

Health center is county's new point of pride

On June 1, 2020, Deschutes County opened its Stabilization Center. There was a lot to like about that. Now there's more.

Perhaps the best praise a government program can get is when other communities start calling and asking about how to imitate it. The stabilization center may not be the right fit for every community, but it should be a point of pride that Deschutes County's center is getting those calls.

The center serves adults and children who need short-term mental health crisis assessment and stabilization. That's vital because it helps plug a hole in services. Law enforcement deal with many people who aren't best served by locking them up in jail or taking them to the emergency room. They need mental health treatment. And rather than tying up police officers or sheriff's deputies for hours in, say, the emergency room, people can be dropped off in minutes at the center and get appropriate care.

The center has seen nearly 900 clients since it opened. Of those, 530 are different people, meaning it sees some people more than once. Repeat business is not necessarily a failure. If people need help, the center wants them to come again.

The center is seeing clients with higher acuity — more serious — problems than Program Manager

Holly Harris anticipated. For instance, it is not seeing as many people with mild depression, who may just be staying home because of the pandemic, she said.

Clients are asked where they would have gone if the center had not been open. That data is incomplete and may not be accurate. But some say they would consider suicide, the emergency room or "I don't know." Only about 8% of the clients are children. Harris speculated that may be, in part, because people don't know that it is a place that children can be taken.

One of the big issues for the center has been being able to be open 24/7. It has been since Oct. 19. After all, mental health crises don't conveniently happen in a 9-to-5 window. While most of the clients the center gets do come during more normal business hours, about 16% come between 11 p.m. and 6 a.m. During that window, there's really nowhere else for people to go, Harris said.

Come June 30, 2022, funding will run out to keep the stabilization open 24/7. Without it, the center would have to switch back to Monday through Friday. Let's not wait until June 2022 to get that resolved.

State's economy not starting at bottom

There were several times in 2020 when we didn't just want a mask over our nose and mouth. Could we block our eyes and ears as well?

The economic news seemed to be one dismal story after another. We have all heard about or know people who lost their jobs and businesses that struggled to stay alive. It was heart-wrenching to hear Bend Chamber of Commerce CEO Katy Brooks tell us about business owners desperately reaching out to the chamber for help.

But we are going to come out of this. One curious thing about how Oregon is weathering the recession was recently noted by Josh Lehner, state economist.

Oregon's economy is usually more volatile than other states. It has to do with many things. It typ-

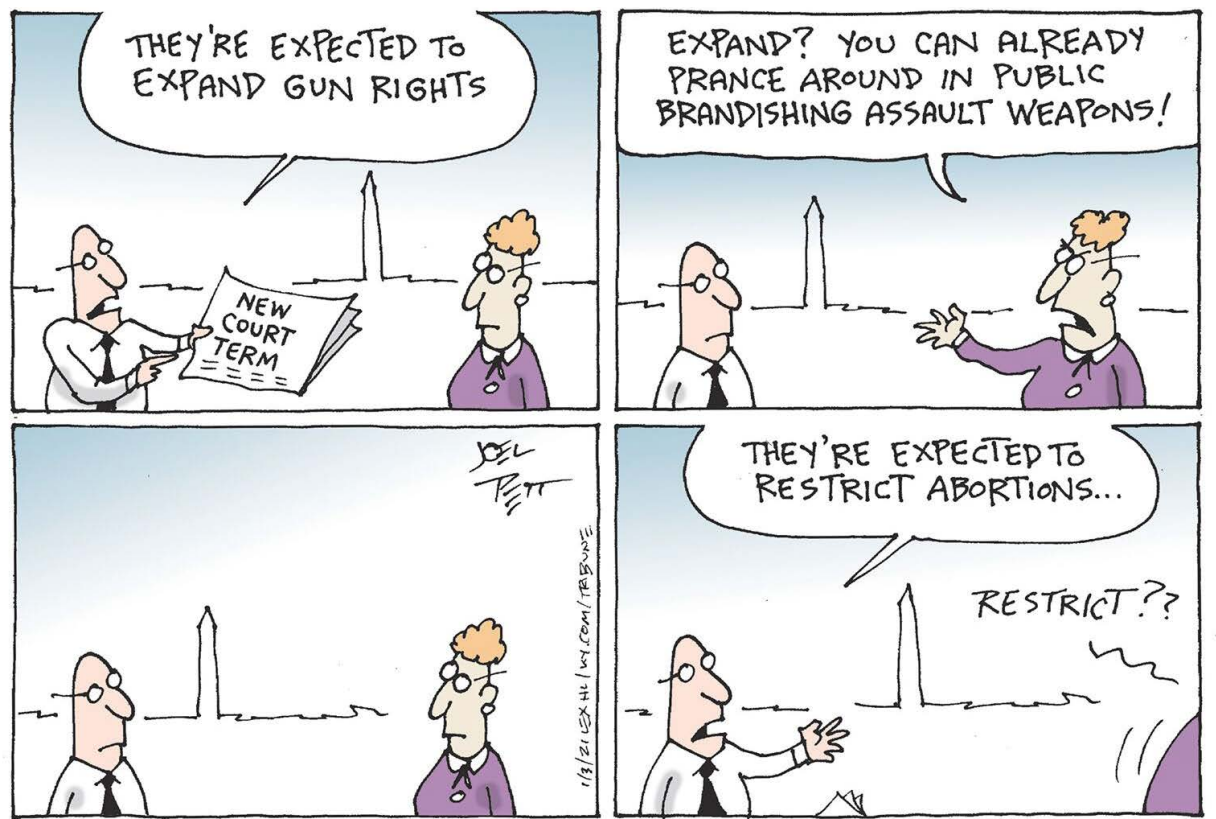
ically means that some of Oregon's major industries "grow faster in expansions but fall or slow further in recessions."

