanisms for students believed to be in need of in-person evaluation, even before schools reopen.

School mental health professionals should be involved in shaping messages to students and families about the response to the pandemic. Fear-based messages widely used to encourage strict physical distancing may cause problems when schools reopen, because the risk of exposure to COVID-19 may be mitigated but not eliminated.

When schools do reopen, plans should already be in place for outreach to students who do not return, given the high likelihood of separation anxiety and agoraphobia in students. Students may have difficulty with the social and emotional aspects of

transitioning back into the school setting, especially given the unfamiliarity with the changed school environment and experience. Special considerations are warranted for students with pre-existing anxiety, depression, and other mental health conditions; children with a prior history of trauma or loss; and students in early education who may be particularly sensitive to disruptions in routine and caregivers.

Students facing other challenges, such as poverty, food insecurity, and homelessness, and those subjected to ongoing racial inequities may benefit from additional support and assistance.
Schools need to incorporate academic accommodations and supports for all students who may still be having difficulty concentrating or learning new information because of stress associated with the pandemic. It is important that schools do not anticipate or attempt to catch up for lost academic time through accelerating curriculum delivery at a time when students and educators may find it difficult to even return to baseline rates. These expectations should be communicated to educators, students, and family members so that school does not become a source of further distress.

Mental Health of Staff

The personal impact on educators and other school staff should be recognized. In the same way that students are going to need support to effectively return to school and to be prepared to be ready to process the information they are being taught, teachers cannot be expected to be successful at teaching children without having their mental health needs supported. The strain on teachers this year as they have been asked to teach differently while they support their own needs and those of their families has been significant, and they will be bringing that stress back to school as schools reopen.

Resources such as Employee Assistance Programs and other means to provide support and mental health services should be established prior to reopening. The individual needs and concerns of school professionals should be addressed with accommodations made as needed (e.g., for a classroom educator who is pregnant, has a medical condition that confers a higher risk of serious illness with COVID-19, resides with a family member who is at higher risk, or has a mental health condition that compromises the ability to cope with the additional stress). Although schools should be prepared to be agile to meet evolving needs and respond to increasing knowledge related to the pandemic and may need to institute partial or complete closures when the public health need requires, they should recognize that staff, students, and families will benefit from sufficient time to understand and adjust to changes in routine and practices. During a crisis, people benefit from clear and regular communication from a trusted source of information and the opportunity to dialogue about concerns and needs and feel they are able to contribute in some way to the decision-making process. Change is more difficult in the context of crisis and when predictability is already severely compromised.

Food Insecurity

In 2018, 11.8 million children and adolescents (1 in 7) in the United States lived in a food-insecure household. The coronavirus pandemic has led to increased

unemployment and poverty for America's families, which in turn will likely increase even further the number of families who experience food insecurity. School re-entry planning must consider the many children and adolescentswho experience food insecurity already (especially at-risk and low-income populations) and who will have limited access to routine meals through the school district if schools remain closed. The short- and long-term effects of food insecurity in children and adolescents are profound. **Plans should be made prior to the start of the school year for how students participating in free- and reduced- meal programs will receive food in the event of a school closure or if they are excluded from school because of illness or SARS-CoV-2 infection.**

Immunizations

Existing school immunization requirements should be maintained and not deferred because of the current pandemic. In addition, although influenza vaccination is generally not required for school attendance, in the coming academic year, it should be highly encouraged for all students. School districts should consider requiring influenza vaccination for all staff members. Pediatricians should work with schools and local public health authorities to promote childhood vaccination messaging well before the start of the school year. It is vital that all children receive recommended vaccinations on time and get caught up if they are behind as a result of the pandemic. The capacity of the health care system to support increased demand for vaccinations should be addressed through a multifaceted collaborative and coordinated approach among all child-serving agencies including schools.

Organized Activities

It is likely that sporting events, practices, and conditioning sessions will be limited in many locations. Preparticipation evaluations should be conducted in alignment with the AAP Preparticipation Physical Evaluation Monograph, 5th ed, and state and local guidance.

Additional Information

If you need a print version of this guidance, use the Print icon at the top of the page or download a pdf here.

- Information for Parents on HealthyChildren.org: Returning to School During COVID-19
- Guidance Related to Childcare During COVID-19
- Guidance on Providing Pediatric Well-Care During COVID-19
- List of latest AAP News articles on COVID-19
- *Pediatrics* COVID-19 Collection
- COVID-19 Advocacy Resources(Login required)
- Centers for Disease Control and Prevention: Considerations for Schools
- Centers for Disease Control and Prevention: School Decision Tree

- Centers for Disease Control and Prevention: Activities and Initiatives Supporting the COVID Response

