

ABUSE

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pretty vested," he said. "You develop a passion."

The child sex abuse cases are what affected Perry the most over the last three years.

He said working with the young victims tugs at detectives' heartstrings. They can't help but take the work seriously.

Perry said after a while he developed his own interview style. He gained more confidence in how to talk to the accused.

Investigating accusations of a sensitive nature requires a special approach to get the truth, he said.

"I think being straight with them is always best," Perry said. "I don't want to bluff them."

The key is to be patient, he said. "Let them talk."

One of the sex abuse cases Perry worked on involved Jacob Pomerleau, who was found guilty of four counts of first-degree sodomy, two counts of first-degree rape,

two counts of sexual abuse, first-degree unlawful sexual penetration and incest in 2017. Pomerleau received 31 years for the guilty verdict.

In the initial interview with Pomerleau, Perry said, the man seemed to want to talk about what he had done.

Michael Jacob Altherr-Miller, another of Perry's investigations, was found guilty of three counts of first-degree sexual abuse and three counts of third-degree sexual abuse in July. He was sentenced to more than 18 years in prison.

The interviews were very different, Perry said.

Altherr-Miller had been arrested before, the sergeant said, and "it was no big deal to be interviewed by the cops."

But for Pomerleau, that was likely his first run in with law enforcement.

Altherr-Miller's approach to the accusations was to deny and discredit the victim, Perry said. He confessed to some things — namely

cheating on the victim's mother — and admitted he had a problem with fidelity, but he denied the serious accusations and directed the questions away from him.

Perry said being a father himself made his experience as a detective even more personal.

"You take these cases home with you," he said. "You're always thinking about the cases. What you have to do, who you have to interview. Having kids changes how you view these cases."

Perry said he couldn't help but think about what these children have gone through.

"You have it in your mind, and it's not true, but you think you're the only person who can help them," Perry said.

All the key players involved in sex abuse cases — the LGPD, the Department of Human Services, Mt. Emily Safe Center and the District Attorney's Office — take their responsibility very seriously.

"We all go out of our way

to minimize the trauma for these children," Perry said. "These kids have to start off by telling a stranger about something terrible that happened to them."

The number of child abuse cases have risen dramatically over the last 10 years, Sgt. Hays said. From 2007 through 2017, the number of reports of child abuse has risen 110 percent, partially due to the increasing number of mandatory reporters — people who are required to report a possible case of abuse — he said.

In 2007, there were seven identified occupations that were mandatory reporters. In 2017, there were 27 occupations.

In Altherr-Miller's case, the victim made a disclosure, which led to two mandatory reporters bringing it to the proper authorities.

Of the 29 cases on average the police department receives for abuse every month, 10 of them generally result in full police

investigations.

Hays said he's working on eight cases currently. Two of those cases involve child sex abuse.

Det. Ralph Graffunder, the other LGPD detective, said it's very rare to have only one victim in a child sex abuse case. The detectives must interview other family members or children the accused would have come into contact with.

The child sex abuse cases are not the only investigations the police are working on, but they take priority over most others.

Perry said when there's an investigation into a series of crimes — like the recent string of arson in La Grande — the detectives focus their efforts on solving those cases. In the meantime, though, the complaints continue to come in.

"We are dedicated to doing this job," Perry said. "We keep people accountable. We take it very personally."

IMBLER

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The long-running problem became so bad in the spring of 2017 that students and staff at Imbler High School had to use portable restrooms from mid-March through May.

To address this problem, plans for a step septic system were developed and later approved by the school board after taking extensive public input. Installation began this summer.

Once the new system is operating, effluent will first enter a septic tank where bacteria will break down solids. Next the waste water will be sent via a pipe to a two-acre septic pond a mile north of Imbler and evaporate, Lakey-Campbell said.

The pond will be on land the school district has access to via an easement. The easement was donated by Wade and Ange Bingaman and Carrie and Ross Bingaman. Wade Bingaman is currently vice chair of the Imbler School Board.

Finding land suitable for the pond was a major obstacle until the Bingaman family stepped forward.

"There really isn't a way to verbalize how grateful I am to them (the Bingaman family) for solving the problem," Lakey-Campbell said.

The step septic system work is being done by Hamilton Excavation and Anderson Perry and Associates, both of La Grande. Anderson Perry did the planning, and Hamilton Excavation is doing the installation. Crews are now excavating at the school district's campus, and the space for the pipe leading to the pond has already been bored, Lakey-Campbell said. The pond, which will be at least a half mile from the nearest home, will be excavated later. The pipe to enter the pond will be 15 feet below the surface, making it possible for all gases in the effluent to dissipate under water, Lakey-Campbell said, virtually eliminating the chance that there will be any odor.

Wade Bingaman, who was chair of the school board when plans for the septic system were finalized, is encouraged by how the project is progressing.

"This is something the school district has needed for a long time," he said. "It is nice to see resolution on it."

WINDE

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years of experience," said Winde in response to the new promotion. "I've had tremendous support. Paul helped me, administration has been great, Mardi (Ford, GRH's director of communications and marketing) has held my hand. I think they've given me the tools to expand, to move forward and improve quality."

In her new position, Winde will manage all aspects of outpatient care in the hospital's 13 clinics throughout Elgin, Union and La Grande and will oversee all Eastern Oregon Coordinated Care Organization patients and provider relations. Winde will also join the hospital's executive leadership team.

