Orcas Island Health Care District
Minutes of October 19th, 2026
Board of Commissioners
Special Board Meeting

Commissioners Present:
Mark Salierno
Diane Boteler
Chelsie Guilford
Trey Holland
Alison Sanders

Staff:
Chris Chord, Superintendent
Ellen Fraser, Administrative Assistant

I. Call To Order – Special Board Meeting
President Salierno called the October 19th Special Board Meeting to order at 5:01 p.m. with a quorum of commissioners present.

II. Land Acknowledgement & Mission Minute
Superintendent Chord read the land acknowledgement. Commissioner Guilford shared a mission moment that she was encouraged by the positive atmosphere at the clinic staff barbeque and also about the welcoming and kind patient visit her friend received at the clinic.

III. Special Meeting Public Comment
Victoria Smith provided a written comment (Appendix A) that Superintendent Chord read aloud.

IV. 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 – 09/23/2026**
b. **AP Voucher Report – 10/13/2026 - $89,957.14**

V. Community Health Network Report-out
Trillium shared an update on the Community Health Network reiterating the purpose and governance structure. She also highlighted the progress of the working groups including a promising meeting with King County regarding care coordination and Medicare reimbursement. Commissioners discussed when the Mobile Integrated Health project Oversite Committee would begin meeting.

VI. Superintendent Report
Superintendent Chord shared the 2026 August - September Finance Report highlighting line-item revenues and expenses that were out of the ordinary.

2026 Strategic Priority Areas

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

Questions/Discussion summary:

a. **Communications** – The clinic manager supported the idea of quarterly meetings with a staff member as a feature for the newsletter. President Salierno suggested being strategic with the topics and services promoted.

b. **Infrastructure** – The first pre-construction meeting was October 19th. The Facilities Committee will rank clinic expansion items with the clinic staff from optional to necessary. The ranking will be discussed at the November board meeting.

Enablers

a. **Communications**
   i. Newsletter, social media posts happening regularly.
   ii. Discussed doing a quarterly, coffee with a staff member feature of clinic staff in the newsletter.

b. **Infrastructure**
   i. Pre-construction started week of 10/12
   ii. Arranging meeting with DLR, Island Health, and OIHCD to discuss expectations around ongoing timeline, included services and add-service situations.
   iii. Narrative for Legislative Asks and Murdock Grant well developed, in packet.
   iv. Was able to identify several lobbyist recommendations with a strong background in this work. Multiple strong proposals in packet.
   v. Maintenance worker has been working on projects!

c. **Finance & Operations Sustainability**
   i. State Auditor's Office provided checklist to prepare for next year's financial audit, which will need focus in the next few months.

Growth Opportunities

d. **Care for Elders and People with Disabilities**
   i. Home Health Shortage Area Designation awaiting response from state.
   ii. MIH was able to hire Libby Garcia as in-person RN for program, have two EMTs identified. A few months ahead of schedule in program timeline. Event 10/22 with OCRC, OIFR at Library to introduce program to community members.
   iii. Caregiver Collaborative is looking at platform for caregiver coordination, met with SJCPHD1 to discuss opportunity for employed caregivers on Orcas. Will be working on proposal between OIHCD & SJCPHD1.

e. **Clinical Care (Operations Committee Review)**
   i. Dr. Whitmire up to full capacity already, with 16 appts per day, and a goal of 18 visits per day. Clinic was 50+ visits above 2025 in September.
   ii. Dr. Watkins General Surgery best day has been 10 appointments, still needs more promotion.

iii. 19 After-hours patients seen at clinic between July-September, stronger awareness of that program in the community.
iv. One RN hired, One RN position still open. Two MAs hired, one MA position being posted. Part-time front desk team member position is open again.

f. **Health Collaboration**
i. CHN presentation included in packet and previously in meeting.

VII. Old Business

a. **Legislative Lobbyist Support**

Chris provided a summary of the proposals from potential lobbyists.
Motion to approve the Legislative Lobbyist Support contract with the Johnston Group made by Commissioner Holland; seconded by Commissioner Sanders. Motion approved 5 - 0.

VIII. New Business

a. **OCRC Support Requests**
i. Continuing Access Support Impact
ii. CHW Staff Support

The Grant Funding Committee will discuss the requests in accordance with the Grant Funding Policy and report at the November board meeting.

IX. 2027 Draft Budget Review

a. Community Health Projects Cost Review

Superintendent Chord outlined the updates to the previous version of the draft budget. President Salierno requested that the clinic expansion budget be broken out into construction budget categories.

