EDITORIALS & OPINIONS

The Bulletin
AN INDEPENDENT NEWSPAPER

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A type of care not covered in single-payer health plan

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 Thursday, 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 Thursday. They even deleted on Thursday 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.

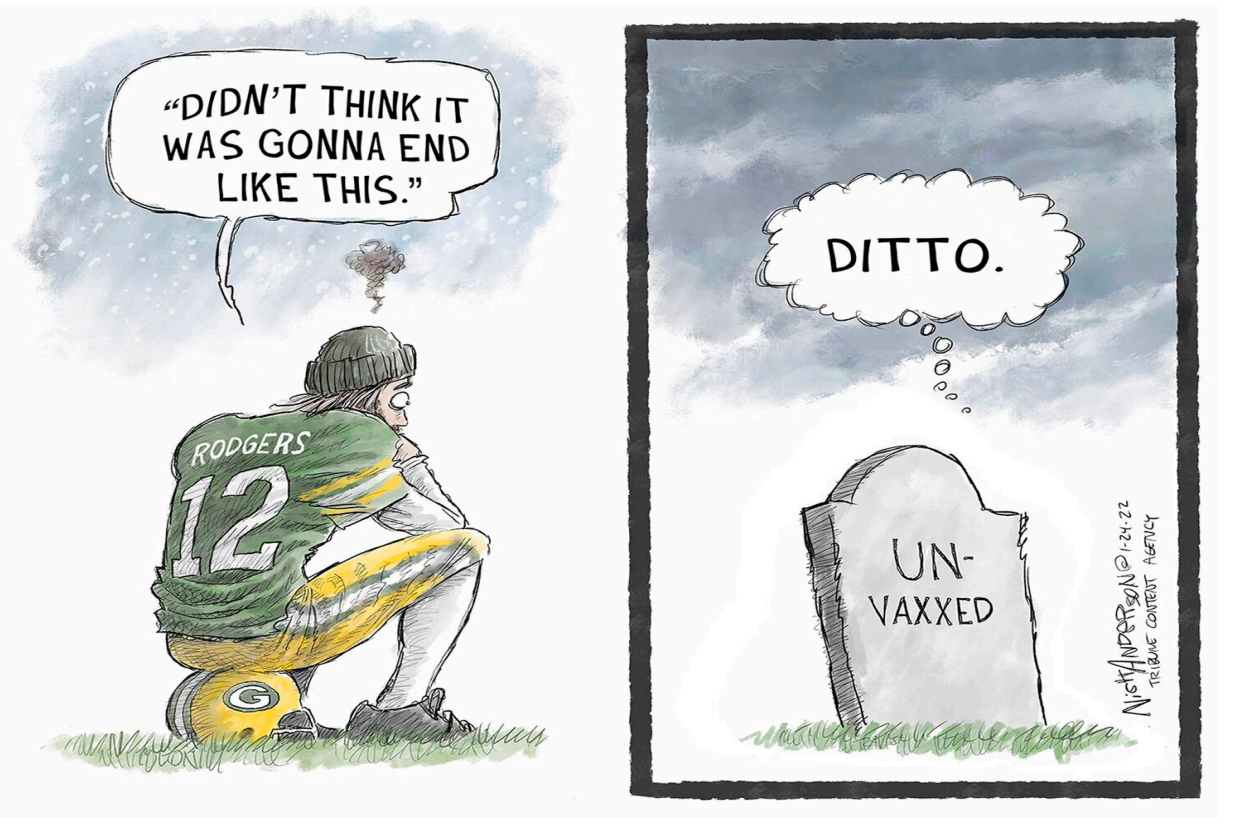
Historical editorial: Reserving the forest

Editor's note: This historical editorial originally appeared in the March 15, 1907, edition of what was then called The Bend Bulletin.

A number of Western papers are greatly wrought up over President Roosevelt's forest reserve policy. They condemn in strong terms his latest additions to the nation's reserves. An indignant article was sent from a western Oregon town to one of the Portland dailies regarding this matter. The sum and substance of its argument was in the statement that "a large number of our citizens were just ready to make filings on timber claims" and were thus deprived of the opportunity to make a few hundred dollars. And by the way, the greatest opposition is coming from that class of people. The welfare of the country as a whole seems not to be much concern to them as far as the forest reserve policy is concerned.

During the time of the recent damaging floods in western Oregon and Washington, it was truthfully stated that the cutting of the timber over large areas was largely responsible for the high water. With many miles of land stripped of its forest protection, the warm sun and chinooks melted the snow so rapidly as to cause floods on the lower streams — floods that caused in one year, hundreds of thousands of dollars damage. But it is unwise policy that aids in preventing floods and in doing so hinders a few hundred people from increasing their personal wealth.....

Editorials reflect the views of The Bulletin's editorial board, Publisher Heidi Wright, Editor Gerry O'Brien and Editorial Page Editor Richard Coe. They are written by Richard Coe.



Putin's gamble on Ukraine is wrong

BY CARL BILDT
Special to The Washington Post

Russian President Vladimir Putin has thrown down the gauntlet against the West in a way no Kremlin leader has done since Nikita Khrushchev brought the world to the brink of nuclear catastrophe six decades ago.

It's a huge strategic gamble by the Kremlin — one that has led to a situation in which Putin must either climb down from his extensive demands or launch a military operation likely to lead to large-scale war in Europe.