Resources

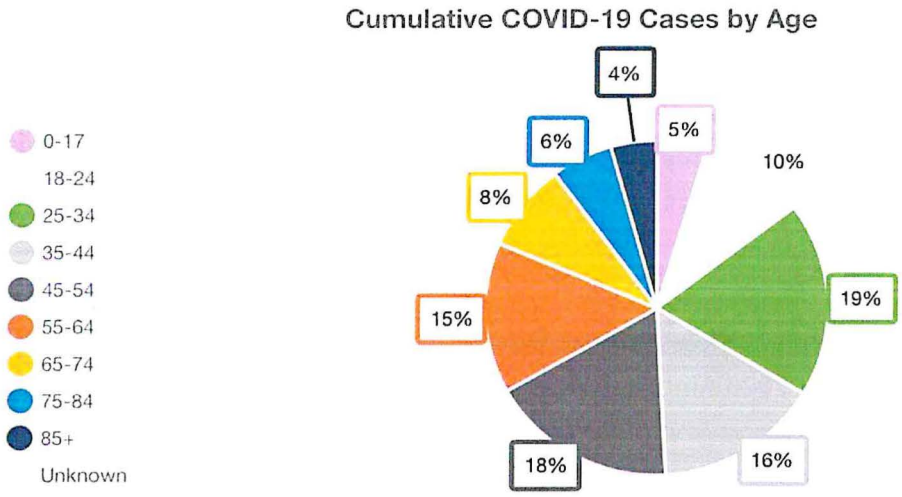
- Coalition to Support Grieving Students
- Using Social Stories to Support People with I/DD During the COVID-19 Emergency
- Social Stories for Young and Old on COVID-19

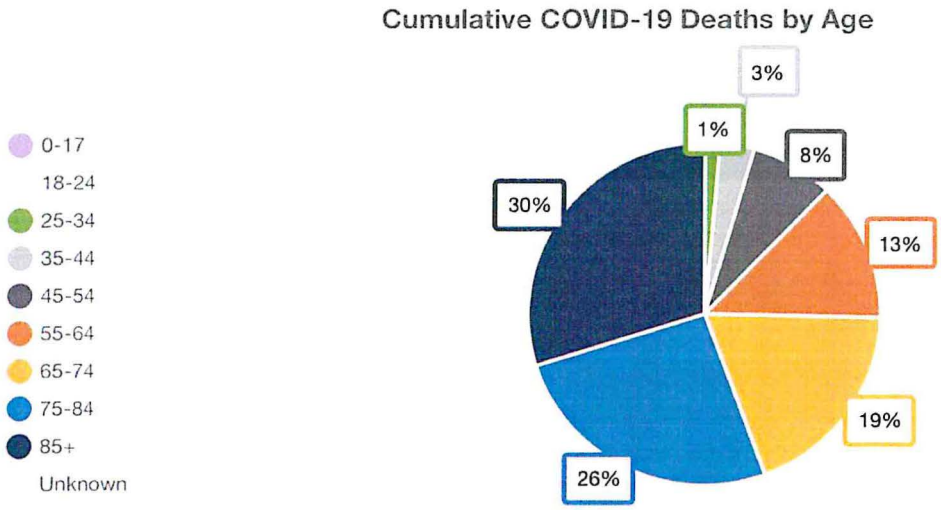
Interim Guidance Disclaimer: The COVID-19 clinical interim guidance provided here has been updated based on current evidence and information available at the time of publishing. Guidance will be regularly reviewed with regards to the evolving nature of the pandemic and emerging evidence. All interim guidance will be presumed to expire in December 2020 unless otherwise specified.

