

Opinion

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EDITORIAL

What are the big ideas on property tax?

Heads up, homeowners. For Oregon reformers, you are next. A legislative committee is meeting this week to look at property taxes.

Will you end up paying less? Or more?

We don't know exactly what ideas the committee will consider. But it's not hard to guess, because legislators bring some ideas up repeatedly.

The big one is: Reset on sale.

Property values in Oregon do not reset on sale. They are artificially limited thanks to Measures 5 and 50. Basically, older homes had an artificial value created to determine their taxes — the assessed value. Their maximum assessed value was set at their real market value in 1995 minus 10%. And they can only go up by 3% a year. That has benefited people in older homes in areas that have been gentrifying.

The system we got from the ballot measures also has created other oddities, such as two similarly sized homes in a neighborhood having very different tax rates.

What's the real problem with this system that helps keep property taxes low? Doesn't it ensure government has to spend money carefully? Yes, but ...

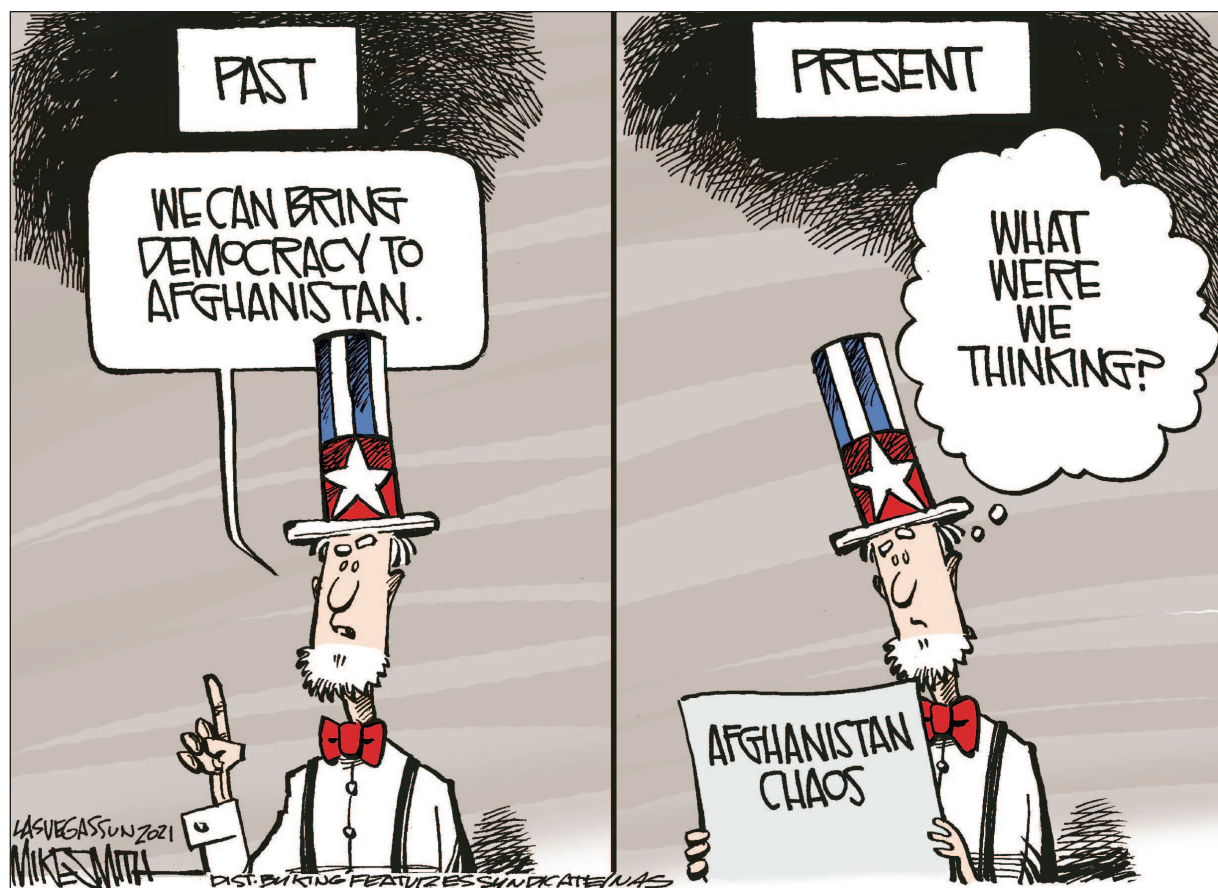
The "but" is the controls on property tax revenue can mean governments can be more reliant on fees. And fees can be relatively more difficult for low-income people to pay, while people who are richer benefit from owning homes.

Of course, any changes that are made to the property tax system could be hard on some family incomes. That's why reformers talk about including some safety valves. There could be exemptions to protect a certain value of a homestead from taxes, relief for seniors, and also flat-out refunds for taxes that are believed to be too high. But how and where would those be set?

