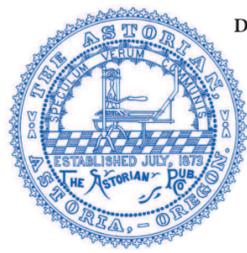


# THE DAILY ASTORIAN

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## OUR VIEW

Each week we recognize those people and organizations in the community deserving of public praise for the good things they do to make the North Coast a better place to live, and also those who should be called out for their actions.



## SHOUTOUTS



Gary Henley/The Daily Astorian

The Astoria Troll (aka, Perry Browning) is always a popular family photo opportunity at the Scandinavian Festival.

Organizers of three of the North Coast's premier annual events that were conducted last weekend, the **50th Astoria Scandinavian Midsummer Festival**, the **53rd Cannon Beach Sandcastle Contest** and the **Seaside Muscle and Chrome** car show. The events drew thousands of visitors to the area. The three-day Scandinavian Festival also received the distinction of landing an official Oregon Heritage Tradition designation, joining the Sandcastle Contest, which was founded in 1964, and the Astoria Regatta, founded in 1894, as other state designated traditions in Clatsop County. The festival recognizes the region's deep Scandinavian heritage from original settlers in the region to those who now carry on the tradition here. In Cannon Beach, thousands of people turned out to watch the grandiose sand sculptures take shape and to participate in other events that included a parade, a 5k run and live music on the beach. In Seaside, the annual car show attracted 101 vehicles in the event that included a barbeque, a highway cruise and a creative downtown treasure hunt. It was sponsored by the Seaside Downtown Development Association.

**Jenny Jacques**, a registered nurse at Columbia Memorial Hospital, who was named Ambulatory Care Nurse of the Year by the March of Dimes at a ceremony earlier this month in Portland. The recognition marked the third consecutive year a nurse from Columbia Memorial has earned the organization's Oregon/Southwest Washington honor. Jacques has been a nurse for 27 years, and was characterized by Trece Gurrad, Columbia Memorial vice president of patient care services, as a dedicated professional who leads by example with teamwork and compassion.

Participants and sponsors of the **10th annual Ducky Derby**, which recently raised more than \$3,200 for Seaside Kids, a non-profit organization which provides free athletic programs for children in Seaside, Gearhart and Cannon Beach. Barb Hassan was the derby's winner and received a \$500 award from Clatsop Community Bank, which sponsored the event with KCRX 102.3 FM at Quatat Park.

**Dane Gouge's Astoria Ford**, which in partnership with Costco, Fred Meyer and the Seaside Safeway collected 923 pounds of peanut butter to donate to the Clatsop Community Action Regional Food Bank in the annual Ford Peanut Butter Drive. The drive bettered last year's results by more than four times, and it will help provide food during the summer for Clatsop County children who participate in the free breakfast and lunch program during the school year.

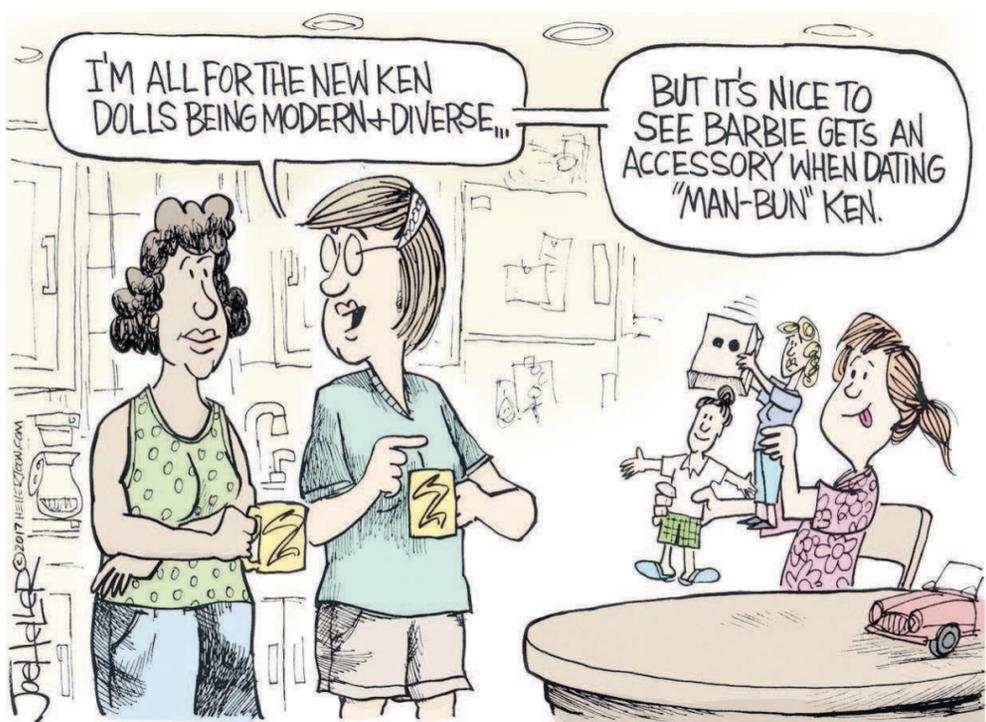


## CALLOUTS

The school board for **Portland Public Schools**, which approved raises that average about 10 percent or higher for about 30 of its top-ranking employees at a time in which it is considering eliminating 70 teaching positions because of its budget crunch. According to the Oregonian, the top officials received raises averaging about \$15,000 per year when the board recently approved its budget for the coming school year. In December, auditors told leaders of Oregon's largest school district that employee pay was too low, and Interim Portland Superintendent Bob McKean told the newspaper "it is a sacrifice but we can't lose our best people." Top officials who are receiving raises include assistant superintendents, human resource and special education directors, four top lawyers and senior directors who oversee principals.