Last Updated

06/25/2020

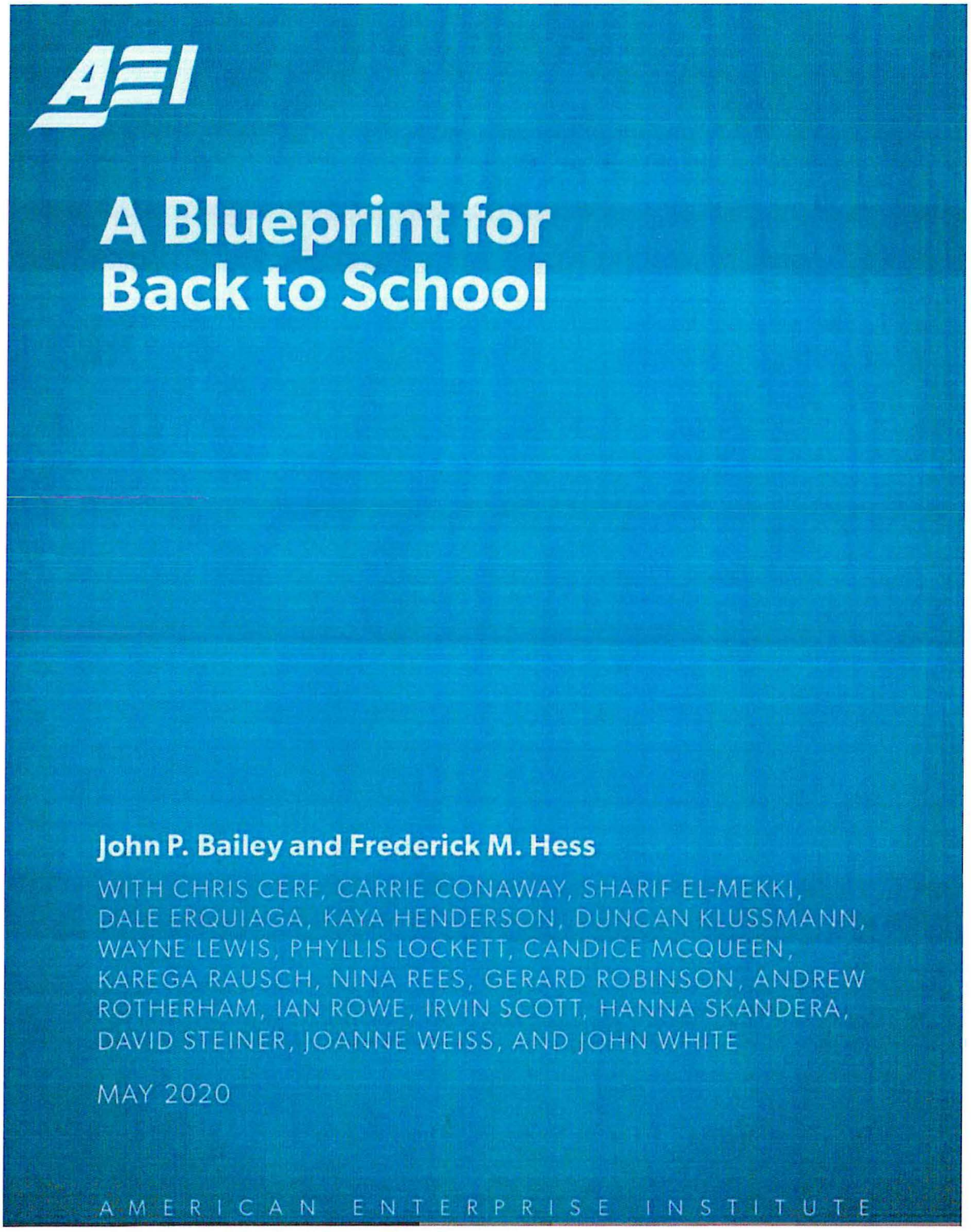
APPENDIX D- Orange County Covid-19 Cases and Deaths by Age





Source: Orange County Healthcare Agency, June 16

Appendix E- A Blueprint for Back to School. The American Enterprise Institute



APPENDIX F- Statement: Southern California Chapter-American Academy of Pediatric

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

Southern California Chapter – Los Angeles, Central Coast and Inland Empire

Press release

Local Pediatricians Urge Collaborative Decision-Making About Reopening Schools

PASADENA, CA (June 2, 2020)

As pediatricians, our top priority is the health and safety of our children. We urge those in public health and education to work together to strike the right balance between preventing the spread of COVID-19 and providing children with the education, nutrition, physical activity, and mental health benefits provided through the reopening of schools.

The risk of COVID-19 transmission among groups of children has not been well-studied, but current research suggests that the risk is much lower than the adult population. The negative effects of missing in-person educational time as children experience prolonged periods of isolation and lack of instruction, however, is clear. Children rely on schools for multiple needs, including but not limited to education, nutrition, physical activity, socialization, and mental health. Special populations of students receive services for disabilities and other conditions that are virtually impossible to deliver online. Prolonging a meaningful return to in-person education would result in hundreds of thousands of children in Los Angeles County being at risk for worsening academic, developmental and health outcomes.

Because of the nature of COVID-19 and of Los Angeles County, we cannot implement a one-size- fits-all set of rules for reopening schools. Los Angeles County covers more than 4,700 square miles and has a population of more than 10 million. Schools must have the flexibility to implement intermittent closures, phased reopenings, and isolation protocols that are appropriate for their specific areas and their specific populations.

"Our concern is that recently issued guidelines for schools re-opening in Los Angeles County are not realistic or even developmentally appropriate for children," says Dr. Alice Kuo, President of the Southern California chapter of the American Academy of Pediatrics. "For example, wearing masks throughout the day can hinder language and socio-emotional development, particularly for younger children."

"The guidelines need to be flexible for different age groups within a school district," says Kuo. "They also need to take into account what is feasible for the most number of students to return to in-person education, including practical spacing measures."

The AAP encourages collaborative decision-making among school districts and local and state public health departments to balance the academic needs of students with minimizing the risk of transmission of COVID-19. Pediatricians want to be involved in these discussions as experts on children's health and development. The national AAP recommendations for return to in-person education in schools can be found on our website at:

https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/

The Southern California chapter of the American Academy of Pediatrics is an organization of 1,500 primary care pediatricians, pediatric medical subspecialists and pediatric surgical specialists dedicated to the health, safety and well-being of infants, children, adolescents and young adults.

