

Court fees need to be applied fairly

Justice should be fair no matter how much money a person makes.

But the rich can hire better lawyers. The rich have the money to be released from jail. The poor can be stuck in jail. The rich can afford to pay many fines. Fines can just drive the poor deeper into debt.

Oregon has started making some changes. There have been debates about moving away from a cash bail system to one based on risk factors.

This summer, the Oregon Legislature passed a law so people would no longer get their license suspended because they could not afford to pay the fines from traffic tickets. No car can mean no job, no significant income and no place to live. Putting people in that situation makes no sense. House Bill 4210 essentially prohibited the practice. People could still lose their license for public safety reasons but not for inability to pay fines.

This legislative session, the Legislature could take another step in the right direction. It's a bill backed by Oregon Chief Justice Martha Walters. House Bill 2176 aims to elim-

inate the requirement that courts impose a minimum \$50 fee to set up a payment plan for collecting court fines.

Oregon state law actually requires the Judicial Department "to add a fee ranging from \$50 to \$200 when a person cannot pay a judgment in full," the department said in legislative testimony. "If a person cannot afford to pay a \$75 fine in one payment, adding a \$50 fee to set up a payment plan is unfairly burdensome."

The bill also has a second component. A court can adjust fines and fees in a judgment in Oregon, but only if the judgment does not include restitution or a compensatory fine. The change would allow adjustments to fines and fees even in those cases. Crime victims would still retain their right to receive restitution.

Oregon's courts need to have the flexibility to take into account the inequitable burden fines and fees can have on the justice system. Make the change.

Affordable housing project in Prineville needs help

Too many Oregonians don't have an affordable place to call home. Across the state communities are tackling the tricky issue of creating more affordable housing.

If you thought buying a home was complicated, try financing affordable housing. A mortgage is usually just one piece. There are tax credits, bonds and grants. Each can have different requirements. Each may come with different timing that may not match up. And because there is only so much money going around, many are competitive. Some projects win and some projects lose.

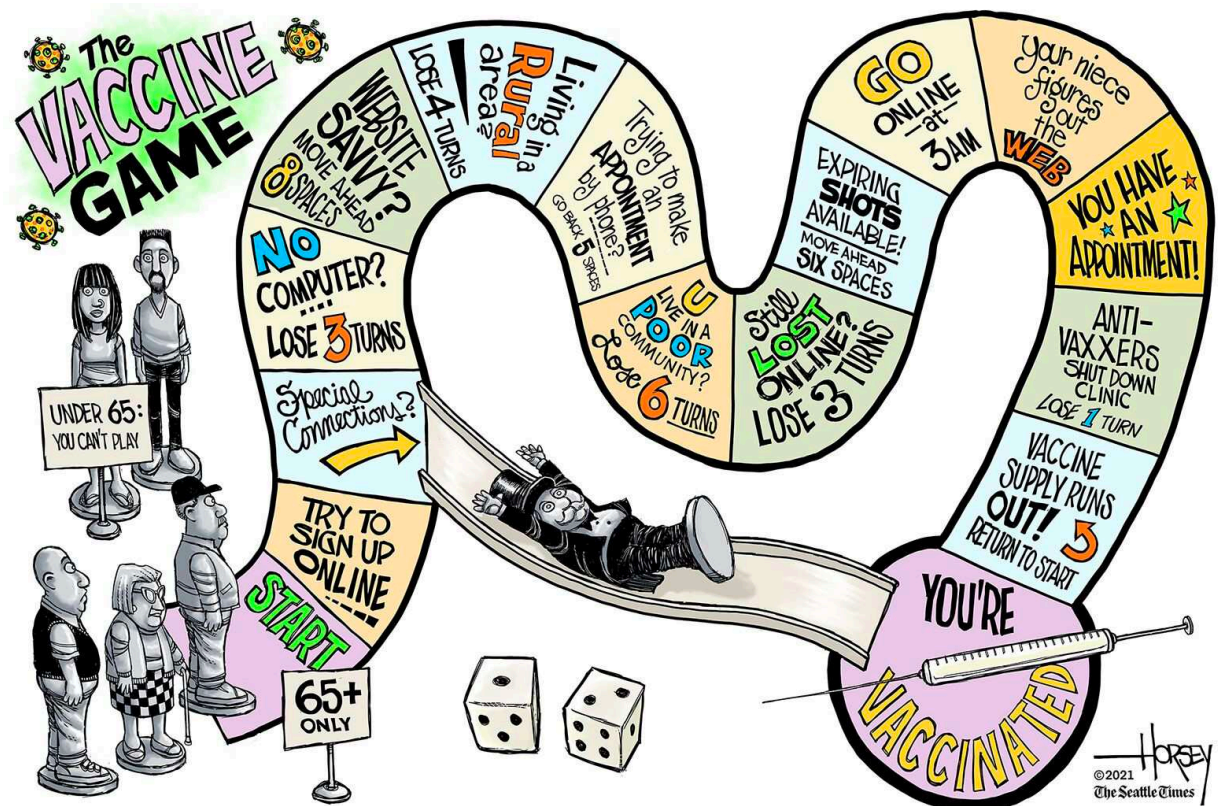
Oregon's Housing Stability Council makes a lot of decisions about which projects get what. Later this week it is scheduled to make a decision about a project in Prineville — Barnes Butte Vista.

