

OUR VIEW

Ensuring public meetings are always public

Oregon's Public Meetings Law, which has been in place since 1973, is pretty straightforward as laws go.

And its purpose could hardly be more clear.

Groups of elected or appointed officials who conduct the public's business, and spend the public's money, should do so in venues that are open to the public. The law applies to meetings when a quorum of the body is present.

Public bodies subject to the law include those most people would probably expect — city councils, county commissions, school boards. But the law also applies to many that don't generally get as much attention, or publicity, such as the various boards and commissions, some elected and some appointed, that most cities and counties have.

The law, as laws so often are, is littered with exceptions.

Public bodies can legally meet in private (although journalists, in most instances, can attend) to discuss certain topics such as real estate negotiations or to consult with an attorney.

But during these "executive sessions," public bodies are not allowed to make final decisions.

For instance, a city council could meet in an executive session to discuss buying property. But councilors couldn't actually decide to purchase the parcel until they reconvene in a public session that has been announced so that people who wish to attend can do so.

To reiterate — the law isn't complicated.

Most discussions by a quorum of a public body — and all final decisions — must take place in public.

But inevitably, some public bodies violate the law, some intentionally, some inadvertently.

The problem is that people who believe such violations have happened are on their own in most cases — in terms of money as well as time — in filing a legal challenge. Citizens' main recourse is to file a complaint in circuit court. The exception is in the case of a public official who might have violated the executive session provisions of the public meetings law. In that case a resident can file a complaint with the Oregon Government Ethics Commission, the agency that enforces ethics laws that, among other things, deal with conflicts of interest and instances of public officials using their office for personal gain.

