

# Opinion

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## EDITORIAL

# It's not the money

The ongoing, record-long partial shutdown of the federal government, like so much else these days, is so defined by partisanship that to soberly assess the merits of the two sides seems an exercise in futility.

But if nothing else, this episode serves as an interesting comparison with previous disputes in Washington, D.C.

What distinguishes the current tussle is how little money, relatively speaking, is involved — the \$5.7 billion that President Trump wants to spend to build a section of wall on the U.S.-Mexico border.

The 16-day shutdown in October 2013, by contrast, was spurred by a disagreement about Obamacare — a matter with potential implications measured in trillions of dollars.

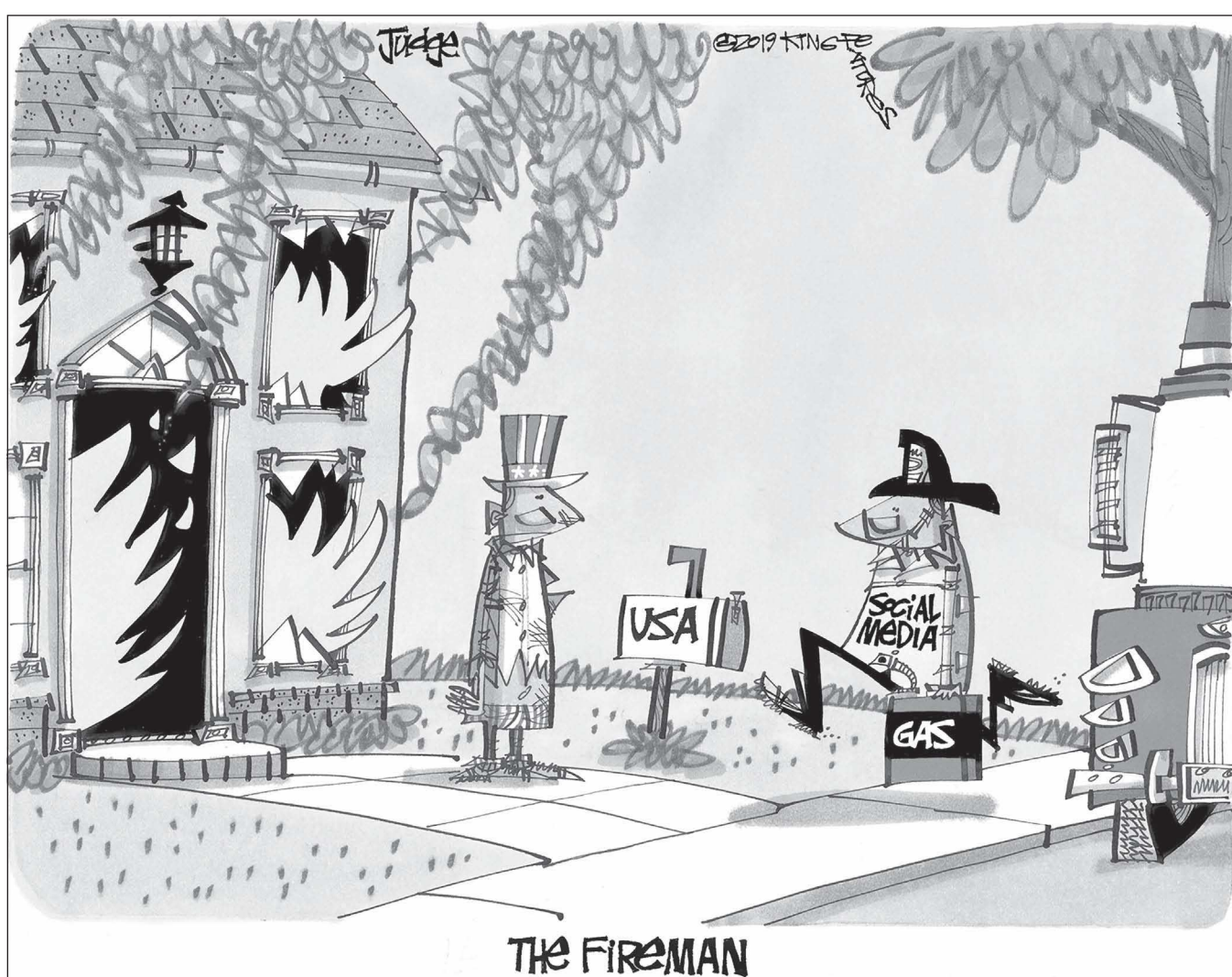
The 21-day shutdown that spanned December 1995 and January 1996 (until this month it was the longest in history) was a bit more complicated but among the bones of contention were issues, including Medicare, with considerably more than \$5.7 billion at stake.

