



March 17, 2021

Dear Chair Patterson and Members of the Committee:

Throughout the COVID-19 pandemic, members of the media and the public—and even officials within local, state, and federal agencies—have relied on public data released by U.S. states and territories to understand the progress of the pandemic. The COVID Tracking Project at *The Atlantic* has compiled this public data from state and territorial websites and press releases for the past year, and our researchers have become intimately familiar with the range of data states have chosen to make available.

Although Oregon received an “A” grade in our 2020 state assessments, we have noted several meaningful deficits noted in the state's public COVID-19 data. Our full assessment for Oregon is available at <https://covidtracking.com/data/state/oregon/assessment>, and includes problems with public testing data and case data, as well as many deficits in the state's reporting on COVID-19 outbreaks, cases, and deaths in nursing homes and other long-term-care facilities.

The Oregon Health Authority's refusal to transparently provide the aggregate data used to produce visuals and arguments about public health interventions is also troubling. Without providing access to the data behind such claims, the OHA is asking members of the public to take its statements on trust—a trust it has not consistently earned.

A very recent example: [As reported in The Oregonian on March 13](#), the OHA touted that it was allocating 15,000 first doses per week for seniors at the Portland metro area's three mass vaccination sites—and that this allocation would increase vaccines available to residents 65 and older in four Oregon counties by “about 50%.” On being pressed by reporters, the OHA eventually conceded that doses at these facilities are not allocated to specific groups of recipients, and that OHA therefore didn't know how many doses had previously been given to seniors, nor how many new doses would be administered to seniors. Oregonian reporters found that the true week-over-week increase in doses for these facilities was only 19%.

After a year in which pandemic data has been framed as a political issue and surrounded by misinformation of many kinds, Oregon residents deserve access to the data behind OHA's claims. SB719 explicitly targets the release of aggregate data that can serve valid public interests without compromising the privacy of the individuals whose vaccinations, illnesses, hospitalizations, and deaths are represented in these data.

Respectfully submitted,

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