

Orcas Island Health Care District
Minutes of July 22nd, 2026
Board of Commissioners
Regular Board Meeting

Commissioners Present:

Mark Salierno
Diane Boteler – joined at 5:11 pm
Chelsie Guilford
Trey Holland
Alison Sanders

Staff:

Chris Chord, Superintendent
Ellen Fraser, Administrative Assistant
Trillium Swanson, Project Manager

I. Call To Order – Regular Board Meeting

President Salierno called the July 22nd Regular Board Meeting to order at 5:03 p.m. with a quorum of commissioners present.

II. Land Acknowledgement & Mission Minute

Superintendent Chord read the land acknowledgement and shared a mission minute regarding the Community Health Network. With the uncertainty in health care, community partnerships are timely.

III. Regular Meeting Public Comment

- **Bill Bangs** (submitted written comment)

Good evening, Commissioners. My name is Bill Bangs, and I live on Orcas Island.

I thank the Board, the Superintendent, the clinic staff, and everyone who has contributed to the Strategic Facility Master Plan. I appreciate the significant effort that has gone into planning for the future healthcare needs of our community. I also strongly support upgrades to the clinic that improve regulatory compliance, patient and staff safety, accessibility, and operational efficiency. I recently submitted a memorandum to the Board through the Superintendent raising several questions about the planning methodology used in the Master Plan. I also thank the Superintendent for his thoughtful response and for directing me to page 17 of the report as the basis for the recommendation to expand from ten to approximately twenty exam rooms.

After carefully reviewing that material, however, I remain uncertain how the assumptions on page 17 relate to the demand projections presented elsewhere in the report.

The Master Plan projects annual clinic visits increasing from approximately 11,000 today to about 12,700 by 2035 using the more optimistic population forecast.

Page 17, however, envisions a clinic operating with approximately seven concurrent providers, a dedicated nurse exam room, and a planning factor of 2.5 exam rooms per provider, leading to a recommendation for approximately eighteen to twenty exam rooms.

In trying to understand how those conclusions fit together, I performed a simple back-of-the-envelope calculation using what I believe is a conservative assumption of fifteen patient visits per

provider per day. That calculation suggests a clinic capable of serving roughly 26,000 patient visits annually—substantially more than the demand projected elsewhere in the report.

I recognize that the consultant may be using different assumptions than I have. My calculation is **not** intended to demonstrate that the report is wrong. Rather, it illustrates why I continue to have difficulty understanding the planning framework. If my understanding is incomplete, I would sincerely appreciate clarification.

Specifically, I hope the Board can help the public understand how the projected patient demand leads to the assumed provider staffing, how those staffing assumptions lead to the recommended number of exam rooms, and why the recommended facility size is appropriate.

Finally, because future growth remains uncertain, I encourage the Board to consider whether a phased approach deserves consideration. The existing ten exam rooms appear to be adequate for current operations. Perhaps adding two flexible clinical rooms—capable of supporting specialty care, nursing services, procedures, or telemedicine initially, and convertible to permanent exam rooms if future demand ultimately warrants—could provide the same long-term flexibility while reducing financial risk.

Thank you again for your service to our community and for considering these questions. I continue to support the District's mission:

"To ensure quality, island-appropriate primary, acute, and after-hours medical care is available to all members of our community in a financially sustainable and cost-effective manner."

Projected Clinical Capacity Requirements – 2035

The existing exam room complement of ten rooms should be adequate most days but will not accommodate planned growth.

Most Likely service expansions include:

- **One** new recruit joining the clinic soon
- **One** additional full-time primary care provider (MD, DO, PA, NP)
- Proposed orthopedics visiting provider
- An exam room to accommodate scheduled nurse only visits (immunizations, allergy shots, Medicare wellness visits)

Other potential expansions, based on availability, interest, and/or ability to recruit:

- Potential dental clinic
- Summer *locums* to fill in for vacations and accommodate additional walk-in visits
- Diabetic educator/psychiatric mental health nurse practitioner, tele-provider(s)

Providers in Clinic	Monday		Tuesday		Wednesday		Thursday		Friday	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Family Practice										
Karen Caley	1	1	1	1	1	1				
Jennifer Simpson-Manske	1	1	1	1			1	1	1	1
Jennifer Utter			1	1	1	1	1	1		
Robert Wilson	1	1			1	1	1	1	1	1
New Recruit			1	1	1	1	1	1		
Incremental Provider	1	1	1	1			1	1	1	1
Summer Locums/Future Flexibility			1	1	1	1	1	1	1	1
Pediatrics										
Evan Buxbaum	1	1	1						1	1
Women's Health										
Susan Sandblom	1	1			1	1				
Visiting Specialists										
Robert Billow - Pain									1	1
New provider - Orthopedics					1	1				
New Provider - Other (PMHNP?)							1	1		
Potential Future Dental	1	1								
Scheduled Providers	7	7	7	6	7	7	7	7	6	6
Required Exam Rooms @ 2.5/provider	17.5	17.5	17.5	15.0	17.5	17.5	17.5	17.5	15.0	15.0
Nurse Visits										
Nurse Visits	1	1	1	1	1	1	1	1	1	1
Total Required Exam Rooms	18.5	18.5	18.5	16.0	18.5	18.5	18.5	18.5	16.0	16.0

