

SB - 1554

From The Desk of  
Rep. Cedric Hayden  
Cedric Hayden

**Rep Hayden**

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**From:** Rep Hayden  
**Sent:** Tuesday, March 1, 2022 11:30 AM  
**To:** Rep Hayden  
**Subject:** Letter to OHA on Treatment Protocols

3/2/22

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**From:** Rep Hayden <Rep.CedricHayden@oregonlegislature.gov>  
**Sent:** Tuesday, August 31, 2021 2:36 PM  
**To:** Heiberg Holly <HOLLY.HEIBERG@dhsosha.state.or.us>  
**Cc:** Vandehey Jeremy <JEREMY.VANDEHEY@dhsosha.state.or.us>; Allen Patrick <Patrick.Allen@dhsosha.state.or.us>; ALLEN Patrick <Patrick.Allen@state.or.us>  
**Subject:** Re: checking in

Hi Holly & Jeremy,

I'm out in the field doing wildfire work - no real reception to speak of so email is going to have to work for now.

I wanted to open the door to a conversation about including inoculation (vs. vaccination) in how we help public employees meet the standard for vaccine protections in the workplace and having Oregon work on its own early intervention treatment protocol for newly-positive covid patients before the need for hospitalizations. It's clear we need to do something different if we're to make it through the remainder of the Covid crisis, which could easily be here with us well into 2022.

There is really solid information coming out of other countries like Israel that natural immunity from recovered infections is as strong and lasting as the current vaccine regimens <https://www.science.org/news/2021/08/having-sars-cov-2-once-confers-much-greater-immunity-vaccine-no-infection-parties> and recent data that references how memory cells with convalescent immunity is more lasting than with vaccines. <https://www.rockefeller.edu/news/30919-natural-infection-versus-vaccination-differences-in-covid-antibody-responses-emerge/>

I want to share anecdotally that there are healthcare workers (and emts, firefighters and others) who have had Covid already and for that reason (and others), do not want to get a vaccine. In asking OHA recently about reinfection rates, I was told that we're not tracking them, but the CDC and other countries are tracking that data point, and the general consensus is reinfection is happening at a rate of 1% or less, and we're not hearing anywhere globally about people being reinfected who are needing to utilize hospital space or dying.

I don't have to tell you that the Governor's mandates have stirred up a hornet's nest in lawmaker inboxes, with new lawsuits coming, and the real outcome looming of staff leaving the healthcare profession early, and volunteer firefighters just hanging up their hats. Bussing in out-of-state healthcare workers at \$200 an hour isn't a long-term or systemic solution.

A good compromise needs to happen here now, before the system collapses. A loss of even 5-10% of medical and first responder workforce would devastate the state, not to mention all other public employees at the

But it takes professionals in the field to disseminate that kind of information and early treatment. And we can't risk losing healthcare workers (in hospitals and primary care clinics especially), EMTs, and first responders over a disagreement about vaccines. While I have personally been vaccinated against Covid, I understand the myriad of reasons people aren't getting the vaccine. They shouldn't be ostracized or shamed, but we can do things to reduce risks with better information, and most certainly, we can and should compromise with those who have already had the virus and recovered if they still have positive antibodies in their system, and they choose to not get a vaccine post-covid recovery.

I understand the political issues around this coming from a rural district, but the vaccine hesitancy isn't just in rural Oregon, it's showing up in every hospital in our state and it cuts through party lines. Protecting our healthcare system by ensuring we don't alienate an already tired, stressed workforce should be a priority. The data about vaccine efficacy and natural immunity is ever-evolving...our policies should reflect that and evolve as well.

The Governor and OHA have a short window to put in this modest change to the vaccine mandate policy. It's an olive branch solution to protect our workforce capacity and if extended to all public employees, would prevent walkouts of teachers, police, fire, corrections officers, and healthcare workers across the state - many of whom have contracted covid already - and keep our highly skilled people employed where we need them to help finish getting us through this crisis.

We have a new Nursing Health Policy master's student finishing his course of study in our office. Professionally he's a cardiac nurse at OHSU. I'm happy to task him to help dig down on early treatment intervention studies so the State can get to a point where we are closing that time gap at the beginning of a positive infection, thereby reducing hospitalizations and shortening time of illness, while relieving pressure on the workers in the system. These two things (including natural immunity and establishing an early treatment protocol) could help us turn the corner.

In one case we know from the last week, a patient received early interventions the same day of the positive covid test of the above-listed items complemented with a course of antibiotics, corticosteroids, and an albuterol inhaler. The symptoms, including recovery of smell and taste and dissipation of cough and fever, were resolved within seven days. That was one hospitalization averted by a forward-thinking practitioner.

We need to do something different, and soon. With two other variants making their way across the globe, we can't afford to lose healthcare workers now, and we have to have stronger early treatment protocols established before the next surge. It took about two months after the B.1.1.7 and Delta Variant surged in the UK for it to hit our shores and then a few months after that for those variants to push surges in the US. The new variants of concern are just beginning to circulate in the UK, so that maybe gives us three to four months before those variants are prevalent in the US. The time to act to preserve staff and develop an Oregon plan for early intervention is now. Our office stands by willing to help!

Thanks for the long read. Email is best for questions or response at this point given that I am not sure when I'll get a chance to talk on the phone again.

Rep. Hayden

Source: Dr. Jamie Kauffman, DO – Updated 7/27/21

# COVID-19 Post- Exposure At-Home Management

- If you have been exposed to COVID-19, be sure to isolate away from others, wash your hands frequently and clean frequently touched objects to help slow the spread
- Some vitamins/minerals/supplements can help the immune system fend itself from the virus
- Speak with your primary care provider before starting any medications or supplements. Seek medical care as necessary.
- Recommendations for adults, under 18 please speak to your doctor

**1 Pepcid 20 mg 1-2 times daily**

Connected with improved outcomes

**2 Mucinex 600 mg twice daily**

Thins respiratory secretions

**3 Zinc 25-50 mg twice daily for 5 days**

Use early in infection period

**4 Quercetin 250 – 500 mg twice daily for 5 days**

Helps the body use zinc

**5 Tummy Time**

To help improve outcomes and avoid intubation in patients. Lay on your stomach for 30-120 minutes 2-3 times per day. Legs can be slightly elevated for comfort

**6 Deep breathing and walking**

**7 ASA 81 mg**

If approved by PCP for DVT in combination with walking

**8 Vitamin B complex**

Improve post-COVID syndrome

**9 Omega-3 Supplement**

Improve post-COVID syndrome

**10 Eat potassium rich foods**

Bananas, Oranges, Tomatoes, Avocados, Potatoes



**Public Health**  
Prevent. Promote. Protect.  
Macon County Health  
Department

Good Morning Rep Hayden,  
Jeremy Vandehey is out on vacation and asked that I follow-up with you on some ideas you may have related to COVID stress on our hospitals. Please give me a call when you get a chance.

Kindly,  
Holly

**Holly Heiberg**  
Government Relations Director  
OREGON HEALTH AUTHORITY  
External Relations Division  
[Holly.Heiberg@state.or.us](mailto:Holly.Heiberg@state.or.us)  
Cell: 971-207-7767