OPINION





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OUR VIEW

We are dying much too young in Clatsop County

he new 2017 "County Health Rankings & Roadmaps" by the Population Health Institute places Clatsop County 11th out of Oregon's 36 counties in terms of factors that affect individual health, and 24th for how long residents live and what kind of health we have.

The institute is part of the University of Wisconsin funded by the Robert Wood Johnson Foundation, and has been doing this analysis since 2010. The report has flaws, but provides an interesting starting point for discussions about local health. It's worth thinking about what deliberate steps we can take to improve, as individuals and as a society.

Dying too young

Our weakest attribute, according to the report, is length of life — 28th, in the bottom quartile in Oregon.

The institute assumes 75 years is a full life, and counts up the number of years lost when residents die before that age. We currently lose an estimated 8,200 years of pre-75 life per 100,000 people — compared to about 6,000 in the state as a whole. The best-ranking counties in the U.S. are losing around 5,200 years. Cancer is the county's leading cause of premature death, followed by heart disease, chronic lung ailments, accidents and suicide.

Toward the end of the last decade, county residents were living a little longer than the overall U.S. population. Our "Years Lost of Potential Life," as the measurement is officially known, then got considerably worse, and remains much higher than the U.S. and Oregon averages.

About 15 percent of county residents are in poor or only fair health, slightly better than the state figure of 18 percent. Clatsop is a fairly good — 10th in the state on this quality of life measurement.

Nationwide, the more rural the place, the worse people's health tends to be. Younger people often gravitate to larger population centers, leaving an older rural citizenry that suffers worse health. Highly damaging behaviors like smoking are concentrated among older people, along with other problems like diabetes, obesity and alcoholism. Sure enough, our adult obesity rate is 31 percent — higher than the state figure of 26 percent — and trending worse in the past decade. Our excess alcohol-drinking rate matches the state at 19 percent — nothing to brag about.





Why is Trump fighting ISIS in Syria?

By THOMAS L. FRIEDMAN New York Times News Service

he Trump foreign policy team has been all over the map on what to do next in Syria — topple the regime,



intensify aid to rebels, respond to any new attacks on innocent civilians. But when pressed, there is one idea

everyone on the team seems to agree on: "The defeat of ISIS," as Secretary of State Rex Tillerson put it.

Well, let me add to their confusion by asking just one question: Why?

Why should our goal right now be to defeat the Islamic State in Syria? Of course, ISIS is detestable and needs to be eradicated. But is it really in our interest to be focusing solely on defeating ISIS in Syria right now?

Let's go through the logic: There are actually two ISIS manifestations.

One is "virtual ISIS." It is satanic, cruel and amorphous; it disseminates its ideology through the internet. It has adherents across Europe and the Muslim world. In my opinion, that ISIS is the primary threat to us, because it has found ways to deftly pump out Sunni jihadi ideology that inspires and gives permission to those Muslims on the fringes of society who feel humiliated from London to Paris to Cairo to recover their dignity via headline-grabbing murders of innocents. The other incarnation is "territorial ISIS." It still controls pockets in western Iraq and larger sectors of Syria. Its goal is to defeat Bashar Assad's regime in Syria — plus its Russian, Iranian and Hezbollah allies — and to defeat the pro-Iranian Shiite regime in Iraq, replacing both with a caliphate. Challenge No. 1: Not only will virtual ISIS, which has nodes all over the world, not go away even if territorial ISIS is defeated, I believe virtual ISIS will become yet more virulent to disguise the fact that it has lost the territorial caliphate to its archenemies: Shiite Iran, Hezbollah, pro-Shiite militias in Iraq, the pro-Shiite Assad regime in Damascus and Russia, not to mention America. Challenge No. 2: America's goal in Syria is to create enough pressure on Assad, Russia, Iran and Hezbollah so they will negotiate a power-sharing accord with moderate Sunni Muslims that would also ease Assad out of power. One way to do that would be for NATO to create a no-fly safe zone around Idlib province, where many of the anti-Assad rebels have gathered



SANA

Pro-government protesters hold a portrait of President Bashar Assad and a placard that reads, "Down with everyone who cooperated and supported the American aggression," during a protest against the U.S. attack on a military airbase last week, in front the United Nations building in Damascus, Syria, on Tuesday.

and where Assad recently dropped his poison gas on civilians. But Congress and the U.S. public are clearly wary of that.

