

EDITORIAL

Oregon's look at single-payer health care

When you hear that Oregon might move to a single-payer, state-run health plan, you may think: Yes!

Every Oregonian would get health care coverage and the same level of coverage. Equity and quality might go up. Overall costs may be held down. You would pay taxes instead of health care premiums.

That's the kind of plan the state's Joint Task Force on Universal Health Care is supposed to develop. It met again Jan. 27, taking another step toward its goal of submitting a Health Care for All Oregon Plan to the Legislature by September 2022.

Is Oregon going to make such a momentous shift in health care? Should skeptical Oregonians, health insurers, pharmaceutical companies and others be nervous?

We can't answer that. We are just going to slice off one piece of this issue. That's a form of care that the plan won't cover: long-term services and supports.

Long-term services and supports is medical and nonmedical care provided to people who are not able to do things for themselves, such as cook, dress, bathe or make it to the bathroom. The harsh reality is that while people can need that at any stage of life, Medicare and most health insurance do not pay for it. People need to "spend down" their assets to where they have very little left and keep their assets low to be eligible for government assistance. Buying additional insurance can help.

That harsh reality would continue under an Oregon single-payer plan, at least as the task force discussed on Jan. 27. They even deleted language from their proposed recommendation to the Legislature that highlighted the issue. Struck from the recommendation was this sentence: "Oregonians who are not eligible for LTSS benefits will continue to 'spend down' assets before becoming eligible." Task force members weren't trying to hide what they were doing. It is just not something Oregon's single-payer plan would do. It's a state of affairs in health care that isn't going to change.

No state that has been developing a single-payer plan has found a simple way to cover long-term services. They have all struggled with it, as Oregon's task force is. If the government started paying for that type of long-term care, it would increase health care costs substantially for any new health system because substantial parts of it aren't covered now.

It might be that an Oregon single-payer plan would cover long-term services and supports at some point in the future. For now it's important to note that a type of care that many Oregonians may need at some point in their lives would not be covered by the Health Care for All Oregon Plan.

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YOUR VIEWS
Baker County United seeks to uphold our constitutions

I would like to respond to the thoughtful and well-written letter to the editor from Karen and David Andrus from several weeks ago addressing Baker County United's (BCU) proposal for a constitutional resolution.

First, I do not believe that the characterization of BCU as being a far-right radical group is based in evidence or personal experience of any of the people who make this claim. Every one of the meetings have opened with The Pledge of Allegiance, The Star Banged Banner and prayer. The purpose and substance of the meetings has been to pursue peaceful and lawful remedies to what we believe to be violations and overreaches by our state and federal governments. Please ask any of the hundreds of people who have attended if they believe differently.

Concerning the constitutional resolution, every point of the resolution is found in the US Bill of Rights and our Oregon State Constitution. The proposed resolution does not seek to add, subtract or amend any laws whatsoever (find resolution here: www.bakercountyunited.com). What the resolution does is reaffirm that our county will uphold and defend our basic liberties, as outlined in our founding documents, regardless of the mandates, executive orders or rulings of governors, legislators or judges. The Bill of Rights is inviolate.

In 2018, Baker County passed a similar resolution dealing with just the Second Amendment and it passed by 66%. Again, the resolution did not add or change any law; it simply reaffirmed that our county officials and law enforcement are committed to protecting the liberty of Baker County citizens regarding gun rights. No governor, judge, nor any government official has the authority to suspend or violate the Second Amendment.

The current proposal is called a "constitutional resolution" because we seek to hold our governments to the documents they took an oath to uphold and defend; we are in no way trying to change law or our type of government. Over the last two years we have been subjected to many mandates that are not even laws, and many of them are created and enforced by unelected officials and agencies. How can we keep our government accountable via the ballot box when many of the mandates and bureaucrats in question are not on the ballot?

I encourage everyone to read the resolution and make your own decision based on primary sources. It is one way that our county can keep and defend our constitutional republic.

Joe Brown
Halfway

Residents formed Baker County United to support community

Baker County United (BCU) formed

as a group of local residents seeking an open discussion about the threats to our jobs, businesses and children from the never ending list of requirements coming from Oregon Health Authority (OHA).

The people that comprise BCU are passionate about our county and diligently work to find answers and compile resources to help our neighbors who seek remedy to their grievances. The BCU website is filled with such resources including PDF's, videos and great podcasts: bakercountyunited.com.

When a need arises in our community we try to fulfill it. For example, during this year's gubernatorial race, we have been approached by a number of candidates who have been unable to make connections through the traditional political volunteers at the grassroots level. We gladly offered a venue and a platform for candidates to share their positions so that voters can be educated before making a decision.

This scenario is playing out again Feb. 12 when Candidate Marc Thielman will be in Baker City. We hope that parents, teachers and volunteers trapped in the 5J school district will come glean from Marc's experience as a superintendent that resisted the mandates and gave choice back to the parents. (Venue to be announced on our website very soon!)

