

OUR VIEW

# State is the irresponsible party in timber lawsuit

The courts are full of cases in which one party agrees to do something in return for money or other assets and, for one reason or the other, welches on the deal.

That, in short, is the case the state of Oregon recently lost. It took possession of 700,000 acres of timber land from 14 counties in the 1930s and 1940s. In return, the state said it would generate income from that timber and split it with the counties.

When the state reneged on the deal and decided it would manage most of the land as wildlife habitat and for recreation instead of timber production, the counties were out their land and the income the state promised to generate from it.

It's really a fairly straightforward case of one party, the state, unilaterally changing the conditions of a contract. In turn, the other party, the counties, want their money.

At least that was the assessment of a Linn County jury when it agreed with the counties and several tax districts that the state had massively shortchanged them. The jury set the amount at \$1 billion. This has the lawyers at the state Department of Justice scrambling in a quest for loopholes to get the state out of its jam. They have appealed to the state Court of Appeals, which will take up the dispute on Feb. 22.

This makes us wonder what the state is trying to do, and why. It is arguing that one part of the state government, counties, cannot sue another part.

We're not lawyers, but the fact that the state has taken the position of trying to wiggle out of a mess it created is unsettling.

The basics of the case are that the state shortchanged the counties. We have seen no evidence otherwise. When the state says it will manage land to generate income and then doesn't do that, there is no other way to interpret it.

So the state will go to the appeals court. Ultimately, the case could end up in the Oregon Supreme Court. How it will turn out, we cannot say. But we can say the state is the irresponsible party and owes the counties their money, their timber land, or both.

These are not rich counties. They have been victimized by the state and by federal environmental laws, which have reduced the timber industry upon which they depended to a shadow of its former self. The result: The counties are on financial life support. Congress provides some money to help keep the lights on, but the state, at least in this case, has taken a hard line.

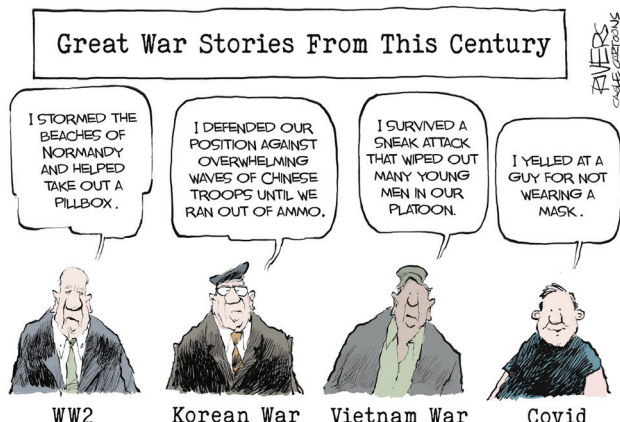
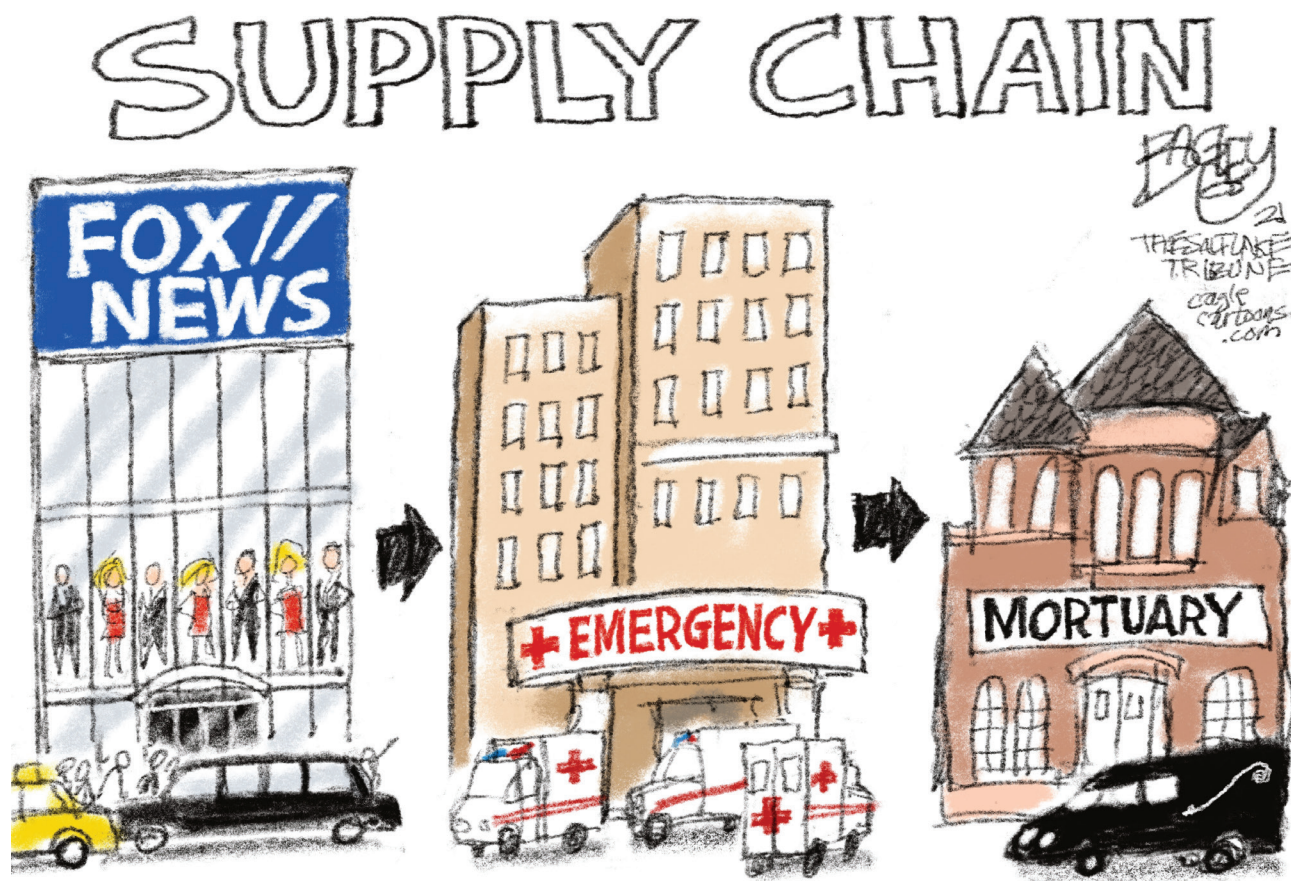
The sad irony is Oregon's taxpayers will pay for the state's poor judgment no matter the outcome of the legal case.

