

# State shuts down on-site consumption at restaurants, bars

Four-week ban includes canceling all gatherings of 25 or more, urging public to keep gatherings to 10 or less

By Sam Stites

Oregon Capital Bureau

Oregon Gov. Kate Brown on Monday banned on-site consumption of food and drink at restaurants and bars, a 180-degree turn from indications she gave earlier in the day that she would not order closures or curfews.

Brown's order, which takes effect Tuesday, March 17, allows restaurants to offer delivery or takeout service. But across Oregon, restaurants were electing to close entirely.

According to state labor data, businesses employ about 155,000 food service workers.

The development came as Brown continues to ramp

up restrictions intended to keep people out of crowds and away from each other if they're sick.

She has ordered nursing homes and other licensed facilities to limit visiting to the 30,000 Oregonians living in such settings. She has ordered every public school closed through at least April 1, sending 580,000 students home for at least two weeks.

And on Monday, she tightened the state's ban on gatherings, now prohibiting any involving 25 or more people and urging Oregonians not to convene in gatherings of more than 10 people. She also urged any business that isn't able to expand service to take-out or delivery to evaluate

whether they should remain open.

"Each action has a ripple effect across our state, both on a personal level and an economic one," Brown said. "Working together, we can overcome these hurdles in an Oregon way."

On Sunday, Brown told reporters she was considering imposing a curfew or even closing the state's restaurants and bars, but on Monday morning, she said she decided against such actions. And four hours after that, she announced the ban on inside dining.

According to Amy Lewin, spokeswoman for the Portland Business Alliance, her organization is evaluating the impact to its members, including the financial harm.

The situation is similar at the Hispanic Metropolitan Chamber of Commerce,

where Executive Director Carmen Castro and the organization's business development team is working with clients to weather the impact of COVID-19.

"I don't have a lot of information to share about what members are saying at this point," Castro said. "Our clients have expressed concern about their businesses as well as their own personal and family health."

The Oregon Restaurant and Lodging Association represents 2,600 members and more than 183,000 employees across the state. CEO and President Jason Brandt said Monday that his organization will be giving a presentation on the immediate needs of the hospitality industry and its employees in two upcoming meetings with state leaders: the Governor's Economic Advisory Task Force scheduled Tues-

day, and the Legislature's Special Joint Committee on Coronavirus Response taking place Wednesday at 10 a.m. in the Capitol.

"The first thing we have to start with is making sure there's no one-week waiting period to access unemployment insurance. Given the current state of affairs, people cannot wait a week," Brandt said. "Second, we should relax rules around the work search provision."

Work search provisions in federal law requires one to be proactively seeking a new job when applying for unemployment, but Brandt points out that with the ongoing outbreak of coronavirus, the state is encouraging people to stay home.

"If we're trying to save lives, obviously that's an exemption that needs to be made immediately," he said.

Outside of advocating in

front of Oregon's elected leadership, Brandt said, his organization is pushing out the message that there are ways to continue supporting your favorite local businesses. Purchasing gift certificates to redeem later — as long as their gift cards are not run through a third-party service — can help infuse cash into a small business you want to support now. Making use of drive-throughs, takeout and delivery service for those business that have chosen to remain open are also options, according to Brandt.

"I think people would benefit from looking at the bright side down the road, once we get past this crisis ... there is light at the end of the tunnel," he said. "Today was a really tough day, but we're focused on making sure we showcase the resiliency of this industry."

## Hospitals preparing for surge in COVID-19 cases

By Les Zaitz

Oregon Capital Bureau

Health authorities are preparing Oregon's 62 hospitals for an expected surge in patients infected with the new coronavirus, encouraging a stop to elective surgery, arranging for additional patient beds and shifting some emergency care to medical clinics and doctors' practices.

The challenge is clear.

Oregon officials have estimated that, if they can't slow the spread of COVID-19, the state could have 75,000 infected residents by the middle of May. Based on China's experience, medical experts calculate that about 80% would face mild to moderate conditions that might not need intense medical care.

But that could leave Oregon with 14,000 people with severe to critical symptoms, a number that would overwhelm the state's hospital capacity.

Oregon hospitals have about 6,600 hospital beds and, based on 2018 data, six out of 10 are occupied by patients at any one time. At that time, Oregon hospitals had 1,059 intensive care beds, with about half of those in the Portland area.

The reality of those numbers has state and hospital officials adapting their crisis plans, refined after the 2009 outbreak of H1N1, commonly known as the swine flu, according to Dr. Richard Leman, chief medical officer with the Oregon Health Authority's Health Security Preparedness and Response unit.

Leman said in a Sunday interview with the Oregon Capital Bureau that every Oregonian now has a role in containing the virus. He said the advice isn't new — but has to be heeded.

"We've just got to make this part of the culture," he said.

That includes washing hands, covering coughs and cleaning with alcohol-based sanitizers that can kill the virus. He said sick people simply have to stay home.

"That's what we can all do together," Leman said.

He said health authorities are working to "expand the capacity within hospitals, of what we can do, how many people we can take care of, how we take care of people even if they are very sick."

He said hospitals already are stopping elective surgeries in what he said was a "rather important step." The state isn't directing such a step, however.

He said, by example, that canceling a colonoscopy "frees up some personal protective equipment that we otherwise wouldn't have" and makes those performing such procedures available for other care.