Baker County United is here for you.
Debbie Henshaw
Baker City

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: 1239 Longworth House Office Building, Washington, D.C.,

20515, 202-225-6730; fax 202-225-5774. Medford office: 14 N. Central Avenue Suite 112, Medford, OR 97500; Phone: 541-776-4646; fax: 541-779-0204; Ontario office: 2430 S.W. Fourth Ave., No. 2, Ontario, OR 97914; Phone: 541-709-2040. bentz.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, Johnny Waggoner Sr. and 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.

COLUMN

Punishing the unvaccinated a threat to human rights

BY KATHERINE DRABIAK

A recent Rasmussen Reports poll revealed a significant percentage of the public agrees with punitive actions for people who decline COVID-19 vaccines, such as fines, confinement or imprisonment. This mindset reflects a power strategy designed to chip away at the rule of law and spur divisiveness among the public.

Based on the poll, this strategy has successfully — and deeply — influenced public opinion. Viewing people as inherently dangerous based on their status rather than their actions poses grave risks to everyone's human rights.

According to the poll: 59% of Democratic voters would favor a government policy requiring that citizens remain confined to their homes at all times, except for emergencies, if they decline a COVID-19 vaccine. Forty-five percent of Democratic voters favored removing people from their homes to reside in a designated "facility" if they decline the vaccination.

Today, many progressives view aggressive mitigation policies as a smart hedge against COVID-19. Notably, allegiance to this strategy

would have been labeled conservative during influenza and Ebola pandemic concerns. In fact, in reaction to the rise of a deadly strain of avian flu in 2008, law professors writing for the American Civil Liberties Union explicitly cautioned against an expansive quarantine, coercive medical interventions and treatment of people as a threat.

Quarantine law attempts to balance restricting a person's movement and liberty with protecting society from that person potentially spreading a dangerous disease. By definition, quarantine applies only to deadly or very serious communicable diseases, traditionally including diseases such as severe acute respiratory syndrome, better known as SARS; Ebola; or tuberculosis. It applies only to people with a known exposure, such as all people in one school or one ship, not an entire state or class of people.

Quarantine lasts only for the period of disease incubation, not for months on end. Importantly, quarantine is not designed as a punitive measure, but rather a method for monitoring and facilitating agreed-upon medical care.

This poll proposition is not a quar-

antine, but a penalty designed to coerce people to submit to medical intervention.

Broadly closing businesses, schools and places of worship and restricting travel did not merely revise the name for quarantine, but overlooked well-settled principles behind it. Health officials and policymakers exerted power over all businesses, all schools and all people under the presumption that everyone could possibly be exposed or acting as potential asymptomatic carriers of the virus.

This dismantled the law's delicate balance: To exert control over a person or place exposed to communicable disease requires narrow precision, not attenuated or distant possibilities. These requirements exist as a built-in mechanism to balance the important coexisting rights at stake.

The constraints imposed by stay-at-home orders and theoretical poll scenarios are not merely inconveniences, but also contravene human rights law and constitutional law. This encompasses a variety of rights, such as the right to go to work and earn a living; the right to preserve one's business and property; the right to congregate in groups to socialize, protest or worship; the right to travel;

and the right to make one's own medical decisions.

Importantly, these are naturally existing rights. They are not granted by the government but must be shielded from governmental attempts to infringe upon them.

World leaders and media commentators have expressed animosity toward people based on vaccine status, with calls to condemn and exclude them from public spaces such as workplaces, restaurants, and theaters. For the majority of people who complied with Centers for Disease Control and Prevention recommendations and received the COVID-19 vaccine, following this directive as a prerequisite to participate in work and social activities likely seems reasonable and imbued with good intentions.

These statements displace fear of the virus and a yearning to return to normalcy with a divisive call to view other people who resist compliance as a menace or impediment.

But what happens if those in power mandate compliance with another directive or medical intervention with which people do not agree?

During the height of anti-communism in the 1960s, the Supreme

Court opined that engaging in cultural, social and political activities constitutes the "very essence of our free society." The Supreme Court warned that curtailing those rights based on the proposition that a person could be dangerous can lead to abhorrent concentration of state power in totalitarian regimes that secure power by ticketing citizens and demanding identification papers.

Public health officials and government leaders can recommend and endorse medical interventions. In times of crisis or public health emergencies, people still retain the right to consent or refuse medical interventions, even when public health professionals declare that the intervention is necessary and beneficial.

We must vehemently resist the reclassification of certain people as presumptively dangerous based on their status alone. Cultivating suspicion and shaming people based on their status rather than conduct constitutes a recipe for hostility, human rights abuse and erosion of the rule of law.

Katherine Drabiak is a professor of public health law, health law and medical ethics at the University of South Florida.