

Oregon health officials decry uneven COVID-19 vaccine supply

By AIMEE GREEN
The Oregonian

SALEM — Oregon's top public health official urged the governor's office this week to press the federal government to remedy an apparent widening disparity in the COVID-19 vaccine doses sent to Oregon compared to many other states.

If federal officials gave Oregon the same amount of vaccine doses per capita as California, Oregon could have likely vaccinated an additional 150,000 residents, Oregon Health Authority Director Patrick Allen wrote in a March 28 email to Gov. Kate Brown's office.

At Kansas' level, it could mean nearly 227,000 more Oregonians vaccinated with a first dose, according to Allen's calculations. And at Wyoming's rate, 370,000

additional Oregonians, Allen said.

Allen wrote about his struggles to get an explanation for what seems like an "extremely inequitable" process.

He didn't know if the issue should be directed to the White House, the head of the federal COVID-19 vaccine response or to Oregon's congressional delegation.

But, he advised, it seems "we at least need to start raising a ruckus."

Oregon's vaccine allocation from the federal government is coming into sharper focus following reporting by *The Oregonian*/OregonLive, which last month showed the state falling backward in shots administered compared to other states.

Oregon ranked 39th in doses administered per capita from Feb. 14 to March



Ben Lonergan/East Oregonian, File

Pendleton High School student Scott Train, right, watches as Specialist Stephanie Gonzalez, of the Oregon National Guard, administers a dose of the Pfizer-BioNTech COVID-19 vaccine during a vaccination clinic for high school students at Wildhorse Resort & Casino on March 17, 2021.

14 despite receiving middle-of-the-pack allocations at the time.

State officials had already been monitoring the allocation issue, but the newspaper's reporting in part

prompted additional inquiries, said David Baden, the health authority's chief financial officer who oversees vaccine allocations.

"We had a couple of discussions about it, yes, but

admittedly had not raised big alarm bells or had not pushed (federal officials) hard at that point," Baden said of the apparent disparities in allocations. He said the news organization's reporting reaffirmed "that is wasn't just us seeing it ourselves, that you were seeing it as well in your reporting."

After Allen highlighted the apparent disparities to the governor's office, the governor's office subsequently contacted the White House COVID-19 Response Team, Brown's spokesperson Charles Boyle said in an email.

Boyle said several other governors also expressed concern about allocations falling short, too. That prompted a meeting on Thursday, April 1, with the Biden administration in which officials from Oregon and other states asked for

greater transparency and explanations, Boyle said.

Boyle didn't provide details when *The Oregonian*/OregonLive asked what was said during the discussion with federal officials, including whether they agreed with Oregon that there is a problem.

"We are continuing to monitor this situation, to ensure that Oregonians have fair access to the federal government's vaccine supplies," Boyle said.

The Oregonian/OregonLive earlier this week asked the Centers for Disease Control and Prevention — which publishes online data tracking vaccines delivered and shots administered state by state — if it agreed there was a large gap in doses allocated per capita and, if so, why that's happening and what the agency is doing to remedy it.



Antonio Sierra/East Oregonian

Bob Beltran checks into the Promise Inn on its first night of operation on Thursday, April 1, 2021.

CAPECO: 'We are not a silver bullet'

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"I've been in a tent and I don't mind, but to stay in a room, it makes a difference," he said.

CAPECO has a wider vision for what its motel can do, but in the short term, it's just trying to offer the unhoused a place to sleep from night to night.

In March, the Oregon Community Foundation granted CAPECO \$1.3 million to buy the Whiskey Inn and turn it into a facility that would serve the unhoused.

Once the facility is fully renovated, CAPECO plans to split the inn's 35 rooms between a nightly shelter and transitional housing where the formerly unhoused can stay for longer periods of time while they search for permanent housing.

But CAPECO still needs more time to make the necessary renovations to make rooms permanently habitable. In the meantime, Hall said CAPECO felt like it could open a dozen rooms for shelter services.

While the building isn't ready for full use, CAPECO is already staffing up in preparation for a fully func-

tioning Promise Inn.

Hall said they've hired a homeless service manager in addition to two case workers that will serve the inn's guests full time. These staff members are complemented by a street outreach coordinator who will go out into the field to work with the homeless directly and connect them with services. Hall also hopes to eventually hire an on-site manager who will live at the inn full time.

Facilities that serve the unhoused can become community flashpoints, a prospect CAPECO is trying to mitigate by putting together a task force that will address neighborhood concerns. Hall said the inn will have a second task force that will look at guest misconduct and determine whether they will be allowed to stay at the Promise Inn again.

The Promise Inn represents a first-of-its-kind facility for a region that is starting to reckon with its homelessness issues, but Hall warned that more was needed.

"We are not a silver bullet," she said.

The inn started checking in guests with the help

of Neighbor 2 Neighbor Pendleton, the nonprofit that usually runs the city's warming station. In light of the pandemic, Neighbor 2 Neighbor had been offering motel room vouchers to give the unhoused a safe place to sleep during the cold weather months.

With the Promise Inn now duplicating some of Neighbor 2 Neighbor's services, Executive Director Dwight Johnson said the nonprofit will take the next year or two to figure out what it should offer. He added that they did not want to rush into eliminating services or dissolving completely while the Promise Inn establishes itself.

In the meantime, Neighbor 2 Neighbor plans to continue offering its day center program, a weekly service that gives the unhoused a place to shower and acquire essential supplies.

As Beltran waited to be checked in to the Promise Inn for the night, he said he was interested in eventually joining its transitional housing program.

For Beltran and others sitting on the sidewalk of Southeast Second Street, it might be a chance at getting on their feet again.

TRCI:

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testified at the trial, including Flores, Dr. Mark Baskerville for Flores' case and Nurse Practitioner Patrick Maney for TRCI.

