

Benton County Republican Party

Resolution 2022-1

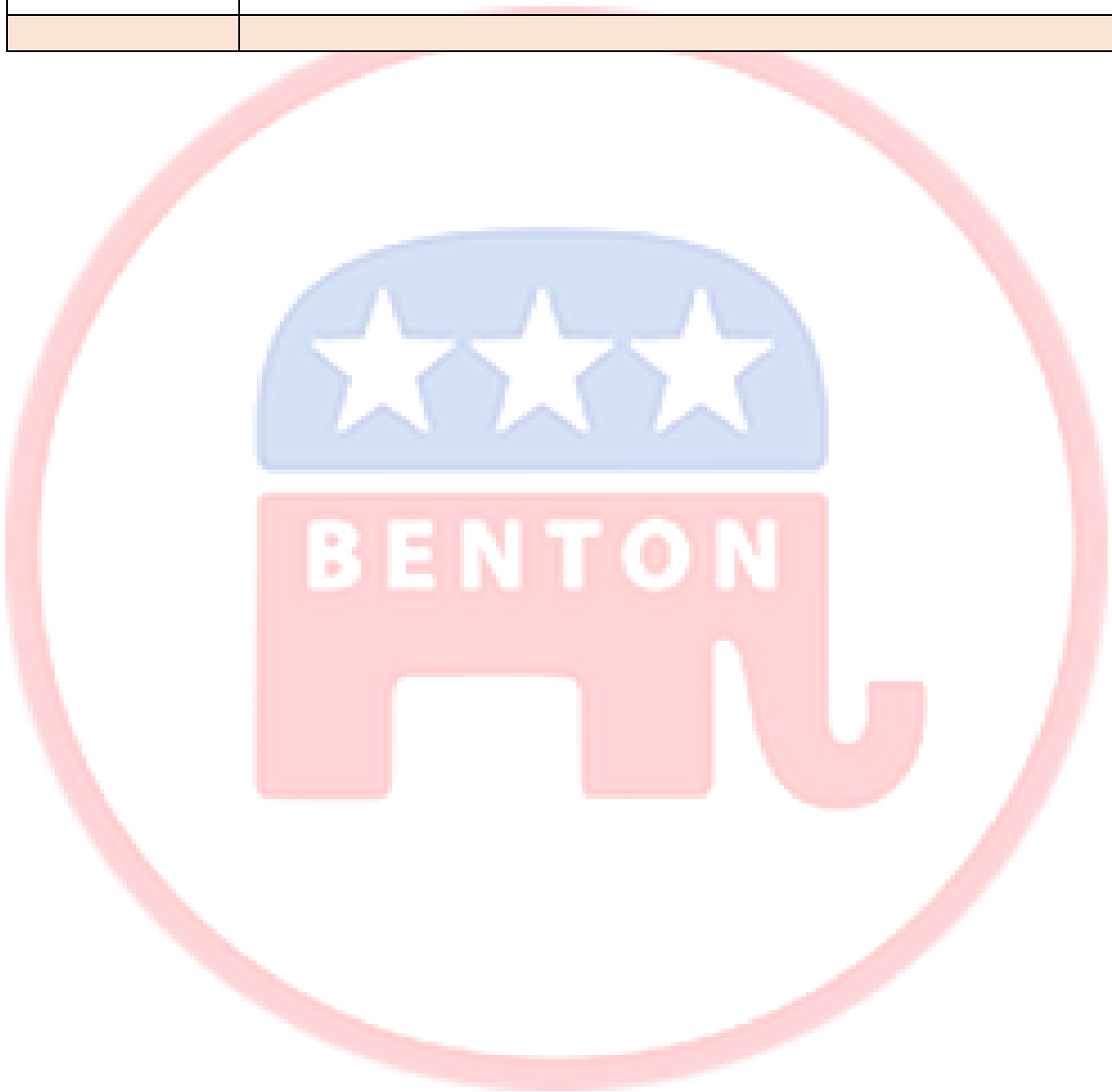
Against Covid-19 Mandates



1. WHEREAS, lockdown policies and Covid-19 vaccine mandates continue to have devastating effects on Oregon's economy, are causing short and long-term physical and mental public health issues, increase incidental deaths and disabilities due to incidental consequences such as auto accidents, and are reducing the quality of life of Oregon residents, including an inability to console loved ones who are sick or dying, the vast majority of deaths in Oregon being unrelated to Covid-19;

TOPIC	EFFECT
TRUST	Ehud Qimron's Powerful Letter to the Israeli Ministry of Health ★ Brownstone Institute Denial of Early Covid-19 Treatment – A Crime Against Humanity The Ethical Skeptic
Economy	They're Now Saying Lockdown Spending Erased Poverty – AIER Ten facts about COVID-19 and the U.S. economy (brookings.edu)
Health Issues	Oregon COVID-19 Hospitalizations Continue to Rise (wweek.com) The Shortage of Health Care Workers Has a Cause ★ Brownstone Institute Three Days Late, the Supreme Court Strikes Down OSHA's Vaccine Mandate ★ Brownstone Institute
Quality of Life	Great Barrington Declaration (gbdeclaration.org) Covid Lockdowns Nearly Wrecked My Family and Millions of Others ★ Brownstone Institute
Excess Deaths	'Huge, huge numbers:' insurance group sees death rates up 40 percent over pre-pandemic levels TheHill Excess Deaths Associated with COVID-19 (cdc.gov) How Covid contributed to Oregon's 'excess deaths' since onset of pandemic - Portland Business Journal (bizjournals.com)
Recognition by the Governor (Links to Executive Orders)	State of Oregon: Administration - Executive Orders EO 20-03 Declaration of Covid Emergency EO 20-17 Suspending In-Person Instruction EO 20-19 Extending Closure of Childcare Facilities EO 20-20 Continued Suspension of In-Person Classes EO 20-24 1st Extension of EO-03 Covid Emergency EO 20-30 2nd Extension of EO-03 Covid Emergency EO 20-38 3rd Extension of EO-03 Covid Emergency EO 20-59 4th Extension of EO-03 Covid Emergency EO 20-65 Temporary Freeze to Address Covid Surge EO 20-66 Metrics to Control Hospital Capacities EO 20-67 5th Extension of EO-03 Covid Emergency EO 21-05 6th Extension of EO-03 Covid Emergency EO 21-06 Hybrid School; Comply with Covid Protocols

