BAKER CITY Herald

Opinion

WRITE A LETTER
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Baker City, Oregon

EDITORIAL

City's new ambulance database is welcome

Baker City Manager Jonathan Cannon has made a valuable addition to the city's website, www.bakercity.com.

The new database has a considerable amount of information about the city's ambulance service. A link to the ambulance service information page is on the home page of the website.

Whether the city will continue to operate ambulances, or whether Baker County, which under Oregon law is responsible for choosing ambulance providers, will need to pick a replacement, is uncertain.

On March 22 the Baker City Council, after reviewing a report in which Cannon lists the financial challenges of operating ambulances and expresses his belief that the city can't afford to continue doing so, sent a notice to the Baker County Board of Commissioners that the city intended to curtail ambulance service on Sept. 30, 2022.

That prompted commissioners to write a request for proposals (RFP) for prospective ambulance providers, with a June 3 deadline to respond.

The City Council decided May 10 to send a proposal to the county. Cannon is preparing a draft of the proposal for councilors to consider at their May 24 meeting.

The new database includes detailed reports showing changes over time in what percentage of ambulance bills the city actually collects. Other documents list ambulance calls where the patient declined to be transferred or doesn't need to be taken to the hospital, and in some of those instances the city doesn't send a bill.

Another record shows the fire department's monthly overtime costs. The total overtime tab increased from $69,900 for the nine-month period July 2020 through March 2021, to $135,600 for the period July 2021 through March 2022. That's $65,700 more in overtime costs, a 94% increase.

Firefighter/paramedics who are members of the Baker City Firefighters Association union blame that increase on the city's decision in the summer of 2021 to have three division chiefs change from working the 24 hours on, 48 hours off shift that firefighter/paramedics have, to a more standard shift. That change, which reduced the number of firefighter/paramedics on call around the clock, has made it more likely that off-duty staff will need to come in, such as when there are multiple calls simultaneously, union members say. The union also filed a grievance over that change.

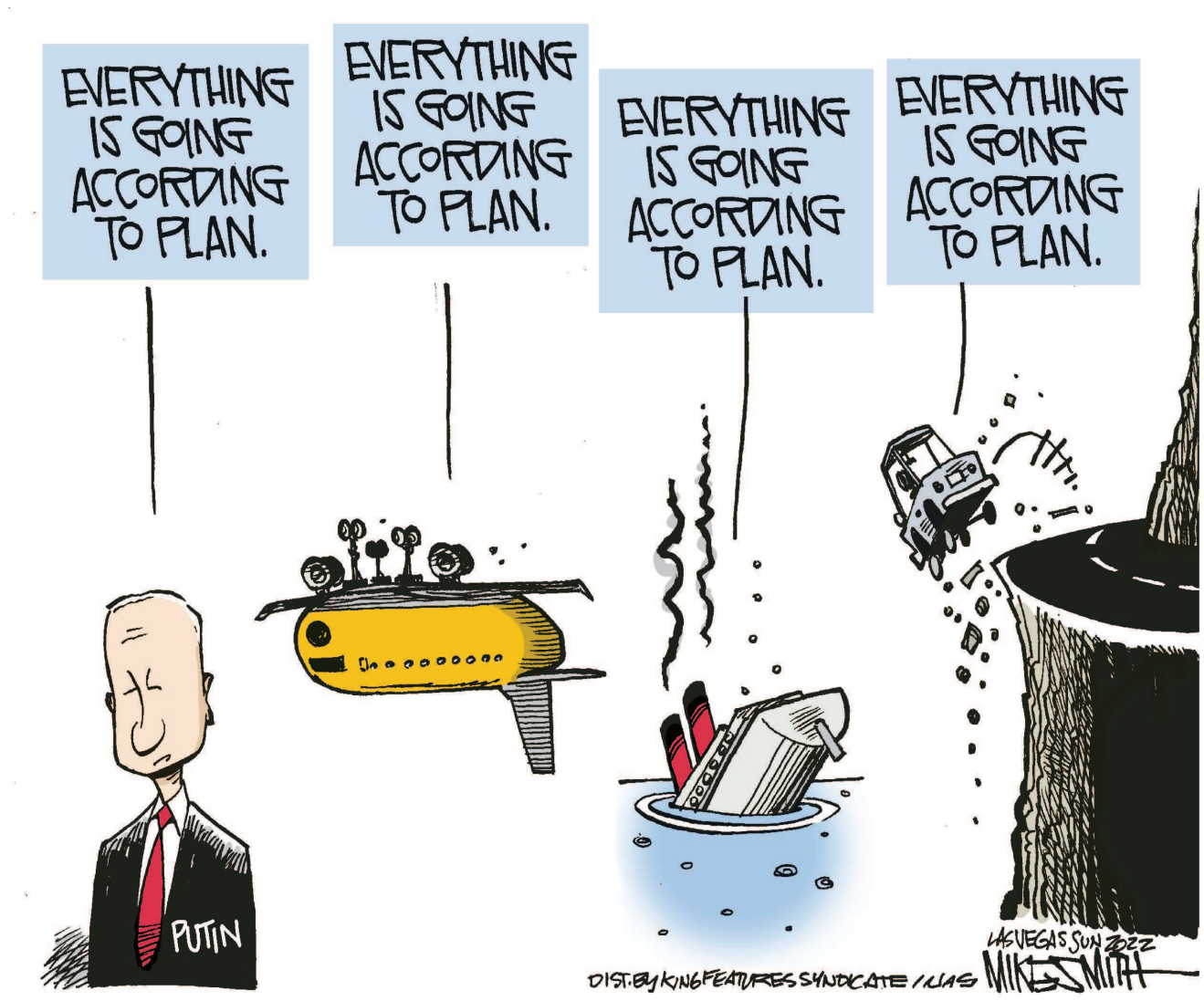
The level of interest among local residents in this issue is understandably high. The turnout at the City Council's May 10 meeting, with people occupying all the chairs and many others standing, makes that obvious.