The council is considering approval of passing through federal money of up to \$6.5 million to help

the project move ahead. Housing Works, the local housing authority in Central Oregon, is doing the project. There is also a partnership with Saving Grace to use some of the housing to help people who are survivors of family violence.

The project is a 44-unit complex of town homes on about 4 acres of a 10-acre site. The rest of the land will be used for a park. There will be a community room as well as a fitness room. Every unit in the project is restricted to people making at or below 60% average median income and can serve people with disabilities. The project has already been the recipient of a \$4.7 million state grant. Total construction costs are about \$13 million.

The proposed motion is for the Housing Stability Council to approve the additional funding to make the project happen. Let's hope construction can be completed as planned by May 2022.



GUEST COLUMN

Grateful for vaccination but remain vigilant

BY BRIAN SULLIVAN

This year started off with days that registered the largest loss of life in the history of our country. The COVID-19 pandemic ranks among the greatest public health crises that our country has ever suffered— daily we are losing more people to COVID-19 than we did in the attack on Pearl Harbor. At the time of my vaccination, one in 15 Americans has tested positive for SARS-CoV2 virus, one in 1,000 has died from it, and these numbers are rising quickly.

Yet I am filled with an immense amount of gratitude as I receive my first dose of the COVID-19 vaccine along with my coworkers at Mosaic Medical. I am grateful for the unprecedented amount of funding, research and energy that was poured into the creation of a vaccine to protect our population, and to the courageous tens of thousands of people who volunteered to receive placebo or experimental intervention in the name of the public good.

I am grateful to the 17 million people who received their COVID-19 vaccination before me, and to the generations of citizens who lined up to receive dozens of vaccinations which eradicated previously common diseases so thoroughly that the magnitude of such illnesses is hard to recall. I am grateful to the pharmaceutical and operational staff who made our first vaccination day for Mosaic employees remarkably smooth, and to my co-workers who—based on current data available to us—acknowledged that the personal risks of action are enormously outweighed by the public



Sullivan

risks of inaction.

Today my heart was warmed by watching co-workers support and encourage each other in their decision on whether to receive a vaccination, recognizing that while a decision made on logic may be simple, we are still emotional creatures whose choices are guided by more than just risk profiles.

On a personal note, I have lost a family member to COVID-19 following her exposure to an asymptomatic carrier. As part of a low-risk demographic myself, I have always been drawn to obtain vaccinations with the hope of decreasing my chance of being such a carrier. As a living, breathing human, I recognize that I am inherently a risk for the more vulnerable in our community. It is out of respect for everyone in my community that I wear a face mask and minimize social interactions. I am

immensely hopeful that by receiving the vaccination, I am engaging in my personal capacity to mitigate risk for others.

While none of us can know the final death toll of this pandemic, all of us at Mosaic Medical are doing our best to make a personal impact. And for that, I am extremely grateful.

As our country struggles to streamline the vaccination production and process for distribution, I would like our community members to know that those of us in health care are doing our best to ensure that our patients and our community have the opportunity to protect themselves and others by being vaccinated as soon as possible. An enormous amount of work is happening behind the scenes to rise to the incredible challenge of this moment with the goal of helping us all return to normal lives and social engagement as soon as safely possible.

