

February 6, 2015

Dear Dr. Greenberg,

I started working at HCMH in March 2001, initially as a locum tenens physician recruited by Dr. Hayes, then as a permanent employee starting July 2001. During the recruiting process, Dr. Hayes made an effort to introduce me not only to the staff, but also to the community. He made sure I had the opportunity to talk with people about schools and neighborhoods to help me picture myself living in Humboldt (and moving from San Diego). I had the good fortune of knowing Dr. Bell already, which was one of the reasons I took the position here in the first place. In the interview process, I met with the clinic director (at the time it was Anne Lesser), which helped me to understand how the clinic worked and how the medical staff fit in overall.

Over the years, I have had various work schedules, including a scheduled half day per week covering the crisis unit. The weekend workload varied. There were years when we had to come in overnight for every seclusion and restraint and see a full case load the next day. I stayed at HCMH for a number of reasons, not the least of which that I had decided to raise my family here, and was not going to move them again. I did consider taking a position in Napa at one point, but the timing did not work for my family.

I am resigning now for the reasons you and Dr. Christensen have listed in your statement. We are understaffed, our recruiting efforts have not worked, and the work load is high. My perception of the situation is that administration has not felt the same sense of urgency to find new physicians that the current staff has felt. ~~Dr. Ingram gave a year's notice that she was leaving, yet a replacement was not found.~~ The potential for increased weekend work was a major factor in resigning now. Few locums want to work here, which leaves gaps in coverage. Another concern was that a child psychiatrist was interviewed for a position here, but she turned down the position due to the low pay and the expectation that she see adults and participate in weekend coverage of SV and CSU. I have spoken to Dr. Bayan, who told me she had also offered to help with clinic coverage and CSU, but was told that any extra help work would require SV coverage as well. Because she was not interested in hospital work, she did not follow through on the application. Once Dr. Duggal resigned and it was clear that no one else would be joining the staff, I made the decision to resign. I had hoped to continue in this position for a number of years, and at the minimum until my youngest finished high school (June 2016), but I decided that working conditions were more important. My husband, who is a hospitalist at both St. Joseph's Hospital and Mad River Hospital, hoped to stay here until retirement, with the possibility of moving out of the area to be closer to family. He is certainly supportive of the change now, but we spent a long time discussing the pros and cons of resigning.

My new position offers a completely outpatient position, with the choice of working 4 – 10 hour days, a 9 – 80 schedule, or a traditional schedule. The county offers all levels of care for children. I have no obligation to work at juvenile hall, crisis, or any hospital work. In addition, the county mental health system has affiliated with the medical school as is participating in training new residents in psychiatry. The hiring process was easy: I called the medical director and discussed available positions. When I met with him face to face, I was given salary details immediately and offered a job within minutes. After that, I worked my way through all of the cumbersome HR paperwork.

I hope this helps with the recruiting process.

Sincerely,

Paula M. Edwalds, M.D.