	EO 21-10 7th Extension of EO-03 Covid Emergency EO 21-15 RESCIND ALL COVID RESTRICTIONS EO 21-29 Mandatory Vaccination for Oregon Executive Branch EO 21-36 8th Extension of EO-03 Covid Emergency; Rescinds EO-15.



2. WHEREAS, Governor Brown issued Oregon Executive Order 20-03 on March 8, 2020, declaring a public health emergency due to Covid-19, and extended it eight times without legislative approval for a 27-month duration;

EO #	TITLE	Duration
	DESCRIPTION	
20-03	DECLARATION OF EMERGENCY DUE TO CORONAVIRUS (COVID-19) OUTBREAK IN OREGON	03-8-2020 through 05/07/2020
	Declares Covid emergency for 60 days.	
20-17	EXTENDING EXECUTIVE ORDER NO. 20-9 (SUSPENSION OF IN-PERSON INSTRUCTIONAL ACTIVITIES AT HIGHER EDUCATION INSTITUTIONS) (Done on 4/17/2020.	03/21/2020 – 06/13/2020
	Prohibits In-Person Instruction; Amended E.O. 20-09, which suspended in-person instruction starting 3/21/2020.	
20-24	FIRST EXTENSION OF EXECUTIVE ORDER 20-03 AND COVID-19 STATE OF EMERGENCY	05/08/2020 Through 07/06/2020
	1st Extension of E.O. 20-03; Extends emergency declaration for 60 days.	
20-25	A SAFE AND STRONG OREGON: MAINTAINING ESSENTIAL HEALTH DIRECTIVES IN RESPONSE TO COVID-19, AND IMPLEMENTING A PHASED APPROACH FOR REOPENING OREGON'S ECONOMY	05/14/2020 -Until standards are met.
	1 st Extension of E.O. 20-03; sets reopening standards for businesses.	
20-30	SECOND EXTENSION OF EXECUTIVE ORDER 20-03 AND COVID-19 STATE OF EMERGENCY; RESCINDING EXECUTIVE ORDER 20-13 AND EXECUTIVE ORDER 20-18	07/07/2020 Through 09/04/2020
	2 nd Extension of E.O. 20-03; Extends emergency declaration for 60 days.	
20-38	THIRD EXTENSION OF EXECUTIVE ORDER 20-03 AND COVID-19 STATE OF EMERGENCY; RESCINDING EXECUTIVE ORDER 20-16	09/05/2020 Through 11/03/2020
	3rd Extension of E.O. 20-03; Extends emergency declaration for 60 days.	
20-59	FOURTH EXTENSION OF EXECUTIVE ORDER 20-03 AND COVID-19 STATE OF EMERGENCY	11/04/2020 Through 01/02/2021
	4th Extension of E.O. 20-03; Extends emergency declaration for 60 days.	

20-67	FIFTH EXTENSION OF EXECUTIVE ORDER 20-03 AND COVID-19 STATE OF EMERGENCY	01/03/2021 Through 03/03/2021
	5th Extension of E.O. 20-03; Extends emergency declaration for 60 days.	
21-05	SIXTH EXTENSION OF EXECUTIVE ORDER 20-03 AND COVID-19 STATE OF EMERGENCY	03/04/2021 Through 05/02/2021
	6th Extension of E.O. 20-03; Extends emergency declaration for 60 days.	
21-10	SEVENTH EXTENSION OF EXECUTIVE ORDER 20-03 AND COVID-19 STATE OF EMERGENCY	05/03/2021 Through 06/28/2021
	7th Extension of E.O. 20-03; Extends emergency declaration for 60 days.	
21-15	RESCIND ALL COVID-19 RESTRICTIONS	JUNE 30, 2021
	Revokes public health restrictions around face coverings, physical distancing, capacity limits, but keeps the state of emergency in place for response and recover.	
21-36	EIGHTH EXTENSION OF EXECUTIVE ORDER 20-03 AND COVID-19 STATE OF EMERGENCY	12/21/2021 Through 06/30/2022
	8th Extension of E.O. 20-03; Extends emergency declaration for over 6 MONTHS.	
END OF TABLE		

3. WHEREAS, Governor Brown issued Executive Order 20-66 delegating the authority for "binding guidance", commonly known as mandates to the Oregon Health Authority (OHA), whose management is appointed rather than elected;

Excerpts from Executive Order No. 20-66:

EXECUTIVE ORDER NO. 20-66

RISK AND SAFETY FRAMEWORK: COUNTY-BY-COUNTY METRICS-BASED APPROACH TO CONTROLLING COVID-19 TRANSMISSION TO CONSERVE HOSPITAL CAPACITY AND PROTECT HUMAN HEALTH AND HUMAN LIVES

EXECUTIVE ORDER NO. 20-66 PAGE THREE

NOW THEREFORE, IT IS HEREBY DIRECTED AND ORDERED THAT:

Pursuant to ORS 401.168, ORS 401.175, ORS 401.188, ORS 433.441, and ORS 401.035, I am ordering the following:

