#### Reopening of Hawthorne Bridge Delayed

The reopening of the Hawthorne Bridge will be delayed three-to-six weeks, primarily due to unforeseen custom work, severe winter weather and corrosion, Multnomah County officials said. The 89-year old Willamette River bridge was closed March 31, 1998 for a year-long painting, deck replacement and renovation project. In recent months, several factors have combined to put the project behind schedule for its target reopening date of March 31, 1999. Project leaders say the bridge will reopen between April 25 and May 16. The reopening will be announced in March when a firm date can be determined.

According to project manager John Lindenthal, a primary cause for the delay is custom work required on Span 6, the westernmost bridge span, which connects with an on-ramp above Naito Parkway. Details of previous remodels to this section in the 1930's and

Volunteer advocate and investi-

Residential care facilities, assisted

And adults foster care homes. The

The aging process, communica-

living facilities and adult foster care

office of the Long Term Care Om-

budsman will train the volunteers on

tion skills, problem-solving skills,

facilities.

gators are needed to serve as om-

budsmen for residents of nursing

1950's were not documented, forcing engineers to design custom repairs on the spot.

The extent of corrosion to steel members beneath the deck was also unknown until the old deck, installed in 1945, was removed. Corrosion was worse than expected, requiring more steel to be replaced.

This winter's severe weather has also been a factor. Portland's rainfall this season, measured from October 1, is 40% above normal (30.7 inches compared to 21.9 inches). Wind and rain make it more difficult to paint, weld and do other project tasks.

The delay will not cause the \$21.8 million project to go over budget, said Lindenthal. While the delay will be inconvenient, he emphasized that the additional repairs will help prevent future bridge closings, save tax dollars and ensure public safety. "If we make these improvements now, we

Advocates Sought to Serve

Long Term Care Residents

investigation and other ombudsman

The orientation will begin on

As certified Ombudsmen, the vol-

Thursday, February 25 in Oregon City.

unteers serve as advocates for the

residents, by identifying to resolve

Complaints. The typical problem

Care; residents' rights, such as

ombudmen addresses cover a broad

range, and often include residents

won't need to make them later," he said. The three-week window forecast for the reopening date will allow for any additional custom repairs that may be needed, Lindenthal said.

When the bridge does reopen, it will be a festive occasion. More than 25 organizations are working together to plan a grand reopening celebration for the public on the Saturday before the bridge reopens. All of Portland will be invited to tour the project before it reopens to traffic and learn about other improvements in the nearby area, such as the future East Bank Esplanade Park. The Hawthorne Boulevard Business Association has adopted the bridge reopening as its major event of the year to help visitors "rediscover" the Hawthorne District. Organizations or individuals wishing to get involved in the reopening celebration should contact Michael Pullen at 736-6804.

privacy, respect and dignity; and

quality of life concerns such as ap-

Activities and meals.

Volunteers also may choose to

join the Resident Associate Program,

which focuses on visiting isolated or

program or to learn to get involved,

contact Kathy Walter at 1-800-522-

Lonely residents.

For more information about the

propriate

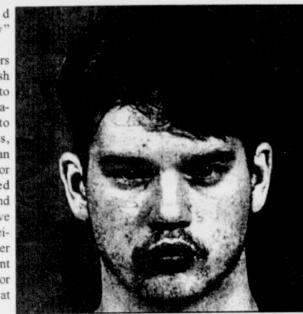
# POLICE NEWS

#### Wanted Subject

Portland Police and other law enforcement agencies, in cooperation with Crime Stoppers, are asking for your help in locating and apprehending Daniel Lucan Mitchell. A Felony Arrest Warrant, charging Mitchell with Rape In The Second Degree, is on file in Multnomah County. The warrant, which is extraditable nation-wide, has bail set at \$175,000. In addition, Portland Police Bureau Robbery Detectives want to question Mitchell in connection with yet undisclosed investigations.