AAP Southern California Chapter 2 (AAP-CA2) Chapter2@aap-ca.org (818) 422-9877
www.aapca2.org

City of Atwater

OFFICE OF THE MAYOR
750 BELLEVUE ROAD
ATWATER, CA 95301
(209) 357-6300

September 15, 2020

Congressman Doug LaMalfa
Congressman Kevin McCarthy
Congressman Tom McClintock
Congressman Ken Calvert
Congressman Devin Nunes
Congressman Paul Cook
Congressman Mike Garcia

Dear Members of Congress:

We thank you for your efforts to put Governor Newsom on notice that he has no right to withhold federal funds for local governments that do not capitulate to his ever-shifting demands (see attached July 13, 2020 Letter). We also thank you for your recent call for the U.S. Treasury Department's Inspector General to audit California's misuse of CARES Act funds.

We join you in your fight to hold the Governor accountable and urge that you do everything in your power to help the City of Atwater receive the CARES Act money it deserves.

As you know, on July 23, 2020, the Governor's Office of Emergency Services withheld federal funds due to our COVID-19 Sanctuary City status for businesses (see attached OES Letter and City's Resolution). We have been told that, unless we "formally rescind" our resolution, California will not pass-through the federal government's money.

The federal funds that have been held hostage by the Governor due to our Sanctuary City status is an illegal, punitive, and spectacularly hypocritical act of reprisal.

This is political hypocrisy *par excellence*. As is well known, California, as a "sanctuary" jurisdiction, has enacted laws that limit its law enforcement authority to assist in the enforcement of immigration. In a lawsuit filed against the Trump Administration, the Governor argued that it was illegal for the federal government to withhold federal funds due to California's sanctuary policies:

> "These conditions are part of Defendants' escalating effort to unilaterally and fundamentally remake formula grant structures created by Congress into discretionary funding streams to be exploited for the Administration's immigration enforcement priorities. The conditions placed on these grants are unauthorized by Congress and are unrelated to the purposes of these otherwise salutary programs. The imposition of all of these immigration enforcement requirements in contravention of congressional intent is unlawful and unconstitutional, and should be halted."[1]

[1] Complaint for Declaratory, Injunctive, and Mandamus Relief at 1, California v. Barr, No. 3:19-cv-06189 (N.D. Cal. Sep. 30, 2019).

We would submit that the Governor's very same words, with only slight modification, apply with equal force against him here:

> "These conditions are part of [Governor's] escalating effort to unilaterally and fundamentally remake the [CARES Act eligibility] structures created by Congress into discretionary funding streams to be exploited for the [Governor's COVID-19] enforcement priorities. The conditions placed on these [CARES Act funds] are unauthorized by Congress and are unrelated to the purposes of this otherwise salutary program. The imposition of all of these [COVID-19] enforcement requirements in contravention of congressional intent is unlawful and unconstitutional, and should be halted."

But this is more than just high-handed hypocrisy — this is illegal. The Governor has illegally added California-specific conditions to a federal funding stream *that itself has no such conditions.*[2] Even though the City incurred qualified COVID-19 expenses —due to our solidarity and support for local businesses (which does not contradict any state orders) — we stand to lose what is rightfully ours.

The City of Atwater would have received the money from the federal government if it had 500,000 or more people in it — it could have certified directly with the federal government and received the money already. Nothing about the federal certification process would have precluded us from receiving these funds. However, due to the City's small size, we had to certify with California instead, and as a result, failed the political test uniquely imposed by Newsom. We have been ruled "ineligible" under these *ad hoc, post hoc* illegally-imposed California conditions. Congress' intent for safe passage of these funds has been blatantly defied, and there are now two very different sets of rules being imposed in California.

So, we ask that you please hold the Governor accountable to ensure the federal money flows rightfully to local governments, like ours.

Very truly yours,

Paul Creighton, Mayor
City of Atwater

[2] Under the CARES Act, funding eligibility is simple for cities as long as the expenses are: (1) necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID–19); (2) were not accounted for in the budget most recently approved as of March 27, 2020 (the date of enactment of the CARES Act) for the State or government; and (3) were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020. The City's Resolution, attached, is supportive of local businesses and does not directly violate any state orders. The City has successfully balanced the economic and public health tension and incurred many qualified expenses to help slow the spread of COVID-19. We are happy to demonstrate our track record in this regard.

Congress of the United States
Washington, DC 20515

July 13, 2020

The Honorable Gavin Newsom
Governor of California
1303 10th Street, Suite 1173
Sacramento, CA 95814

Governor Newsom:

We are writing today in response to reports from our local health officials that your office has given notice to several counties that Federal funding from the Coronavirus Aid, Relief and Economic Security (CARES) Act would be withheld if they do not fully comply with mandates created by the State. All of us, as Members of the California Congressional Delegation, share your concern with the rising number of active COVID-19 cases in California. Choosing this moment to threaten local government funding is unhelpful and counterproductive.

Congress intended for the Coronavirus Relief Fund (CRF) authorized and appropriated in the CARES Act to serve as an immediate $150 billion line of aid to every State and local government in the nation. California received, by far, the largest allocation in the country: $15.3 billion, of which $9.5 billion was disbursed directly to the State. California's 2020 Budget tepidly directs $1.8 billion in Federal funding to cities and counties, including those that already received direct payments from the U.S. Treasury. This funding is needed to help counties and cities train contact tracers, expand local healthcare capacity, and provision any other assistance needed. Yet as of July 1st, California has delivered almost none of this Federal aid to local governments and counties.

