

EDITORIAL

Improving Oregon State Hospital

The Oregon State Hospital serves adults who face some of the most difficult psychiatric challenges and need hospital care. The state of Oregon has not succeeded in finding enough people to provide the necessary high quality of care and protect staff and patients.

The state hospital serves people who might be an imminent danger to themselves or others because of mental illness. It serves people guilty except for insanity. And it also serves people who are not able to participate in a trial because of mental illness.

For years, the hospital has not been fully staffed. It takes a special kind of person to work day after day with patients with such high levels of need.

The pandemic made that worse. It got so bad that twice recently 30 members of the National Guard were deployed to the hospital to assist.

The Oregon Health Authority requested \$33.5 million to establish 319 full-time equivalent positions and make some changes in training to help. OHA also wants to adopt a 36-hour schedule for the nurses there. The Legislative Fiscal Office, which does policy analysis for the Legislature, is not sure those are the right solutions. It wants legislators to look at the problem more closely.

As the Legislative Fiscal Office argues, the state hospital has long had problems filling its existing positions. Would adding more positions really help? And switching to a 36-hour work week may need other changes in Oregon law. Pay and benefits are an issue. Morale is an issue. The size of the labor pool for the type of worker near Salem and Junction City is an issue. The Legislative Fiscal Office is concerned that the proposal "could potentially be underestimating the incentives required to achieve the necessary staffing levels in a highly secured psychiatric hospital like OSH."

This isn't a problem that legislators will be able to solve in the 2022 session. But they do need to work on it and continue to work on it with hearings throughout the year — or years.

Unsigned editorials are the opinion of the Baker City Herald. Columns, letters and cartoons on this page express the opinions of the authors and not necessarily that of the Baker City Herald.

LETTERS TO THE EDITOR

- We welcome letters on any issue of public interest. Customer complaints about specific businesses will not be printed.
- The Baker City Herald will not knowingly print false or misleading claims. However, we cannot verify the accuracy of all statements in letters.
- Writers are limited to one letter every 15 days.
- The writer must include an address and phone number (for verification only). Letters that do not include this information cannot be published.
- Letters will be edited for brevity, grammar, taste and legal reasons.

Mail: To the Editor, Baker City Herald, P.O. Box 807, Baker City, OR 97814
Email: news@bakercityherald.com

OTHER VIEWS

Biden needs to show sense of urgency with inflation

Editorial from The Detroit News:

While President Joe Biden is off doing Civil War reenactments, American families are left trying to balance household budgets that are being smashed by soaring prices. Inflation topped 7% in 2021, the largest surge in consumer costs since 1982.

Break out basic necessities, and the inflation impact is even more devastating:

- Meat, poultry, fish and eggs rose 12.5%.
- Energy is up 30% overall, with gasoline prices climbing nearly 50%, fuel oil topping 40% and natural gas, 24%.
- New vehicles climbed nearly 12%, and used cars and trucks by more than 37%.

Americans who live closer to reality than Biden does are far more con-

cerned with those distressing price tags than they are his trumped-up claims of war on democracy.

The White House defends Biden's avoidance of inflation by saying there's little a president can do about rising prices. They blame the pandemic and breakdowns in the supply chain for driving up costs.

That's only partially true. Certainly, the disruptions of COVID-19 continue to strain the workforce and the ability of producers to meet demand.

But policies have consequences, as does a lack of policy.

Biden has not detailed an urgent response to inflation, and much of what he's done in other areas has helped fuel the price spikes.

His American Rescue Plan pumped \$2 trillion into the economy last spring. That created a surge in

consumer demand that arrived well before producers were prepared to meet it.

Provisions of that package, including extended unemployment benefits and pull-ahead child tax credits, lessened the incentive to return to work. Workforce participation remains below where it was at the start of the pandemic in 2020.

Biden has also tightened the screws on the oil and gas industry, restricting drilling, withdrawing tax credits, killing pipelines and placing wide swaths of the country off-limits to oil and gas exploration. Domestic oil production is 2 billion barrels a day below pre-pandemic levels.

In addition, Biden has ignored his campaign promise to "shut down the virus." Nearly as many Americans have died of COVID-19 during his tenure as before he took office.

The new omicron variant is raging unchecked. Biden acknowledged, "I wish I'd thought" of ordering more tests last fall when the highly contagious surge surfaced.

If not the pandemic, what was the present thinking about?

Forcing through his far-left agenda. And that remains his priority.