The situation is not limited to determining which agency operates ambulances. If the city ends its service, it would also have to lay off six firefighter/paramedics, a reduction in service that many of those who spoke to the City Council on May 10 opposed.

Given the circumstances, Cannon was wise to make readily available so much information to the public, rather than requiring that residents go through the sometimes cumbersome process of requesting documents, through Oregon's Public Records Law, that they're entitled to anyway. The new database gives citizens a more thorough perspective of the situation.

Although the new ambulance service database doesn't include the city's current and past budgets, those are also available elsewhere on the city's website. Those budgets show how the city has been able to maintain its staffing levels, in both the fire department and police department, which make up about 62% of the general fund, despite the challenges of collecting ambulance bills.

— Jayson Jacoby, Baker City Herald editor



COLUMN

The fight against 'superbugs'

BY ANNABELLE DE ST. MAURICE

As parents, we inherently want to protect our children. We tell them stories with happy endings and reassure them that there aren't monsters hiding under the bed.

But there's an enemy living among us that poses a fatal threat to kids and adults alike — and we're simply not doing enough to stop it.

These enemies are "superbugs" — bacteria and fungi that are resistant to antibiotics and other medications. All microbes, from everyday bacteria to killer superbugs, are constantly evolving. And paradoxically, exposing microbes to antimicrobials — whether a common antibiotic for strep throat or a potent antifungal treatment given in the hospital — can make them stronger in the long run.

While most of the microbes die when treated, the ones that survive can reproduce. These new generations of microbes can build up resistance to certain antimicrobials, rendering some medications less effective or ineffective over time.

Unfortunately, this natural evolutionary process is speeding up for several reasons. We greatly overuse antibiotics in patients with viruses, like the flu, common colds and bronchitis — without benefit. And modern medical care has increased the demand for antibiotics. Advances in cancer care, organ transplants and surgeries such as hip and knee replacements have become much more common. These procedures can extend and improve life, but patients often require antimicrobials because they are at high risk of developing infections.

Bacteria are mutating at a speed that outpaces the development of antibiotics. Penicillin was discovered in 1941, but it wasn't until 1967 that penicillin-resistant Streptococcus pneumococcus was first identified. By contrast, consider an antibiotic for multidrug-resistant bacteria released in 2015, called ceftazidime-avibactam. That same year a strain of bacteria emerged that was resistant to this new antibiotic.

Drug-resistant pathogens are one of the greatest healthcare threats of our time — for everyone, everywhere, including adults and children. More than 1.2 million people died worldwide from antibiotic-resistant infections in 2019 alone. Multidrug-resistant infections are on the rise in kids. More of these infections originate outside of our hospitals and within our communities.

Without effective antibiotics, run-of-the-mill pneumonia or skin infections can become life-threatening.

COVID-19 exacerbated the situation. Amid the widespread uncertainty and limited treatment options at the beginning of the pandemic, doctors often used antibiotics to treat COVID-19 patients as they tried to help them. Patients may also have been given antibiotics in instances in which it was difficult to distinguish between bacterial pneumonia, which requires antibiotics, and COVID-19.