By withholding CRF payment disbursements from these localities, the State is creating winners and losers. In addition, guidance issued by the U.S. Department of the Treasury regarding implementation of the CRF clearly says that States cannot impose restrictions on transfers of funds to local governments that go beyond requirements outlined in Section 601(d) of the Social Security Act. Accordingly, we believe that the State may be inappropriately withholding CRF funds to localities by imposing conditions on such disbursements that are inconsistent with the Treasury Department's guidance and Section 601(d) of the Social Security Act.

As COVID-19 positive cases in California increase once again, our local governments are left with fewer options and less funding than they had earlier this year. Rather than continue to withhold Federal funding in exchange for compliance with State mandates, and to ensure that the State is in full compliance with the Treasury Department's guidance and the law, we ask that you expeditiously release this funding to our local officials.

Sincerely,

DOUG LaMALFA
Member of Congress

KEVIN McCARTHY
Member of Congress

TOM McCLINTOCK
Member of Congress

KEN CALVERT
Member of Congress

DEVIN NUNES
Member of Congress

PAUL COOK
Member of Congress

MIKE GARCIA
Member of Congress

GAVIN NEWSOM
GOVERNOR

MARK S. GHILARDUCCI
DIRECTOR

Cal OES
GOVERNOR'S OFFICE
OF EMERGENCY SERVICES

July 23, 2020

Ms. Lori Waterman
City Manager
City of Atwater
750 Bellevue Road
Atwater, CA 95301
LWaterman@atwater.org

Dear Ms. Waterman:

On March 4, 2020, Governor Newsom proclaimed a State of Emergency to exist statewide due to the threat of COVID-19. Since that time, COVID-19 has spread throughout California, requiring further action to protect the public health and safety. On March 19, 2020, Governor Newsom issued Executive Order N-33-20, which incorporated the State Public Health Officer's Stay-at-Home Order. This Order continues to apply statewide and remains necessary for the preservation of public health and safety. On May 4, 2020, the Governor issued Executive Order N-60-20. The Order allows local jurisdictions to take measured and meaningful steps to modify public health directives where public health data supports such a decision.

All of these actions were, and remain, necessary to preserve public health and safety. Merced County is no exception, as it has been on the county monitoring list for 24 days with elevated disease transmission and a test positivity rate of 16.7%. Additionally, hospitalizations in the county continue to increase. COVID-19 does not stop at administrative boundaries and one community's failure to follow public health orders will negatively impact other communities.

The State of California is providing and distributing financial support to assist local governments in responding to the impacts of the unprecedented COVID-19 pandemic. This funding is conditioned on the jurisdiction's adherence to federal guidance and the state's stay-at-home requirements and other health requirements as directed in gubernatorial Executive Order N-33-20, subsequent executive orders or statutes, and all State Department of Public Health orders, directives, and guidance issued in response to the COVID-19 public health

emergency.[1] Local governments must certify compliance to the Department of Finance when they apply for this funding. In the certification, the jurisdiction must affirm it has not enacted any ordinances or resolutions that are inconsistent with the state's stay-at-home order. This is necessary to ensure that all jurisdictions are adhering to public health directives and ensure for the protection of public health and safety.

As you are aware, on May 15, 2020, the City of Atwater passed Resolution number 3148-20, declaring the City of Atwater "a sanctuary city for all businesses." This Resolution, which is inconsistent with the state's public health directives, threatens the public health and safety of the City of Atwater's residents and renders the City ineligible for up to $387,428 in state assistance in accordance with the FY 20-21 State Budget Act.

It is our goal to ensure that every eligible jurisdiction in California, including the City of Atwater, receives this funding. In order to be eligible for funding, assuming it meets the other prescribed criteria, the City would need to rescind this resolution. I ask that you please advise once the City has formally rescinded this Resolution and has moved forward to expeditiously implement and enforce state public health guidelines. Thank you for your anticipated cooperation.

Sincerely,

MARK S. GHILARDUCCI
Director

Enclosure: City of Atwater Resolution 3148-20

cc: Assemblymember Adam Gray
Senator Anna Caballero
Representative Jim Costa

[1] http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB89

CITY COUNCIL
OF THE
CITY OF ATWATER

RESOLUTION NO. 3148-20

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF ATWATER AFFIRMING THE CITY'S COMMITMENT TO FUNDAMENTAL RIGHTS OF LIFE, LIBERTY, AND PROPERTY, AND DECLARING THE CITY OF ATWATER A SANCTUARY CITY FOR ALL BUSINESSES

WHEREAS, the City of Atwater recognizes that the Constitution of the United States enshrines certain rights of all Americans, including those fundamental liberty interests set forth in the Fourteenth Amendment that prohibit any state from depriving any person of life, liberty, or property, without due process of law; and

WHEREAS, the City of Atwater recognizes that the Declaration of Independence advanced the "inalienable rights" of life, liberty, and the pursuit of happiness in the face of tyrannical governmental overreach; and

