

# Oregon has first doses of Paxlovid treatment for COVID-19

By **AMELIA TEMPLETON**  
Oregon Public Broadcasting

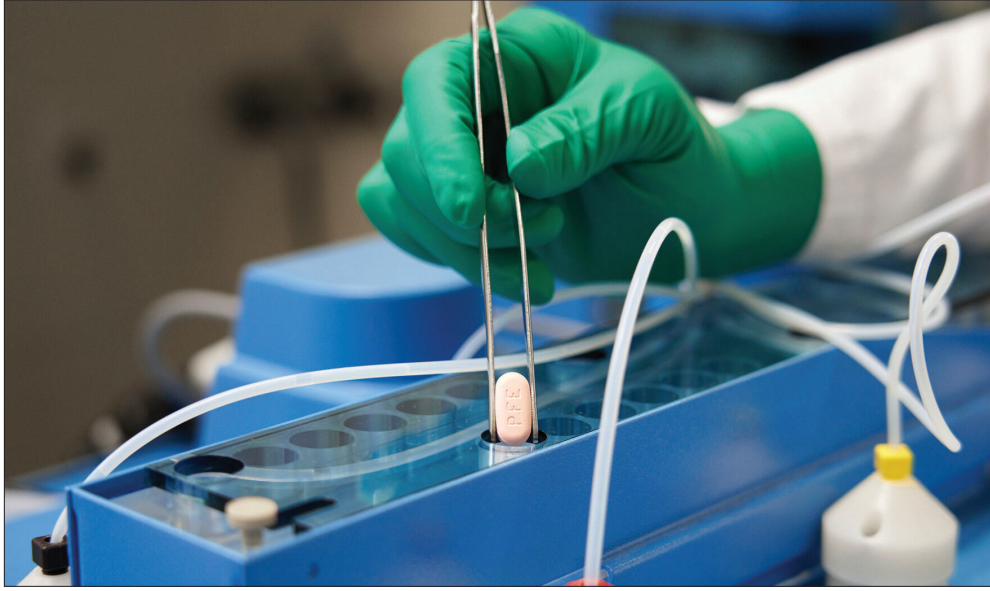
SALEM — Oregon has given most of its initial supply of Paxlovid, a promising new antiviral drug from Pfizer to treat COVID-19, to community health clinics across the state. The clinics, also known as Federally Qualified Health Centers, provide primary care to low-income, uninsured, rural, and historically disadvantaged populations.

Nationwide, the drug is in extremely limited supply due to the time it takes to manufacture it. Oregon had received just 680 doses of Paxlovid as of Tuesday, Jan. 11.

The federal government is allocating doses to states based on their population, and leaving it to states to decide how to distribute it.

Doses from the state's initial allocation also went to four hospitals that serve as regional care hubs in more rural parts of the state: Peacehealth Riverbend, Eugene, Salem Health, St. Charles Health, Bend, and Asante Three Rivers Medical Center, Grants Pass. The Oregon Health Authority says 24 sites in total received some doses.

The major health systems in the Portland metro



This image provided by Pfizer in October 2021 shows the company's COVID-19 Paxlovid pills. U.S. health regulators on Wednesday, Dec. 22, 2021, authorized the first pill against COVID-19, a Pfizer drug that Americans will be able to take at home to head off the worst effects of the virus. Oregon has given most of its initial supply of Paxlovid to community health clinics across the state.

Pfizer/Contributed Photo, File

area, Providence, Legacy Health, Kaiser Permanente, and Oregon Health & Science University did not receive any. OHSU's outpatient pharmacy submitted a request for it last week but hasn't received a response from OHA.

With the omicron wave sweeping across the nation, there are far fewer doses currently available than patients who might benefit from it, forcing states to make difficult decisions about allocation.

Rationing guidelines from the National Institute

of Health recommend prioritizing patients who face the greatest risk factors for progression to severe COVID-19, including elderly unvaccinated adults and moderate to severely immunocompromised people, regardless of their vaccination status.

The U.S. Department of Health and Human Services, which provides the drug, is encouraging state health departments to be transparent about where the drug is going, and to post sites receiving it on their websites.