Hospital stewardship programs — which manage the careful and optimal use of antimicrobial treatments — also had to redirect their limited resources away from antibiotic use to focus on the complex administration of COVID-19 therapeutics. And severely ill patients on ventilators were at a higher risk of contracting secondary infections, especially while their immune system was weakened.

These factors led to an increase in drug-resistant infections acquired in hospitals during the pandemic. Drug-resistant staph infections, MRSA, jumped 34% for hospitalized patients in the last quarter of 2020 compared with the same period in 2019.

Proportionately, those numbers have the biggest impact on California, which has the most coronavirus cases of any state. Los Angeles, San Diego, Riverside, Orange, San Bernardino, and Santa Clara counties have the highest number of COVID-19 cases and deaths in the state.

Prior to COVID-19, we made initial progress in the fight against antimicrobial resistance. In 2014, California was the first state to pass a law requiring antimicrobial stewardship programs in hospitals. In 2019, Medicare began requiring antibiotic stewardship programs.

Some modest federal investments have also been made in antimicrobial research and development, but not enough to generate the pipeline patients need. We must increase support for antimicrobial stewardship practices, which were under-resourced even before the pandemic. Teaching practitioners to safely use and monitor antimicrobial treatments is a significant step.

We also need to develop novel antimicrobial medicines capable of defeating the superbugs that have grown resistant to previous generations of treatments. But market incentives are misaligned. Because doctors prudently limit their use of antimicrobials to avoid further resistance, there isn't high demand to sustain the development of new products, which take years of research and billions of dollars in investments.

As a result, many large biopharmaceutical companies have stopped antimicrobial research entirely. And many smaller startups have had success at first, only to face bankruptcy. That's part of the reason why there have been few new classes of antibiotics developed in the last 35 years.

This is a textbook case of a market failure, but government intervention can help realign market incentives.

The PASTEUR Act is a bipartisan bill in Congress that would establish a payment model for critically needed antimicrobials.

Currently, the government pays manufacturers based on the volume of drugs sold. But under PASTEUR, the government would enter into contracts with manufacturers and pay a predetermined amount for access to their novel antimicrobials — allowing scientists to innovate new treatments without fear of an insufficient return on investment due to low sales volumes.

Essentially, the bill would switch the government from a "pay-per-use" model for antimicrobials to a subscription-style model that pays for the value antimicrobials bring to society. By delinking payments to antimicrobial makers from sales volumes, the measure would stimulate investment in new antibiotics.

The bill would also provide resources to strengthen hospital antimicrobial stewardship programs, which help clinicians use antimicrobials prudently and help the Centers for Disease Control and Prevention closely monitor resistance. Hospitals should join public health leaders in supporting this legislation and invest more of their resources in their antimicrobial stewardship programs.

Unfortunately, superbugs aren't an easy enemy to defeat. We need to be fighting them more vigorously to ensure that they don't get around our best defenses.

■ *Annabelle de St. Maurice is an associate professor of pediatric infectious diseases at the David Geffen School of Medicine at UCLA, and head of pediatric infection control and co-chief infection prevention officer at UCLA Health.*

YOUR VIEWS

Republican Party chair spreading disinformation

Baker County Republican Party Chair Suzan Jones lectured here in this publication against voting for a Republican precinct party representative (PCP) for your precinct that doesn't live within your boundary. She says this isn't neighborly. Nonsense. We all live in Baker County and we're all friends, family, and neighbors. We're a small community. The state legislature changed to allow for this rule in 2019. Chair Jones knows this, because she was seen at the courthouse prior to the filing deadline moving PCP candidates into various precincts around the county at her own discretion. And I'm fine with that. What I find disingenuous is that she condemns other candidates by shedding a negative light on it, while doing the same thing.

A couple other folks keep defending the action of campaign donations and the suspension of bylaws at an improperly noticed meeting they held back in November of last year. They had to suspend our party bylaws in order to break the rules they wanted. Mr. Hughes and Mr. Langan are incorrect in their defense of this action. They can only cite that "some other county did it" while the evidence is ample within our county rules as well as the Oregon Republican Party rules that what they did is wrong.

It's happening again with robocalls from this same group. They claim that the Baker County Republican County endorsed certain PCP candidates and even posted it from the official Republican Facebook page. There was no endorsement or recommendation by the Republican Party. There was no meeting or motion or vote for this effort as our bylaws dictate under authorization of Oregon Revised Statutes.

We all witnessed the greatest election fraud in American history unfold in 2020. How can we ever fix the problem when the leadership of our own party is spreading misinformation, much like the Democrats do, and it's happening right here in Baker County and congressional district 2?

Jake Brown
Halfway

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.

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