WHEREAS, each of the City of Atwater duly elected or appointed public servants have sworn to defend and uphold the United States Constitution and the Constitution of the State of California; and

WHEREAS, recent state and county orders have been issued which have deemed certain businesses as "essential" and ordered all other businesses to stay shuddered, closed, forcing them perilously on life support as they fight for their very economic survival and livelihood; and

WHEREAS, the City of Atwater welcomes, honors, and respects the contributions of all businesses, regardless of their size, and regardless of whether or not they have been deemed "essential" by state or county bodies; and

WHEREAS, the City of Atwater's diverse businesses positively contribute to the economic, cultural, and social fabric of the City; and

WHEREAS, all businesses in the City have not only been a catalyst for the City's recent economic recovery, but have been the backbone of the City throughout its 98-year history; and

WHEREAS, the City of Atwater's businesses are socially responsible, and are able and willing to maintain effective social distancing and health protocols to ensure the City remains one of the strongest COVID-19 success stories in California; and

WHEREAS, fostering a relationship of trust, respect, and open communication between City officials and businesses is essential to the City's mission of delivering effective public services in partnership with the community, thereby advancing a high quality of life for residents; and

WHEREAS, the City of Atwater seeks to foster trust, not fear, between City officials and businesses, while properly allocating limited local resources and encouraging cooperation and open communication, to ensure public safety and due process for all, irrespective of business status; and

WHEREAS, the City of Atwater desires to demonstrate its commitment to its businesses by providing a safe community and by assuring them that, in accordance with federal and state laws and all state licensing authorities, the City will not of its own accord abridge such freedoms and rights; and

WHEREAS, the City of Atwater recognizes the inalienable rights of individuals, as individuals, to earn a living, to employ others or be employed, to provide income for their families, to give back to the community, to treat neighbors with respect and care, and contribute to the overall health and well-being of the community, without the need for undue governmental overreach and coercion.

NOW, THEREFORE, BE IT RESOLVED, that the City Council of the City of Atwater does hereby resolve as follows:

SECTION 1: City of Atwater shall not, in accordance with state and federal law, and in order to properly allocate limited local resources and optimize cooperation and communication to ensure public safety and due process for all, irrespective of business status, actively join forces with other agencies solely for the purpose of enforcing state or county COVID-19 orders; and

SECTION 2: City of Atwater shall not, in accordance with state and federal law, take any direct action against any businesses or individuals based solely on their actual or perceived business status; and

SECTION 3: The City of Atwater recognizes that state and county authorities directly license, permit, and regulate some businesses within the City and nothing in this Resolution is intended to abridge such authorities from overseeing applicable license regulations and restraints on such City businesses; and

SECTION 4: Subject to the foregoing, the City of Atwater hereby declares that it is a Sanctuary City for All Businesses.

The foregoing resolution is hereby adopted this 15th day of May 2020.

AYES: **Vierra, Raymond, Cale, Creighton**
NOES: **None**
ABSENT: **Ambriz**

APPROVED:

PAUL CREIGHTON, MAYOR

ATTEST:

LUCY ARMSTRONG, CITY CLERK

City of Atwater

OFFICE OF THE MAYOR
750 BELLEVUE ROAD
ATWATER, CA 95301
(209) 357-6300

September 15, 2020

Congressman Doug LaMalfa
Congressman Kevin McCarthy
Congressman Tom McClintock
Congressman Ken Calvert
Congressman Devin Nunes
Congressman Paul Cook
Congressman Mike Garcia

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Washington, DC 20515

July 13, 2020

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Governor Newsom:

We are writing today in response to reports from our local health officials that your office has given notice to several counties that Federal funding from the Coronavirus Aid, Relief and Economic Security (CARES) Act would be withheld if they do not fully comply with mandates created by the State. All of us, as Members of the California Congressional Delegation, share your concern with the rising number of active COVID-19 cases in California. Choosing this moment to threaten local government funding is unhelpful and counterproductive.

Congress intended for the Coronavirus Relief Fund (CRF) authorized and appropriated in the CARES Act to serve as an immediate $150 billion line of aid to every State and local government in the nation. California received, by far, the largest allocation in the country: $15.3 billion, of which $9.5 billion was disbursed directly to the State. California's 2020 Budget tepidly directs $1.8 billion in Federal funding to cities and counties, including those that already received direct payments from the U.S. Treasury. This funding is needed to help counties and cities train contact tracers, expand local healthcare capacity, and provision any other assistance needed. Yet as of July 1st, California has delivered almost none of this Federal aid to local governments and counties.

By withholding CRF payment disbursements from these localities, the State is creating winners and losers. In addition, guidance issued by the U.S. Department of the Treasury regarding implementation of the CRF clearly says that States cannot impose restrictions on transfers of funds to local governments that go beyond requirements outlined in Section 601(d) of the Social Security Act. Accordingly, we believe that the State may be inappropriately withholding CRF funds to localities by imposing conditions on such disbursements that are inconsistent with the Treasury Department's guidance and Section 601(d) of the Social Security Act.

