

## EDITORIAL

## A future for the city's ambulances

There was some welcome optimism last week in the issue about ambulance service in Baker City and more than half of the rest of Baker County.

The Baker County Commissioners, who by Oregon law are responsible for choosing the ambulance provider, offered to contribute \$150,000 from county coffers to the Baker City Fire Department, the current ambulance operator, for the fiscal year that starts July 1, 2022. That's \$50,000 more than the county budgeted for the current fiscal year.

Baker City Mayor Kerry McQuisten and Councilors Dean Guyer and Johnny Waggoner Sr. expressed hope that city and county officials can forge an agreement that both maintains the city as the ambulance provider for at least the coming fiscal year, and at least begins to address the financial problems the city has incurred as a result of operating ambulances.

That's what should happen.

And based on the city's budget, it can happen.

Yet City Manager Jonathan Cannon seems resigned to ending ambulance service. In his April 8 weekly newsletter, Cannon wrote that he and Fire Chief Sean Lee have met with county officials to discuss the "transition of the ambulance service."

Although the county would have to find a different provider were the city to cease ambulance service Sept. 30, 2022, the date listed in a notice the City Council voted to send to the county on March 22, both city councilors and county commissioners have said they prefer to have the city fire department continue the role it has had for several decades.

That's vital not only with regard to ambulance service.

Were the city to stop operating ambulances, the loss of revenue — projected at about \$1 million for the current fiscal year — would force the city to slash its firefighting staff. That's not acceptable.

A million bucks is a significant sum, to be sure. But that represents only about half the amount the city actually bills for ambulance runs. And the percentage of billing the city has collected has risen from 32.7% in calendar year 2019, according to the city.

The problem is that most of those ambulance bills go to people who are covered by Medicare or Medicaid. And those federal programs pay only about 20% of what the city bills.

This is not a new issue. Nor is it one that city and county officials have missed. They have talked about the financial challenges of operating ambulances for several years. It is true that neither the city nor the county has made fundamental changes needed to deal with the situation in the long run. In the absence of a major revision in how the federal government reimburses ambulance providers — something that doesn't appear to be pending — the money will have to come from local sources. A levy that boosts property taxes throughout the ambulance service area — both inside Baker City and outside — seems to be the most plausible, if not politically palatable, option. Ultimately the county will need to put that question to voters.

In the meantime, though, there is the Sept. 30 ultimatum that the City Council has tossed down. The question, then, is whether the city, with the \$150,000 from the county, can continue to operate ambulances — and avoid severe cuts to its fire department staff — for fiscal year starting July 1.

Based on the city's budget for the past few years, including the current fiscal year, the answer seems to be that it is indeed possible.

If the ambulance billing crisis had become so severe that gutting the fire department is necessary, then it's reasonable to wonder whether the city has been plundering other parts of the general fund to try in vain to stanch the financial bleeding in the fire department. But that's not the case. Indeed, the most expensive department in the general fund — police — has had its budget grow by about 26% over the past three fiscal years.

That's not to suggest that the city can continue to operate ambulances with a comparatively paltry contribution from the county and the residents outside the city who benefit from the service. But there's nothing in the city's recent budget history to suggest that maintaining the status quo for another fiscal year — a status quo that, to reiterate, has not wreaked havoc on the general fund — would suddenly eviscerate that fund.

The greater risk is to cease ambulance service Sept. 30 with the resulting layoffs in the fire department. Running ambulances is expensive, and because of the meager federal reimbursements, that service can never break even. But subsidizing the city's ambulance service also makes possible a bigger and more capable fire department. We've been fortunate to have both of these services for decades. We can surely have them for at least another year while city and county officials investigate possible long-term solutions.

— Jayson Jacoby, Baker City Herald editor



"IT CAN TAKE PICTURES AND MAKE VIDEOS AND PLAY MUSIC AND MOVIES AND GIVE YOU A WEATHER FORECAST AND DO CALCULATIONS AND SOME DAY WE EVEN HOPE TO MAKE IT WORK AS A PHONE!"

## COLUMN

## Time to end the COVID emergency

BY DOUG BADGER AND KEVIN DAYARATNA

Much has changed since President Donald Trump invoked emergency powers to combat the spread of COVID-19. Immunity, whether natural or acquired through vaccines, is much more widespread, and breakthrough treatments are available.

While the disease may never be completely eradicated, it's time to return to a public health policy that prizes individual liberty over government authority. Unfortunately, President Joe Biden remains unwilling to relinquish the emergency powers he has wielded since taking office.

Granted, he has eased some COVID-related restrictions, urging a return to workplaces, schools and public gatherings. And the Centers for Disease Control has agreed that most communities can drop indoor masking requirements.

But the Transportation Safety Administration still retains the mask mandate for air transportation, and the administration is seeking yet another round of "emergency" COVID-19 funding. It also has extended both the HHS public health emergency and a presidentially declared national emergency. And CDC continues to call on state and local officials to adopt "layered prevention strategies" — including mask mandates — based on the agency's assessment of "COVID-19 community levels."

This approach to the pandemic is rooted in the administration's unrealistic "zero COVID" policy goal. The only virus that was ever truly eradicated was smallpox — and that took nearly 200 years.

It is now clear that lockdowns and mandates have failed to shut down the virus either here or abroad. Nor have vaccines. So what will? Neither the

president nor his brain trust has offered any eradication strategies.