This COVID-19 shutdown recession has been different for Oregon.

Oregon is doing about the same as the rest of the nation, Lehner wrote. The state still lost more jobs relatively speaking, but wages have rebounded a bit faster.

We are not saying this is great news. And sometimes economic data is later revised to create a slightly different picture.

At least, it's better than what we might have expected. As Lehner says: "For now this is overall encouraging in the sense that Oregon is not starting from the bottom of the pack like we normally do coming out of a recession."



My Nickel's Worth

Mayor Endicott and COVID-19

Which is the real George Endicott? The one who as mayor urged Redmond residents in the city's December Newsletter to "remain steadfast through this pandemic. Be safe. Wear a mask. Keep your distance"?

Or the one who attended a meeting at a Redmond restaurant on Dec. 28? The meeting was called for owners of local businesses like restaurants, which are currently barred from serving in-house customers by Gov. Kate Brown's COVID-19 orders, to discuss reopening.

In commenting on the possibility that businesses might defy the governor's mandate, Endicott told Oregon Public Broadcasting reporter Emily Cureton on Dec. 30, "I can't condone it, or not condone it. ... I just think that people as individuals can make up their own mind about how they act."

He went on to say, "But, if you're going to do that (reopen illegally), you better all do it together."

I deeply regret that owners of some small businesses are fighting for their economic lives. I will do what I can, to patronize them within the limits of established regulations.

Still, the health of our community is at risk, and the governor's orders are in keeping with what health experts tell us will help reduce the number of people who become seriously ill or die.

I am deeply concerned that the mayor of my city does not take this health crisis to heart. This is a time that calls for fact-based, ethical leadership that puts first the health and safety needs of all. Mr. Endicott is not rising to the occasion.

— Richard Lance, Redmond

Trump's COVID-19 successes

It's a new month and, like clockwork, here comes another Trump-dump guest column from Richard Belzer. I thought the objective of the guest columnist was to offer readers a perspective based upon a special knowledge or expertise in a certain matter. I have read Mr. Belzer's "monthly columns" for a couple years now and am still waiting for something new or interesting.

Mr. Belzer believed the federal response and specifically President Donald Trump's response to COVID-19 was incompetent. Was it Trump's incompetence that cut through the D.C. bureaucratic swamp to develop and distribute a safe vaccine in less than a year whereas typical development takes three years? A Biden administration would just now be releasing its first plan and that would be for arranging tables and chairs at its first COVID-19 response conference, including how much avocado toast to order.

Was it Trump's incompetence that coordinated the speedy production of ventilators such that no patients were without one? Was it Trump's incompetence that mobilized a hospital ship and converted a conference center into hospital ward for New York City? Was it Trump or was it your guy in New York (Gov. Andrew Cuomo) who refused to utilize those resources and instead forced nursing homes to accept still COVID-19 positive patients just released from hospitals, resulting in tens of thousands of deaths.

You stated that Trump needed to take actions like FDR in WWII. You must be conflating FDR's imprison-

ment of hundreds of thousands of Japanese Americans with your demand that Trump shut down the whole country and confine all Americans nationwide to their homes.

— Bill Rich, Bend

Not all bad news

Most of what we read about COVID-19 is bad news. The daily body count, the new more dangerous strain, the fear of contracting or spreading the virus and the devastating economic shutdowns. While all this is real and newsworthy, we are missing some important and optimistic developments that might lift our collective spirits.

First, the vaccines are here, are effective and soon will be available to all. The current administration should receive credit for Operation Warp Speed, and our pharmacological companies should be honored for their incredible scientific diligence in developing the vaccine in response to a world crisis.

Secondly, we have therapeutic drugs available which have shown great efficacy in fighting the disease.