So what else could we do? We could dramatically increase our military aid to anti-Assad rebels, giving them sufficient anti-tank and anti-aircraft missiles to threaten Russian, Iranian, Hezbollah and Syrian helicopters and fighter jets and make them bleed, maybe enough to want to open negotiations. Fine with me.

the price of the golf course next door?

This is a time for Trump to be Trump — utterly cynical and unpredictable. ISIS right now is the biggest threat to Iran, Hezbollah, Russia and pro-Shiite Iranian militias — because ISIS is a Sunni terrorist group that plays as dirty as Iran and Russia.

Trump should want to defeat ISIS in Iraq. But in Syria? Not for free, not now. In Syria, Trump should let ISIS be Assad's, Iran's, Hezbollah's and Russia's headache — the same way we encouraged the mujahedeen fighters to bleed

What's going right?

Overall, "Health factors" have generally been improving in the county. Our 2017 11th place is our highest rating ever, an improvement from 15th in 2016.

Though we have too few primary care physicians — a perennial complaint of hospital administrators nationwide — our rate is far better than that of many rural counties. Across the river in Pacific County, Washington, the proportion of these frontline doctors to the population is nearly 3,000-to-one; here it is 1,250-to-one.

The 2017 report indicates the county's educational attainment level is improving, with a high school graduation rate nearly on par with the state average. Oregon as a whole seriously trails the nation in this measurement, however. Why is this important to health? Study after study shows that more education translates into better quality of life, with better-educated people enjoying better nutrition and access to other factors contributing to wellness.

Things to work on

There are a number of factors in which we must endeavor to begin beating state averages. Smoking, for example, is one of the single biggest controllable causes of premature death. Individually and as a society, we must do more to help smokers break the addiction and add years to their lives.

Disturbingly, Clatsop County's rate of child poverty — which dramatically rose during the recession — still has not returned to what is was in the years before 2008. More than a fifth of local kids live in poverty. The best-performing counties in the U.S. have managed to get this down to around 12 percent. Beating poverty is notoriously difficult. But individual communities like ours can make a dent in it by supporting vocational education, college scholarships and volunteer mentoring programs. And we must make sure the health needs of growing children are addressed.

For much more detail, see tinyurl.com/Clatsop-Rankings.

Any report like this is bound to have weaknesses. For one thing, statistical information is often seriously lacking for low-population counties. But enough of this report rings true for it to warrant our attention. Deliberate actions can make things even better, if we're willing to try. We should make the effort.

for Trump to be Trump — utterly cynical and unpredictable.

What else? We could simply back off fighting territorial ISIS in Syria and make it entirely a problem for Iran, Russia, Hezbollah and Assad. After all, they're the ones overextended in Syria, not us. Make them fight a two-front war — the moderate rebels on one side and ISIS on the other. If we defeat territorial ISIS in Syria now, we will only reduce the pressure on Assad, Iran, Russia and Hezbollah and enable them to devote all their resources to crushing the last moderate rebels in Idlib, not sharing power with them.

I don't get it. President Donald Trump is offering to defeat ISIS in Syria for free — and then pivot to strengthening the moderate anti-Assad rebels. Why? When was the last time Trump did anything for free? When was the last real estate deal Trump did where he volunteered to clean up a toxic waste dump — for free — before he negotiated with the owner on Russia in Afghanistan.

Yes, in the long run we want to crush ISIS everywhere, but the only way to crush ISIS and keep it crushed on the ground is if we have moderate Sunnis in Syria and Iraq able and willing to replace it. And those will only emerge if there are real power-sharing deals in Syria and Iraq — and that will only happen if Assad, Russia, Iran and Hezbollah feel pressured to share power.

And while I am at it, where is Trump's Twitter feed when we need it? He should be tweeting every day this message: "Russia, Iran and Hezbollah have become the protectors of a Syrian regime that uses poison gas on babies! Babies! Russia, Iran, Hezbollah, Assad — poison gas enablers. Sad."

Do not let them off the hook! We need to make them own what they've become — enablers of a Syria that uses poison gas on children. Believe it or not, they won't like being labeled that way. Trump needs to use his global Twitter feed strategically. Barack Obama never played this card. Trump needs to slam it down every day. It creates leverage.

Syria is not a knitting circle. Everyone there plays dirty, deviously and without mercy. Where's that Trump when we need him?

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