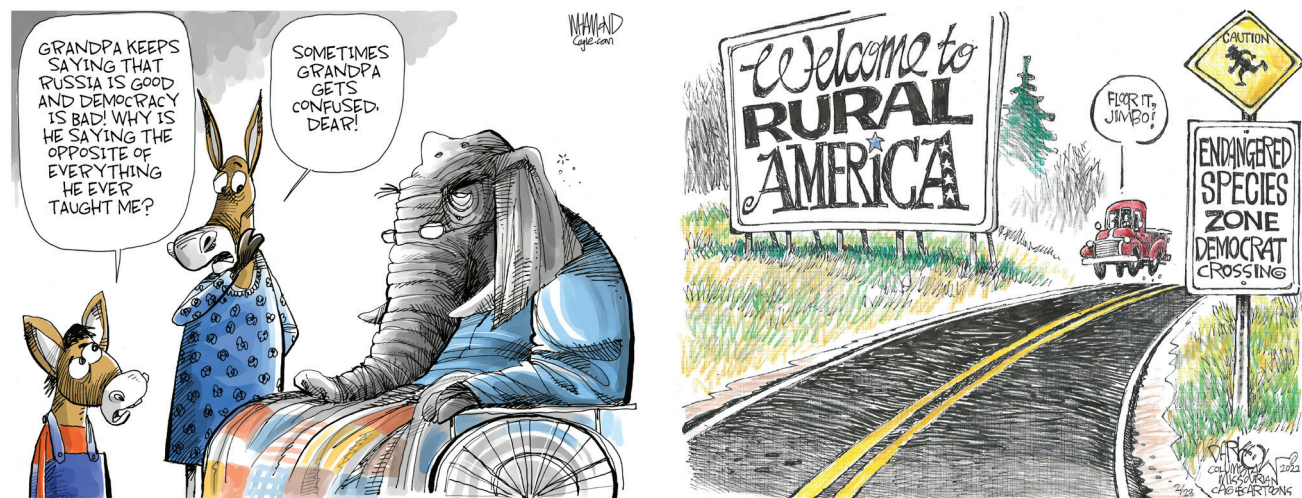
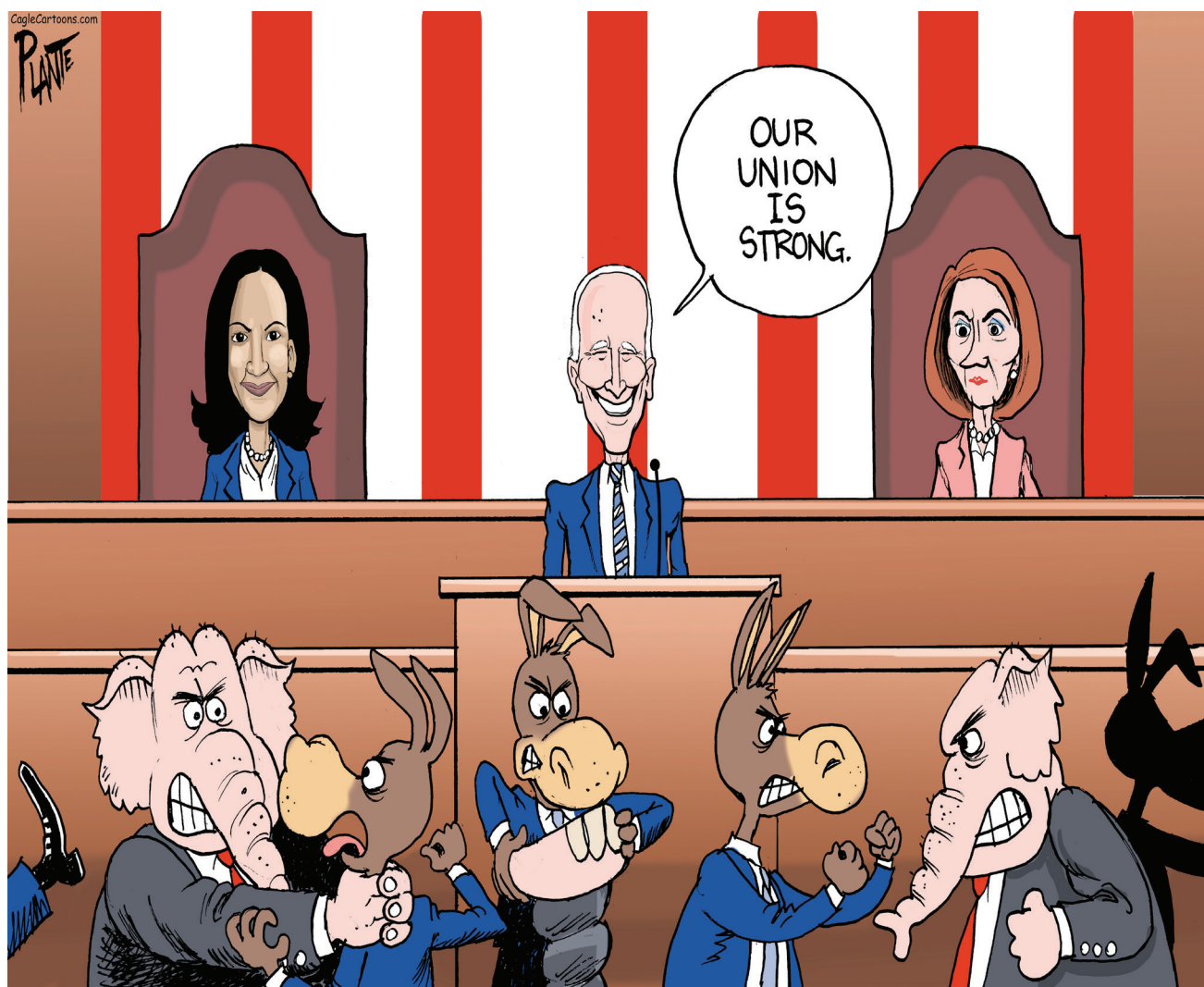
House Bill 4140 would make it much easier for the public to enforce the public meetings law, and create a much more effective deterrent for officials who might violate it.

The bill, which appears unlikely to pass during the current legislative session, would allow the Government Ethics Commission to investigate alleged violations of the law, and to fine each public official involved in a violation up to \$1,000. Importantly, the law would prohibit officials from passing off fines to the agency — a city or school board, for instance — that the officials represent.