One other idea the committee is set to discuss is the prepayment discount — such as getting a 3% discount for paying your property taxes in full by mid-November. We don't know if the committee will talk about getting rid of the discounts. It might.

If you are interested in what your government might do to your property taxes, a House Interim Committee on Revenue meeting that was held earlier this week is available online so you can see what was discussed.

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Your views

Council: Don't spend public money on personal issue

This is a copy of the letter I sent to all our city council members.

I was not at the council meeting but have read two accounts of the meeting.

Those presenting views related to the mandate to be vaccinated make the issue one of personal preference but want to sue the governor using tax dollars and resources. If it is a personal preference, then why are they not using their personal money to file a personal suit; or join with others who have the same personal views and use their joint personal resources in this endeavor?

I live in Baker City and I am a taxpayer and I have no interest in my tax dollars being spent on the personal issues of others. Neither do I feel those who spoke at the council meeting represent the taxpayers of this city; they represent themselves and their personal views. I believe the city council should be interested in and seeking to spend our limited tax resources in a way that benefits all the citizens of Baker City not the personal interests of a few. I would suggest you seek input from the citizens you represent

before proceeding any further with this endeavor.

Priscilla Synan
Baker City

It's time to quiet the train whistles in Baker City

I'm a conservative Republican, former City Councilor, retired local business owner and 40-year member of the Lions Club, and I support the railroad Quiet Zone. If I was on Council now, I'd vote for it. This decision is past due. I've lived in several parts of Baker, and while Baker has been good to me, the train horn has not. No matter where in town I've lived it has always been a painful nuisance. I have been waiting for a railroad Quiet Zone since 1963!

Living one block from the tracks, the horn is truly unbearable. My hearing was damaged from Air Force service and guns. It is painful and stressful when my hearing aides amplify the 110-decibel horn. My audiologist wants me to always wear hearing aides so my hearing doesn't decline, but if I keep them in, the train horn hurts. I feel trapped.

It's painful for me, but I also think about the kids at South

Baker. The train starts blowing the horn from the railroad overpass and right past the playground. We should not allow our children to be exposed to that level of hazardous noise. Period.

I don't need ridiculous horns to tell me a train is coming. I can see the flashing red lights, hear the bells, see the yellow signs, and see the train's bright headlights. Just in case I'm still not paying attention, the crossing gates drop down too. Plus, a railroad Quiet Zone would have even more features to make it even safer; otherwise it won't be approved by safety officials. Think about this: We drive down streets with no stop signs every day. Should we all behave like the train and honk our horns four times before every intersection? No way. I believe everyone should take personal responsibility for their safety. I don't need a train horn requirement from a federal nanny to keep me safe.

Even with a railroad Quiet Zone we will still hear the horns, but only when they are necessary. Otherwise, they will be off in the distance — just how I like them.

Terry Schumacher
Baker City

The front lines of COVID care

By **KAREN GALLARDO**

I'm a respiratory therapist. With the fourth wave of the pandemic in full swing, fueled by the highly contagious delta variant, the trajectory of the patients I see, from admission to critical care, is all too familiar. When they're vaccinated, their COVID-19 infections most likely end after Stage 1. If only that were the case for everyone.

Get vaccinated. If you choose not to, here's what to expect if you are hospitalized for a serious case of COVID-19.

Stage 1. You've had debilitating symptoms for a few days, but now it is so hard to breathe that you come to the emergency room. Your oxygen saturation level tells us you need help, a supplemental flow of 1 to 4 liters of oxygen per minute. We admit you and start you on antivirals, steroids, anticoagulants or monoclonal antibodies. You'll spend several days in the hospital feeling run-down, but if we can wean you off the oxygen,

you'll get discharged. You survive.

Stage 2. It becomes harder and harder for you to breathe. "Like drowning," many patients describe the feeling. The bronchodilator treatments we give you provide little relief. Your oxygen requirements increase significantly, from 4 liters to 15 liters to 40 liters per minute. Little things, like relieving yourself or sitting up in bed, become too difficult for you to do on your own. Your oxygen saturation rapidly declines when you move about. We transfer you to the intensive care unit.

Stage 3. You're exhausted from hyperventilating to satisfy your body's demand for air. We put you on noninvasive, "positive pressure" ventilation — a big, bulky face mask that must be Velcro'd tightly around your face so the machine can efficiently push pressure into your lungs to pop them open so you get enough of the oxygen it delivers.

Stage 4. Your breathing becomes even more labored. We can tell

you're severely fatigued. An arterial blood draw confirms that the oxygen content in your blood is critically low. We prepare to intubate you. If you're able to and if there's time, we will suggest that you call your loved ones. This might be the last time they'll hear your voice.

We connect you to a ventilator. You are sedated and paralyzed, fed through a feeding tube, hooked to a Foley catheter and a rectal tube. We turn your limp body regularly, so you don't develop pressure ulcers — bed sores. We bathe you and keep you clean. We flip you onto your stomach to allow for better oxygenation. We will try experimental therapeutics.

