

PRISON: Average daily capacity leveling off at 185-190

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that they are being held for at least 36 hours.”

The old catch and release system drew plenty of complaints from police who did not like to see the guy they just arrested walk free before jail paperwork was even finished.

But Harp said fitting more offenders into the jail can prove costly.

“We also have a full medical department, a food services department and transportation department within one division,” he said. “Anytime you raise the population, you impact the rest of the departments.”

More inmates means more medical treatment, more meals that meet federal nutrition guidelines and moving more inmates to and from courthouses. While the jail division has added two full time equivalent employees since 2014, Harp said there still are fewer corrections officers than several years ago. The jail lost two graveyard positions in the 2000s and those have not been replaced.

The building itself presents challenges, too. The lockup



Staff photo by E.J. Harris

The Umatilla County Jail holds on average 187 inmates a day, roughly 50 more than it averaged just three years ago.

was built to hold 186 beds, Harp said, but toward the end of construction there was enough money to bump the beds to 252. But the facility wasn't built any bigger.

“Sometimes room is a little hard to come by,” he said.

The Umatilla County Jail is a central hub for transporting inmates across West

Coast states. Each Wednesday an extra 20 or 30 inmates come for a day or two before shipping out to other places. Those spikes press the jail's capacity, as do big events such as the Pendleton Round-Up. Harp also said changes in state law or local police policy can affect the population size. While the spikes will

continue, Harp said he sees the average daily capacity leveling off in the 185-190 range, maybe 195.

“I don't think we're quite there yet,” he said, “but we're closer than we've ever been.”

Contact Phil Wright at pwright@eastoregonian.com or 541-966-0833.

LARSON: Was one of the youngest head nurses ever at the Mayo Clinic

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in the '60s. The cap, once fastened into place with three white bobby pins, had topped off an all-white ensemble of dress, hose and shoes.

“These were the days of glass thermometers with mercury,” said the 68-year-old. “There were no IV pumps. You had to stand and count the number of drips.”

Ten drops made a milliliter, she said. Nurses did an equation to determine how much medication the patient was getting. Technology brought automation and such things as simulation labs, wireless patient monitoring, robotics and electronic documentation.

Larson had decided at age 13 to go into nursing after pondering the options.

“In those days, women went into three professions,” she said. “You were a teacher, nurse or bookkeeper.”

Larson, whose faith is extremely important to her, said nursing felt like a calling. The Minnesota native started nursing school at age 18 and had a bedside seat to watch a dizzying array of changes in her chosen field. She started as a young nursing student who hung out in the ER of her teaching hospital, Hennepin County General in Minneapolis, Minnesota, hoping to gain extra clinical experience. The inner city medical center saw just about every type of injury or illness walk through the door. She remembers watching in fasci-

nation as a doctor cracked open a gunshot victim's chest and started massaging the heart in his gloved hand as the stricken man was wheeled to the operating room. Larson helped out by squeezing plasma bags to hurry the blood into the victim's system.

At 26 she was one of the youngest head nurses ever at the Mayo Clinic, overseeing 70 nurses in the open heart intensive care units at Mayo's St. Mary's Hospital in Rochester.

In the early '70s, Larson helped with a trailblazing trial that tested a computer designed to monitor cardiac patients after open heart surgery. During the IBM/Mayo Clinic study, Larson oversaw two 12-bed units — a computerized unit and a non-computerized unit that would serve as a control.

“Tubes went from the patient's heart to a cart which was connected to a computer,” she said.

The computer would track blood pressure and weigh fluids such the bloody

discharge from the heart. Urine would also be collected and weighed. Vital signs were taken every 20 seconds.

The computer monitor was built into the wall.

“The server was gigantic and filled a room — all to support those 12 beds in the ICU,” Larson said.

The program made the nurses' job easier and quickened response time, but proved expensive because of the costly programmer that was always on duty. The technology, however, paved the way to future advances.

Larson left Mayo after 10 years to move with her husband Gary and three children nearer family in Detroit Lakes, Minnesota. Eventually, she studied health care administration, earned a master's in business administration and completed a bachelor's degree in nursing.

She arrived at St. Anthony Hospital 15 years ago as Vice President of Patient Care Services. Sharon Berlie, nursing supervisor and critical care manager at the hospital, described her

boss as a supportive leader who guided nurses in their professional growth and help de-stress them with her bubbly personality and sense of humor.

“She set the benchmark high,” Berlie said. “She was an inspiration.”

Retirement still seems surreal to Larson.

“It hasn't hit me yet,” she said. “This kind of work is exhilarating and fulfilling — I'll miss it.”

She said she would likely wake up early on Monday from habit. She and her husband will soon move to Bozeman, Montana, to live near family. She pooh-pooed the idea she might be at loose ends.

“I've never been bored a day in my life,” Larson said. “I'll find other things to do.”

Contact Kathy Aney at kaney@eastoregonian.com or call 541-966-0810.

TEST: Parents are able to opt their children out

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evidence.

For example, a question following a short article could require a written answer and two examples from the text supporting the student's answer.

The whole test is administered digitally, allowing for a wide variety of question types.

Standard multiple choice questions still abound, but other questions include drag-and-drop graphics, highlighting texts and graph drawing.

Like the OAKS assessment before it, Smarter Balanced is “computer adaptive,” meaning the test gets progressively harder or easier depending on how many questions a student answers correctly.

At McKay Creek Elementary School, several students echoed the praise of their older peers.

Fifth grader Caleb Golter said he's more engaged with the Smarter Balanced test, so much so that he shared the facts he learned from an article on water conservation with members of his church and jiu-jitsu class.

Miltenberger said only a handful of parents have chosen to opt out of the test, an option that's gained some traction in New York.

Suzanne Kennedy, a former teacher and a mother of three, opted out her

10-year-old child.

She not only has a problem with the Smarter Balanced test but with the Common Core State Standards, the set of standards for which the test was made to align with.

Kennedy said she takes issue with the fact that no teachers were included in the group that wrote the Common Core standards, the frequency in which the test is administered and the vulnerability of the students' data, among other things.

In Kennedy's view, the Smarter Balanced test was indicative of the continued trend of evaluating students, teachers and schools with standardized tests.

“There's no reading for pleasure, there's no reading for the sake of reading,” she said. “There's just reading for the test.”

When opting out, Kennedy said parents are given the option to either bypass the test on grounds of a religion or disability.

Parents also have to offer an alternative project or test that meets the state standards.

Although there's no end in the immediate future for Common Core or Smarter Balanced, Kennedy said she plans to continue opting out her children.

Contact Antonio Sierra at asierra@eastoregonian.com or 541-966-0836.

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