



LETTERS TO THE EDITOR

Fire levy may help you

I would like to begin this letter by thanking the residents of South Lane County for supporting the Fire District's operating levy a few years ago. Our fire and ambulance services would have been dramatically cut without that support.

The District is now seeking our help again to replace aging fire apparatus that's out of date and doesn't meet the needs of our changing community. An example is the fact that our ladder truck won't reach the top of our tallest buildings.

Supporting this bond measure may, in turn, support you. Supporting this bond could lower your homeowner's insurance rate. Many insurance companies use ISO ratings as part of their process in determining insurance rates. The rating evaluates key factors in a fire department's ability to fight fires, equipment being a vital piece of that rating. The District has been working on lowering its ISO ratings for several years, and this measure will go

a long way in those efforts.

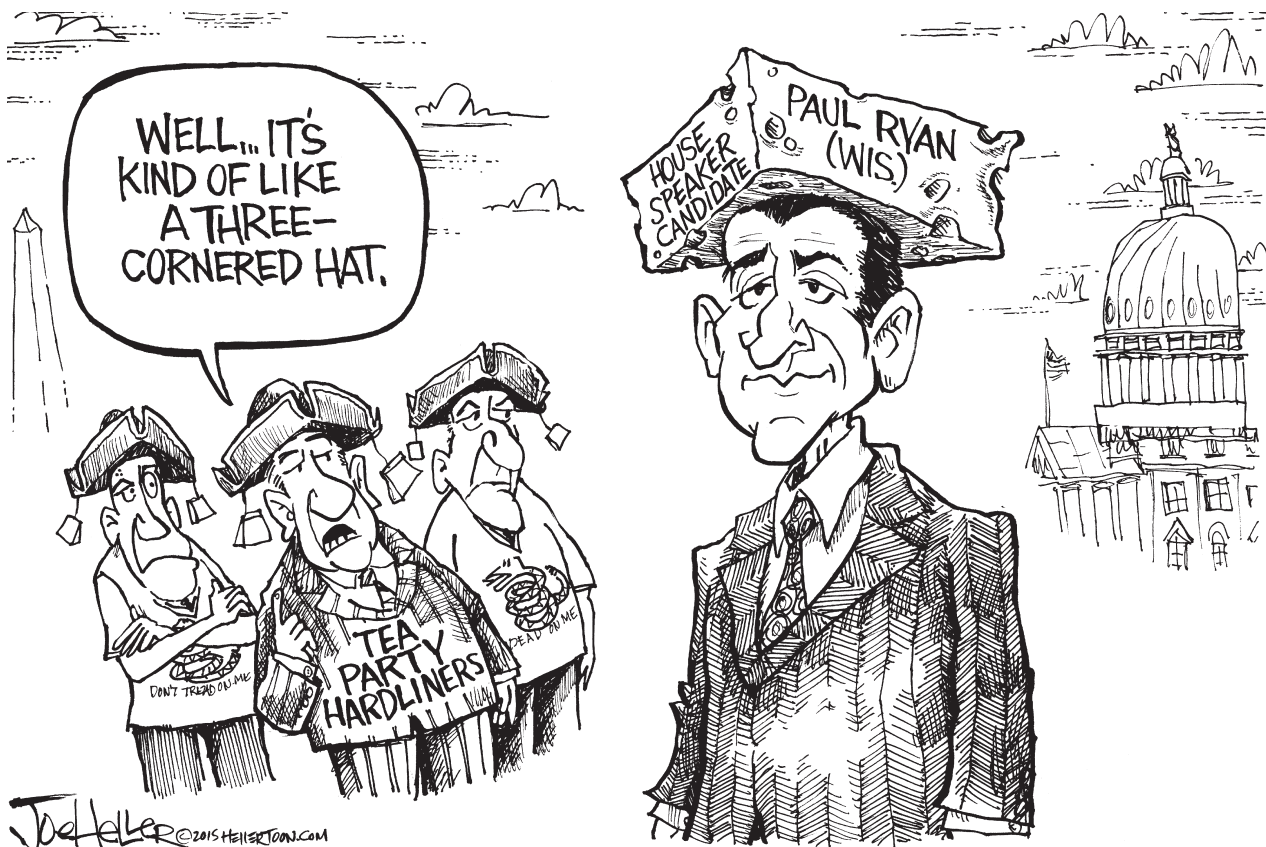
Please help me support our fire district in its mission to protect us by voting YES on 20-237.

