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September 5, 2019

California Public Utilities Commission
505 Van Ness Avenue
San Francisco, CA 94102

Re: California Public Utilities Code Sections 451 and 399.2(a)—De-energization

Dear Commissioners:

The California Conference of Local Health Officers (CCLHO) is deeply concerned about the impacts of Public Safety Power Shutoffs (PSPS) on the health and safety of our communities. The decision to initiate a power shutoff event is solely dictated by weather conditions (“Red Flag” conditions) that increase the risk of fire. However, there are potential negative health and safety impacts to the public, especially to the elderly, people with chronic medical conditions and those with access and functional needs who rely on power for life-sustaining equipment, treatments and mobility.

The potential benefit from a power shutoff needs to be balanced with the potential harm to the population. In other disasters, such as Hurricane Irma, more lives were lost from power interruption than from the hurricane itself ¹. Other examples of disasters causing electrical outages and subsequent mortality include Hurricane Katrina, Superstorm Sandy and Hurricane Maria.² The 2003 Northeast power outage caused 90 excess deaths in New York City.³ These events demonstrate that the risk of mortality must be factored into power shutoff decisions.

In our experience with PSPS events in Northern California, we have found that notification to those at risk is presently inadequate and many people on power-dependent life-support equipment, medicines and mobility equipment are not enrolled in the PG&E Medical Baseline program. The PG&E Medical Baseline program only includes customers that have applied and are approved for their discount program. PG&E’s medical baseline program is a high-barrier program where people fill out a form, then have a physician, physician’s assistant or nurse practitioner provide an attestation. People with cognitive deficits, physical or behavioral health issues, or limited English proficiency may not have the capacity to fill out the form, afford the medical visit fee, or to challenge healthcare providers who decide not to sign the form. For example, Napa County has had three PSPS events and found that the Medical Baseline numbers reflected only 10% of the total number of people receiving life-support treatment enrolled through In Home Support Services (IHSS) in the de-energized zones. The IHSS program provides services for low-income aged, blind, and disabled persons; these people are some of the most vulnerable to disasters.

In addition to affecting vulnerable populations, hospitals in de-energized areas will not run effectively on generator power for extended periods of time and will need a second backup generator as a default. We anticipate this will lead to deferred surgeries and emergency care. There is also the possibility of hospital evacuations and patient diversion to already impacted health systems.

In summary, CCLHO urges the CPUC to carefully weigh the risks and benefits of a power shutoff when it comes to the health of our communities. De-energization is not technically a Public Safety Power Shutoff until it has been proven to increase public health and safety.



CCLHO was established in statute in 1947 to advise the California Department of Health Services (now the California Department of Public Health), other departments, boards, commissions, and officials of federal, state and local agencies, the Legislature and other organizations on all matters affecting health. CCLHO membership consists of all legally appointed physician health officers in California's 61 city and county jurisdictions.

Thank you for your consideration. Should you have any questions, please contact me by email at ken.cutler@co.nevada.ca.us or by phone at 530-265-7154.

Sincerely,

A handwritten signature in black ink that reads 'K Cutler MD'. The signature is written in a cursive, slightly slanted style.

Ken Cutler, MD, MPH
President, California Conference of Local Health Officers

CC: Susan Fanelli, Acting Director, California Department of Public Health
Charity Dean, MD, Acting State Public Health Officer, California Department of Public Health

1. *Morbidity and Mortality Weekly Report*, August 3, 2018 67(30); 829-832.
<https://www.cdc.gov/mmwr/volumes/67/wr/mm6730a5.htm>. Accessed August 19, 2019
2. *New England Journal of Medicine*, July 12, 2018; 379: 162-170.
<https://www.nejm.org/doi/full/10.1056/NEJMsa1803972>. Accessed August 19, 2019.
3. *Epidemiology*, March 2012; 23(2): 189-193.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3276729/>. Accessed August 19, 2019