1. **Replacing Executive Orders 20-27 and 20-65.** As of the effective date of this Executive Order, Executive Orders 20-27 and 20-65 are rescinded, and replaced by the directives in this Executive Order.
2. **Oregon Health Authority (OHA) to issue guidance for the public, employers, and sectors.** Throughout this pandemic, Oregon's response has shifted as conditions on the ground have shifted, and as emerging science and data have given us greater clarity regarding the best ways to manage this pandemic. Maintaining the flexibility to nimbly adjust as conditions and knowledge change is critical to an effective emergency response. Accordingly:
 - a. I delegate to OHA the authority to develop and issue, and from time to time revise, binding guidance for the public, for employers, and for particular sectors of the economy, to implement the directives of this Executive Order. OHA guidance may also provide definitions, clarifications, or needed modifications to the directives in this Executive Order, and may identify certain business types, the operation of which is prohibited during this emergency. The Governor will approve OHA guidance before it is issued. Upon approval, the OHA guidance will


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become part of the directives of this Executive Order and will be published online on Governor Brown's website (<https://govstatus.egov.com/or-covid-19/>) and the OHA website (<https://govstatus.egov.com/OR-OHA-COVID-19>).

- b. As described more fully in paragraph 10 of this Executive Order, once approved by the Governor and published, guidance issued to implement this Executive Order is enforceable to the same extent this Executive Order is enforceable.
- c. In order to continue to control the spread and risk from COVID-19 in Oregon, individuals, businesses, and other covered entities are directed to comply with applicable OHA guidance issued under the authority of this Executive Order.
- d. Any guidance previously issued under the authority of Executive Orders 20-27 or 20-65 continues under the authority of this Executive Order unless and until that guidance is rescinded or modified by OHA or the issuing agency.

4. WHEREAS, the Governor and the OHA have proposed policies mandating employees be vaccinated as a condition of employment and policies that encourage the inoculation of children where the vast majority of clinical cases of COVID-19 in children are mild and rarely a source of transmission, even though there are no long term studies of mRNA effects on long term health or reproduction;

a. ***Executive Order No. 21-29 Excerpts***

EXECUTIVE ORDER NO. 21-29	
COVID-19 VACCINATION REQUIREMENT FOR STATE EXECUTIVE BRANCH	
EXECUTIVE ORDER NO. 21-29	
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<p>2. <u>Prohibitions.</u> This order prohibits the following:</p> <ul style="list-style-type: none">a. Any Employee or Worker from engaging in work for the Executive Branch after October 18, 2021, or six weeks after the date that the United States Food and Drug Administration approves a vaccination against COVID-19, whichever is later, if the Employee or Worker has not been Fully Vaccinated against COVID-19.b. The Executive Branch from permitting any Employee or Worker to engage in work for the Executive Branch after October 18, 2021, or six weeks after the date that the United States Food and Drug Administration approves a vaccination against COVID-19, whichever is later, if the Employee or Worker has not been fully vaccinated against COVID-19 and provided proof or documentation thereof, as required under this Executive Order. <p>3. <u>Documentation of Vaccination for Employees.</u> On or before October 18, 2021, or six weeks after the date that the United States Food and Drug Administration approves a vaccination against COVID-19, whichever is later, Employees must provide their employer with either:</p> <ul style="list-style-type: none">a. Proof of Vaccination showing they are fully vaccinated; orb. A written request for an exception if available under paragraph 5 of this Executive Order.	

4. Documentation of Vaccination for Workers. On or before October 18, 2021, or six weeks after the date that the United States Food and Drug Administration approves a vaccination against COVID-19, whichever is later, the Executive Branch contracting agency must have documentation that all Workers subject to this Executive Order are in compliance with paragraph

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2 of this Executive Order, or that an exception applies under paragraph 6 of this Executive Order.

5. Compliance with State and Federal Law. The Executive Branch is expected to make reasonable accommodations in order to comply with the Americans with Disabilities Act and Title VII of the Civil Rights Act, and state law equivalents, for individuals unable to be vaccinated due to disability, qualifying medical condition, or a sincerely held religious belief.
6. Exceptions to Prohibition. The prohibitions described in paragraph 2 of this Executive Order do not apply if:
 - a. An exception available under paragraph 5 of this Executive Order has been requested in writing by the Employee or Worker, and the request is pending or has been approved.
 - b. The director of a contracting agency has determined in writing that there is a critical business need for a Worker to perform work without first coming into compliance with paragraph 2 of this Executive Order.
7. Enforcement. Employees who fail to comply with this directive will face personnel consequences up to and including separation from employment. Contracting agencies may take any action in contract, at law, or in equity for any noncompliance of Workers and entities for which a Worker is an employee, contractor, or volunteer. Timelines in this Executive Order may be extended at the Governor's discretion.
8. Executive Branch May Exceed These Requirements. Nothing in this order prohibits entities within the Executive Branch from implementing requirements that exceed the requirements of this Executive Order, provided that compliance with paragraph 5 of this Executive Order is maintained.

9. Legal Effect. Pursuant to ORS 401.192(1), the directives set forth in this Executive Order shall have the full force and effect of law, and any existing laws, ordinances, rules and orders shall be inoperative to the extent they are inconsistent with the directives set forth in this Order.
10. Discretion; No Right of Action. Any decision made by the Governor pursuant to this Executive Order is made at her sole discretion. This Executive Order is not intended to create, and does not create, any individual

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right, privilege, or benefit, whether substantive or procedural, enforceable at law or in equity by any party against the State of Oregon, its agencies, departments, or any officers, employees, or agents thereof.

11. Severability. If any section, subsection, paragraph, subparagraph, sentence, clause, phrase, or word of this Executive Order is for any reason held to be invalid, such holding shall not affect the validity of the remaining portions of this Order.
12. Effective date. This Executive Order is effective August 13, 2021, and remains in effect until terminated by the Governor.