The current shutdown was never about money, of course. Anyone who still believed otherwise must surely have come to their senses Wednesday when House Speaker Nancy Pelosi announced that she would bar Trump from using the House chamber to deliver a State of the Union address until the government reopens.

At this point it might well be that Trump or Pelosi could gain as much from ending the shutdown as from prolonging it.

Surely many Americans, regardless of their feelings about the wall, understand that our nation's future doesn't hinge on a \$5.7 billion obstacle, whether it's built or it isn't. Moreover, they recognize that we can reopen the government now, and continue the debate about the wall later.

—Jayson Jacoby, Baker City Herald editor



## Your views

### Furloughed federal employee frustrated by shutdown

I'm a frustrated, furloughed, federal fellow. As I write this we're in day 33 of the partial federal shutdown. At least my wife works but somehow the bills aren't halved even if the income is. I'd like to see this end and get back to work. Legislation has been passed that will pay us for our time off when we eventually get back to work but how fair is that to American taxpayers for what will amount to paid vacation for us?

When things get done, or fail to get done, in Washington, D.C., there is always a solution but sadly they don't ask me for the answer. If I had the power here's how I'd solve the current impasse in two straightforward steps:

- Stop politicians' pay. If the people aren't getting paid who are willing to work, but can't, then the people who aren't doing their jobs shouldn't get paid either.
- Lock the president, all cabinet mem-

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bers, all senators, and all representatives in one room, say the House chamber since it is large enough. And I mean lock them in — no bathroom breaks, no water, no coffee, no snacks, no computers, and no cellphones — until they come up with mutually agreeable budget and appropriate legislation. Don't let them out until it is passed.

Now maybe you are thinking just President Trump and Rep. Pelosi could be locked away for a decision. But all the politicians should suffer a little bit for their part in this, particularly the representatives for electing Rep. Pelosi as the Speaker. Let them all gnash teeth until it is settled.

Furthermore, what should have been

done during this 33 days of non-work that we're eventually going to get paid for, is send all 400,000 of us non-workers to the border to build the wall/fence. That would have been over 13.2 million person-days. I think we could have made significant progress and would have felt better than getting paid for staying home.

Jim Carnahan  
Baker City

### More enforcement needed for handicapped parking spaces

I wrote a letter a few months ago on the flagrant misuse of handicap parking. The DMV requires a handicapped person to go to a doctor and certify that they are handicapped, but there seems to be no enforcement. Maybe the state could save some money if they took out all handicap parking signs. I feel I have paid my dues being a 100 percent disabled vet.

Bill Lee  
Baker City

# Born too late ... but fortunately not for vaccines

I recently read a book that prompted me to ponder a series of hypothetical choices involving an unusual confluence — that of historical milestones and communicable diseases.

Would I rather have listened to Martin Luther King Jr. deliver his “I have a dream” speech, his voice crackling from a transistor radio, or endured a bout with the German measles?

Watch the Beatles' debut on the Ed Sullivan Show live on TV, or risk being permanently paralyzed by polio?

See Neil Armstrong take the most famous step in human history as it happened, or come down with the mumps?

These scenarios are hypothetical because I was born in 1970, the year after Armstrong walked on the moon, six years after the Fab Four reinvented American pop music, and seven years after King gave the defining address of the civil rights movement.

But the connection between those events and the infectious disease paired with each is hardly theoretical.

Had I been around when any of those epochal events happened — and had I been older than, say, 10 — it's likely I would have been exposed to one or all of those diseases, and quite possibly have contracted at least one.

(The incidence of polio, the most frequently debilitating of the trio, had already plummeted by 1963 thanks to vaccines.)

Today — and indeed for the whole of my life — there has been an effective vaccine for each of those afflictions, and for other dangerous



JAYSON JACOBY

diseases besides.

It is of course common to wonder what it would have been like to experience historic events firsthand. Only that confers an immediacy that can't be replicated, with anything more than a veneer of authenticity, even by the best books, documentaries or feature films.