As COVID-19 positive cases in California increase once again, our local governments are left with fewer options and less funding than they had earlier this year. Rather than continue to withhold Federal funding in exchange for compliance with State mandates, and to ensure that the State is in full compliance with the Treasury Department's guidance and the law, we ask that you expeditiously release this funding to our local officials.

Sincerely,

DOUG LaMALFA
Member of Congress

KEVIN McCARTHY
Member of Congress

TOM McCLINTOCK
Member of Congress

KEN CALVERT
Member of Congress

DEVIN NUNES
Member of Congress

PAUL COOK
Member of Congress

MIKE GARCIA
Member of Congress

GAVIN NEWSOM
GOVERNOR

MARK S. GHILARDUCCI
DIRECTOR

Cal OES
GOVERNOR'S OFFICE
OF EMERGENCY SERVICES

July 23, 2020

Ms. Lori Waterman
City Manager
City of Atwater
750 Bellevue Road
Atwater, CA 95301
LWaterman@atwater.org

Dear Ms. Waterman:

On March 4, 2020, Governor Newsom proclaimed a State of Emergency to exist statewide due to the threat of COVID-19. Since that time, COVID-19 has spread throughout California, requiring further action to protect the public health and safety. On March 19, 2020, Governor Newsom issued Executive Order N-33-20, which incorporated the State Public Health Officer's Stay-at-Home Order. This Order continues to apply statewide and remains necessary for the preservation of public health and safety. On May 4, 2020, the Governor issued Executive Order N-60-20. The Order allows local jurisdictions to take measured and meaningful steps to modify public health directives where public health data supports such a decision.

All of these actions were, and remain, necessary to preserve public health and safety. Merced County is no exception, as it has been on the county monitoring list for 24 days with elevated disease transmission and a test positivity rate of 16.7%. Additionally, hospitalizations in the county continue to increase. COVID-19 does not stop at administrative boundaries and one community's failure to follow public health orders will negatively impact other communities.

The State of California is providing and distributing financial support to assist local governments in responding to the impacts of the unprecedented COVID-19 pandemic. This funding is conditioned on the jurisdiction's adherence to federal guidance and the state's stay-at-home requirements and other health requirements as directed in gubernatorial Executive Order N-33-20, subsequent executive orders or statutes, and all State Department of Public Health orders, directives, and guidance issued in response to the COVID-19 public health

emergency.[1] Local governments must certify compliance to the Department of Finance when they apply for this funding. In the certification, the jurisdiction must affirm it has not enacted any ordinances or resolutions that are inconsistent with the state's stay-at-home order. This is necessary to ensure that all jurisdictions are adhering to public health directives and ensure for the protection of public health and safety.

As you are aware, on May 15, 2020, the City of Atwater passed Resolution number 3148-20, declaring the City of Atwater "a sanctuary city for all businesses." This Resolution, which is inconsistent with the state's public health directives, threatens the public health and safety of the City of Atwater's residents and renders the City ineligible for up to $387,428 in state assistance in accordance with the FY 20-21 State Budget Act.

It is our goal to ensure that every eligible jurisdiction in California, including the City of Atwater, receives this funding. In order to be eligible for funding, assuming it meets the other prescribed criteria, the City would need to rescind this resolution. I ask that you please advise once the City has formally rescinded this Resolution and has moved forward to expeditiously implement and enforce state public health guidelines. Thank you for your anticipated cooperation.

Sincerely,

MARK S. GHILARDUCCI
Director

Enclosure: City of Atwater Resolution 3148-20

cc: Assemblymember Adam Gray
Senator Anna Caballero
Representative Jim Costa

[1] http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB89

CITY COUNCIL
OF THE
CITY OF ATWATER

RESOLUTION NO. 3148-20

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF ATWATER AFFIRMING THE CITY'S COMMITMENT TO FUNDAMENTAL RIGHTS OF LIFE, LIBERTY, AND PROPERTY, AND DECLARING THE CITY OF ATWATER A SANCTUARY CITY FOR ALL BUSINESSES

WHEREAS, the City of Atwater recognizes that the Constitution of the United States enshrines certain rights of all Americans, including those fundamental liberty interests set forth in the Fourteenth Amendment that prohibit any state from depriving any person of life, liberty, or property, without due process of law; and

WHEREAS, the City of Atwater recognizes that the Declaration of Independence advanced the "inalienable rights" of life, liberty, and the pursuit of happiness in the face of tyrannical governmental overreach; and

WHEREAS, each of the City of Atwater duly elected or appointed public servants have sworn to defend and uphold the United States Constitution and the Constitution of the State of California; and

WHEREAS, recent state and county orders have been issued which have deemed certain businesses as "essential" and ordered all other businesses to stay shuddered, closed, forcing them perilously on life support as they fight for their very economic survival and livelihood; and

WHEREAS, the City of Atwater welcomes, honors, and respects the contributions of all businesses, regardless of their size, and regardless of whether or not they have been deemed "essential" by state or county bodies; and

WHEREAS, the City of Atwater's diverse businesses positively contribute to the economic, cultural, and social fabric of the City; and