Done at Salem, Oregon, this 13th day of August, 2021.



Kate Brown

Kate Brown
GOVERNOR

ATTEST:

Shemia Fagan

Shemia Fagan
SECRETARY OF STATE

COVID-19 vaccination and boosters: The time to act is now

"Today I am calling on one million Oregonians to step up and get their booster dose by the end of January," Governor Brown said. "I've directed OHA to get the vaccine supply and distribution capacity in place to support this goal. However, we will only reach it if everyone does their part."

- **Get vaccinated.** [Ensure your eligible children are vaccinated](#), as soon as you can.
- **Get boosted.** [If your last vaccine was at least 6 months ago \(or two months ago for Johnson & Johnson\), get a booster shot right away.](#) With three weeks before the surge begins, and two weeks for the booster shot to become fully effective, the time to act is now.

You can find first, second, third and booster doses at [Oregon's high-volume vaccination sites](#). You can also [find other vaccine locations near you](#). Or contact your doctor's office for a COVID-19 vaccination or booster.



Children ages 5-11 are now eligible for the Pfizer COVID-19 Vaccine

The vaccine has proven to be safe and effective for children.

The vaccine is free. You do not need health insurance to get a vaccine, but if you have health insurance, bring your card. The provider may bill your insurance for the cost of administering the vaccine.

Proof of eligibility, identification or social security number are not required. Vaccine providers may ask if you live in Oregon or what kind of work you do.



OFFICE OF THE DIRECTOR

Kate Brown, Governor

Oregon
Health
Authority

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Minor Consent Statement

May 25, 2021

Under Oregon law, minors 15 and older have the legal authority to consent to medical treatment, including vaccinations, provided by a physician, physician assistant, naturopath, nurse practitioner, dentist or optometrist, or other professionals operating under the license of or at the direction of these providers, without the consent of a parent or guardian. (ORS 109.640)

At this time, the only COVID-19 vaccine that has received emergency use authorization for individuals under age 18 is the Pfizer vaccine. The Pfizer vaccine is authorized for use in individuals 12 and above. Most locations where COVID-19 vaccinations are provided have oversight by a medical provider on the list noted above and therefore minors 15 and older can consent to vaccination.

The Oregon Health Authority supports the rights of minors 15 and older to consent to COVID-19 vaccination without parental consent.

OHA prohibits a provider listed above, or anyone operating under the license of or at the direction of these providers, from requiring parental consent for a minor age 15 or older, if that minor is exercising their right to consent to vaccination. A provider may, but is not required to, inform a parent or guardian about the vaccination (ORS 109.650).

Many COVID-19 vaccinations are being provided by pharmacists. Pharmacists are not on the list of providers who can treat minors 15 and older without parental consent under Oregon law and so most pharmacies will require parental or guardian consent, which can be verbal or written. However, some pharmacists may operate at the direction of a provider listed under ORS 109.640, and in this case the pharmacist is prohibited from requiring parental or guardian consent for a minor 15 or older who is consenting to a COVID-19 vaccination. See our [Frequently Asked Questions](#) for more information about 12 to 17-year-old vaccine access.

Document accessibility: For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact the Health Information Center at 1-971-673-2411, 711 TTY or COVID19.LanguageAccess@dhsosha.state.or.us.

5. WHEREAS, the OHA seeks to impose a permanent requirement to wear masks indoors;

‘Permanent’ mask rule? Oregonians decry state proposal to indefinitely extend indoor mandate

Sara Cline Associated Press/Report for America

Published 9:28 a.m. PT Jan 21, 2022

PORTLAND — Hundreds of Oregon residents claimed government overreach on Thursday, as officials at the state's health authority consider indefinitely extending the current indoor mask requirement due to the COVID-19 pandemic.

The Oregon Health Authority held a public hearing about the proposed "permanent" mask rule for public indoor spaces, regardless of people's vaccination status. Although the word "permanent" is used, officials say the rule can be rescinded when it is deemed "no longer necessary" by health authority officials.

However, currently there is no set expiration date or specific metrics outlining when the rule could be lifted if OHA makes it permanent.

Any person who violates the proposed rule will be subject to civil penalties of up to a \$500 fine per day per violation.

More than 350 people — ranging from stay-at-home parents, registered nurses, a speech language pathologist, teachers and business owners in rural and urban areas — attended the virtual public hearing and vehemently opposed the rule.

"We don't believe that you're going to take into account the best interest of Oregonians and we don't believe that you're going to repeal this," Elizabeth Moore, a Portland resident, said during the hearing. "I think it's high time at this stage of the pandemic ... to let Oregonians be adults and make decisions for themselves."

Many people testifying cited studies, anecdotes and quotes against masking. Most were frustrated and some threatened officials.

"Remove this and don't push it through," said Angela Todd, the chief communications officer for a grassroots group called Free Oregon. "And I promise you, if you push this through, we're coming for you."

Oregon health officials and the federal Centers for Disease Control and Prevention say wearing masks indoors can help reduce the spread of COVID, especially as the highly contagious omicron variant is causing a spike in cases.

The proposed permanent rule has emerged to address a technicality in state law that requires the current temporary rule to expire in early February — after the projected peak of the omicron wave.

The temporary rule was adopted in August 2021 in response to the rapid spread of the delta variant. Oregon law gives the health authority the power to implement public health rules such as the mask mandate, but the agency is only allowed to leave temporary rules in place for 180 days.

6. WHEREAS, these mandates create a cultural apartheid between inoculated and unvaccinated citizens;

Nearly Half of Democrats Would Back Temporary Detention for Unvaccinated: Poll

By [Isabel van Brugen](#)

January 19, 2022

Nearly half of Democrat voters would back measures requiring that the [unvaccinated](#) live temporarily in “designated facilities or locations” for refusing the [COVID-19 vaccine](#), a recent [poll](#) has found.