Maney admitted to the court that prison staff should have monitored, assessed and treated Flores' condition better but hadn't, according to court documents.

Maney testified that Flores had informed prison staff that he was running out of Albuterol — a rescue inhaler the state prescribed to Flores for his documented high blood pressure and hypertension.

But prison staff failed to reevaluate Flores' condition despite its own orders and the standard of care, Maney testified.

"That's something," Herivel said. "When your own witness gets up on the stand and says honestly, candidly, no we don't meet the standard of care."

Maney also admitted during his testimony that Flores should have received an X-ray a year ago, but had only received one shortly before the trial.

Herivel works with a group of attorneys that represents prisoners statewide in habeas corpus claims against the state corrections department. Since the pandemic began, she has filed 34 cases against TRCI, although Flores' was the first to come to trial.

She added that the majority of cases she has won in the past have been against the prison.

"They don't change their practices to improve medical care," Herivel said of TRCI. "They don't change their practices to preclude having cases filed against them for unconstitutional medical care. They do not take a lesson from the court and turn it into knowledge. They do exactly the same thing they ever do, and that's to provide terrible medical care until occasionally they

get caught, but then they don't stop."

The case

The judge's ruling spells out in detail how prison staff failed to properly care for Flores' condition.

Flores has had documented high blood pressure since 2009 that is so serious "it can cause long-term damage to various organs and/or lead to death," according to the records.

Flores' blood pressure and hypertension is genetic, the records show, and he suffers from eye problems and headaches, which may worsen if he doesn't receive treatment, according to the records.

Flores also had asthma prior to being incarcerated. He was prescribed an Albuterol inhaler prior to March 2020, according to the records. The inhaler helps open up airways in the lungs and is used to treat conditions, such as asthma attacks and chronic obstructive pulmonary disease.

In April 2020, Department of Corrections medical staff was aware of the seriousness of Flores' blood pressure levels and ordered that his condition be checked twice a week for at least six months, documents show.

After March 2020, as his lung conditions worsened, Flores was required to use his inhaler more often, according to court records. That was around the time Flores was experiencing COVID-19 symptoms, according to Herivel and the records.

Flores' prescription recommended he use his inhaler four times per day with two puffs each time. At that rate, the inhaler would last up to 25 days.

But state policy is such that, to prevent an inmate from overdosing, an inhaler can only be refilled by prison staff once every 120 days, according to Herivel and the records.

Baskerville, the doctor who testified on Flores' behalf, noted that "overdosing on an Albuterol inhaler could require as many as 27,000 puffs per day,"

according to the records.

Maney testified that medical staff should have looked to other medications to help with Flores' condition, as per the standard of care, according to the records. Maney "testified there was no evidence in the plaintiff's medical records that he was reevaluated as should have been done."

"This guy was gasping when he was just sitting and watching TV," Herivel said. "He was having incidents, but was not using his inhaler because he was rationing it. He was afraid he would have a real event and would die. And he was asking over and over again for a refill, but they were refusing him."

Unconstitutional care

Flores' case was one of three cases that Herivel and her colleagues won against state prisons in Eastern Oregon last week, each of which involved inmates claiming under the Eighth Amendment that the care they received was so bad that it violated their constitutional rights.

The other two cases were against Snake River Correctional Institution in Malheur County, where a state judge ordered officials at the prison to make a plan to enforce mask wearing and deploy mass testing after finding the state's treatment of two inmates, like the TRCI case, reflected indifference during the pandemic.

Herivel said she was grateful for the court's decision in Flores' case, but added that, now having won, she expects she will likely be in court again to ensure that TRCI complies with the orders in the future.

"Because of my experience in litigating these (cases)," she said, "I fear that we're going to be continuing to be litigating for some time every single order, because I am not confident that ODOC will comply."

Chatting with Flores after the trial, Herivel said she was glad to see her client "felt seen, and felt heard, and he felt believed."

COVID-19:

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announced this week that a subcontractor in Baltimore had improperly mixed ingredients, ruining as many as 15 million doses set to go out to states over the next few weeks.

Johnson & Johnson vaccines that are currently being given are not from this batch and are safe and effective, the Centers for Disease Control and Prevention reported earlier this week.

Oregon has over 35,000 doses of Johnson & Johnson vaccine available now, but it will receive between 200,000 and 300,000 fewer doses than expected in coming weeks.

The inoculation campaign comes amid concern of the growth of new, more contagious and likely more lethal versions of COVID-19.

Researchers have found that those who are inocu-

lated will most likely be spared severe illness or death compared to the unvaccinated.

"This is a race between the vaccines and the variants," Brown said.

Washington will become the latest state to offer vaccines to everyone age 16 and above earlier than the federal May 1 deadline. Gov. Jay Inslee has announced all eligibility restrictions will be lifted April 15.

Brown said Oregon would stay with its current plans that would not lift restrictions until May 1, though some counties could petition to open vaccination to more people in the last week of April.

Oregon was fighting to make vaccination equitable across economic and ethnic groups, Brown said.

"The goal of Oregon's vaccination strategy is to make sure we are doing this fast and doing this fairly," she said.

Brown announced that effective immediately, people with several additional underlying medical conditions would be added to the advanced eligibility list, including smokers. A full list will be released by OHA.

The state will also allow workers who are currently eligible for the vaccine, such as farmworkers, to bring all adults in their household to be vaccinated at the same time.

OHA is also working with the Federal Emergency Management Agency to create pop-up and mobile vaccination centers in rural parts of the state, including Morrow County.

Not on OHA's agenda is any loosening of business restrictions.

OHA officials said they would be sticking with the four-tiered county risk level system, with the next changes to be announced Tuesday, April 6, to go into effect Friday, April 9.





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