The only answer the White House has offered for countering the impact of higher prices is passage of Biden's massive \$5 trillion "Build Back Better" bill, which will flood even more government cash into the economy and make it even easier for workers to turn down jobs.

The Federal Reserve, which bears responsibility for keeping inflation in check, now considers inflation a serious threat. Chair Jerome Powell, when he spoke to

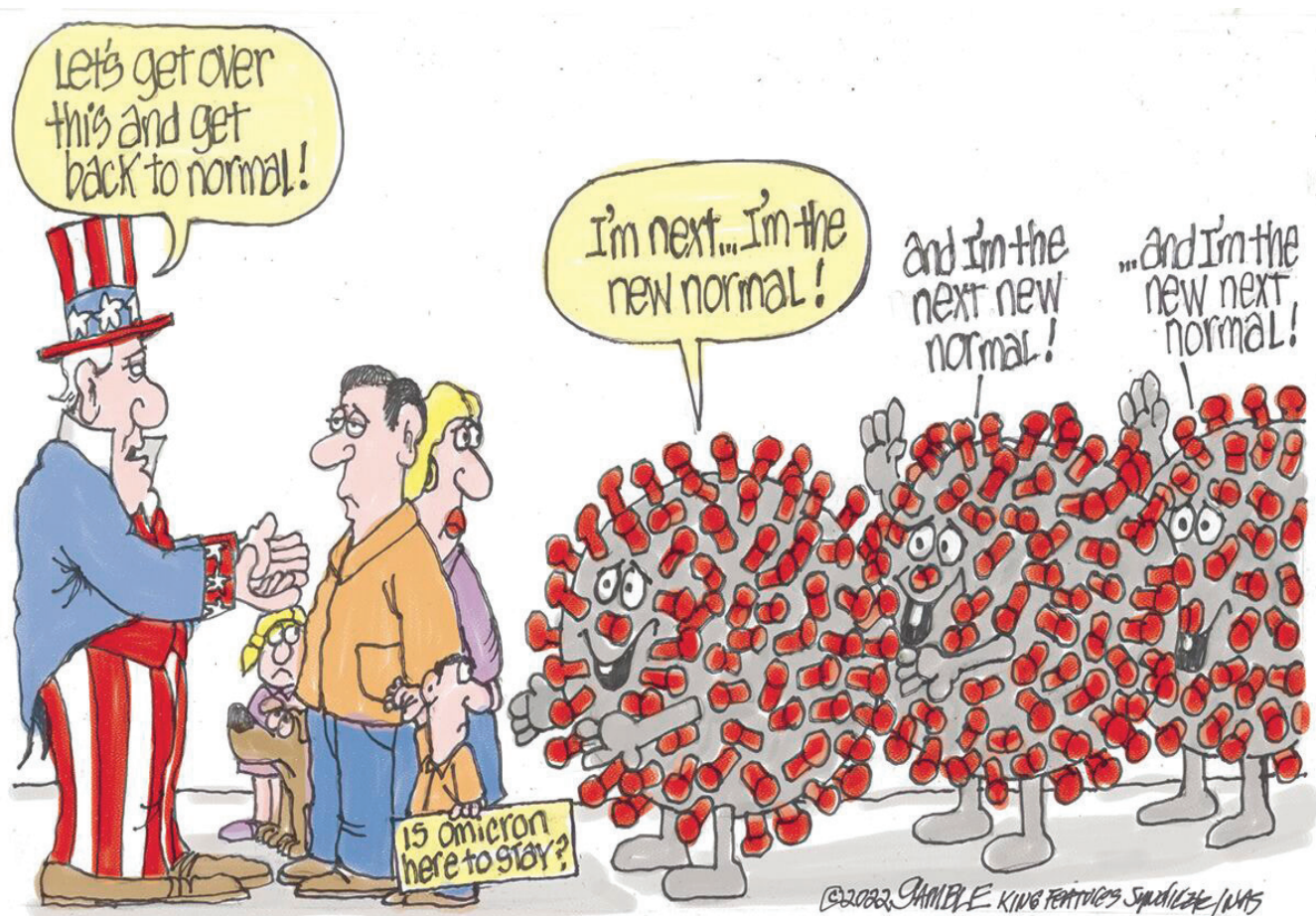
Congress Tuesday, struck a different tone from last year, when he and Treasury Secretary Janet Yellen labeled inflation "transitory."

The Fed has stopped its monthly \$40 billion purchase of mortgage securities, which may help cool the overheated housing market. And an interest rate hike is expected.

Leaving the Build Back Better bill on the shelf would also help ease inflation fears.