Daniel Lucan Mitchell is a 19-yearold white male, with a date of birth of October 31, 1979. He is approximately 5'10" tall and 165 pounds, with brown hair, blue eyes, and a scar on his left hand. Aliases include David Lucas S m i t h a n d
"Nightshadow"
Mitchell.

Crime Stoppers is offering a cash reward of up to \$1,000 for information, reported to Crime Stoppers, which leads to an arrest in this case or unsolved felony crime, and you need not give vour name. Call either the Vancouver Police Department at(360)696-8116, or Crime Stoppers at (503)823-HELP



#### Multnomah County

Sheriff's Office

# Large Meth Lab Found In Burned House

Where: 17706 S. E. McKinely What: Large Methamphetamine lab

When: February 17, 1999 Multnomah County Sheriff's Deputies confirmed that a large meth lab was being operated at 17706

S.W. McKinely.

The residence burned on the night of February 17, 1999. Neighbors saw three men run from the residence just as the fire broke out.

Gresham Fire initially responded to

the 911 call.

When the fire was put out, the Multnomah County Sheriff's Office was called to the scene.

Multnomah County Animal Con-

trol took two mastiffs, very large dogs, from the residence.

The Multnomah County Narcotics unit secured the area overnight and obtained a search warrant for the house and outer buildings. Today, Sheriff's Narcotics and HazMat deputies searched the home. Deputies found approximately:

·Two, five-gallon cans filled with empty psuedoephedrine bottles

·Twelve cases of psuedoephedrine ·Four pounds of red phosphorus ·One hundred pounds of iodine ·Forty-two pounds of potassium hydroxide

One hundred fifty gallons of

hydrochloride gas

·Two hundred plus gallons of methanol

Numerous pieces of chemistry lab glassware

In addition to the drug evidence, deputies seized three semi-automatic handguns, and a sawed off shotgun. One of the handguns was stolen.

Sheriff's deputies are attempting to locate one identified suspect and believe that at least two others will be identified and arrested.

Anyone with any information about the individuals involved can call investigators at 251-2510.

## Workers' Compensation Reform...Reducing on the Job Injuries and Deaths

By SENATOR GENE DERFLER

Reforms to Oregon's Workers' Compensation System, made in 1990, have resulted in benefits to seriously injured worker increasing three to four hundred percent. Focus has shifted so that when a worker is injured the emphasis is on getting the worker healthy and returning them to their job as soon as they are well. Injured workers, like other workers, have families they must support. Returning them to their job and their full earning potential is vital.

Today, benefits for seriously injured workers have significantly increased and, the need for workers to hire attorneys has greatly diminished.

To illustrate this, let's look at an actual case back in 1989. That year, a saw operator lost a thumb and a finger in an on the job accident. He was

awarded \$19,488 for the resulting permanent disability. Had the incident happened ten years later, his compensation would have been \$61,018.

Workers are not the only ones who have benefited. Businesses have seen a significant reduction in the rates charged to them by insurers. For instance, in 1990 a logging company with a payroll of \$100,000 would have had workers' compensation insurance premiums of \$41,390. By 1998, premiums to that company fell to \$21,690.

However, the reforms we have enacted are scheduled to expire this year.

The legislative reforms have also meant more focus on prevention of on the job injuries.

Since 1990, Oregon has seen a 26% decline in on the job injuries, and most importantly fatalities from on the job accidents have fallen 55%.

And this is good news.

This year, with strong bi-partisan support, the State Senate said 'yes!' to continuing the good news of workers' compensation reform.

I hope you will join the effort by calling your state representative encouraging continued support (and a yes vote) for reducing on the job injuries and deaths.

If you have questions or want to express your support of reforms that are truly making a difference, please call meat 1-800-332-2313.