Stage 5. Some patients survive Stage 4. Unfortunately, your oxygen levels and overall condition have not improved after several days on the ventilator. Your COVID-infested lungs need assistance and time to heal, something that an ECMO machine, which bypass-

es your lungs and oxygenates your blood, can provide. But alas, our community hospital doesn't have that capability.

If you're stable enough, you will get transferred to another hospital for that therapy. Otherwise, we'll continue treating you as best we can. We're understaffed and overwhelmed, but we'll always give you the best care we can.

Stage 6. The pressure required to open your lungs is so high that air can leak into your chest cavity, so we insert tubes to clear it out. Your kidneys fail to filter the by-products from the drugs we continuously give you. Despite diuretics, your entire body swells from fluid retention, and you require dialysis to help with your renal function.

The long hospital stay and your depressed immune system make you susceptible to infections. A chest X-ray shows fluid accumulating in your lung sacs. A blood clot may show up, too. We can't prevent

these complications at this point; we treat them as they present.

If your blood pressure drops critically, we will administer vasopressors to bring it up, but your heart may stop anyway. After several rounds of CPR, we'll get your pulse and circulation back. But soon, your family will need to make a difficult decision.

Stage 7: After several meetings with the palliative care team, your family decides to withdraw care. We extubate you, turning off the breathing machinery. We set up a final FaceTime call with your loved ones. As we work in your room, we hear crying and loving goodbyes. We cry, too, and we hold your hand until your last natural breath.

I've been at this for 17 months now. It doesn't get easier. My pandemic stories rarely end well.

Karen Gallardo is a respiratory therapist at Community Memorial Hospital in Ventura, California.

CONTACT YOUR PUBLIC OFFICIALS

President Joe Biden: The White House, 1600 Pennsylvania Ave., Washington, D.C. 20500; 202-456-1111; to send comments, go to www.whitehouse.gov.

U.S. Sen. Jeff Merkley: D.C. office: 313 Hart Senate Office Building, U.S. Senate, Washington, D.C., 20510; 202-224-3753; fax 202-228-3997. Portland office: One World Trade Center, 121 S.W. Salmon St. Suite 1250, Portland, OR 97204; 503-326-3386; fax 503-326-2900. Baker City office, 1705 Main St., Suite 504, 541-278-1129; merkley.senate.gov.

U.S. Sen. Ron Wyden: D.C. office: 221 Dirksen Senate Office Building, Washington, D.C., 20510; 202-224-5244; fax 202-228-2717. La Grande office: 105 Fir St., No. 210, La Grande, OR 97850; 541-962-7691; fax, 541-963-0885; wyden.senate.gov.

U.S. Rep. Cliff Bentz (2nd District): D.C. office: 2182 Rayburn Office Building, Washington, D.C., 20515, 202-225-6730; fax 202-225-5774. La Grande office: 1211 Washington Ave., La Grande, OR

97850; 541-624-2400, fax, 541-624-2402; walden.house.gov.

Oregon Gov. Kate Brown: 254 State Capitol, Salem, OR 97310; 503-378-3111; www.governor.oregon.gov.

Oregon State Treasurer Tobias Read: oregon.treasurer@ost.state.or.us; 350 Winter St. NE, Suite 100, Salem OR 97301-3896; 503-378-4000.

Oregon Attorney General Ellen F. Rosenblum: Justice Building, Salem, OR 97301-4096; 503-378-4400.

Oregon Legislature: Legislative documents and information are available online at www.leg.state.or.us.

State Sen. Lynn Findley (R-Ontario): Salem office: 900 Court St. N.E., S-403, Salem, OR 97301; 503-986-1730. Email: Sen.LynnFindley@oregonlegislature.gov

State Rep. Mark Owens (R-Crane): Salem office: 900 Court St. N.E., H-475, Salem, OR 97301; 503-986-1460. Email: Rep.MarkOwens@oregonlegislature.gov

Baker City Hall: 1655 First Street, P.O. Box 650, Baker City, OR 97814; 541-523-6541; fax 541-524-2049. City Council meets the second and fourth Tuesdays at 7 p.m. in Council Chambers. Councilors Jason Spriet, Kerry McQuisten, Shane Alderson, Joanna Dixon, Heather Sells and Johnny Waggoner Sr.

Baker City administration: 541-523-6541. Jonathan Cannon, city manager; Ray Duman, police chief; Sean Lee, fire chief; Michelle Owen, public works director.

Baker County Commission: Baker County Courthouse 1995 3rd St., Baker City, OR 97814; 541-523-8200. Meets the first and third Wednesdays at 9 a.m.; Bill Harvey (chair), Mark Bennett, Bruce Nichols.

Baker County departments: 541-523-8200. Travis Ash, sheriff; Noodle Perkins, roadmaster; Greg Baxter, district attorney; Alice Durlinger, county treasurer; Stefanie Kirby, county clerk; Kerry Savage, county assessor.