WHEREAS, all businesses in the City have not only been a catalyst for the City's recent economic recovery, but have been the backbone of the City throughout its 98-year history; and

WHEREAS, the City of Atwater's businesses are socially responsible, and are able and willing to maintain effective social distancing and health protocols to ensure the City remains one of the strongest COVID-19 success stories in California; and

WHEREAS, fostering a relationship of trust, respect, and open communication between City officials and businesses is essential to the City's mission of delivering effective public services in partnership with the community, thereby advancing a high quality of life for residents; and

WHEREAS, the City of Atwater seeks to foster trust, not fear, between City officials and businesses, while properly allocating limited local resources and encouraging cooperation and open communication, to ensure public safety and due process for all, irrespective of business status; and

WHEREAS, the City of Atwater desires to demonstrate its commitment to its businesses by providing a safe community and by assuring them that, in accordance with federal and state laws and all state licensing authorities, the City will not of its own accord abridge such freedoms and rights; and

WHEREAS, the City of Atwater recognizes the inalienable rights of individuals, as individuals, to earn a living, to employ others or be employed, to provide income for their families, to give back to the community, to treat neighbors with respect and care, and contribute to the overall health and well-being of the community, without the need for undue governmental overreach and coercion.

NOW, THEREFORE, BE IT RESOLVED, that the City Council of the City of Atwater does hereby resolve as follows:

SECTION 1: City of Atwater shall not, in accordance with state and federal law, and in order to properly allocate limited local resources and optimize cooperation and communication to ensure public safety and due process for all, irrespective of business status, actively join forces with other agencies solely for the purpose of enforcing state or county COVID-19 orders; and

SECTION 2: City of Atwater shall not, in accordance with state and federal law, take any direct action against any businesses or individuals based solely on their actual or perceived business status; and

SECTION 3: The City of Atwater recognizes that state and county authorities directly license, permit, and regulate some businesses within the City and nothing in this Resolution is intended to abridge such authorities from overseeing applicable license regulations and restraints on such City businesses; and

SECTION 4: Subject to the foregoing, the City of Atwater hereby declares that it is a Sanctuary City for All Businesses.

The foregoing resolution is hereby adopted this 15th day of May 2020.

AYES: **Vierra, Raymond, Cale, Creighton**
NOES: **None**
ABSENT: **Ambriz**

APPROVED:

PAUL CREIGHTON, MAYOR

ATTEST:

LUCY ARMSTRONG, CITY CLERK

EDC COB <edc.cob@edcgov.us>

Nancy Williams is out of touch with our community

2 messages

shanjlowder@gmail.com <shanjlowder@gmail.com> Wed, Sep 23, 2020 at 2:52 PM
To: bosone@edcgov.us, edc.cob@edcgov.us, bostwo@edcgov.us, bosthree@edcgov.us, bosfour@edcgov.us

Supervisors,

After participating in a handful of public meetings the last six months, it is abundantly clear to me that Nancy Williams is completely out of touch with the people of El Dorado County.

The idea that she would recommend that we wear mask at home with our spouses and children is comical. Clearly the board also thought, as one of you can be heard laughing at her asinine recommendation.

She has demonstrated how out of touch she is on several occasions. When she approved for community members to congregate in "small pods" she was about 4 months behind what the community had already started doing. As information from the President and Governor was being distributed back in March many people followed these guidelines. However, as more and more information became available, County residents began to loosen their own guidelines. Families started to gather again, children started seeing friends again and our family kept our summer travel plans. Her pulse on the community is off and her words are no longer taken seriously by a majority of our community.

Our family has been having guest, playdates, sleepovers and family dinners since May. We have also traveled to 3 states (that would be 6 airplanes, 4 hotels, multiple restaurants) over the summer. We followed the guidelines of all the business we encountered (all varied by state). It has become very clear to me that the entire country isn't being held back the way we are here in California. I was really disappointed at the meeting this week that you did not follow in the path of Placer County. Even though they may still have to follow state guidelines, it's a message to the citizens of El Dorado County that you are listening to them.

I am also in shock that our Public Health director is unaware of the number of suicides in our County and that she frequently disregards any questions regarding this subject. It seems to me that a Public Health Director would want to know what were major causes of death in our community and certainly have the numbers for them. She is able to calculate the number of COVID deaths each day, calculating the suicide rate should be simple if its as low as she continually expresses.

Its become very clear that Nancy Williams is on a path of her own. Our community has lost faith in her ability to properly guide us. It's time for Mrs. Williams to resign as she no longer has the trust of the community. As was spoken in the meeting on Tuesday, the residents of El Dorado County are done.

Shanna Lowder

EDC COB <edc.cob@edcgov.us> Wed, Sep 23, 2020 at 2:54 PM
To: The BOSFIVE <bosfive@edcgov.us>, Donald Ashton <don.ashton@edcgov.us>

FYI

Office of the Clerk of the Board
El Dorado County
330 Fair Lane, Placerville, CA 95667
530-621-5390

[Quoted text hidden]