The fines are the stick in the law. Its carrot is a requirement that the Government Ethics Commission offer training to public bodies affected by the public meetings law. This training need not be complex, given how easy it is to understand the requirements of the public meetings law, and how easy it is to comply with them.

If House Bill 4140 doesn't make it out of the current session, legislators need to bring it back in 2023.

It's vital that the public's business be conducted, and its money spent, transparently. That's why Oregon has had a law defining public meetings for almost half a century. But without a reasonable method for ensuring that the law is enforced, its well-intentioned provisions ring hollow.



Bill could reduce assaults on health care workers

DR. ALEX SKOG
OTHER VIEWS

Among the many ripple effects of the pandemic, in the last two years health care workers have reported a disturbingly prolific increase in assaults while they are providing care. According to surveys by the American College of Emergency Physicians and the Emergency Nurses Association, almost half of emergency physicians and 70% of emergency nurses reported being physically assaulted on the job. This phenomenon is not simply something that is showing up in esoteric statistical data but it is playing out every day in Oregon's hospitals.

Several weeks ago, I was toward the end of one of a string of 5 p.m. to 1 a.m. emergency department shifts that had prevented me from seeing my two young children for four days straight. A COVID test on an older patient I was taking care of came back positive. The patient had a low oxygen level necessitating admission to the hospital. As I started to discuss the unfortunate result with the patient and family, the patient's son stood up from his chair and walked up to me screaming that he wouldn't let me admit his father to the hospital so that I could put his father on a ventilator and kill him. I explained that my only goal was to do everything possible to make his father get better and that a ventilator was only a last resort. He pushed his jacket back to reveal a gun holster strapped to his hip and said, "If anything happens to my father, I will kill you and your family. It will be World War III."

Fortunately, I was able to get out of the room and call security and subsequently police. Police officers escorted the patient's son out to his car in the parking lot where he undoubtedly left the firearm that he carried in the holster he was wearing. I was in the emergency department unarmed and virtually defenseless.

Acts like this don't just effect the health care provider personally but send shock waves that reverberate long after the incident's immediate aftermath.

For the remainder of my shift I caught myself regularly looking at the security camera video screen, hoping not to see the doors sliding open to reveal this person returning. I listened for any commotion in the waiting room, instead of focusing on a nurse asking me to confirm the correct medication for another patient. While trying to see the remaining patients who had overwhelmed us during the latest COVID surge, I found my mind regularly drifting to my two sons whom I hadn't seen in four days. This person had my name and, therefore, would be able to find my address where my children were sleeping.

Unfortunately, this type of experience is far from unique, and numerous Oregon hospital workers have stories where threats have progressed to actual assault. An emergency department technician was tackled, causing ligaments in his knee to tear, requiring surgery. A pregnant nurse was kicked in the abdomen and went into premature labor. A provider was strangled with the stethoscope that hung around her neck. The effect of these assaults goes far beyond the immediate phys-

ical and emotional trauma they cause by fueling the never-before-seen exodus of health care workers and leaving the most vulnerable Oregonians sicker and further marginalized with substandard care.

Oregon has an opportunity to make a major stride toward addressing this by passing House Bill 4142. In doing so, Oregon would join 34 other states with similar laws that make it a felony to assault a hospital employee while specifically shielding vulnerable Oregonians in mental health crises from being charged. Currently, it is only a misdemeanor to assault a hospital employee. Victims of assault have been told by police that it is not worth the paperwork to charge the assailant. It is past time for this to change.

House Bill 4142's greatest impact will be its effect on the numerous patients I see daily who have red flags on their chart for previous history of assaulting health care workers. Currently, these repeat offenders know that there are virtually no legal repercussions from past assaults and, therefore, are completely uninhibited and emboldened to do it again. Having actual consequences will change this calculation.

The Oregon Legislature is debating House Bill 4142 and I implore you to join me in urging our legislators to enact this bill so that my colleagues and I can continue to provide care for our community and worry less about whether we will get home safely to see our families.

Dr. Alex Skog is an emergency physician and president-elect of the Oregon Chapter of the American College of Emergency Physicians.

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