A national telephone and online poll from the Heartland Institute and [Rasmussen Reports](#), which surveyed 1,016 likely U.S. voters, found that 45 percent of likely Democratic voters would support such measures for unvaccinated Americans.

The poll, conducted on Jan. 5 and released on Jan. 13, also found that 59 percent of respondents who said they were [Democrats](#) would favor a government policy requiring that citizens “remain confined to their homes at all times, except for emergencies” if they refuse to get a COVID-19 vaccine.

The margin of error is 3 percentage points with a 95 percent level of confidence.

Almost half of Democratic voters think federal and state governments should be able to fine or imprison individuals who publicly question the efficacy of the existing COVID-19 vaccines on social media, television, radio, or in online or digital publications, the survey found.

Meanwhile, 29 percent of likely Democrat voters who participated in the survey said they would favor temporarily removing parents’ custody of their children if parents refuse to take the COVID-19 vaccine.

No such penalties have been rolled out for the unvaccinated in the United States, however, elsewhere, some are set to face fines if they haven’t been vaccinated against COVID-19, the disease caused by the [CCP \(Chinese Communist Party\) virus](#).

Greece has imposed a vaccination mandate for people aged 60 and older. Older people failing to get vaccinated will face penalties, starting at a 50-euro (\$57) fine in January and followed by a monthly fine of 100 euros (\$114) after that.

Health minister Thanos Plevris said the fines would be collected through the tax office with the money going to help fund state hospitals.

“The age factor is important because of its impact on the public health service,” Plevris told private Open TV on Sunday.

In Austria, the health minister announced last month the government plans to impose fines of up to 3,600 euros (around \$4,000) on people who flout a COVID-19 vaccine mandate it aims to introduce in February for all residents aged 14 and over.

In Canada, Quebec province is set to fine unvaccinated residents who do not have a medical exemption from receiving a COVID-19 vaccine.

The French-speaking province’s Premier Francois Legault announced on Jan. 11 that adult residents who do not qualify for medical exemptions will be charged a financial penalty. He said he believes that refusing to get vaccinated leads to consequences for the health care system.

Last week’s announcement marked the first time a government in Canada has announced a financial penalty for people who refuse to be vaccinated against COVID-19.

“Those who refuse to get their first doses in the coming weeks will have to pay a new health contribution,” Legault said. “The majority are asking that there be consequences. ... It’s a question of fairness for the 90 percent of the population that have made some sacrifices. We owe them.”

Legault didn’t elaborate on the details of the financial penalty, but said it would be “significant.”

The Associated Press contributed to this report.

7. WHEREAS, Governor Brown's Executive Order No. 21-15, dated June 25, 2021 rescinding all Covid-19 restrictions was itself rescinded by Executive Order No. 21-36, dated December 21, 2021 to deal with the Omicron variant of Covid-19;

Office of the Governor
State of Oregon



EXECUTIVE ORDER NO. 21-36

CONTINUING STATE EFFORTS TO SUPPORT ONGOING COVID-19 VACCINATION, RESPONSE, AND RECOVERY EFFORTS; EXTENDING EXECUTIVE ORDER 20-03; RESCINDING EXECUTIVE ORDER 21-15 AND EXECUTIVE ORDER 21-31

Since early 2020, the COVID-19 pandemic has upended life for Oregonians. More than 5,500 Oregonians have lost their lives to this deadly disease since March 2020, and more than 21,800 Oregonians have been hospitalized with COVID-19. Oregon's frontline workers, children, parents, families, and businesses have all navigated immense challenges as we have worked together to protect the health and lives of Oregonians.

The arrival of safe and effective vaccines in late 2020 marked a new, hopeful phase in our state's collective efforts to fight the pandemic. Together, we worked our way through the early days of a painfully limited supply of vaccines from the federal government. Lifesaving vaccines are now readily available and free of cost to any Oregonian age five and up. Through the tireless effort of our frontline healthcare workers, pharmacists, community organizations, National Guard troops, volunteers, public health workers, and community members throughout the state, we have now vaccinated more than three million Oregonians. Oregonians have come together by the millions to protect themselves and their community by becoming vaccinated. And, now that research shows that booster doses are necessary to maintain protection, particularly against the new Omicron variant, Oregonians are stepping up once again to get their boosters and to help family, friends, and neighbors get boosters as well. That community spirit is the Oregon I know.

In June 2021, the state's pandemic response shifted from acute emergency response to long-term management and recovery. At that time, in Executive Order 21-15, I rescinded executive orders that had imposed COVID-19 safety measures. Although we knew the pandemic was not over, and recovery would be a longer-term proposition, it was time to begin transitioning from managing the pandemic under emergency powers to managing the pandemic under ordinary government processes like legislative action to address the ongoing eviction crisis, and agency rulemaking to address COVID-19—as we would any other established public health challenge.

That transition to ordinary government processes for managing COVID-19 was tested almost immediately, as the new Delta variant arrived in Oregon. The Delta variant quickly drove up cases, hospitalizations and, tragically, deaths, to numbers not previously seen in this pandemic. While those who were vaccinated were, thankfully, well protected

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from severe disease from the Delta variant, hospital capacity quickly became strained to the breaking point, threatening access to medical care for all Oregonians. When it became clear that additional steps would be necessary to manage the wave of infections from the Delta variant, I took steps like activating the National Guard to help support our hospitals, and working with the Oregon Health Authority to contract with and bring in skilled healthcare workers to support exhausted hospital staff.