Anti-viral drugs such as Remdesivir and other anti-inflammatory medications are being used routinely to lessen the symptoms of the virus. Lastly, we can sense that our economy will soon fully reopen. If teachers, front-line workers and elderly folks can be quickly vaccinated, then there is no reason the country should remain in perpetual lockdown. We need the media to accentuate the positive news so that 2021 begins with some much needed optimism.

— Bill Eddie, Bend

Letters policy

We welcome your letters. Letters should be limited to one issue, contain no more than 250 words and include the writer's signature, phone number and address for verification. We edit letters for brevity, grammar, taste and legal reasons. We reject poetry, personal attacks, form letters, letters submitted elsewhere and those appropriate for other sections of The Bulletin. Writers are limited to one letter or guest column every 30 days.

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How to submit

Please address your submission to either My Nickel's Worth or Guest Column and mail, fax or email it to The Bulletin. Email submissions are preferred.

Email: letters@bendbulletin.com

Write: My Nickel's Worth/Guest Column
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Fax: 541-385-5804

COVID-19 poses special risks to people like my brother-in-law

BY HAROLD POLLACK

Special to The Washington Post

In mid-November, my wife, Veronica, got a phone call she'd been dreading. Her brother Vincent was very sick, and had been taken by ambulance to our local hospital. Veronica raced there, where she found Vincent febrile and groggy, complaining of abdominal and chest pain. He was placed in the COVID-19 unit and given oxygen while we awaited definitive test results.

Vincent is one of an estimated 7.4 million Americans with intellectual and developmental disabilities, or IDD. Like roughly 600,000 others, he lives in a Community Integrated Living Arrangement, or CILA for short. Residents and the staff who care for them are at high risk during this pandemic. They should be given correspondingly high priority for COVID-19 vaccines.

A mere bicycle ride from my house, 263 residents and staff at the Ludeman Developmental Center were infected with COVID-19. Nine died. One English study found that adjust-

ing for a wide range of characteristics and physical health challenges, people with Down syndrome were 10 times more likely to die of COVID-19. U.S. studies also find sharply higher COVID-19 mortality among people with intellectual and developmental disabilities.

Across the United States, it's unclear where CILAs or sprawling complexes such as Ludeman stand in the vaccine queue. There is no national definition of long-term care facilities. States decide this on their own. Illinois' COVID-19 vaccine plan makes little mention of IDD, though officials recently indicated that developmental centers and CILAs would receive priority. Other states took a similar approach, referencing disability and residence in a congregate setting in broad terms as factors in setting priority for vaccination, but neglecting to clarify where people with IDD stand. Nationally, caregivers, family members, CILA residents and staff are largely in the dark.

Vincent's household includes five

other men. Two use wheelchairs and require considerable help. Another is an older adult. Two staff members help Vincent prepare meals and perform housekeeping tasks, and assist the gentlemen with bathing, toothbrushing and daily medications. These workers are at risk — and thus Vincent is, too — because they are people of color living in south-suburban Chicago communities hammered by the pandemic.

Precautions to prevent the spread of COVID-19 place people such as Vincent in danger of other physical and mental health harms. Many people with intellectual and developmental disabilities need services that can't be performed over Zoom. Direct support work is hard and poorly paid, with frequent turnover. It's important for a family to be able to check in on the care their relatives are receiving — or not receiving — during this difficult time.

The psychological impacts of isolation weigh on people with IDD. Window visits and Zoom are bewildering. Many are frightened by masks and

other forms of personal protective equipment or experience physical distancing as a form of punishment.

Veronica — a nurse and medical social worker — has long monitored Vincent's medical and dental appointments, sorted through his clothing and his room, observed him for injuries and inspected his feet, which are vulnerable to infection.

During the first few months of quarantine, our visits with Vincent were limited to short, physically-distanced doorway conversations. Routine dental, podiatry and primary-care visits were postponed. By summer, we were allowed brief visits in the garage, where he could share a snack and get a quick shave. Staff turnover continued apace. Telephone access to the house was spotty.

Veronica couldn't regularly monitor his health. She couldn't address routine problems as she's always done. At the hospital, nurses discovered that his right big toe was ulcerated, bright red and grossly swollen.

We anxiously waited for Vincent's

test results. After three days, they came back — COVID-negative. But his toe ulcerations had resulted in bacteremia, and — his doctors suspected — produced pneumonia that landed him in the emergency room. This wasn't directly attributable to COVID-19. But absent the pandemic, Veronica would have likely caught and addressed the ulcerations that may have made him so sick.

Vincent and his housemates need early vaccines that would allow them to resume healthy and safe lives. Those who care for them have done this hard work for months, facing risks hardly reflected in their modest wages. They earned a prominent place in the queue. So did family caregivers, particularly the estimated 1.3 million over the age of 60.

Vincent is out of the hospital, recovering in our home. He and everyone who lives with and cares for him deserve to be safe.

■ Harold Pollack is a professor at the University of Chicago's School of Social Service Administration and co-director of the University of Chicago Health Lab.