Going forward, the better policy path is for the administration to acknowledge that it cannot eradicate COVID-19, that it has likely joined the ranks of diseases with which we coexist.

Living with COVID-19 is not surrendering to the pathogen. It is government accepting reality and surrendering the extraordinary control it has exercised over the lives of 330 million Americans.

The Biden administration should begin by making it clear that the realities of March 2022 are nothing like the nightmare of March 2020.

The coronavirus is no longer novel. Thanks to medical innovations and natural immunity, many of our bodies can now recognize the pathogen and are far better positioned to combat it. As of mid-March, nearly 217 million Americans were fully vaccinated, 96.2 million had received boosters and an estimated 140 million people — some of whom also were immunized — had recovered from the virus.

Our statistical analysis indicates that those who decide to get vaccinated are at much lower risk of severe cases of COVID-19 than are the unvaccinated. Fully vaccinated people under the age of 50 are two to 40 times more likely to die from a homicide than COVID-19. When fully vaccinated, even older Americans — those aged 65 and up — are at much lower risk of dying from COVID-19 than from other ailments, including heart disease, cancer and chronic illnesses.

For those who opt not to get vaccinated, widely available antivirals are highly effective in preventing severe illness and hospitalizations. One of these products, an oral medication called Paxlovid, is 88 percent effective at preventing severe disease. Under the administration's "test to treat" initiative,

people who test positive for COVID-19 at certain pharmacies will take the medicine home with them.

And for those who have already had COVID-19, natural immunity is as robust, if not more so, than immunity conferred from vaccines, according to CDC.

We can live with a virus whose worst effects are muted by immunity and antivirals, just as we live with other diseases that pose substantial threats to the elderly and medically vulnerable. None of that was true two years ago when the Trump administration initially issued the emergency declarations. Today, there is no need for those declarations to remain in force.

Rescinding them will have collateral effects. Higher Medicaid payments to states, for example, are linked to the emergency. State coffers are overflowing, and the tens of billions in additional spending is contributing to inflation. These payments should cease.

Other temporary provisions linked to the emergency, like telemedicine, should be extended. First widely deployed as an expedient when the government restricted non-emergent medical care, telemedicine has proved enormously popular. Congress should permanently authorize it.

Temporary policies linked to the emergency declarations should stand or fall on their own merits, but the states of emergency themselves should expire.

We can — and must — learn to live with COVID-19. And our president must learn to live with letting go of emergency powers that are no longer necessary or appropriate.

Doug Badger is a senior fellow for domestic policy studies at The Heritage Foundation. Data scientist and Research Fellow Kevin Dayaratna is the think tank's principal statistician.

## OTHER VIEWS

## Evidence mounting of Russian war crimes

Editorial from The St. Louis Post-Dispatch:

Evidence of war crimes has mounted daily since Russian President Vladimir Putin launched his invasion to "denazify" Ukraine. Russian forces carrying out Putin's orders targeted civilian areas and bombed clearly marked shelters. Convoys of non-combatants fleeing the fighting were hit with artillery — even after Russia had agreed to honor a safety corridor so refugees could leave. Video footage of civilian apartment buildings being blasted by tank fire eliminated any question of civilians merely being victims of collateral damage.

Now comes the hardcore evidence from the formerly Russian-occupied town of Bucha of people shot dead with their hands tied behind their backs. Even in the unlikely event that the dead were Ukrainian fighters taken prisoner by Russian troops, the execution-style killings would still constitute war crimes. Russia is a signatory to the Geneva Conventions, even though Putin in 2019 ordained that his country would no longer recognize protocols

requiring the protection of non-combatants in international conflicts.

That's no excuse for the atrocities occurring as Russian troops withdraw from Ukrainian urban centers. International investigators have a mountainous trove of photos, videos and other evidence distributed worldwide on television news and social media.

"They shot and killed women outside their houses when they just tried to call someone who is alive," Ukrainian President Volodymyr Zelenskyy told the U.N. Security Council on Tuesday. "They killed entire families, adults and children, and they tried to burn the bodies. I am addressing you on behalf of the people who honor the memory of the deceased every single day and the memory of the civilians who died. They were shot ... in the back of their head after being tortured. Some of them were shot on the streets."

Despite overwhelming evidence, prosecuting such war crimes in the International Criminal Court would be no simple task, mainly because neither Russia nor Ukraine is a member of the court or recognizes its authority.

The United States, which is also not a member, has repeatedly scoffed at efforts to put top American officials on trial. But the mere issuance of a complaint, such as one involving then-Defense Secretary Donald Rumsfeld for his approval of waterboarding and other torture tactics against post-9/11 detainees, was enough to raise his concerns about travel in Europe for fear of being arrested the way former Chilean President Augusto Pinochet was in 1998.

Putin already is reluctant to travel abroad, and as long as he stays in Russia, prosecution would be nearly impossible. But his country at least deserves expulsion from the U.N. Human Rights Council, and tightening international sanctions on Russian petroleum exports would help deny Putin the revenue he needs to pay for his Ukraine fiasco.

If he hasn't gotten the message already, perhaps the image of prisoner Saddam Hussein emerging from his underground mud hovel near Tikrit, Iraq, would serve to remind Putin: You can run, but you can't hide.