

Oregon has a COVID-19 medical advisory panel. What does it do?

By Dick Hughes
For the Oregon Capital Bureau

When Dr. Bruce Goldberg encountered a difficult case as a family physician, he would gather a bunch of smart consultants in the room for their advice on how to help the patient.

That, he said, is what Gov. Kate Brown has done in creating her COVID-19 Medical Advisory Panel. She credited the panel with helping her decision last week to let hospitals, clinics and other health providers resume nonurgent medical procedures on May 1 under certain guidelines.

Brown first convened the panel on April 7. It has been meeting by videoconference two or three times a week. Goldberg and the other seven members come from urban and rural Oregon and represent front-line health providers, hospitals, academia and government.

"She charged us with helping the state and her identify blind spots that we would all need to be aware of as

we face this pandemic together, and also developing strategies for how to battle this pandemic," said Goldberg, a former head of the Oregon Health Authority and now a professor of health policy.

Goldberg said there is consensus in Oregon and nationally on the critical steps in fighting COVID-19 while awaiting development of an effective vaccine: personal protective equipment for front-line workers, testing people for the coronavirus, adequate health care resources and social distancing and other measures.

But each state is different. Oregon is more rural than many states. As far as big cities, Goldberg said, "Portland as a metropolitan area is really different from New York City in that we don't have the type of crowded mass transit systems. We don't have the plethora of tall high-rises and people living in really tight quarters.

"I think every community is different and has to be looked at through that lens," he said.

Because COVID-19 is a new dis-

ease, scientists, health care providers and policymakers worldwide learn more about its symptoms, spread and treatment every day. During the medical advisory panel's meetings, members discuss the latest data and other information, provide perspectives from front-line health workers and offer input on policies.

Dr. Dana Hargunani, chief medical officer for the Oregon Health Authority, said: "It's in part topics that are brought forward for input. And it's in part, what are the hot topics that the group is hearing from the front lines and in the rest of the community that we may not be thinking about on a state level, and how do we make sure we think about and respond to those?"

That came into play in discussing whether nonurgent medical and dental procedures should resume.

"If we relax the policy, then how can that be instituted in the hospitals and what does that mean for some of the other impacts like PPE (personal protective equipment) and staffing and allowing people to travel outside their homes, which relates back

to policy," said Dr. Renee Edwards, chief medical officer at Oregon Health & Science University. "We are an advisory panel. Her team listens, collates our thoughts, clarifies things but ultimate authority absolutely is with the governor."

As of Monday, nearly 52,000 Oregonians had been tested for the novel coronavirus. One focus for the advisory panel is how to expand testing and then trace those who have come in contact with the infected individuals.

"How do we understand the community prevalence? How do we understand how when one person gets sick, how many more people they might spread it to, so that we can get a better handle on our contact tracing, which then helps us contain the disease spread?" Edwards said. "Those are some of the big topics."

Oregon's social distancing and other restrictions have held down the rate of transmission compared with many states, but Edwards said COVID-19 will be with us for a long time, so a balance must be found between protecting public health and

resuming public life.

"We have to get to a place where we relieve some of the restrictions such that our economy can function and we can all function as a society," she said. "But we have to realize that when we relieve some of those restrictions, that's going to result in some increasing spread of the infection, which is going to mean some people getting sick and even some people dying."

Dr. Bob Dannenhoffer, the public health officer in Douglas County, said Brown has given Oregonians the appropriate directions: Stay home if you possibly can, and definitely if you are sick. Maintain social distances to avoid transmission of the virus. Wash your hands frequently.

And pay attention to your mental health.

"This is a tough, tough time. This is a health crisis, an economic crisis and a social crisis," he said. "Sleep well, do fun things, get some exercise and don't worry about stuff that really doesn't make a difference.

"If you have an extra ice cream tonight, don't worry about it."

Oregon board postpones relief for rural hospitals to allow forgivable loans, grants

By Dick Hughes
For the Oregon Capital Bureau



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The Oregon Capitol in Salem.

Oregon legislators balked Thursday at loaning \$50 million in federal money to rural hospitals reeling from the coronavirus pandemic.

Members of the Legislative Emergency Board tabled the proposal so it could be reworked to include forgivable loans or straight-out grants. Several legislators said hospitals would be unable to take out loans, even at zero percent interest for the first year as Gov. Kate Brown has proposed, and the allowable uses were too restrictive.

"This was federal money given to us to pass on to our rural hospitals. Why are we making it a loan program as the state?" asked Sen. Bill Hansell, R-Athena. "It's wrong. It's morally incorrect in my opinion. This money should be grants from the beginning. In that way, we could actually help our rural hospitals."

Thirty-three rural hospitals would be eligible. But Sen. Betsy Johnson, D-Scappoose, said the plan envisioned by Brown's staff was the equivalent of throwing only a 6-foot rope to someone drowning 10 feet offshore.

"We would look so incredibly foolish if we allowed hospitals to go broke on our watch during a global pandemic," Johnson said. "But there is all kind of stuff wrong with what the governor's folks have written."

House Speaker Tina Kotek, D-Portland, noted that some hospitals are getting federal assistance, with Congress approving additional funding this week.

"I think we want to be cautious about how we don't just unilaterally say everybody needs, frankly, free money," she said, "because there are a lot of businesses and a lot of places around the state that need that money, too."

After a recess, Senate President Peter Courtney, D-Salem, called for tabling

the proposal, saying Brown's staff agreed with that move. No date was set for when the Emergency Board would take up the issue again.