Mike Fleck
Cottage Grove

Levy can help fight fires in rural areas

Living in the country is something many of us enjoy. How much is it worth to help our firefighters have the necessary equipment to put out a fire in the rural areas? The sum of 18 cents a day is not too much to help the fire district buy fire engines with all-wheel drive to climb the hills and water tenders to bring more water to fires in the country. Vote yes on 20-237 and support South Lane Fire and Rescue.

Paul and Anita Hughes
Cottage Grove



Offbeat Oregon History

Tillamook Lighthouse ghost greeted new keeper on first night

BY FINN J.D. JOHN
For the Sentinel

One grim winter morning near the end of the Second World War, a Coast Guard seaman named James A. Gibbs, Jr., was looking apprehensively out over an angry sea from the rail of the 52-foot motor lifeboat Triumph. Far out over the field of towering pyramid-shaped waves, a tiny speck was just coming into view — his destination.

"Tillamook Rock," the boatswain muttered, as a seasick Gibbs silently fought to hang onto his breakfast. "I wouldn't take that duty on a bet."

Gibbs might not have either, but he didn't have much choice. That tiny, lonely speck in the middle of an angry gray ocean was his new duty station: Tillamook Rock, a half-acre hunk of granite with a lighthouse perched dubiously upon its crest in the middle of the open sea, known to the initiated as "Terrible Tilly."

In his book, written many years later, Gibbs referred to Tillamook Rock as

a "pint-size Alcatraz," and indeed, his transfer there had a lot in common with a prison sentence. It was widely known that assignments to Tillamook Rock were given as a punishment for troublemakers, and Gibbs fit that profile pretty well. His record with the Coast Guard was, as he puts it, "checkered."

Gibbs' trouble had started one night very early in the war, when he was on beach patrol duty. His patrol dog, Pluto, had fallen off a bluff while chasing birds and was injured. In trying to call for help, Gibbs and his partner had gotten the codes mixed up and accidentally sent a message that an enemy force had landed.

As if that weren't enough, while waiting for the help they thought was coming for poor Pluto, they doctored him up a bit with a few nips from a bottle of whiskey that they claimed (with, shall we say, less than 100-percent believability) to have "found on the beach." (Gibbs doesn't mention, specifically, whether he and his comrade "shared" Pluto's whiskey, but anyone who thinks

they didn't probably still believes in the Tooth Fairy.)

All of this wouldn't have ordinarily been a problem. But because of the mixed-up radio codes, their call for help was being answered not by a friend with a Jeep and blanket for Pluto, but by a massive detachment of Army soldiers ready for a firefight — all of whom were furious when they learned the truth. They'd been rousted out of their warm bunks and turned out locked and loaded to do their heroic bit — only to learn their mission was just to rescue two bumbling Coast Guard mopes and their drunk dog.

This incident had humiliated the Coast Guard in front of the Army, and Gibbs' part in it earned him some special attention from his supervisors — attention that he'd responded poorly to. One thing had led to another, and by early 1945 he'd racked up enough minor and major disciplinary infractions that he was on every commanding officer's "Usual Suspects" list, and was actually worried about getting a dishonorable discharge.

Instead, he found himself assigned for duty on Tillamook Rock.

Gibbs' arrival on the island was a punishment all by itself. The motor lifeboat stood off several dozen feet from the sheer rocky cliff face, rising

and falling a good 10 feet with each swell it rode through. Gibbs, wearing a breeches buoy — basically a pair of big heavy pants with a life ring around the hips, attached to a heavy cable with a hook at the end — stood on the boat's deck while the boatswain's mate maneuvered it to within grabbing distance of a big ring dangling from the end of a crane. The terrified Gibbs had to grab the ring and hook it, whereupon the crane picked him up off the deck of the boat and swung him over sea and rocks and down onto the cement landing pad.

It was the beginning of a new chapter in Gibbs' life, and one that would change him in a hundred ways — an experience he wouldn't have given up for anything. But before he could enjoy those benefits, he had to get through his first night on the rock — the roughest night of his life.

The thing was, Tillamook Rock Lighthouse was haunted. Or at least, so Gibbs' three fellow crewmembers assured him over dinner that night. They spoke darkly but matter-of-factly of mysterious footsteps and unexplainable noises in the tower.

Convinced this was nothing more than an attempt to razz the new guy, Gibbs finished supper and retired to catch a few hours of sleep before his

midnight watch started. Opening, for ventilation, the heavy porthole of storm-battered inch-thick glass that served for a window, he climbed into his bunk and went to sleep.

He awoke with a start several hours later. What had that noise been? He peered out, but the blackness in the lighthouse, a mile and a half away from shore, was absolute. The light switch was by the door; he'd have to get out of bed and cross the room to flip it on.