Having let inflation go untended for so long, the Fed and the Biden administration now face a delicate balance. If they move too aggressively, they risk plunging the economy into recession.

This work requires Biden's full attention. He must move with skill and deliberation to keep soaring prices from overwhelming the paychecks of Americans.


COLUMN

The loss of trust in public health

BY JUDITH WALZER LEAVITT

Some of the most alarming government actions since the COVID-19 pandemic began have weakened state authority to safeguard public health. At least 26 states have removed traditional powers from local health departments, the institutions tasked with protecting us.

New state laws, for example, take away or limit health officials' abilities to require masks, promote vaccinations, close restaurants and schools or even impose quarantines.

These limitations on local authority might seem inevitable in a country where voters often fear government overreach. But in fact these changes run counter to the historical trend in the U.S., which has overwhelmingly been to increase public health powers during epidemics.

At the beginning of European settlement in America, there were no government health departments. But, faced with devastating, terrifying and frequent outbreaks of deadly diseases, colonists established temporary boards of health to set public policy intended to save lives.

These temporary boards quarantined ships in the harbor, required sick residents to isolate at home and disbanded when the epidemics passed. But, over time, these boards became permanent. They increasingly expanded local and state authority to regulate community behavior in the name of public health. The public cooperated throughout the 19th and 20th centuries as Americans developed a sense of civic obligation and responsibility.

Because of this growing public commitment, the powers of cities and states to control disease increased with new epidemics. Repeated occurrences of yellow fever, cholera, smallpox and scarlet fever led to the establishment of public health departments that we recognize today.

Paid commissioners and health boards,

and their staffs of inspectors and regulators, isolated the sick in contagious disease hospitals, vaccinated residents and created a sanitary environment. Health departments, often in conjunction with other city and state agencies, built clean water and sewer systems, regulated garbage collection and disposal, inspected restaurants, monitored school environments and set safety standards to ensure safe milk and food supplies. During epidemics, officials often forbade public gatherings, closed schools and bars and insisted on social distancing in churches.

Throughout our history, Americans learned that their individual liberty to oppose a health order during a time of community danger must be subsumed to the public good. The right of health officials to try to control infectious diseases was confirmed with the 1905 U.S. Supreme Court decision *Jacobson vs. Massachusetts*, which empowered local and state health authorities to order vaccinations during epidemic outbreaks when public health was threatened. If some individuals did not comply, they could be fined or jailed.

Although COVID-19 has ignited controversy over local and state health agencies, public acceptance of their power and authority was widespread throughout the 20th century. In 1947, when smallpox threatened New York City, 6 million New Yorkers voluntarily lined up in the streets awaiting their inoculations to comply with the health department's vaccination ruling. This public cooperation took less than a month and resulted in a very low number of infected people.

In addition, since the 1950s, the federal government has played an increasingly prominent role in public health. State governments sought federal help when disease crises crossed state lines and when implementation of effective action required interstate cooperation. During the

1947 smallpox outbreak, the U.S. Public Health Service traced the contacts of the individual who brought smallpox to New York, following his steps across the country — a task outside the purview of city health officials.

During the COVID-19 pandemic, as in earlier health crises, state health departments have had to depend on federal support and national coordination to contain the disease. They have not had the capacity themselves to produce an effective vaccine, and since vaccines were developed, states have needed help with procurement and distribution. They still need help with maintaining equipment and personnel in hospitals to care for rapid increases in the number of sick people. And they need national leaders to promote the importance of vaccination and continued mask use.

Yet such coordination in local, state and federal efforts is weakened by the new state laws that limit health officials' powers, which will leave us unable to deal with future pandemics effectively.

In earlier periods of American history, increased authority and funding for disease control would have been routine. Now the politicization of masking, testing and vaccination has made efforts to curb COVID-19 even more difficult.

Historically the public response to community health danger was ruled by the need to care about others. This tradition has served the country well over the last 300 years. But it is no longer standard in America. The freedom to not wear a face mask has become more important to many people than any obligation to others. Choosing narrow personal liberties over community cooperation and protection does not bode well for our ability to withstand future crises.

Judith Walzer Leavitt is professor emerita in the history of medicine at the University of Wisconsin-Madison.

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 Lynette Perry, Jason Spriet, Kerry McQuisten, Shane Alderson, Joanna Dixon, Heather Sells and Johnny Waggoner Sr., Dean Guyer.

Baker City administration: 541-523-6541. Jonathan Cannon, city manager; Ty Duby, 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.