The board did approve coronavirus-related funding for rental assistance, small businesses, domestic violence resources, COVID-19 testing for workers in long-term care facilities and aid to jobless workers, such as undocumented immigrants, who are ineligible for unemployment insurance.

Many of the details have yet to be worked out. Legislative Fiscal Officer Ken Rocco told the Emergency Board, which for the first time was meeting by video conference, that it remained unclear how much federal aid Oregon was getting and what restrictions accompanied the money.

Hospital officials from across the state had told legislators earlier in the week that hospitals cumulatively were losing \$13 million a day due to the costs of COVID-19 equipment, a state ban on nonurgent surgeries, fewer people receiving care in emergency rooms and other factors. More than 30,000 Oregon workers in the health care and social assistance fields have applied for unemployment since March 15.

Oregon Health & Science University announced Thursday that it was substantially reducing salaries and making other cutbacks to deal with a projected revenue loss during the next 28 months of \$1 billion to \$1.4 billion.

"It is not just the rural hospitals that are struggling," Sen. Elizabeth Steiner Hayward, D-Bea-

verton, who is a physician at OHSU, told her Emergency Board colleagues. "Every single health system in the state is struggling as a result of this."

Brown announced Thursday that, as of May 1, she was lifting the ban on elective medical and dental procedures. Steiner Hayward said that would help, but hospitals would take time to ramp up and have lost significant income in the meantime.

The board approved the 11 items on its agenda, all on a bipartisan basis and most of them unanimously. Much of the discussion centered on fiscal accountability for how relief money is spent and ensuring that rural areas benefit.

Legislators approved a new program under which businesses employing 25 or fewer workers could be eligible for state grants or loans if they have not received federal aid.

Rep. David Gomberg, D-Otis, said he had been concerned that coronavirus assistance had not been going to the smallest of small businesses, which are the economic backbone of his district.

"People are hurting everywhere," he said. "According to the state economist, they're hurting particularly hard in my part of Oregon."

The state will contract with community development financial institutions to run the program, but Gomberg noted those institutions primarily are along the Interstate 5 corridor.

Oregon's plan to reopen economy is emerging

By Dick Hughes
For the Oregon Capital Bureau



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The seal of Oregon at the state Capitol in Salem.

Oregon's economic reopening likely will be more gradual than what President Donald Trump has suggested. Churches, theaters, gyms and sporting events initially would remain closed.

Other business reopenings from the COVID-19 pandemic are under study.

Gov. Kate Brown and her staff shared her current thinking with legislators and county commissioners last week. The governor's "Reopening Oregon: A Framework for Restarting Public Life and Business" combines concepts Brown released last week and the national guidelines that Trump announced a couple of days later.

Brown's staff cautioned that the ideas were still being reviewed. The goal is to release a more detailed draft plan soon. Work groups are preparing proposals on personal services, such as hair salons; sit-down dining; bars; and other areas. Additional child care facilities also would be reopened in the first phase, but schools would remain closed.

Much of the phased plan, including resumption of non-emergency medical and dental procedures, would roll out regionally.

"A lot of states are taking statewide approaches, and the governor has been pretty consistent in telling us, 'Look, I want to be able to do this in a regional way,'" said Nik Blosser, Brown's chief of staff.

Those geographical considerations include the regional capacity for COVID-19 testing, contract tracing and hospitalization, along with evidence that the growth in cases was subsiding. Each county would have to submit a formal request to Brown, including commitments to have adequate personal protective equipment and, in the event of a surge in cases, available hospital beds.

Officials in Harney County asked Brown to let

it become a pilot project for reopening Oregon. The frontier county has a small population, many businesses and individuals are hurting and there have been no reported COVID-19 cases.

"There's no curve to flatten out here. We never had a bump in the road. That's what's really eating at people," County Judge Pete Runnels said, adding that Oregon must adjust to living with the threat of coronavirus.

To meet the framework outlined by Brown, the county would need state help in acquiring personal protective equipment. The local hospital could treat up to two, possibly three, cases at a time. Any positive case would require 20 hours of research to trace the person's contacts, according to Runnels.

During a phone call April 20 with county officials and Rep. Mark Owens, R-Crane, the governor acknowledged the proposal but did not promise what would happen, Runnels said.

"I don't know if they understand the urgency of how dire it is for some," he said of Brown and her staff. "They hear us, but they don't feel us."

Dr. Bob Dannenhoffer, the Douglas County health officer and a member of Brown's coronavirus Medical Advisory Panel, said he knew of nowhere in the nation that was yet prepared to meet even the

broad guidelines of the federal plan. Those guidelines include sufficient personal protective gear, robust testing and an army of people to follow up on cases.

"If somebody can show me that their area is ready, I'd love to see that," he said. "Nobody has taken me up on that."

Dannenhoffer said he could not forecast when any Oregon county would be ready.

"I think anybody who would try to project the future is being somewhat foolish, because we really have to see what happens with case counts. We have to see what happens with testing. We have to see what happens with PPE. These are all things that are out of anybody's control," he said, emphasizing that the views were his own and not those of the governor's panel.

But Deschutes County Commissioner Patti Adair said it's about time to responsibly start reopening the economy by allowing health practitioners to resume non-emergency procedures and letting restaurants, hairdressers and other businesses reopen with effective social distancing and related protective measures.

Adair said local businesspeople have come up with great ideas, which she was forwarding to the governor's office.

"I really worry," she said. "We have more people in Deschutes County on unemployment than a lot of other counties do."

Adair was not fully reassured by a conference call that Brown had Monday with county commissioners across the state: "The first thing she said was that the virus was in charge, and I found that frustrating."

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