The Oregon Health Authority has shared a brief overview of its health equity focused plan online but has not publicly posted a list of all 24 sites that have received the potentially life saving drug. OPB initially received more information about the state's distribution plan through a public records request.

As additional doses become available in the coming weeks, OHA said it is planning to expand the list of hospitals receiving the drug and make it available to a small group of

long term care "surge" facilities.

The drug, which received FDA emergency use authorization last month, was 89% effective in preventing hospitalization and death in high risk patients.

It is approved for people 12 and older, and has to be given within five days of symptom onset.

The state is prioritizing areas of Oregon with the largest burden of COVID-19 and targeting racial and ethnic minority groups that have been hit hard by the pandemic, according to OHA's distribution plan.

"Community health centers serve everyone, regardless of your ability to pay, your immigration status, your insurance, or your status in life," said Marty Carty, government affairs director at the Oregon Primary Care Association, the nonprofit representing the state's 34 community health centers.

"When the state is thinking about how to equitably distribute, and targeting their health equity goals, community health centers is the absolute right way to do this."

Carty stressed that the amount of the drug the centers have received is extremely limited, and that

the organizations handing it out are short staffed and concerned publicity around the new drug could have a negative impact on their work. The clinics are not dispensing it on a first-come, first-serve basis.

Carty says community health centers, many of which offer testing, vaccination, and a wide range of primary care, are well positioned to identify people who might need the drug and get it to them before they become so sick they need to be hospitalized — and no longer qualify for the treatment.

About 40% of patients at community health centers are Black, Indigenous, or people of color. The COVID-19 test positivity rate for patients at community health centers has been about twice the state average, according to Carty.

Oregon's targeted approach to distributing its limited supply contrasts with many other states.

New York, Virginia, Pennsylvania and Arizona sent all or most of their doses to commercial pharmacy chains. Tennessee sent all of its doses to Walmart pharmacies.

The federal government has separately allocated 15% of its doses to community health clinics in every state.

## Question of Kristof candidacy to be decided by Oregon Supreme Court

By **JIM REDDEN**  
Oregon Capital Bureau



Kristof

SALEM — The Oregon Supreme Court has agreed to consider the question of whether former New York Times journalist Nick Kristof is eligible to run for governor. Their decision could come as soon as early February.

Secretary of State Shemia Fagan ruled in early January that Kristof had not lived in Oregon long enough to run for governor, saying the two-time Pulitzer Prize-winning journalist had regis-

tered and voted in New York while working for the Times.

Kristof challenged the ruling in court the next day, arguing he considers his home to be in Yamhill, where he was raised, owns property and has returned for summers for the past 30 years.

The supreme court agreed to take up the case on Wednesday, Jan. 12. Kristof's briefs are due by Jan. 14. Fagan's are due by Jan. 20. Kristof's response

is due by Jan. 26.

Oregon ballots must be printed by March 17. In her filing, Fagan said the court would need to reach a final decision before that date, so that ballots can be printed and mailed on time, either with Kristof's name on it, or not.

Kristof filed as a Democrat for governor on Dec. 20. Fagan's office, which regulates elections, sent him a letter the next day asking for more proof of his Oregon residency.

"Until late 2020 or early 2021, Mr. Kristof lived in New York and has for the

past 20 years," Fagan said. "Until recently, he was employed in New York. He received his mail at his New York address. He filed income taxes in New York. And perhaps most importantly, Mr. Kristof voted as a resident of New York for 20 years, including as recently as November 2020."

Kristof responded several hours later during a press conference of his own, characterizing the ruling as a political, not legal, decision. He accused Fagan, a fellow Democrat, of being part of an establishment that favors other

Democrat candidates for governor, such as former Oregon House Speaker Tina Kotek and State Treasurer Tobias Read.

"My willingness to challenge the status quo is the reason state officials want to toss me from the ballot," Kristof said. "This was a political decision, not one based on the law."

Fagan insisted her office reviewed Kristof as it would have any other candidate.

"In the end, our election officials told me it wasn't even a close call," she said. "And while there have been creative legal arguments

and an impressive PR campaign, given the evidence, I venture that most Oregonians who are paying attention have reached the same conclusion."

