

Opinion

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EDITORIAL

Treatment part of drug policy falls behind

Oregon's Measure 110 was an ambitious concept. Voters said they wanted a more health-based approach to drug addiction.

Many laws for possession of controlled substances went from felonies to violations. And offenders were supposed to get access to treatment.

It's only nine months into this new system. It's too early to say what the overall outcome will be. But The Oregonian took a look and it found: "Nine months into the nation's first-of-its-kind experiment to decriminalize hard drugs, the new approach has done little so far to connect people with treatment even as statistics show the state is on track to reach a record for opiate-related overdose deaths. Since Measure 110 went into effect in February, arrests for drug possession have plummeted across Oregon from a monthly average of about 1,200 to 200."

Deschutes County District Attorney John Hummel reinforced what the article said.

"It's too early to tell if the treatment component of Measure 110 is working as well as we want it to work, but it's not too early to tell if other components of the measure are working," he told us in an email. "We know that fewer people are charged with crimes because of their substance use disorder, and fewer people are serving time in jail because of their substance disorder."

Those changes can be made swiftly. Ramping up increased access to treatment will come more slowly, because it has long been inadequate in Oregon. Marijuana revenue was redirected away from schools and other purposes toward drug treatment under Measure 110. But most of that money has not been distributed, yet.

For now, Oregon has removed the serious repercussions for drug possession without having the safety net in place to help people end their addiction.

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



How I became a COVID-19 statistic

By DICK HUGHES

A not-so-funny thing happened on my way to writing my guest column four weeks ago. I became a statistic.

I went from sitting at my laptop to being whisked by ambulance to Salem Hospital with a serious case of COVID-19 pneumonia, despite being fully vaccinated. After a week of excellent hospital care, I'm recovering at home.

Thank goodness that our daughter had insisted I buy a pulse oximeter after testing positive for COVID-19. I'd assumed mine would be a brief, mild case in line with what was being reported about the so-called breakthrough transmissions. I felt no symptoms other than an annoying cough and extreme fatigue, not realizing it was shortness of breath.

A pulse oximeter measures oxygen levels in the blood. At least 90% is desirable. The ambulance crew found mine had dropped to 40%. I apparently was in "happy hypoxia," far sicker than my outward symptoms indicated.

There are two ways of interpreting my case. One is to infer that COVID-19 vaccinations are imperfect because I fell outside the commonly quoted statistical predictions. That is true.

I prefer a second interpretation. As a nurse bluntly told me: "If you hadn't been vaccinated, you'd probably be dead. Or upstairs in the ICU on a ventilator." These days, most of those patients are ones who are unvaccinated. Too many, depending on one's individual circumstances, won't make it out alive.

Medicine is imperfect, constantly changing and adjusting as we learn more. Just last week, a federal task force reversed its 2016 recommendation that certain individuals take a baby aspirin each day to prevent an initial heart attack or stroke.

Almost every medication or intervention carries risk. So does failure to act.



DICK HUGHES

I chose to get vaccinated because the odds of serious complications or death from contracting COVID-19 are far higher than the risks from the Pfizer vaccine. But I recognize those odds are only societal averages. Statistics don't determine what will happen with any one of us.

Regardless of whatever decision one makes about being vaccinated or not, for some individuals that decision will turn out badly, leading to severe complications, even death. That is reality. None of us can know beforehand, so we must make our own calculations based on good but imperfect data.

Health officials have declared the vaccines safe. I wish they would more honestly describe vaccines as "relatively safe — safer than most drugs being promoted on TV for other conditions."

And no, the coronavirus vaccine does not cause COVID-19.

I was vaccinated in March by Oregon National Guard members and Salem firefighters at the Oregon State Fairgrounds. Research suggests the Pfizer vaccine's effectiveness in preventing infection drops sharply after six months but remains 90% effective at preventing hospitalization and death. I guess I'm one of those outliers in the 10%, although slowly improving.