It is hard to be patient after nearly a year of unimaginable loss. And until the pandemic ends, I encourage everyone to continue to wear a mask, keep a physical distance from others, wash your hands often, avoid gatherings and stay home when you are sick. These measures have dramatically decreased the spread of influenza and other respiratory viruses this year. These actions work, and they literally save lives.

To paraphrase one of my fellow Redmond primary care providers: Here is to all we have lost in 2020 and to all we have conquered in 2020—wishing everyone in our community health, peace and happiness in 2021.

■ Dr. Brian Sullivan is the Mosaic Medical Clinical medical director in Redmond.

GUEST COLUMN

Migrant farmworkers and environmental racism in Oregon

BY ANIA TY

As climate change increases Oregon's temperature, low-income Black, Indigenous and people of color communities will be disproportionately burdened by the dangerous impacts of heat waves, drought and wildfires. Although urban and rural communities alike will suffer from the consequences of these phenomena, their experiences will be unique. In major cities, heat islands will create a deadly temperature disparity of more than 10 degrees between low-income communities of color and wealthier white neighborhoods. In farmlands — which make up over 29% of the state population and occupy 86% of its land mass — acute and chronic conditions will increase in their frequency and severity among the farmworkers cultivating Oregon's thriving farms.

Migrant workers are one of the only groups of people more consistent than our daily sunrise and sunset, with many of them beginning and ending brutal work days in sync with the sun's cycle. These long days spent outdoors have led to nearly a third of Oregon's workers experiencing two or more symp-

toms caused by heat-related illness; this includes skin rash, painful muscle cramps and spasms, dizziness, fainting, headache, heavy sweating, fatigue, nausea and vomiting, and confusion. In extreme cases, this can even lead to death; in the past decade, "more than 350 workers nationwide have died from heat-related illness," according to Kaiser Health News. This is likely due to a combination of lacking key resources (40% had no access to cooling measures at work), education (only 21% of workers were aware of heat-related illnesses and mitigation strategies), and effective, pro-worker labor policies.

Currently, there are no sweeping, federal labor laws to eliminate or mitigate the effects of extreme heat in the workplace, leaving this enormous responsibility for state and local governments to tackle. Few states have labor policies addressing the dangers of heat-related illnesses; California and Washington's policies protect outdoor laborers while Minnesota's only protects indoor laborers. In the city of Waco, Texas, they responded to this by training employees on prevention strategies, screening workers for diseases that



Bernadine Strik/OSU, file

Farm workers wearing masks pick organic Liberty blueberries in July 2020.

would increase their risk of heat-related illness, providing more breaks, supplying adequate water supplies, and adjusting people's order of tasks. A decade later, the number of "heat-related illnesses had essentially been cut to zero and median worker compensation costs were cut in half," according to Kaiser Health News. The necessity of strong, federal labor laws will only become

more apparent as new disasters — like wildfires — continue to devastate migrant worker populations.

Migrant farmworkers are at increased risk of developing asthma, due to the high amounts of "organic and inorganic dusts, particulate matter, microbial agents, gases, volatile organic compounds, cleaning agents, fertilizers and feed additives" they are constantly ex-

posed to, according to an article in the *Journal of Agromedicine*. Rates of work-related asthma and other lung conditions will only increase as wildfires caused by climate change continue to ravage the state. During 2020, several wildfires in Oregon, Washington, and California painted the sky Armageddon orange and filled the air with enormous clouds of smoke, plunging the state's air quality to all-time lows. Despite these apocalyptic-like conditions, migrant farmworkers were forced to persevere. Though some employers discouraged their employees from working, many families could not afford unpaid time off. Additionally, lack of internet access and translation resources prevented many laborers from accessing critical information posted online.

Community activists at Pineros y Campesinos Unidos del Noroeste and other organizations allied with Oregon Climate Action Plan's Health Policy Table have been working to reframe environmental racism as a public health crisis. With consistent exposure to extreme heat, toxins, pollutants, and natural disasters, the time to act and ensure the health and safety of migrant workers is now.

■ Ania Ty is a student at Oregon State University.