State Senator Gene Derfler is the Majority Leader in the Oregon Senate. He also serves as chair of the Senate Public Affairs Committee, which is dealing with this issue. Senator Derfler is from the Salem area and represents the communities of: Salem, Stayton, Aumsville, Turner, Jefferson, and Sublimity. He can be reached at the Capitol in Salem at (503) 986-1950

# My bus needs to run more often. My bus stop needs a posted schedule. My bus stop needs a shelter.

Calling All Riders

### WHAT DO YOU NEED?

Tri-Met is hoping to make improvements to some existing bus routes. And we'd like to hear what you would do if you were in charge. We invite you to attend any of our open houses listed below. If you're unable to attend and still want to share your thoughts, call us at 238-5806, fax us 239-6469 or visit our website (www.tri-met.org).

February 22, 1999

7:00pm - 9:00pm Tigard High School Lecture Hall 9000 SW Durham Road Tigard, OR 97224

March 1, 1999

5:00pm - 7:00pm

Portland Building

1120 SW Fifth Avenue

Portland, OR 97204

Room C

February 23, 1999 7:00pm - 9:00pm St. John's Episcopal Church

St. John's Episcopal Chu Parish Hall 2036 SE Jefferson Milwaukie, OR 97222 February 25, 1999
7:00pm - 9:00pm
NE Workforce Training Ctr.
Building 2, Room 112
5600 NE 42nd
Portland, OR 97218

**March 2, 1999**7:00pm - 9:00pm
7:00pm - 9:00pm

7:00pm - 9:00pm Gresham City Hall Council Chambers 1333 NW Eastman Pkwy. Gresham, OR 97030



Garden Home Recreation Ctr.

7475 SW Olsen Road

Portland, OR 97223

Room B

How we get there matters.

# Oregon's Death With Dignity Act: First Year's Experience

The Oregon Health Division released its report on the first year's experience of persons participating in the Death With Dignity Act. The findings from this report are also published in this week's New England Journal of Medicine.

"Our findings revealed that finances and fear of pain did not appear to be critical considerations in the choice of physician-assisted suicide. Instead, persons who chose physician-assisted suicide were primarily concerned about personal autonomy and control over the manner in which they died," said Dr. Katrina Hedberg, medical epidemiologist at the Health Division and an author of the report. Epidemiologists at the Health Division collected information on the persons who received prescriptions for lethal medications. They also conducted a comparison study between the group that chose physician-assisted suicide, and took their lethal medications, with a second group that died from similar illnesses but did not receive prescriptions for lethal medication. Interviews were conducted with the physicians who treated both groups of patients. The study covered one year, from January 1, 1998 to December 31, 1998. No prescriptions were written under the Act in 1997. Some of the findings:

Twenty-three persons received prescriptions of lethal medications; 15 died after taking the medications. Six died from their illnesses, and two were alive as of January 1, 1999. Physician-assisted suicide accounted for 5 of every 10,000 deaths in Oregon.

The average age of the 15 persons who took lethal medication was 69 years. Eight were male and all were white. Thirteen had cancer. Seven were from the Portland metropolitan area. Twelve had graduated from high school.

Physician-assisted suicide was not disproportionately chosen by terminally ill patients who were poor, uneducated, uninsured, fearful of the financial consequences of their illnesses, or who lacked end of life care.

 The primary factor distinguishing persons in Oregon who chose physician-assisted suicide related to the importance of autonomy and personal control. •The lethal medications prescribed to patients were similar. For patients who took lethal medications the average time to unconsciousness was five minutes, and ranged from three to 20 minutes. The average time to death was 26 minutes, and ranged from 15 minutes to 11.5 hours.

Physicians who took part in physician-assisted suicide represented multiple specialties and a wide range of ages and years-in-practice. Interviews with participating physicians revealed that for some, the process exacted a large emotional toll.

"The Health Division is legally required to collect information regarding compliance with the Act, and to make that information available on an annual basis," Hedgerg said. "Our reporting role is a neutral one. It is critical that we have accurate data so that informed ethical, legal, and medical decisions can be made."

The full report will be available on the worldwide web at <a href="http://www.ohd.hr.state.or.us/cdpe/chs/pas/pas/">http://www.ohd.hr.state.or.us/cdpe/chs/pas/</a>