There it was again! A footstep. And another, and another — heel, toe; heel-toe. And they were coming closer.

"For some reason, I just couldn't move," Gibbs recalled in his book. "I grew rigid and tried to call out, but the utterances seemed to choke in my throat. After hearing two more steps, I knew that whatever it was was standing next to my bed. Then came that terrifying moment when something passed near my throat, so close that the breeze fanned my face."

Now, at last, Gibbs' paralysis passed. With a desperate roar, seizing the pillow and holding it before him, he charged his attacker — tripped over something — went sprawling to the floor at the foot of the light switch — scrambled to his feet and flipped it up. There, before him, stood the "ghost":

Please see **OFFBEAT**, Page 10A

Risks associated with statin drugs

Elevated blood cholesterol is an important risk factor for cardiovascular disease. Higher LDL cholesterol levels mean that more LDL from the bloodstream makes its way into the arterial wall. There, LDL is oxidized, setting off a chain of events leading to the formation of atherosclerotic plaque.

Statin drugs work by blocking an enzyme involved in the liver's production of cholesterol. Statins are one of the most frequently prescribed classes of drugs, and more than 25 percent of adults age 45 and older take statins.

In the most recent analysis of

statins in patients who have not had a previous cardiovascular event, a 14 percent reduction in all-cause mortality and a 25 percent reduction in cardiovascular events were reported. However, the validity of these numbers has been questioned; some researchers have claimed that studies conducted by scientists without conflicts of interest did not find any reduction in cardiovascular events, in contrast to studies supported or conducted by pharmaceutical companies.

In a 2010 study that analyzed the medical records of two million statin users, increases in the risk of liver dysfunction, muscle-related side effects, acute kidney injury and cataracts associated with statin use were reported. Larger doses of statin drugs are associated with greater likelihood of side effects, and additional risk factors such as

other drugs, older age, diabetes and high triglycerides also increase the likelihood of adverse effects. In addition to these known adverse effects, there is debate over whether statins may have detrimental effects on brain function. Approximately 17 percent of patients who take a statin experience an adverse effect. Even if this seems like a low level of risk, statins treat a condition that is preventable and reversible via dietary and lifestyle modification. So why take any risk at all?

It is now well established that there is an increased risk of type 2 diabetes in statin users, one meta-analysis reporting a nine percent increase in risk, with another reporting a 13 percent increase in risk. Statin use appears to promote diabetes by impairing insulin secretion by the beta cells of the pancreas and also by reducing insulin sensitivity.

A study examining Canadian healthcare records for two million patients who had been newly prescribed a statin found an increase in the incidence of hospitalization for acute kidney injury during the first six months of statin use, high potency statins in particular.

The most common adverse effects of statins are myopathies (impaired muscle function), which may be due to impaired energy production in muscle cells. These side effects include muscle pain and a severe breakdown of muscle called rhabdomyolysis. Rhabdomyolysis can also lead to kidney and liver dysfunction. Due to the negative ef-

fects of statins on skeletal muscle, there is evidence that statins may also blunt the fitness-building response to aerobic exercise training. The likelihood of muscular side effects depends on the dose of the statin, and they are more prevalent in physically active patients.

Statins have a few side effects that appear to be helpful, such as improving endothelial function and reducing inflammatory markers. However, the question is now being raised whether statins have effects that actually promote atherosclerosis and heart failure with long-term use, negating these potential benefits. A team of researchers from Japan and the U.S. has compiled and described possible ways statins could actually accelerate heart disease. The authors make the argument that the abnormalities caused to the energy production machinery in skeletal muscle imply that heart muscle could be similarly damaged. They propose that statins are toxic to the mitochondria because they promote the depletion of coenzyme Q10 (CoQ10), an important component of mitochondrial energy production. Cardiac muscle tissue would be especially vulnerable to CoQ10 depletion because of its high energy demands. CoQ10 supplementation is often used as a therapy for statin-associated muscle pain, although its efficacy is debated. The authors make the case that statin-induced CoQ10 depletion in cardiac muscle promotes damage in the heart that may lead to atherosclerosis or

heart failure. Accordingly, they point out certain long-term trials in which cholesterol reduction with statins was associated with a greater mortality risk or worsening of cardiac function. They also note that statins may cause coronary calcification by inhibiting the production of vitamin K2. More research must be done to confirm these heart disease-promoting effects of statins, but for now they do warrant caution.

If you have elevated cholesterol, dietary and lifestyle modifications should be the first course of action. Medication is unnecessary in most people who make the appropriate lifestyle changes. A high-nutrient diet containing a portfolio of foods such as green vegetables, nuts, beans and berries work synergistically to bring LDL cholesterol down and restore the health of the arteries.