X. Public Comment

David Zoeller (*oral comment – transcribed from meeting recording as accurately as possible*)
I don't doubt that the resource center is doing good work, I don't mind them looking to district for additional funding, but I see that they have a robust PR presence. They need it more robust as they are not drawing on tax dollars. It seems to me that they could do a better job of saying that in public. They could be saying that some of the things they're doing is because of the hospital district. People go to the resource center and know what they're doing and the hospital district is behind the 8 ball in that way. People think that the hospital district may have something to do with the clinic? If we could put emphasis on the resource center that as a partner, they could toot your horn a bit more. It doesn't hurt.

XI. Adjourn

President Salierno adjourned the October 19th Special Board Meeting at 6:38 pm.

Minutes approved this 12th day of November, 2026.

Chelsie Guilford
Chelsie Guilford (Nov 16, 2026 09:38:50 PST)

Attest: Chelsie Guilford, OIHCD Board Secretary

Appendix A

Victoria Smith – written public statement, October 19, 2026

In letters dated September 22, 2026, the Orcas Healthcare Advocates (OHA), on behalf of the Orcas Community, sent two letters to the Orcas Island Health Care District (OIHCD), Orcas Clinic Manager Aaimee Johnson, and Island Health 9IH), requesting a meeting, in the spirit of sincere dialogue, to discuss the following petitions:

1. petition to reinstate Dr. Jennifer Simpson-Manske (Dr. JSM), citing several legal and moral reasons why Dr. JSM's reinstatement is the just and necessary remedy that both OIHCD and IH must provide to the Community; and

2. petition for disciplinary action against an Orcas Clinic Physician Assistant (PA) who, for several months, had displayed a pattern of behavior that evinced an utter lack of professional and medical ethics towards her patients, citing the lack of responsiveness by both the OIHCD and IH to various specific complaints already filed against such a PA.

On October 8, 2026, OIHCD responded with a general public statement:

—regarding Dr. JSM, stating that OIHCD "does not intend to pursue any further action"—without specifically addressing the cited legal and moral reasons why it should act favorably on the Community's Petition; and

—regarding the complaints about the unprofessional and unethical PA, providing a link wherein complaints can be filed—without addressing the cited fact that several complaints had already been filed against such a PA and that the OIHCD-IH complaint process does not only fail but also refuses to provide any reasonable response or update to any such filed complaints.

IN EFFECT, THE OIHCD's RESPONSE TO THE COMMUNITY'S ABOVE-CITED PETITIONS AMOUNTED TO AN UTTER LACK OF RESPONSIVENESS.

In particular, the OIHCD's citation of statistics on certain healthcare targets that neither OHA nor the Community questioned demonstrates a lack of responsiveness to the specific issues raised by the OHA and the Community. The specific issues raised by the OHA and the Community (regarding Dr. JSM and the PA) called for the OIHCD to address certain qualitative, not quantitative, problems that are deeply felt in the Community and go to the core of the Community's dissatisfaction with its healthcare officers.

This is very unfortunate for the Community, for the subtext of OHA's request for a dialogue meeting between OIHCD and the Community was the OIHCD's breaking of the Community's trust in the first place, and OHA's request for a dialogue meeting was

precisely aimed at helping to repair the Community's lack of trust in its health district officers. Hence, OIHCD's decision not to specifically address such problems proves, yet again, OIHCD's failure to inspire trust and confidence.

The OIHCD broke the Community's trust when the OIHCD Commissioners and the Superintendent attempted on several occasions, including the June 24 OIHCD Board meeting (when the Petition to Reinstate Dr. JSM was discussed before the Board), to mislead the Community with statements that falsely claimed that OIHCD had no legal or moral power whatsoever to advocate for the Community's petition as regards Dr. JSM's reinstatement with IH. Specifically, OIHCD claimed it was "merely a landlord" to IH and that IH allegedly had the absolute power to dismiss Dr. JSM without cause, without due process, and without due notice to anyone, including the Community.

In our letter dated September 22, we debunked both of these statements, citing several well-grounded legal and moral reasons. OIHCD, in its October 8 response, sadly chose not to respond specifically to such legal and moral reasons.

As regards the many complaints cited against the unprofessional and unethical PA, OIHCD simply posted the link to file such complaints—wherein several complaints had already been filed against such a PA. Answering such complaints by merely reiterating the link through which one can file the same complaint all over again is begging the question. Worse, it is an utterly inconsiderate act of throwing the Community into a hopeless bureaucratic loop that makes no reasonable attempt to redress this specific grievance—hence, rendering the Community helpless and feeling disregarded again.

Because of OIHCD's refusal and failure to repair the Community's broken trust, OHA recommends that the Community continue to closely monitor OIHCD meetings, plans, and actions—especially regarding the clinic expansion project, which involves millions of dollars of the Community's money. We specifically invite attention to examining areas where the OIHCD is vulnerable to potentially overstepping its authority under the 2025 tax levy.

Much thanks,
Victoria G. Smith
Orcas Healthcare Advocates

2026_10_19 Special Board Meeting Minutes

Final Audit Report 2026-11-16

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