- **Martha Kramer** (submitted written comment)

I was just told that if one needed to see a medical practitioner today at Orcas Primary Care one could only see a single Physician's Assistant. The second PA is out with a broken arm. The only Nurse Practitioner is on leave with no date given for return. And, as we all know, there is no doctor taking new patients.

This hardly seems to fill the mandate that Orcas Island Health Care District laid out in Resolution 2025-01 approved by 61% of the voters that promised "enhanced current primary care."

With the termination of Dr. Manske we are receiving reduced not enhanced primary care and I take exception with the powerless "Pontius Pilate" approach that the Board delineated to the numerous folks in attendance at last month's Board meeting when the Board stated that they were powerless to intervene on staffing issues.

- **Victoria Smith** (*oral comment – transcribed from meeting recording as accurately as possible*)

Good afternoon to everyone and thanks for having me here. I am Victoria Smith and I come to you today, not only as a patient of the Orcas Primary Care Clinic, but also a member of this community. My husband and I have been permanent residents since 2017 and we pay our taxes which funds the Orcas Health District as you all know. I was also a patient of Dr. Simpson-Manske.

To make my comments efficient and concise, I have my notes here if you allow me to read them. I'm asking for your help, and in asking for your help, I am also offering you my help as a volunteer to help the board come up with creative solutions to the problems and issues that arose from the unilateral and summarily dismissal of Dr. Simpson-Manske by Island Health. I would like to say that my problem is not only my problem, it is the problem of many members of our community. With that said, I will give you my immediate problem – I am trying to schedule an appointment with a doctor at Orcas Clinic because I am overdue for my annual medical check-up. However, they couldn't give me a doctor, they could only give me a physician's assistant which I feel is not equivalent to the health care services provided me by Dr. Simpson-Manske. On top of that, as Martha Kramer rightly pointed out, you only have one doctor who can no longer accept new patients. On top of that, your two physician's assistants are out on leave for one reason or another so essentially, you only have one physician's assistant to answer for all the medical care needed by 5000 members of our permanent community. That, to me, I propose to you, is a very unacceptable situation.

Now, before everything else, I want to thank you, the board, I also want to thank Island Health for all you do for our community. That's sincere. However, yes, and that includes thanks to Island Health which many members of this board constantly remind us, the community, has been the only bidder for primary care services that we have. So, yes, I thank Island Health for that. However, this singular distinction and honor of Island Health does not absolve it of its failure to satisfy and fulfill its legal obligations to this community per the contract – your 2026 primary care services contract, including your, and its mission statement on the website. (*President Salierno interrupted at 3:38 minutes as public comment is limited to 3 minutes*). I'm not done yet, you have cut me off many times, I just request respect to allow me to continue my comments. We have not heard anything in response to the petition which the community has respectfully laid before you. I think you should address it. It's basic human decency. Basic respect for us, your community. (*Superintendent Chord*

and President Salierno interrupted at 4:18 minutes as public comment is limited to 3 minutes). I'm not done yet, has that been 3 minutes? (President Salierno – you have exceeded your 3 minutes, yes).

I feel that you are effectively acting as the defender of Island Health instead of defending the community's interest. Could you at least let me tell you, and the other members of the community here that it is misleading for you to spread that we are powerless to challenge Island Health's decision to dismiss Dr. Manske. I am putting my skills here to inform you, based on my deep research into this issue, that this is incorrect. This is misleading a lot of you and members of our community to just be passive on this issue. It's incorrect for you to say that Island Health has the absolute power to hire and fire doctors. *(President Salierno and Superintendent Chord interrupted at 5:32 minutes)* It's one thing for you to have your contract with Island Health, it's another thing that we have our patient-doctor contract with our doctors. Based on your charter, your mission statement, and your contract, you have the duty to advocate to Island Health for the community's interest in this unjust dismissal of Dr. Manske and provide us with the equivalent, high quality, health care. You are not addressing this. You are obviously on a mission to ignore and dismiss the petition. I implore you, if there is any ounce of human decency left in this board, to please respect your community by outrightly addressing the issue. This is not going away. I am only one here today but there are many more behind me encouraging me to attend today's meeting. I am not just here on my own account. Suddenly Island Health is in danger of being in breach of our doctor patient contract with Dr. Manske. Sure, they have the absolute right, per your contract, to dismiss on their own, any doctor but, based on its mission on the commitment it has undertaken under the primary care services contract, including its charter, and your charter and your mission as a board and your legal obligations to us, your community, it has the legal obligation to consult with, and collaborate, and listen to the community regarding this matter. At the very least, you all should be providing high quality health care services to us, but you're not doing that. In that sense, you are in danger of being accused of patient abandonment along with Island Health. On top of that, you are in danger of being accused of violating the primacy of the doctor patient relationship. I plead with you, not only on behalf of myself and the community, to have some sense of shame and decency, just to address our problem. Where can we go to if not you? It is not true that Island Health has absolute power here. It is bound by the principles of the American Medical Association to serve due process in its dismissal of its doctors. That's one thing. *(President Salierno interrupted at 8:31 minutes to thank her for the comments, Superintendent Chord asked ask how much longer she needed)*. Well, if you can just let me finish then I'll be done soon. *(Superintendent Chord suggested they meet. Public comment is time limited but part of the Superintedent role is to meet with community members)*. Can I have 2 minutes?