Daydreaming about profound episodes that predate our birth provokes both wonder and, in some cases, a twinge of regret.

King's speech, the Beatles' TV performance and the Apollo 11 mission are three events that have a particular relevance for me because I missed them, as it were, by a matter of years rather than centuries.

But until I read Meredith Wadman's fine 2017 book, “The Vaccine Race: Science, Politics and the Human Cost of Defeating Disease,” I hadn't considered that one of the consequences, had I been born even a decade earlier, was the possibility of contracting a disease that during my lifetime, thanks to nearly universal immunization in the U.S., has been rare enough to seem part of history itself.

By happenstance, I checked out Wadman's book from the Baker County Library about a week after officials in Clark County, Washington, just across the Oregon border from Portland, announced an outbreak of German measles (rubella).

As of Thursday, 25 people, all but one of them children and most

younger than 11, had been infected with the viral disease. At least 20 had not been inoculated with the rubella vaccine, which has been available since 1969.

The Centers for Disease Control and Prevention (CDC) declared in 2004 that German measles (“classical” measles is caused by a different virus, rubeola, for which there is also a vaccine) had been eliminated from the U.S. The handful of cases reported in the ensuing years involved people who had been infected outside our borders, according to CDC.

But this happy state of affairs — the very definition of progress — seems to be unraveling, as the situation in Clark County suggests.

This would be unfortunate even if the culprit were natural — for instance, the evolution of bacteria resistant to antibiotics.

But the problem isn't that rubella has adapted. The problem is that some people refuse to take advantage of one of the great medical accomplishments in human history and protect their children from diseases they need not be vulnerable to.

Among the reasons I'm grateful I was born when I was, as opposed to even five years earlier, is the ubiquity of vaccines by 1970.

Thanks to the efforts of the scientists Wadman profiles in her book, and to my parents recognizing the value of those scientists' achievements, I was spared from diseases that, just a few years earlier, had been common.

(I was, alas, too early to benefit from some other vaccines, such as the one for chicken pox. I scratched my way through that one when I

was 7.)

Over the past few years I've read or heard dozens of comments, in a variety of media, from people who question both the safety and efficacy of vaccines and as a result either don't vaccinate their children at all or avoid certain inoculations.

This is neither necessary nor logical.

These people not only distrust the vast majority of doctors and other medical professionals, they also disbelieve the considerable volume of unimpeached studies that show vaccines, with exceedingly rare exceptions, are both effective and safe.

What strikes me about this isn't the ignorance so much as the arrogance. It is one thing to believe that an occasional doctor is incompetent; of course we all understand this is true.

But it is quite another matter for people — many of whom, it is certain, have not earned degrees in medicine, virology or epidemiology — to dismiss the body of evidence, compiled over decades by tens of thousands of researchers and practitioners, that shows the risk of the vaccines is vastly less than the risk of the diseases they prevent.

I've noticed too that some people who are either skeptical about vaccination or who outright reject it also contend that diseases such as rubella present little more threat than the common cold.

This mistaken impression, I suspect, results largely from the very effectiveness of vaccines.

(That might qualify as ironic, although I'm never quite sure about the definition of that chronically misused adjective.)

The rubella vaccine worked so

well, and was so widely embraced, that for people from my generation and later ones the disease is more a concept than a reality.

I would not wish it otherwise, of course.

But I think some parents who are dismissive of vaccination might be less apt to eschew a proven way to protect their children — and potentially others, including those not yet born — if they knew more about the last major rubella epidemic in the U.S. prior to the vaccine being widely administered.

It happened in 1964 and 1965. According to the CDC, about 12.5 million Americans were infected, among them 2,100 newborns who died. Another 20,000 babies were born with congenital rubella syndrome. The virus can wreak havoc on a fetus during the first two months of gestation, frequently causing blindness, deafness or heart defects.

This is not the common cold.

As much as I lament missing some of America's memorable moments, I feel only immense gratitude that during my lifetime the word “epidemic” has rarely been applied to infectious diseases in the U.S.

The notion that we might, through misconceptions about immunizations, sacrifice even a bit of the incredible progress we've made in preventing unnecessary suffering and death seems to me the grimest sort of prospect.

And a betrayal to the work of the scientists Wadman portrays in “The Vaccine Race.”

Jayson Jacoby is editor of the Baker City Herald.