



Board of Commissioners

Donnie Boyd, Commissioner
Position One

Kelley Minty Morris, Commissioner
Position Two

Derrick DeGroot, Commissioner
Position Three

March 16, 2021

Governor Kate Brown
Office of the Governor
900 Court Street, Suite 254
Salem, OR 97301

Director Pat Allen
Oregon Health Authority
500 Summer Street, NE E-20
Salem, OR 97301-1097

Director Andrew Phelps
Oregon Emergency Mgmt
3225 State Street, Rm 115
Salem, OR 97301

Governor Brown and Distinguished Colleagues:

The past year has been challenging for all involved. COVID-19 has stretched resources as we continued to learn more about the disease, all while the incident continued to evolve. We have learned a tremendous amount about all aspects of public health emergency response. Public health and Emergency Management systems have been tested. We have come a long way since early 2020 when the incident began. For the reasons detailed below, it is time for management of the COVID-19 incident be returned to the local level.

The Oregon emergency management system is designed to be operated at the local level, as stated in ORS 401.032 (2)

(2) It is declared to be the policy and intent of the Legislative Assembly that preparations for emergencies and governmental responsibility for responding to emergencies be placed at the local level. The state shall prepare for emergencies, but shall not assume authority or responsibility for responding to an emergency unless the appropriate response is beyond the capability of the city and county in which the emergency occurs, the city or county fails to act, or the emergency involves two or more counties.

State-wide coordination was a priority early in the COVID-19 incident when management was implemented at the state level. The incident has stabilized which is evident by the fact that both Oregon Emergency Management (OEM) and Oregon Health Authority (OHA) are no longer in emergency operations. An Incident Action Plan (IAP) or Situation Report (Sit Rep) related to COVID-19 has not been issued by OEM or OHA since fall 2020. Prior to fall 2020, OHA stood down their incident management team and transferred long-term management of the incident to the COVID-19 Response and Recovery Unit (CRRU), and OEM stood down the Emergency Coordination Center (ECC) COVID-19 activation. OHA staff outside of the CRRU have returned to their regular jobs and have been directed that they are no longer engaged in the COVID-19 response. OHA has increased their personnel to allow for COVID-19 response and recovery to be addressed within staff capacity. Oregon Emergency Management has implemented a small virtual ECC activation in support of vaccination efforts. State agencies continue to



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be a critical partner in support of county operations however, these tasks are in support of county operations and the state emergency operations have long since ceased.

Over the past year, counties have developed and affirmed key capabilities and cemented necessary relationships to successfully manage the incident locally. Counties are well exercised and experienced in all response aspects within existing capacity. The Biden Administration has provided additional local funding with enough flexibility to allow additional resources and staffing to be acquired, should it be necessary. Vaccination operations are well under way and examples of efficient and effective vaccine administration abound limited only by vaccine availability, which is a variable outside all of our control. The State has, and will continue to play a key role in resource support and technical expertise which is the traditional role during emergency operations. Counties are in a key position to evaluate local conditions such as case counts, positivity rate, local hospital capacity, hospital system capacity, outbreak clusters and available resources while also placing those factors in context of the regional, state and national situation.

With continued success, we have been able to:

1. Minimize hospitalizations and deaths;
2. Avoid overwhelming the healthcare system;
3. Protect those at highest risk of severe illness, especially the elderly, those with underlying health conditions and communities of color;
4. Minimize risk to frontline workers; and
5. Allow people to return to work so they can support themselves and their families.

Just as school districts have taken the lead in determining how state guidance applies within their jurisdictions, counties are planning for and prepared to do the same. As previously stated, we will be managing the incident at the local level until either local operations are suspended, or the incident escalates beyond local capabilities. We will continue to depend on the state for technical expertise and logistical support.

Thank you for your ongoing efforts,

Donnie Boyd
Commissioner

Kelley Minty Morris
Chair

Derrick DeGroot
Vice Chair