Leman said some hospitals have extra beds, but they are limited by regulations in how many they can use at any one time. He said Oregon is expecting a ruling that would allow hospitals to



Eagle file photo

Blue Mountain Hospital District is taking extra precautions because of the coronavirus.

"expand the number of beds — if they have the staff."

While rural hospitals — and half of Oregon's qualify as such — are farther from support and face greater challenges to maintain staffing, the federal government has relaxed rules so they can care for more patients.

"One of the challenges we are going to see is we are an independent hospital, we are a small community-based private hospital," said Erik Thorsen, CEO of Columbia Memorial Hospital in Astoria.

He said that Columbia Memorial is the largest hospital in Clatsop County and serves about 50,000 people, with over half on Medicare or Medicaid. He said there's a large retired community, and many patients suffer from heart disease or cancer.

In response to the coronavirus outbreak, he said he's confident that the hospital is well-equipped.

He said the hospital monitors how many people are coming into the emergency department as well as its supply of personal protective equipment to keep its staff from being exposed to the virus.

"For most of our supplies, we are in good shape," said Judy Geiger, the hospital's vice president of patient care services.

Leman said state officials "are looking very seriously" at establishing "alternate care sites" to treat those who are too sick to be at home but don't need hospital-level care. This would be for people such as those who have trouble breathing — a symptom of COVID-19 — who can be treated outside a hospital setting for that "extra bit of help" recovering.

Leman said Oregon's doctors, physician's assistants and other medical professionals will be expected to care for more people who normally would be sent to a hospital emergency room for

deep cuts or broken bones.

"We're asking them to step up," Leman said. "There are a lot of well-trained people. They can do a lot."

That diversion would help spare hospitals and leave more resources for those infected with COVID-19 who need hospitalization.

"We think that's what we need to do," Leman said.

He noted most people who are infected with the disease are expected to have mild symptoms.

"Many people do not need to see a health care provider at all," Leman said, and instead can resort to home rest and recovery.

Another challenge is getting hospitals and other medical providers the supplies they need. He said hospitals are reporting they have what they need — for the moment.

Gov. Kate Brown last week asked for immediate supplies from federal caches, but learned Friday the state was getting only a portion of what it requested. Federal officials are doling out supplies based on a state's percentage of the national population, according to an email issued Friday by a federal official with the U.S. Health and Human Services Department.

Brown, for instance, asked for 400,000 N95 respirators. The federal agency said it would provide 36,855. The governor requested 600,000 face and surgical masks. Oregon will get 87,795.

In one shipment on Saturday night and another Sunday morning, the state received a portion of its request, including 36,300 N95 respirators, 87,500 masks, 12,762 gowns, 26,245 gloves and 16,700 disposable face shields.

"We are not getting the equipment we need," Brown told reporters Friday, saying her administration has reached out to federal officials daily to learn what supplies would be coming.

## As coronavirus pandemic enters 'stark new phase,' hospitals prepare for a shortage of beds

With an already low per-capita hospital bed rate, Oregon could find itself with too many sick people and not enough places to treat them

By Jake Thomas

Oregon Capital Bureau

As the coronavirus continues to spread in Oregon, the state is on a path to run out of hospital beds by next month without a significant slowing of the disease or drastic response by public health officials.

Gov. Kate Brown and her health team Monday afternoon announced new statewide restrictions while mapping out a plan to boost the capacity of hospitals to deal with the expected wave of patients infected with COVID-19.

She banned gatherings of 25 or more — a substantial change from earlier prohibitions of gatherings of 250 or more. She ordered restaurants and bars to stop sit-down dining, but allowed them to provide delivery or take-out service.

"Isolation from our friends and neighbors is the only way to flatten the curve of transmission and get Oregon through this," Brown said.

State health officials revealed the results of modeling done by Oregon Health and Science University of how the pandemic virus will hit Oregon. They repeated earlier forecasts of 75,000 infected Oregonians but added that they expected the number of known cases to double every six days without strong action.

Dr. Dana Hargunani, the chief medical officer for the Oregon Health Authority, starkly explained what would happen if a spike in cases can't be averted.

"We will not be able to save everyone," Hargunani said.

She said physicians could face "heartbreak-

ing decisions" as Oregon enters "a stark new phase" with the virus.

Dr. Renee Edwards, OHSU chief medical officer, said the modeling showed Oregon would need an additional 1,000 hospital beds and 400 intensive care unit beds to accommodate the surge. The state's 62 hospitals have 6,600 beds.

Edwards said 20% of those who contract COVID-19 would require hospitalization.

Oregon needs to quickly add hospital beds across the state to cope.

She said that OHSU, for example, could need 80 ICU beds for expected COVID-19 patients by mid-April — double what it has.

"This happens to be near our current ICU capacity," she said. "And on a normal day, our ICU is already full of Oregonians who need critical care, even without the COVID crisis."

Brown said the state intended to "expand bed capacity by adding beds in non-hospital settings," although she didn't elaborate.

Oregon has one of the lowest per-capita bed rates nationally. The state has just 1.6 hospital beds per 1,000 people, according to data from the Kaiser Family Foundation.

In Portland, Kaiser Permanente, Legacy Health, Providence Health and OHSU plan to operate as a single entity to build capacity, coordinate medical responses and prevent a shortage of hospital beds.

While the effort is based in the Portland area, Brown said it could function as a model for the rest of the state.

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