Grande Ronde Hospital currently operates 13 primary and specialty care clinics, including cardiology, dermatology, hematology and oncology, neurology, sleep, wound care, women and children's, a walk-in clinic, specialty clinic (general surgery, orthopedics, sports medicine, otolaryngology and urology), ReadyCare virtual clinic and Regional Medical clinic.

Born in Bremerton, Washington, Winde moved to Massachusetts

before finding her way back to the Pacific Northwest during her collegiate years. Winde has spent the majority of her career in the health care industry, starting as a pharmacy assistant. She earned a bachelor of science degree in radiographic science and a master's in health care administration and went to work as a radiographer in Idaho. She moved to Oregon in 1979 to manage two primary care practices before joining Grande Ronde Hospital in 2006.

"One of the things I personally enjoy a lot (about working at GRH) is the latitude I've been given to explore new fronts, new programs, new ideas," Winde said. "GRH allows ingenuity. I've never felt stifled in any way. If you have an idea you can go with it."

In her years at GRH, Winde has worked as a medical clinic manager, a quality risk management coordinator and an electronic health record specialist. In 2012, she was promoted to develop, implement and manage new Patient Centered Care programs for the hospital, including the establishment and expansion of quality and services at four primary care "homes" or clinics — Elgin, Union, GRH Regional

Medical Clinic and GRH Women's and Children's Clinic — which are essentially clinics that have committed to more patient-centered care, assigning patients a primary care provider to work with other health professionals as needed to coordinate care as a team, and meeting certain standards of care as outlined by the Oregon Health Authority. This endeavor has been highly successful, and Winde has earned high praise across the system for her efforts.

"We're always in a goal to go further, to offer more to our community," Winde said of GRH. "For a rural hospital, the amount of specialty services we have is amazing. If you look at other hospitals across the country of our size and a community like this, they don't have the specialties that we have, and that's (due to) the foresight of our administration and our board."

Moving forward, Winde anticipates nothing but growth, both in fulfilling her responsibilities and improving the quality and care GRH can provide to the community.

"Already we're making changes. It's never stopped," Winde said. "There's never been a time, in the time I've been here, that we

haven't been trying to do new things and grow. In my new position it'll be the same. I'm going to encourage the clinics to continue their growth and improve quality. Access is still a big challenge and we've been tapped by the board to go ahead and get those things done. (The board) expects movement."

In moving to the next phase of her career at GRH, Winde expressed both optimism and a willingness to face potential challenges head-on.

"It's an opportunity. It'll be fun," she said. "It's never a dull moment from one second to the next. So I'm looking forward to the challenge-- and it will be a challenge."

Other GRH staff echo Winde's sentiment.

"She'll be great," Ford said. "She's thoughtful. She looks at an issue and instead of making an emotional decision, looks at it very pragmatically and very carefully and weighs all the pros and cons and figures out what the best thing is. I think that's the sign of a good executive."

Contact Audrey Love at 541-963-3161 or email alove@lagrandeobserver.com.

FCC

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installed in La Grande. "The advantage of progress is no different here than it would be in any city," Lathrop said.

She also said there has not been recent discussions about the program in La Grande. Walden said in the press release he's working with the FCC to bring Next Generation 911 to rural areas in the state.

No 911 center in Oregon is currently fully Next Generation 911, as the technology incorporated with the program is "intended to replace current 911 services over time through a transitional approach," said Cory Grogan, public information officer for the Oregon Office of Emergency Management in an interview with The Observer.

"However, with that said, as of early 2017, a new Internet Protocol network was deployed interconnecting all 43 Oregon Public Safety Answering Points in Oregon," Grogan said. "Text-to-911 has been made available in nearly all statewide emergency communications service areas and approximately 90 percent of all Public Safety Answering Points call processing equipment is Next Generation 911 capable."

Grogan said, cost-related

information for counties and municipalities is unknown at this time. The estimate for implementing the foundational elements of Next Generation 911 is \$15 million in Oregon and is currently unfunded.

Rural Health Care program

The Rural Health Care program is a program designed by the FCC and authorized by congress. In June, 2018, the funding cap for the program was raised to \$570 million by the FCC.

One of the goals of the Rural Health Care program's Healthcare Connect Fund is to "increase access to broadband for eligible health care providers, especially those serving rural areas," according to a fact sheet from the FCC.

In his press release, Walden said the Rural Health Care program provides resources to rural hospitals in Oregon.

"The Rural Health Care program aims to improve the quality of health care available to patients in rural communities by ensuring they have access to telecommunications and broadband services," he said. "Just as I worked to fully fund community health centers in Oregon, the Rural Health Care program is vital to ensuring these health centers have the resources they need to continue serving our com-

munities."

Ray Baum's Act

In February, Ray Baum, La Grande native and former House Majority Leader of the Oregon Legislature, died of cancer. In an effort to continue Baum's legacy as a supporter of telecom policy, Walden co-sponsored the Ray Baum's Act in the House of Representatives.

The act, according to a statement from Walden, will boost development of next-generation wireless broadband known as 5G; help TV broadcasters and rural translator districts relocate channels following the successful mobile broadband spectrum auction, and help the FCC and law enforcement protect consumers from fraudulent telephone calls.

"I'm incredibly proud to see inclusion of the Ray Baum's Act, legislation named after my dear friend and La Grande native, that reauthorizes the FCC for the first time in 28 years and will speed deployment of next generation broadband across the country, which is particularly important for rural communities in Oregon," Walden said in the press release. "This law is a big step forward toward connecting rural communities in Oregon with this 21st century technology."



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