However, when it became necessary to put in place mandatory safety requirements for the public, I remained steadfast that our transition to ordinary government processes should continue, whenever possible. Thus, those requirements were promulgated through agency rulemaking processes authorized under the Oregon Administrative Procedures Act. As a result, the safety requirements that are in place today regarding face coverings, vaccinations for K-12 school teachers and staff, and vaccinations for healthcare workers do not rely on my emergency powers; instead, they are included in agency administrative rules.

There were times, however, where the continuing activation of a state of emergency has been critically important in supporting the ongoing battle against COVID-19 and the Delta variant, and supporting the state's recovery.

- Emergency authorities allowed me to quickly and efficiently direct the state workforce that I oversee to get vaccinated by earlier this fall, to help protect both them and the community.
- By law, the state's volunteer medical provider program, SERV-OR, can only activate and support volunteers during a governor-declared emergency. Currently, there are 450–500 SERV-OR volunteers activated and deployed around the state. These volunteers are performing critical services like supervising and providing vaccinations at vaccination clinics, supporting hospital workers, and even providing mental health support to our exhausted frontline medical professionals who have seen unimaginable tragedy over the last 18 months. Having an emergency declaration in place has allowed the important work of these medical volunteers to continue.
- Similarly, having the emergency declaration in place has allowed state licensing boards greater flexibility around professional health licensing, ensuring that we have as much flexibility with our healthcare workers as possible.

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- Furthermore, a state-level emergency declaration ensures that the state continues to be able to access all federal disaster relief funds that are available, such as enhanced Supplemental Nutrition Assistance Program (SNAP) benefits, to ensure Oregonians have access to the support they need as they continue to navigate challenging and uncertain times.
- Liability protections for K-12 schools, authorization for extension of certain court deadlines, and other matters are also dependent, by statute, on the existence of a declared state of emergency.

We have learned throughout the pandemic to be prepared for the unexpected with this virus. The new Omicron variant, spreading quickly around the globe, offers yet another challenge that we learn more about each day. However, as we continue to navigate Delta, Omicron, and any other future variants that COVID-19 brings, my goals remain the same: to save lives, support doctors, nurses, and health care workers, and keep Oregon businesses, schools, and communities open.

We all are tired of this virus. We are all tired of the actions we must take to mitigate the risks of the virus. And yet, this virus continues to threaten and cause widespread sickness, hospitalization, and death for all Oregonians. Even for those who will not be made seriously ill by COVID-19, threats to hospital capacity impact us all. This deadly and highly communicable disease continues to require a community response. I find that the statutory criteria for an ORS Chapter 401 emergency declaration continue, unfortunately, to be satisfied.

NOW, THEREFORE, IT IS DIRECTED AND ORDERED:

Pursuant to my authorities under ORS Chapter 401, I am issuing the following directives:

1. Executive Order 20-03 Extended to Continue to Support Recovery. Pursuant to ORS 401.165, and based on the findings above, I find that although we have reached the point where the vast majority of pandemic-related business and public health restrictions to control the spread of COVID-19 have been transitioned to non-emergency authorities, the needs associated with Oregon's ongoing efforts to respond to and recover from the effects of the COVID-19 pandemic constitute an ongoing statewide emergency. Thus, effective today, December 21, 2021, I hereby

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continue this state of emergency, and further extend Executive Order 20-03 until June 30, 2022.

2. Access to Federal Recovery Assistance and Support. The extension of Executive Order 20-03 set forth in paragraph 1 of this Executive Order is intended in part to ensure that Oregon can continue to receive any federal funding, support, and other assistance with the state's COVID-19 response, including but not limited to funding and support from FEMA for COVID-19 response activities and continued state eligibility for enhanced SNAP benefits.
3. Rescinding Executive Order 21-15 and Executive Order 21-31. Executive Order 21-15 is rescinded and replaced by the directives in this Executive Order (Executive Order 21-36). Notwithstanding that rescission, Executive Order 21-31, relating to childcare, is continued and will remain effective until 11:59 p.m. on December 31, 2021, when it will expire by its own terms, and will not be extended.

Other Provisions

4. Discretion; No Right of Action. Any decision made by the Governor pursuant to this Executive Order is made at her sole discretion. This Executive Order is not intended to create, and does not create, any individual right, privilege, or benefit, whether substantive or procedural, enforceable at law or in equity by any party against the State of Oregon, its agencies, departments, or any officers, employees, or agents thereof.
5. Legal Effect. This Executive Order is issued under the authority conferred to the Governor by ORS 401.165 to 401.236, and, pursuant to ORS 401.192, has the full force and effect of law.

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6. Duration. This Executive Order shall remain in effect until June 30, 2022, unless extended or terminated earlier by the Governor.

Done at Salem, Oregon, this 21st day of December, 2021.



Kate Brown
GOVERNOR

ATTEST:

Shemia Fagan
SECRETARY OF STATE

8. WHEREAS, South Africa, the first country to have major experience with the Omicron variant, identified the virus in November, 2021, and declared it mild and passed its peak by New Year's day;

South Africa is over Omicron, and their good news may be a harbinger of hope for the U.S.

JANUARY 18, 2022 / 1:14 PM / CBS NEWS

Johannesburg — Only eight weeks after the world first heard about the Omicron variant of the coronavirus, when researchers in South Africa who discovered the strain notified global authorities, that country's wave of infections has fallen as sharply as it climbed. Not only that, but South Africa has weathered its fourth wave of COVID-19 with very little interruption to people's lives.

CBS News foreign correspondent Debora Patta reports that in the suburbs of Johannesburg, restaurants are busy again, traffic is jammed, and the city is bustling.

Omicron quickly became the focus of global anxiety as infections spread across South Africa with ferocious speed. Within days, the country was at the epicenter of the pandemic. And then... well, not much happened at all.