If you're willing to listen to creative solutions, unless you're just willing to dismiss and ignore us.

1. How about using the locum's provider contractual provision in your 2026 primary care services agreement to, in the meantime, provide us with transitional health care by hiring Dr. Simpson-Manske as such, locum's health care provider.
2. We plead with you to dialogue with us, your community. Dialogue with us. Let us help you set proper protocol guidelines for the future so that this same thing won't happen again and we, the community, are feeling abandoned by you. There should be some protocols in place. You have a legal duty under the contract, under your mission, under your charter, under the very fact that we, the community, created you, the board, to serve us to:
 - i. Collaborate with us when there's a problem;

- ii. To advocate for our interests with Island Health, which you're not doing. As far as I know, you've done nothing about our petition;
- iii. To at least reflect the community's values in your professions. What are those values? Transparency, justice, due process, fairness, good faith. These were not done in dismissing Dr. Simpson-Manske. You just allowed Island Health to unilaterally and summarily dismiss her without notice to the community and without providing transitional health care. How can you call yourselves as acting for our interests?
3. Tomorrow you are going to have a town hall meeting on spending millions of dollars to expand the clinic. How can you justify that when you can't even provide for enough doctors to us. Isn't the priority first to provide enough doctors to us before you spend millions of dollars expanding clinic facilities? That's our immediate need right now. We need a doctor who is of equivalent experience and credentials as Dr. Simpson-Manske. You're giving me a P.A., how is that fair?

So, I implore any of the board members tonight to make a motion to the whole board to set a dialogue meeting with the community in order to respectfully act on the community's concern. Absent that, you all are just going through the motions, saying you care about us, and yet you're not caring about the elephant in the room. Please, I plead with you, by the end of tonight, I hope that at least one board member moves to set a dialogue meeting with the community so that together, not adversarially, but amiably, as a community, we can work out solutions, creative solutions. I gave you three solutions, let's discuss them, that's a conversation starter. Please, don't be blind, don't be dumb, don't be deaf about this issue or we will remember you in the next elections. Thank you.

IV. Public Financing Options Presentation

Duncan Brown from PFM, an independent financial advisory firm serving state and local governments joined the meeting. PFM was engaged by the District to analyze and provide funding and financial options for the clinic expansion. They have put together scenarios based on project costs of \$5-6 million. President Salierno explained that with construction costs escalating more than the cost of borrowing, the thought is that taking a loan costs less money now than building in year 7 when levy dollars have accumulated. The conclusion from PFM is that the project costs are affordable. OIHCD will be meeting with Pacifica Law who will be the bond/debt council.

V. Community Health Projects Updates

Trillium Swanson, Project Manager, provided an overview of the Community Health Network (CHN) and updated the board on the Community Health Projects. She highlighted the work of each CHN steering committee and the Board commended the program on the amount of work accomplished in a short time.

VI. Community Social Worker Discussion

Nathan Butler, San Juan Public Hospital District (SJPHD#1) Superintendent, shared that with the San Juan County elimination of their Social Worker position, SJPHD#1 would be hiring that Social Worker. They are offering portions of that FTE be shared between Health Districts in the islands. The cost of a shared portion would be \$35 – 40,000/year which would cover the salary, benefits, IT support, office space and transportation. President Salierno asked how many Orcas Island clients were previously served by the SJC Social Worker and asked Superintendent Chord if there were possible billing or reimbursement models. Discussion will be brought forward.

VII. Consent Agenda

Motion to approve the following consent agenda made by Commissioner Guilford; seconded by Commissioner Sanders. Motion approved 5 - 0.