A high-fiber, high-nutrient diet focusing on vegetables, fruit and nuts was found to reduce cholesterol by 33 percent within two weeks. Unlike taking a statin while continuing a disease-causing eating style, a Nutritarian diet and lifestyle does more than address one or two heart disease risk factors. This lifestyle combines components that promote regression of atherosclerotic plaque while reducing cholesterol levels, blood pressure and inflammation. These effects of a Nutritarian diet have now been published in a peer-reviewed scientific journal, The American Journal of Lifestyle Medi-

cine. Survey data documented an average 42 mg/dl decrease in LDL cholesterol in those who adhered to the diet style at least 80 percent. In addition, those who started out obese averaged a sustained weight loss of 50 pounds, which was maintained even two years after changing their diet. Those who started with hypertension reduced their systolic blood pressure by an average of 26 mm Hg. Case studies accompanied this data, and atherosclerosis reversal was documented. Living healthfully produces dramatic changes because it doesn't address just one risk factor; it makes your entire body healthier. You don't just lower your cholesterol, you become more resistant to diabetes and cancer and improve your immune function.

In conclusion, I strongly feel that prescribing statins for elevated cholesterol is counterproductive. Taking a statin drug allows the patient to psychologically downplay the urgency of the lifestyle and dietary changes that would drastically improve health, life expectancy and quality of life. You can choose to remove the cause or treat the symptom; treating the symptom with statin drugs does not reverse heart disease and carries the risk of adverse effects. Removing the cause with a health-promoting diet and lifestyle not only reduces cholesterol but also reduces blood pressure, reverses heart disease and protects against diabetes, dementia and cancer.

Cottage Grove Sentinel

116 N. Sixth Street · P.O. Box 35 · Cottage Grove, OR 97424

ADMINISTRATION:
JOHN BARTLETT, Regional Publisher..... 942-3325
GARY MANLY, General Manager..... 942-3325 Ext. 207 • publisher@cgsentinel.com

ROBIN REISER, Sales Representative..... 942-3325
Ext. 203 • robin@cgsentinel.com
E. SCURRY ELLIS, Sales Representative..... 942-3325
Ext. 213 • esellis@cgsentinel.com

NEWS DEPARTMENT:
JON STINNETT, Editor..... 942-3325
Ext. 212 • cgnnews@cgsentinel.com

SPORTS DEPARTMENT:
SAM WRIGHT, Sports Editor..... 942-3325 Ext. 204 • sports@cgsentinel.com

CUSTOMER SERVICE
CARLA WILLIAMS, Office Manager..... 942-3325
Ext. 201 • billing@cgsentinel.com
LEGALS..... 942-3325
Ext. 200 • legals@cgsentinel.com

GRAPHICS:
RON ANNIS, Graphics Manager

(USP 133880)

Subscription Mail Rates in Lane and Portions of Douglas Counties:
Ten Weeks \$9.10
One year \$36.15
e-Edition year..... \$36.00

Rates in all other areas of United States: Ten Weeks \$11.70; one year, \$46.35, e-Edition \$43.00.

In foreign countries, postage extra.

No subscription for less than Ten Weeks. Subscription rates are subject to change upon 30 days' notice. All subscriptions must be paid prior to beginning the subscription and are non-refundable.

Periodicals postage paid at Cottage Grove, Oregon.

Postmaster: Send address changes to P.O. Box 35, Cottage Grove, OR 97424.

Local Mail Service:

If you don't receive your Cottage Grove Sentinel on the Wednesday of publication, please let us know. Call 942-3325 between 8:30 a.m. and 5 p.m.

Advertising ownership:

All advertising copy and illustrations prepared by the Cottage Grove Sentinel become the property of the Cottage Grove Sentinel and may not be reproduced for any other use without explicit written prior approval.

Copyright Notice:

Entire contents ©2015 Cottage Grove Sentinel.

Letters to the Editor policy

The Cottage Grove Sentinel receives many letters to the editor. In order to ensure that your letter will be printed, letters must be under 300 words and submitted by Friday at 5 p.m. Letters must be signed and must include an address, city and phone number or e-mail address for verification purposes. No anonymous letters will be printed. Letters must be of interest to local readers.

Personal attacks and name calling in response to letters are uncalled for and unnecessary.

If you would like to submit an opinion piece, Another View must be no longer than 600 words.

To avoid transcription errors, the Sentinel would prefer editorial and news content be sent electronically via email or electronic media. Hand written submissions will be accepted, but we may need to call to verify spelling, which could delay the publishing of the submission.