"A little bit at ease"

Patta and her team have monitored one COVID ward, at a hospital in Gauteng province, which includes the metropolis of Johannesburg and the capital Pretoria, throughout the pandemic. Six months ago, during the country's battle with the Delta variant, the hospital was overwhelmed. ICU beds and oxygen were running out and the death rate was soaring.

"You are a human being before becoming a nurse, so seeing people die like that is very, very hard," exhausted nurse Justice Mangala told CBS News at the time.

During the Omicron wave, however, it has looked like a completely different hospital. It's about half empty, with very few patients requiring oxygen — and the staff are under a lot less pressure.

This time around, Mangala told Patta, he could count the deaths on his ward with one hand.

"I'm a little bit at ease," he said, "now that we have got this second line of defense, which is our vaccine."

"A turning point in this pandemic"

The vaccines, combined with high rates of previous infection, have boosted South Africa's collective immunity to the coronavirus, according to vaccinologist Professor Shabir Madhi, and that has dramatically reduced the rates of severe illness and death during the fourth wave.

"The Omicron wave now accounts for less than 5% of all of the deaths that have occurred due to COVID-19 [in South Africa] since the start of the pandemic," Madhi told Patta. He believes that while many more variants will emerge, the acute phase of the pandemic, with its devastating death tolls, may well be over.

"I'm highly optimistic that we have reached a turning point in this pandemic," he said. "I can't see us revisiting what we experienced during the course of the first three waves in South Africa."

Some high-income countries have voiced caution about relying too much on the South African data, noting differences in the age of the population and the high infection rates there that boosted immunity. And that came with a cost: While Omicron may be to blame for relatively few of them, South Africa lost about 94,000 people to the virus — a significant toll in a country with a population of less than 60 million.

Among those urging caution in the U.S., is President Biden's chief medical adviser Anthony Fauci, who said on Monday that it remained "an open question" whether Omicron would eventually be looked back upon as the death knell for the pandemic. "I would hope that that's the case. But that would only be the case if we don't get another variant that eludes the immune response of the prior variant."

Surgeon General Vivek H. Murthy stressed on CNN, meanwhile, that many places across the U.S. were still seeing a precipitous rise in cases and hospitalizations, and he said the country "shouldn't expect a national peak in the next coming days."

But Madhi and other scientists in South Africa still struggle to understand their foreign peers' reluctance to learn from the country's experience — especially given the extensive vaccine rollout in the U.S. and Europe and the firm belief that the vaccines do offer good protection against severe illness and death, and have done so with all the variants to emerge thus far.

South Africa is not alone, either. In Britain, too, there are signs that the Omicron wave — which hit just as fast as it did in South Africa — is ebbing, with infections falling sharply in recent days and no precipitous spike in deaths attributed to the Omicron wave. Scientists are optimistic that soon, COVID-19 may be referred to as an endemic disease in Britain, rather than an epidemic.

An disease is considered endemic when it remains in circulation within a population, but at relatively low levels of spread and without serious public health implications. In other words, when the country or region in question learns to live with it, like the flu or other colds caused by coronaviruses.

Fauci said in his remarks on Monday that even when Omicron infections do finally peak at the national level in the U.S., the coronavirus is unlikely to simply disappear, suggesting a shift from pandemic to endemic.

"We're almost there, it is now the beginning of the end, at least in the U.K.," Professor Julian Hiscox, head of infection and global health at the University of Liverpool, who sits on a government health advisory board, told CBS News' partner network BBC News. "I think life in 2022 will be almost back to before the pandemic."

"Should a new variant or old variant come along, for most of us, like any other common cold coronavirus, we'll get the sniffles and a bit of a headache and then we're okay," Hiscox said.

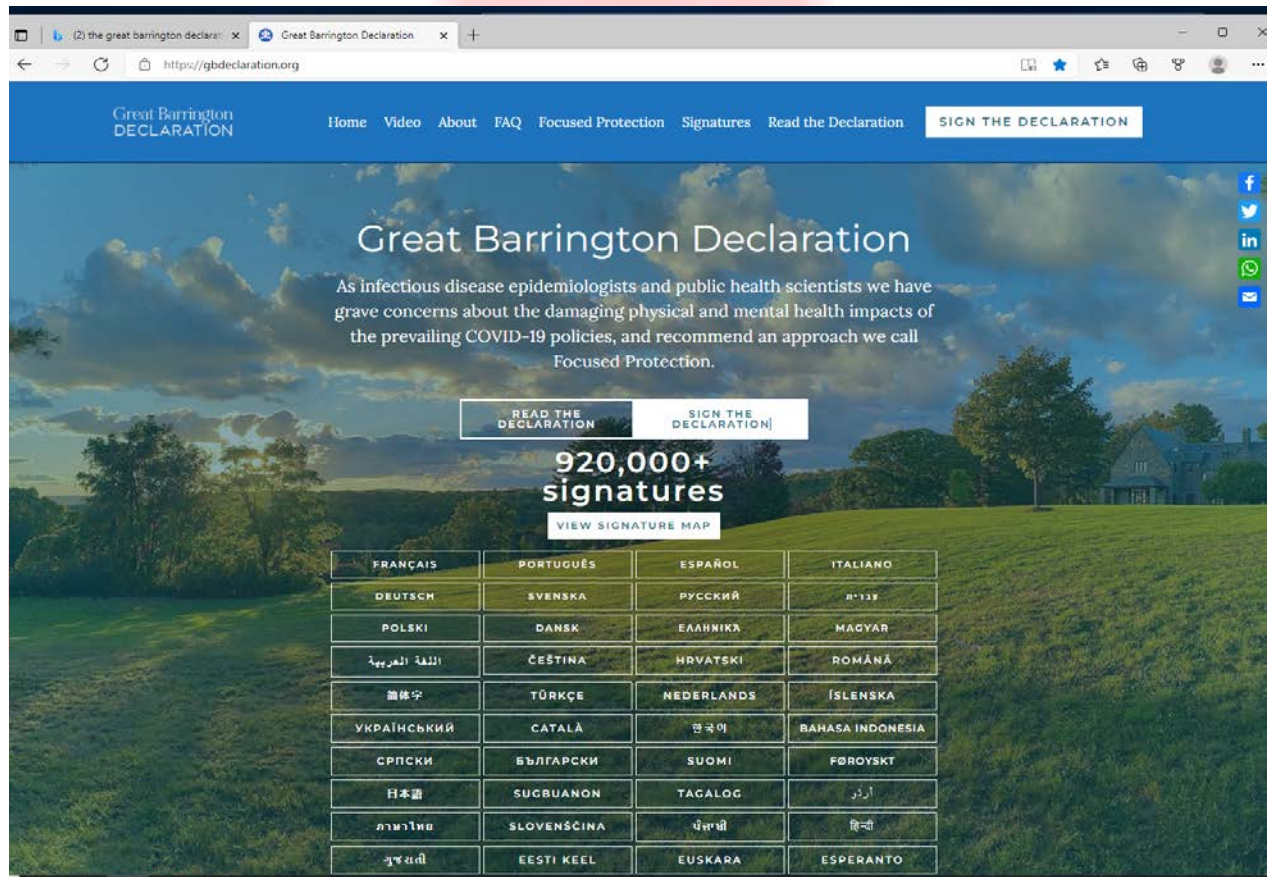
While case numbers, hospitalizations and deaths are still climbing rapidly in many parts of the U.S., they are dropping fast in New York City, one of the first places in the country to be hit hard by Omicron.