Nearly 2.5 million Oregonians have been vaccinated. Infections in vaccinated individuals continue to be uncommon. Being both vaccinated and having had COVID-19, my odds of future infection are low. But I'm still going to get a vaccine booster. And return to wearing masks.

Throughout the pandemic, my wife and I faithfully followed the public health protocols. We adapted to wearing masks everywhere. We took a road trip to Klam-

ath and Lake counties in May. Trying to fit in, we abided by the local practices, which varied by establishment. But as infections intensified this summer, I skipped my 50-year high school reunion.

Perhaps I became overconfident about my and others' vaccinations, assuming any infection would be minor. Meanwhile, the Salem area remains a statewide leader in new infections.

There is no way to tell how I got infected. It might have been my forgoing masks when gathering with vaccinated friends. Yes, masks are only partially effective but they provide one more barrier against transmission. It's all about moving the odds in one's favor.

A friend tested positive Sept. 21 after having what he thought was a mild cold. He informed us immediately. The coronavirus has so overwhelmed county health departments that it's pretty much up to individuals in the Salem area to do their own contact tracing.

Feeling puny, I arranged to get a COVID-19 test the next day, although the doctor considered a coronavirus infection unlikely. My wife also tested positive, with a mild but fatiguing case. I was constantly coughing and needing a 10-minute rest before making even the short walk from bathroom to bed.

As I sat down at my laptop to write that Thursday morning, I also contacted Kaiser Permanente for advice, providing my latest oxygen levels. The response: Call 911 immediately. Get taken to whichever hospital has room for you.

The first responders were skilled, efficient and gracious. Having covered health care for decades and being comfortable around hospitals, I felt at ease. Besides, for a journalist, every experience becomes fodder for a column.

Dick Hughes has been covering the Oregon political scene since 1976.

Your views

Celebrate everyone who seeks a better Baker City

The frequency of letters to the editor stating "anyone who doesn't like Baker City should leave" is disturbing. Throughout Baker City's history newcomers have kept the town from dying. Sure, it can be hard for old-timers to see many unfamiliar faces and to experience changes, but the alternative is failing businesses, young people leaving, and a general loss of vibrancy, prosperity, and resiliency.

The strength of any community can be measured in involvement of citizens and concern for others. Someone who sees something that can be improved and sets to work to tackle it should be applauded, whether they have just moved here, or have been here their whole life. Every town needs people like that.

If someone in Baker City seeks to create a change it doesn't mean that they don't like Baker City. On the contrary, it means that they love this town and are willing to dedicate their time and energy to making it even better. We should thank them.

It is a fallacy to suggest that only newer people are initiating change. Blanket generalizations like that do a disservice to people who have been working for the betterment of Baker City for many years. The efforts, input, and perspective of longtime residents is valuable and necessary.

The best change that Baker City could experience would be for residents, old and new, to listen to each other and work cooperatively to support the town and all of the people who live here.

Mike Blank
Baker City

City Council needs to honor its obligation to community

Editor's note: This is a letter the author sent to members of the Baker City Council.

It is obvious you are unable to accept the offer of service from a longtime business owner, a person who has been on city council and established his depth of knowledge and concern for the community. Instead you embrace someone who decides to run home and ask his wife if he should accept the seat you voted him to.

Do you see a problem here? His reac-

tion should exclude him from any position requiring decisiveness. This city needs a council that understands its obligation to the community and strives to honor such obligation. We had high hopes for this council but it seems we were wrong. Why is that?

I think I know. You, the council, elected a mayor who managed to get her 15 minutes of fame and decided she is now ready for the Governor's Mansion. Sorry, not even close. The council's priority should be fiscal stability and maintenance of our infrastructure rather than chasing grants for unneeded changes. Perhaps we, the citizenry, should be the ones to decide the issue of who is best suited for the mayor's office.

I have always felt that anyone too eager for office should automatically be excluded as unreliable. The job description is "public servant." For much too long we have seen an ugly transformation to "public master." Current events show the peril we face if we are quiet in the face of obvious misuse of position.

Rick Rienks
Baker City