

Our View

State takes important action to protect kids

What happened to Karly Sheehan of Corvallis should never happen again.

She was 3 years old when she died in June 2005 of injuries suffered from her mother’s boyfriend, Shawn Field.

The Oregon Department of Human Services and police had investigated suspicions that Karly was a victim of child abuse. They closed the case in December 2004 as unfounded. Pictures showing injuries to Karly were lost. A medical professional with specialized training in child abuse did not evaluate her injuries.

The Oregon Legislature took action in 2007. It passed House Bill 3328, unanimously. The law became known as Karly’s Law. The law has been tightened since then, but it basically has three requirements:

1. When conducting an investigation of a child who suffered suspicious physical injury, photographs must be taken immediately.
2. Teams that investigate child abuse must have a medical professional trained in child abuse who is regularly available.
3. Investigators who observe a child with suspicious physical injury must ensure that such a trained medical professional conducts a medical examination of a child within 48 hours.

That’s good. But it’s not good enough. The law must be followed. There needs to be money to ensure the investigations happen that way.

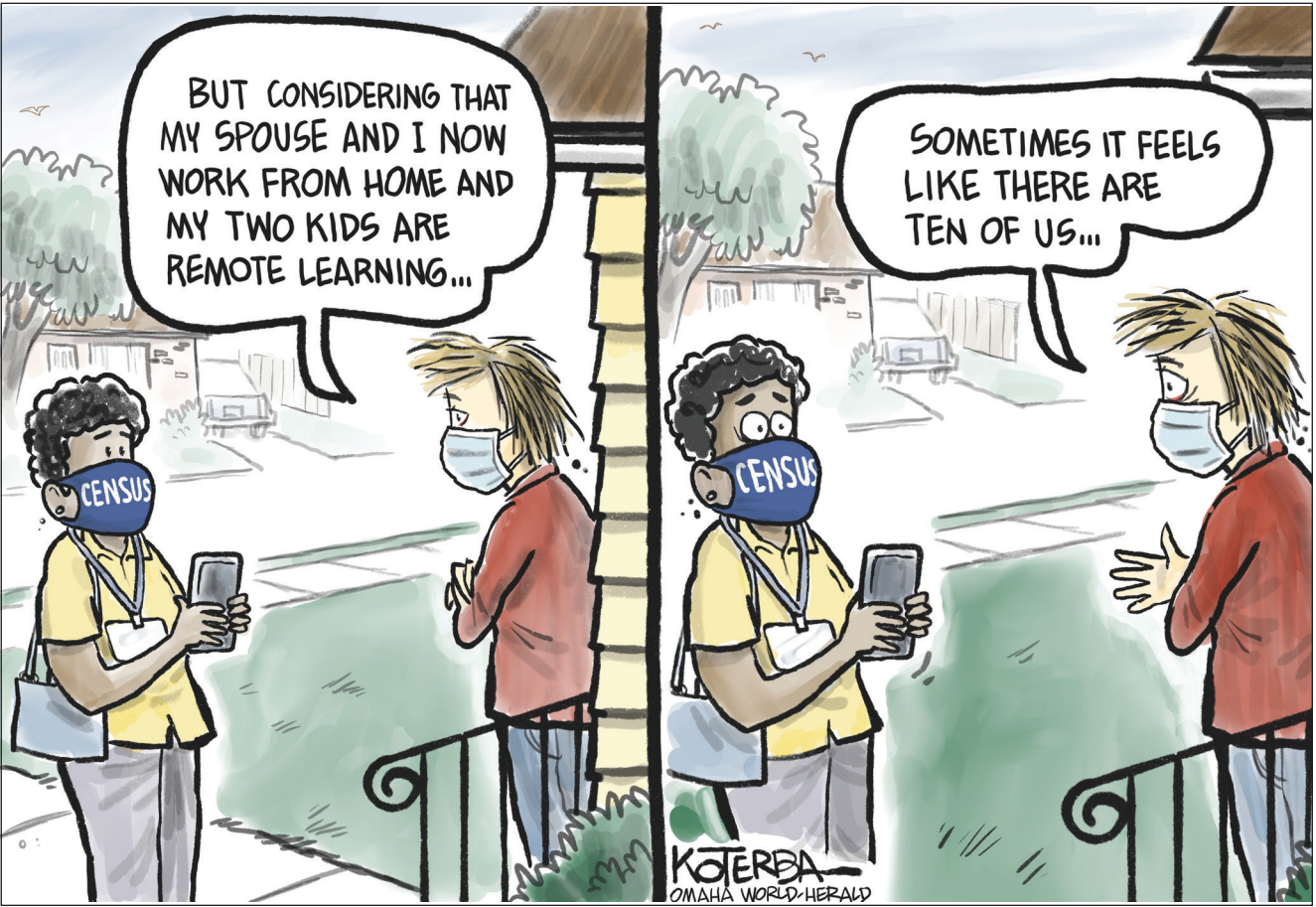
Across the state, child advocacy centers, such as the Mt. Emily Safe Center, La Grande, perform that and other work to protect children from all types of abuse. They are essential. They can’t just close because of the pandemic. Fund-raising for most nonprofits has plummeted due to COVID-19. And child advocacy centers only ever got a fraction of the money they need to operate from the state, according to Becky Jones, state executive director for Oregon Child Abuse Solutions. State funding has covered about 17% of their costs, Jones said.

But last week, legislators stepped up with bipartisan approval of \$1 million in additional funding to child advocacy centers. When you think about where the state and individuals can make smart investments to protect children and invest in Oregon’s future, it can be hard to do better than that.

The Mt. Emily Safe Center website is an excellent place to start if you want more information, www.mtemily.org. Another good place is the website for Oregon Child Abuse Solutions, www.oregoncas.org.

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The limits of contact tracing

Contact tracing — until this year a process familiar mainly to epidemiologists — is elegant in its simplicity.

Or so it seemed.

The idea is to track the spread of communicable diseases by interviewing people who may be infected and find out who they have had close contact with and thus might have spread the disease to.

In some cases the potential infectious encounter is obvious — a person who tests positive spends a couple of days in a small house with a group of friends.

But the limitations of contact tracing have become apparent in Oregon during the coronavirus pandemic. For much of this summer, contact tracers haven’t been able to determine the source of infection for more than 40% of Oregonians who tested positive. The rate of “mystery” infections recently is even higher in some counties, including 62% in Multnomah County, the state’s most populous, and 67% in Clackamas, which ranks third in population, according to The Oregonian.

A potential reason for this level of uncertainty is the limited nature of contact tracer interviews. Oregon Public Broadcasting and The Oregonian recently reported that contact tracers aren’t asking people who tested positive for COVID-19 whether they’ve patronized a bar, restaurant or gym during the period when views would at a minimum yield additional data. And if ever there was a situation when more information is welcome, surely the coronavirus pandemic is that situation.

The purpose isn’t to target bars, restaurants and gyms, many of which have been devastated financially during the pandemic. The Oregon Health Authority hasn’t reported any COVID-19 outbreaks at a bar or gym, and the agency has announced just six relatively small outbreaks at restaurants, involving five to 14 infections. But the OHA limits disclosure of such outbreaks — it doesn’t announce ones involving fewer than five people or ones at businesses that employ fewer than 30.

But the OHA is unlikely to reveal latent infection patterns if contact tracers aren’t asking possibly relevant questions. Responses to those questions, besides the obvious benefit of potentially identifying sources of community spread and making it possible to deal with those sources, could help businesses by alerting them to potential gaps in their COVID-19 precautions.

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