OPINION





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OUR VIEW

Proven leaders position our hospitals for success

latsop County is in the fortunate position of having two ambitious, high-achieving hospitals, but that doesn't mean all is well with our health care delivery system or that we can afford complacency.

Last week's Clatsop Economic Development Resources business awards ceremony - in addition to being another enlightening reminder of how well-stocked we are with dynamic entrepreneurs - spotlighted the brilliant assets we possess in the form of Providence Seaside and Clatsop Memorial hospitals. Both can

fairly be described as model rural hospitals, especially in terms of having parlayed connections with Portland to maximize services available here.

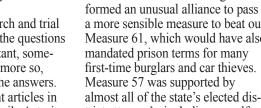
Nothing about modern American health care runs on autopilot. Energetic medical staffs, diligent support systems and actively engaged leadership all must function at top-tier competency, or else the whole enterprise begins to wobble and shake apart. CMH and Providence Seaside — as CEDR each have chief executive officers with reassuring levels of skill and community connections.

CMH's Erik Thorsen has been at the hospital for many years, stepping into the top position after serving as chief financial officer. Kendall Sawa

We must all continue working together to make our hospitals and every other vital aspect of modern life successful here.

at Providence still is comparatively new to Seaside, but played a significant role in leading Ocean Beach Hospital in Ilwaco, Washington, out of a financial death spiral. He previously was a hospital administrator in Alaska. Experience is no guarantee of success in today's challenging health care environment. But there is no doubt our hospitals are far better positioned to succeed with proven leaders than they would be without them.

Thorsen's and Sawa's remarks at CEDR were an illuminating seminar in just what a juggling act it is to run healthy hospitals. Though both were circumspect in comments about federal-level political battles over national health policies, it was clear that long-term stability is highly desired when it comes to issues like Medicare reimbursements, preservation of coordinated care programs, and generally making certain local people receive consistent, insured care. Prescription drug costs aren't just a headache for ordinary people, but really plague hospitals, which must buy expensive pharmaceuticals on an industrial scale. Using emergency rooms and urgent care for health care issues - including mental illness - is problem here. Partly driven by a shortage of primary-care physicians, resorting to ERs consumes lots of resources. At the same time, residents who lack access to more routine types of care obviously are at risk for chronic conditions becoming worse and acute problems going too-long unnoticed. It was good to be reminded by Sawa and Thorsen that their hospitals have sought out ways to work together, eliminating duplication where possible and finding areas in which to specialize. Working together on things like home health and hospice care builds the potential for future collaborations. The hospitals' mutual-aid philosophy has even extended beyond county lines since 2012, with discussions including Tillamook and Columbia counties. CMH's partnership with Oregon Health & Science University and Seaside's long-term affiliation with the Providence system each pay big dividends in terms of making specialized services available to our still-rural area. It is an example that could be replicated by a variety of other governmental and quasi-governmental agencies on the coast — if there was ever a time when we could afford wasteful turf struggles, that time is past. Here at the mouth of the Columbia River, it would make sense for Oregon and Washington to develop new legal frameworks to permit more interagency collaboration between Clatsop, Pacific and Wahkiakum counties. It seems, for example, like the excellent Naselle Youth Camp could in some way be helpful to juvenile rehabilitation in Clatsop County, if only the bureaucracies were willing to work together. Physician recruitment and retention are a perennial problem in all rural counties. But as the CEDR awards have made clear in recent years, our decades of isolation are over. A more sophisticated economy, coupled with advancements like better broadband internet, can go a long way toward erasing objections to living on this splendid coast. Making certain that our hospitals continue to be financially and managerially stable is essential. We must make certain elected leaders on all levels understand our abiding interest in matters like lowering the cost of drugs, insurance affordability, and lowering barriers to inter-county and interstate cooperation.



a more sensible measure to beat out Measure 61, which would have also mandated prison terms for many first-time burglars and car thieves. Measure 57 was supported by almost all of the state's elected district attorney's, including myself.

My office carefully

Clatsop County felons often chalk up four or five violations before a judge says "enough" and revokes their probation. Many felons struggle with addiction issues. Efforts are made through Drug Court and Mental Health Court, in which my office participates, to assist these people, allowing them multiple fails.

Importantly, Salem is famous for pushing unfunded mandates on local governments. The justice reinvestment dollars are likely to expire or simply dry up in a couple of years. Only a judge can decide to send a felon to prison. We are fortunate that our three Circuit Court judges make good decisions. So, when looking at the data proffered by Salem, consider these questions: · How robust are the local Sheriff's Office, Oregon State Police, and local agencies? In Clatsop County, they all do excellent work. But the more felons they catch, the more will be prosecuted. And, by the way, the fewer honest citizens will become victims of crime. · Is there a local jail with available beds that could take some felons who might otherwise be sent to the state prison? Not in Clatsop County. • Does the county have a significant tourist trade, or what we legally call "transient population?" The Daily Astorian reported recently that 42% of driving under the influence of intoxicants defendants did not live in Clatsop County. My office carefully evaluates each case - not based on what the data will show at the end of the year, and hoping to "come up with good numbers." We evaluate each case person by person, considering both the defendant and the victims, and the resources available, and make decisions based on public safety. Joshua Marquis is the Clatsop County district attorney.





State Department of Corrections

Inside the Deer Ridge Correctional Institution in Madras. The state has provided grants to counties to help reduce prison use for drug and property crimes.

Public safety, not percentages

in the first degree. In 2008, prose-

cutors and Portland-area legislators

By JOSHUA MARQUIS Special to The Daily Astorian

n journalism, research and trial law, you learn that the questions asked are as important, some-



times more so, than the answers. Recent articles in The Daily Astorian have discussed a state program

We must all continue working together to make our hospitals — and every other vital aspect of modern life — successful here. This commitment is the most powerful tool we possess to elevate and preserve the quality of life we so cherish.

reinvestment" without asking some pertinent questions.

One might assume from some of the glossy graphs from Salem that Clatsop County is sending a stunningly high percentage of people to prison.

A deeper dive shows otherwise. On a statewide average, 24% of felons were sent to prison last year following conviction. In Clatsop County, that rate was 21%. Nineteen Oregon counties send felons to prison following conviction at a higher rate than does Clatsop County.

Where Clatsop County's prosecutors and judges are tougher is in a smaller set of cases known as downward departures. In these cases my office will recommend giving the offender a second (and often third, fourth or fifth) chance by agreeing to probation — if the offender will agree to serve a set number of months in prison (generally less than 24) should a judge determine their probation is not properly fulfilled.

Clatsop County sends 14% of its felons to prison in this manner, a rate still lower than four other counties, including the most populous, Multnomah.

Judges are the only ones who can send people to prison and are only mandated to send felons to prison for first-degree Measure 11 crimes such as murder, manslaughter, sexual abuse in the first degree, or rape

evaluates each case — not based on what the data will show at the end of the year, and hoping to 'come up with good numbers.'

The Legislature's response? They suspended Measure 57 at their next regular session, claiming it would cost too many prison beds. Then in 2013, they hammered out the justice reinvestment plan, again rolling back portions of the measure. (Several legislators, like our own state Sen. Betsy Johnson, did not support crossing the voters.) In theory, money that would not be spent on state prison beds for second-time home burglars or four-time identity thieves, would be diverted to the counties for local programs.

But justice reinvestment creates a negative bounty, essentially paying parts of the justice system to not send repeat property offenders and drug dealers to prison.

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Letters written in response to

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must be signed, include the writer's address, phone number and are subject to condensation and editing for style, grammar, etc.

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