If the state loses, taxpayers will be on the hook for \$1 billion.

If the state wins, it will have stuck it to the 14 counties and tax districts that it shortchanged.

Either way, the state will have done real damage to Oregonians.

We urge the attorney general and governor to sit down with the counties and negotiate an equitable resolution to this dispute. That's the only reasonable way to settle the mess the state created.



# A pandemic of misinformation



**RON POLK**  
OTHER VIEWS

Tom Herrmann's Other views column (The Observer, Dec. 18, 2021) deserves another view. There is much I agree with, including that the SARS-CoV 2 virus is here to stay and that true learning requires an open mind. There is much I disagree with.

He states that "the FLCCC Alliance (flccc.net) is composed of world-class critical care physicians who have developed protocols for both outpatient and hospital care, refined by treating thousands of COVID patients. However, these doctors are routinely slurred in the legacy press and censored on social media sites."

The FLCCC Alliance website highlights ivermectin for prophylaxis and treatment of COVID-19 infections. The reason this alliance is not supported is simple; the science supporting ivermectin is lacking, both in quality and quantity.

The Infectious Diseases Society of America (www.idsociety.org) is "a community of over 12,000 physicians, scientists and public health experts who specialize in infectious diseases." IDSA recommendations for COVID-19 therapies were updated Dec. 24, 2021. With respect to ivermectin use for hospitalized patients, "evidence from (randomized clinical trials) failed to show a reduction or increase in mortality among persons with COVID-19." Regarding outpatient use, "treatment with ivermectin failed to demonstrate a beneficial or detrimental effect on mortality, avoidance of progression to severe disease, or viral clearance."

Other reputable professional societies, including the National Institutes of Health reported: "There is insufficient evidence for the COVID-19 Treatment Guidelines Panel to recommend either for or against the use of ivermectin for the treatment of COVID-19. (Better clinical trials) are needed to provide more specific, evidence-based guidance on the role of ivermectin in the treatment of COVID-19."

Herrmann also states, "Some hospitals have actually banned some of the therapies (FLCCC Alliance doctors) recommend." However, the therapies available at individual hospitals are managed by the Pharmacy and Therapeutics Committee; there is no requirement to approve ineffective drugs and other treatments. A joint statement between IDSA, the Society for Healthcare Epidemiology of America (SHEA) and the HIV Medicine Association (HIVMA) has recently concluded: "To provide optimal outcomes for infected patients, treatment decisions should be made using evidence-based data and not anecdotal opinions. Efforts to influence clinical practice through lawsuits, including recent cases ordering hospitals to treat COVID-19 patients with ivermectin, could expose patients to serious harm and undermine the evaluation of COVID-19 treatments."

Herrmann also states, "It is now established that an infected, vaccinated person transmits COVID as well as an unvaccinated individual. (The CDC's Walensky admitted this in August 2021)." He fails to note the far more important comments from Dr. Walensky: "If you are unvaccinated, you are 10 times more likely to be a case and 20 times more likely to be a fatality; compared to people who are (vaccinated), you are 17 times more likely

to be in the hospital."

An important downside of medical misinformation regarding COVID-19 is the negative impact by misinformed family members on health care professionals who are treating infected patients. A recent post by a frustrated physician announced, "My career of treating patients has ended" (www.reddit.com/r/QAnonCasualties/comments/rakxun/). Here are selected excerpts.

"I dealt with a particularly horrible case. This was a husband and father, 38 years old. A wife, two daughters, one son ... none vaccinated. When he was awake, the look of terror in his eyes, the crying, the pain. But the begging, over and over, 'Don't let me die.' And 'Give me the vaccine.' ... I told him, repeatedly, it was too late for the vaccine. The wife ... ordered me to cure him with ivermectin and vitamin C & D. I explained to her, those do not work, they have been extensively studied and the amount of ivermectin needed to treat even mild COVID would kill a human being. Once again, I was told I was ignorant. 'You murderer! You could have saved him if you listened.' I vaguely heard the words being screamed about ivermectin and hydroxychloroquine and god knows what else. I started looking for a new job the next day."

I agree that the SARS-CoV 2 virus is here to stay, but I hope that the medical misinformation that has accompanied this virus will eventually be gone.

*Ron Polk lives near Lostine, is emeritus professor of pharmacy and affiliate professor of medicine at Virginia Commonwealth University, and a fellow in the Infectious Diseases Society of America and the Society for Healthcare Epidemiology of America.*

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