In a previous letter to Fagan's office, Kristof's attorneys said there has only been one Oregon court case that considered the question of whether voter registration determines residency, an election for a state House seat in 1974. A Marion County judge ruled that "the question of domicile is largely one of intent," a precedent that supports Kristof.

## Virus testing volume 'never been higher'

State to receive nearly 1 million more test kits in the next week

By **MEERAH POWELL**  
Oregon Public Broadcasting

SALEM — Oregon to receive nearly one million more test kits in the next week, according to health officials.

Oregon officials say they are on track to receive a total of six million at-home COVID-19 test kits, or a total of 12 million individual tests, by the end of January.

That includes nearly one million test kits anticipated in the next seven days.

The increase in testing capacity comes as Oregonians are stuck in lines to get tested, and finding empty store shelves where at-home tests should be, all while watching case numbers rise across the state.

"While it may seem like a COVID-19 test is impossible to find, Oregon's testing volume has never been higher than it is today," Oregon Health Authority Director Patrick Allen said in a press conference Thursday, Jan. 13.

The state ordered the test kits near the end of last year. So far, it has received fewer than one million kits.

Although Oregon has heightened its testing capacity, demand for COVID-19 tests has continued to increase with the spread of the omicron variant.

Oregon reported Jan. 13 9,797 new COVID-19 cases. The state's seven-day average of cases was just more than 7,600 — a 128%

increase over the previous week.

COVID-19-related hospitalizations are also on the rise. Allen with OHA said as of yesterday there were more than 750 hospitalized COVID-19 patients. That's a 45% increase over the past week.

### Distribution of tests

Some states have offered "direct-to-consumer" opportunities for obtaining tests, but Allen said Oregon will not be doing that.

Instead, Allen said the six million at-home test kits will be distributed to: hospitals, schools, local public health authorities, Tribal governments, and community-based organizations that serve underrepresented communities. He said they'll also go to Head Start programs, and organizations that serve agricultural workers and people experiencing homelessness.

"Our test distribution strategy is grounded in fairness and equity," Allen said. "We are prioritizing the six million tests we've purchased for organizations serving people who are most exposed or most vulnerable to COVID-19, or people who have less access to a test."

The focus on underserved populations is mirrored in the state's plan for the COVID-19 treatment, Paxlovid.

Allen noted that OHA is supporting 10 high-volume vaccine sites in the western half of the state, six of which have testing available.

"We are working to add testing to the remaining sites by next week through partnerships with Curative and the federal government," Allen said.

Starting Jan. 15, the Confederated Tribes of the Grand Ronde will open a high-volume vaccination site at Spirit Mountain Casino and testing will be added in the next week, Allen said.

Allen said the demand for testing will remain high for several more weeks.

For people who are feeling sick, but are low-risk for complications due to COVID-19, and do not have access to testing, Allen said they should assume their symptoms are COVID-19 and take proper isolation protocols as laid out by the Centers for Disease Control.



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Grande Ronde Hospital and Clinics proudly welcomes:

**Mari Dominguez, PMHNP-BC**

to the Behavioral Health Team at the Regional Medical Clinic as a Psychiatric Mental Health Nurse Practitioner.



Mari Dominguez, PMHNP-BC

Join us in welcoming Mari Dominguez, Psychiatric Mental Health Nurse Practitioner to the Grande Ronde Hospital and Clinics team. Mari is a lifelong learner, with a master's degree from Frontier Nursing University. Her clinical experiences include inpatient mental health and community mental health in Eastern Oregon. She is a graduate of Montana State University, Bozeman, College of Nursing, and the University of California at San Diego in communication. Mari is passionate about improving access to evidence-based mental health care and teaching patients and family members about behavioral health. Specific interests are depression, anxiety, and transforming habitual behaviors. Mari and her family moved to the Grande Ronde Valley from southwest Montana in 2018. She and her spouse are parents of adolescent and young adult children. Mari is an avid gardener, reader, and servant to various pets.

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To learn more about Mari and the rest of the Behavioral Health team, take a look at our online provider directory at [grh.org](http://grh.org).



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