### Suggestions?

Do you have a Shoutout or Callout you think we should know about? Let us know at [news@dailyastorian.com](mailto:news@dailyastorian.com) and we'll make sure to take a look.



# A mass killer we're meeting with a shrug



AP Photo/Susan Walsh

Health and Human Services Secretary Tom Price, left, shakes hands with Veterans Affairs Secretary David Shulkin before the start of a meeting of the President's Commission on Combating Drug Addiction and the Opioid Crisis, June 16 in the Eisenhower Executive Office Building at the White House complex.

By NICHOLAS KRISTOF  
New York Times News Service

About as many Americans are expected to die this year of drug overdoses as died in the Vietnam, Iraq and Afghanistan wars combined.

For more than 100 years, death rates have been dropping for Americans — but now, because of opioids, death rates are rising again. We as a nation are going backward, and drug overdoses are now the leading cause of death for Americans under 50.

"There's no question that there's an epidemic and that this is a national public health emergency," Dr. Leana Wen, the health commissioner of Baltimore, told me. "The number of people overdosing is skyrocketing, and we have no indication that we've reached the peak."

Yet our efforts to address this scourge are pathetic.

We responded to World War II with the storming of Normandy, and to Sputnik with our moon shot. Yet we answer this current national menace with ... a Republican plan for health care that would deprive millions of insurance and lead to even more deaths!

More on President Donald Trump's fumbling of this problem in a moment. But it's bizarre that Republicans should be complacent about opioids, because the toll is disproportionately in red states — and it affects everyone.

Mary Taylor, the Republican lieutenant governor of Ohio and now a candidate for governor, has acknowledged that both her sons, Joe and Michael, have struggled with opioid addiction, resulting in two overdoses at home, urgent calls for ambulances and failed drug rehab efforts. Good for her for speaking up.

It should be a national scandal that only 10 percent of Americans with opioid problems get treatment. This reflects our failed insistence on treating opioids as a criminal justice problem rather than as a public health crisis.

A Times investigation published this month estimated that more than 59,000 Americans died in 2016 of drug overdoses, in the largest annual jump in such deaths ever recorded in the U.S. One reason is the spread of fentanyl, a synthetic opioid that is cheap and potent, leading to overdoses.

Another bad omen: As a nation, we're still hooked on prescription painkillers. Last year, there were more than 236 million prescriptions written for opioids in the United States — that's about one bottle of opioids for every American adult.

**'The number of people overdosing is skyrocketing, and we have no indication that we've reached the peak'**

Dr. Leana Wen

health commissioner of Baltimore

Even with all that's at stake, there are three reasons to doubt that Trump will confront the problem.

First, Trump and Republicans in Congress seem determined to repeal Obamacare, which provides for addiction treatment, and slash Medicaid. The Congressional Budget Office estimated that the GOP House plan would result in an additional 23 million Americans being uninsured in a decade — and thus less able to get drug treatment. Other, more technical elements of the GOP plan would also result in less treatment.

Second, Tom Price, the secretary of health and human services, last month seemed to belittle the medication treatments for opioid addiction that have the best record, and Attorney General Jeff Sessions still seems to think we can jail our way out of

the problem.

Third, Trump's main step has been to appoint Gov. Chris Christie of New Jersey to lead a task force to investigate opioid addiction. But we needn't waste more time investigating, for we know what to do — and in any case Christie talks a good game but bungled the issue in his home state.

Among experts, there's overwhelming evidence of what works best: medication in conjunction with counseling. This doesn't succeed in every case, but it does reduce deaths and improve lives. It also saves public money, because a result is fewer emergency room visits and inpatient hospital stays. So the question isn't whether we can afford treatment for all people fighting addiction, but whether we can afford not to provide it.

The bottom line is that we need a major national public health initiative to treat as many Americans abusing drugs as possible, with treatment based on science and evidence. We also need to understand that drug overdoses are symptoms of deeper malaise — "deaths of despair," in the words of Anne Case and Angus Deaton of Princeton University, stemming from economic woes — and seek to address the underlying issues.

Above all, let's show compassion. Addiction is a disease, like diabetes and high blood pressure. We would never tell diabetics to forget medication and watch their diets and exercise more — and we would be aghast if only 10 percent of diabetics were getting lifesaving treatment.

Innumerable people with addictions whom I've interviewed haunt me. One was a nurse who became dependent on prescription painkillers and was fired when she was caught stealing painkillers from a hospital. She became homeless and survived by providing sex to strangers in exchange for money or drugs.

She wept as she told me her story, for she was disgusted with what she had become — but we as a society should be disgusted by our own collective complacency, by our refusal to help hundreds of thousands of neighbors who are sick and desperate for help.