- a. **Regular Board Meeting Minutes – 06/24/2026**
- b. **AP Voucher Report – 06/30/2026 - \$64,280.47**
- c. **AP Voucher Report – 07/14/2026 - \$101,697.00**

VIII. Superintendent Report

Superintendent Chord provided the following bullet-point report with the agenda and asked if the Board had questions or discussion points for any items.

Questions/Discussion summary:

- **e. Clinical Care, i. General Surgery** – Commissioners requested a list of what the General Surgeon sees so that the District can accurately advertise services.
- **e. Clinical Care, iv. Island Health locum stipend pool** – Commissioner Boteler asked if Island Health has considered locums. She also clarified that the Clinic does have Strep testing in response to a previous month's public comment concern. President Salierno recommended Superintendent Chord speak with Colin Walker, Island Health Chief of Ambulatory Services, regarding locums.

2026 Strategic Priority Areas:

- a. **Communications**
 - i. OIHCD Newsletter launched 07/13, will try to do early in the month. Will have 2-4 social media posts per month
 - ii. Will be publishing a district semi-annual update first week of August with the Sounder
- b. **Infrastructure**
 - i. Schematic Design phase completed with DLR group, now moving into more in-depth design phases
 - ii. Geotech Assessment consultant contract signed, should be scheduling assessment in next week
 - iii. Non-public financing consultant phase 1 contract signed, will be helping on general financing landscape for the project
 - iv. Maintenance worker at OIFR had an injury, so is out on leave for a few more weeks, but the process for submitting requests has been created
- c. **Finance & Operations Sustainability**
 - i. Ellen and Accountant re-working through payroll account accounting process
- d. **Care for Elders and People with Disabilities**
 - i. Caregiver Collaborative continues to meet monthly, with the next four months of education topics planned
 - ii. Trillium & Debra met with Lion's club to discuss the funding support they have access to on an annual basis. Will be submitting a budget request to lion's club to support that work.
 - iii. OIFR signed contract with Debra O'Conner to help organize MIH program structure. Debra, Trillium, Dr. Corsa and Chad have been meeting to discuss program structure.
- e. **Clinical Care**
 - i. General Surgery has begun to come to visit the island 1x a month for consults, which they would like more promotion around (get a list of what they see)
 - ii. Island Primary Care-Orcas was given permission to continue with their train your own, MA-R program that has allowed them to identify two local individuals who can take on the MA positions

- iii. Front Desk staff members have returned from various leaves, and a new 0.6 FTE back-up role has been hired.
- iv. IsH has approved locum stipend pool so providers can receive an additional stipend to come and work on Orcas until staffing issues are stabilized.
- f. **Health Collaboration**
 - i. Community Health Network Steering Committee is working on long-term funding for the project, including seeking North Sound ACH funding, AWPFD funding and other avenues
 - ii. At AWPFD Conference, discussion around Rural Health Transformation Funding for Rural hospitals was discussed – will need to collaborate with Island Health and Peace Health.

IX. Old Business

a. Orcas Physical Therapy Support Contract

Superintendent Chord updated the board regarding the Orcas PT request for funding. The Board had previously approved \$15,000. President Salierno, Commissioner Holland and Superintendent Chord met with Orcas PT about sustainable solutions for Medicaid PT and Orcas PT stated that that would no longer be able to take Medicaid PT with the losses in reimbursement. Commissioner Holland suggested that the District and Orcas PT can investigate public funding moving forward but that it would be a travesty if PT was not available to Medicaid patients on Orcas. Orcas PT's request for \$25,000 was based on seeing 381 patients in 2025, they have only seen 90 patients to date in 2026 so the number of patients is likely to be less this year. President Salierno and Commissioner Boteler stated concerns regarding sustainable funding, funding uncompensated care and supporting for-profit businesses.

Motion to amend the contract and appendix for Orcas Physical Therapy to a maximum of \$25,000 made by Commissioner Holland; seconded by Commissioner Sanders. Motion approved 3-2.

X. New Business

a. Community Health Projects Manager Role

Superintendent Chord summarized the Community Health Project Manager role and requested that the employment be continued through the end of 2026. The cost is within the current program budget.

Motion to approve the proposal for continued employment through December 2026 of the Community Health Projects Manager made by Commissioner Sanders; seconded by Commissioner Guilford. Motion approved 5 - 0.

XI. Adjourn

Motion to adjourn the July 22nd Regular Board Meeting made by Commissioner Boteler; seconded by Commissioner Sanders. Motion approved 5 - 0. Regular Board Meeting adjourned at 7:15 p.m.

Minutes approved this 31st day of August, 2026.

Chelsie Guilford

Chelsie Guilford (Sep 8, 2026 10:06:29 PDT)

Attest: Chelsie Guilford, OIHCD Board Secretary

2026_07_22 Regular Board Meeting minutes

Final Audit Report

2026-09-08

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