As the data trajectory in the Big Apple closely resembles that seen in South Africa and Britain, hope is rising that the good news from Johannesburg will prove to be a harbinger of better news, at least, for the United States.



9. WHEREAS, over 850,000 people in the world have signed “The Great Barrington Declaration,” which advocates the elimination of mandates, focused protection of the vulnerable, and the resumption of normal, pre-pandemic activities;

a. Top Screen Great Barrington Declaration Website as of 01/21/2022:
<https://gbdeclaration.org/>



Signatures

As infectious disease epidemiologists and public health scientists we have grave concerns about the damaging physical and mental health impacts of the prevailing COVID-19 policies, and recommend an approach we call Focused Protection.

	total signatures*	
	920,477	
	*As of 01/22/2022	
concerned citizens	medical & public health scientists	medical practitioners
858,361	15,707	46,412

b. The Great Barrington Declaration

The Great Barrington Declaration

The Great Barrington Declaration – As infectious disease epidemiologists and public health scientists we have grave concerns about the damaging physical and mental health impacts of the prevailing COVID-19 policies, and recommend an approach we call Focused Protection.

Coming from both the left and right, and around the world, we have devoted our careers to protecting people. Current lockdown policies are producing devastating effects on short and long-term public health. The results (to name a few) include lower childhood vaccination rates, worsening cardiovascular disease outcomes, fewer cancer screenings and deteriorating mental health – leading to greater excess mortality in years to come, with the working class and younger members of society carrying the heaviest burden. Keeping students out of school is a grave injustice.

Keeping these measures in place until a vaccine is available will cause irreparable damage, with the underprivileged disproportionately harmed.

Fortunately, our understanding of the virus is growing. We know that vulnerability to death from COVID-19 is more than a thousand-fold higher in the old and infirm than the young. Indeed, for children, COVID-19 is less dangerous than many other harms, including influenza.

As immunity builds in the population, the risk of infection to all – including the vulnerable – falls. We know that all populations will eventually reach herd immunity – i.e. the point at which the rate of new infections is stable – and that this can be assisted by (but is not dependent upon) a vaccine. Our goal should therefore be to minimize mortality and social harm until we reach herd immunity.

The most compassionate approach that balances the risks and benefits of reaching herd immunity, is to allow those who are at minimal risk of death to live their lives normally to build up immunity to the virus through natural infection, while better protecting those who are at highest risk. We call this Focused Protection.

Adopting measures to protect the vulnerable should be the central aim of public health responses to COVID-19. By way of example, nursing homes should use staff with acquired immunity and perform frequent testing of other staff and all visitors. Staff rotation should be minimized. Retired people living at home should have groceries and other essentials delivered to their home. When possible, they should meet family members outside rather than inside. A comprehensive and detailed list of measures, including approaches to multi-

generational households, can be implemented, and is well within the scope and capability of public health professionals.

Those who are not vulnerable should immediately be allowed to resume life as normal. Simple hygiene measures, such as hand washing and staying home when sick should be practiced by everyone to reduce the herd immunity threshold. Schools and universities should be open for in-person teaching. Extracurricular activities, such as sports, should be resumed. Young low-risk adults should work normally, rather than from home. Restaurants and other businesses should open. Arts, music, sport and other cultural activities should resume. People who are more at risk may participate if they wish, while society as a whole enjoys the protection conferred upon the vulnerable by those who have built up herd immunity.

On October 4, 2020, this declaration was authored and signed in Great Barrington, United States, by:

Dr. Martin Kulldorff , professor of medicine at Harvard University, a biostatistician, and epidemiologist with expertise in detecting and monitoring infectious disease outbreaks and vaccine safety evaluations.	Dr. Sunetra Gupta , professor at Oxford University, an epidemiologist with expertise in immunology, vaccine development, and mathematical modeling of infectious diseases.	Dr. Jay Bhattacharya , professor at Stanford University Medical School, a physician, epidemiologist, health economist, and public health policy expert focusing on infectious diseases and vulnerable populations.
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To sign the Declaration, yourself, go to: [Great Barrington Declaration \(gbdeclaration.org\)](https://gbdeclaration.org)