None of the fears the Kremlin's propaganda play on have any foundation in reality. The last consequential NATO expansion was decades ago. No one was seriously contemplating NATO membership for Ukraine or Georgia. Plans for U.S. missiles in eastern Ukraine targeting Russia are pure fantasy. No sane person sees the risk of Norway, Estonia, Ukraine or any other border state planning to invade Russia.

In fact, NATO policy has been rather careful. Before Putin's invasion of Ukraine in 2014, U.S. forces in Europe had been continuously reduced. The year before, the last U.S. tank in Germany had been shipped back across the Atlantic.

NATO didn't even have any defense plans for the Baltic states. There was a NATO "air policing" operation there, but that arose from the post-9/11 concern with unpoliced airspace; it was not a defense operation.

Even after 2014, NATO took care not to provoke. Its presence in the Baltic states was battalions rather than brigades. The United States largely stayed out of states bordering Russian territory, and in Norway and Poland, based troops well away from the Russian border.

There were irritants, but not more. A scaled-down ballistic missile defense system, with installations in Romania and planned in Poland, was geared to meet a hypothetical threat from Iran or North Korea, though Moscow was never entirely convinced. And perhaps the United States flying strategic bombers close to Russian airspace wasn't entirely wise.

So why then this major crisis now?

In 2021, signs multiplied of Putin taking a more assertive approach to Ukraine. In May, he made an emotional outburst against the country at a session of his Security Council. Then, in July, he published an infamous essay in which he essentially argued for a restoration of the Russian Empire — including Ukraine.

His June summit with President Biden signaled that the White House wanted no trouble on the Russian front, so it could focus on China. When Biden unceremoniously abandoned Afghanistan, the message was even more clear; immediately thereafter, Russia's national security adviser, Nikolai Patrushev, remarked that he hoped the Ukrainians understood the futility of relying on the United States.

Step by step, political and military moves were made to deliberately create a crisis and increase pressure, particularly on the United States. Moscow shelved talks with Kyiv, Berlin and Paris on Donbas, and treated the European Union with open disdain. Formally, Russia demanded the rollback of all Western security structures to prior to the first NATO enlargement in 1997. In reality, this would amount to a rollback to the situation before the 1990 Charter of Paris set out the principles of Europe's post-Cold War order.

Putin is sometimes seen as a master strategist, but he has a long record of misjudging Ukraine policy. Emotions have clearly overtaken rationality, resulting in Russian policy that has profoundly alienated Ukraine.

There is simply no way in which Putin can achieve the aims he has set by diplomacy alone. That would require a U.S. capitulation of historic dimensions.

And achieving regime change in Kyiv, which the Kremlin clearly seeks, will not be straightforward. For all his vacillations, President Volodymyr Zelensky could simply retreat to the west of the country; if followed there by Russian forces, he could establish a government in exile recognized and supported by the West. Many thousands would be dead in the conflict, and many millions would be forced to flee. Weapons would flow into Ukraine, and the conflict would be very likely to escalate. Putin's gamble on the weakness of the West to roll back the fundamentals of Europe's security order is nothing less than insane and should be treated as such. There is virtually no way, apart from the total capitulation of the West, in which Russia could achieve a positive outcome.

But we must recognize that the crisis will not be over in a week, or even a month or two. Putin has made his calculations, and it will be difficult for him to retreat. The West must be prepared for the worst. Only thus can we prevail.

Carl Bildt is a former prime minister of Sweden and a contributing columnist for The Washington Post.

Letters policy

We welcome your letters. Letters should be limited to one issue, contain no more than 250 words and include the writer's 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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Your submissions should be between 550 and 650 words and must include the writer's phone number and address for verification. We edit submissions for brevity, grammar, taste and legal reasons. We reject those submitted elsewhere. Locally submitted columns alternate with national columnists and commentaries. Writers are limited to one letter or guest column every 30 days.

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.

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Write: My Nickel's Worth/Guest Column
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It's a pandemic miracle: I'm defending the FDA against Ron DeSantis

BY MEGAN MCARDLE
The Washington Post

WASHINGTON — Florida Gov. Ron DeSantis, a Republican, truly is some kind of miracle worker. He is about to make me defend the Food and Drug Administration's decision to keep a drug off the market.

On Monday, the FDA withdrew emergency use authorization for two monoclonal antibodies that don't work well against omicron, the dominant coronavirus variant in the United States. Florida, which has made monoclonal antibody access central to its pandemic policy, announced that it was shutting down its infusion centers. DeSantis threatened to sue the FDA.

Alt-right blogger Mike Cernovich went further, tweeting "The FDA is trying to make it so that people in Florida die of COVID. They'll kill people to harm Republicans." This was retweeted more than 3,200 times, including by Christina Pushaw, DeSantis' press secretary.

I am trying to find a less pejorative word than "crazy" to describe this situation. Don't get me wrong: As a longtime critic of the FDA's excessive caution, I get why conservatives might want a "right to try." Moreover I understand why conservatives assume that the agency has been politicized; the decision to delay announcing the results of vaccine trials until after the 2020 election gave off political overtones, even if you think that's a false impression.

Yet precisely because I've spent years of watching the FDA with a gimlet eye, I'm quite sure that this is not an attack on Republicans; it's just the FDA doing what it always does. Moreover, in this case, it's probably doing the right thing.

To understand why, you have to understand how monoclonal antibodies or mAbs, work, and why experts believe these ones don't. It all comes down to the antibodies. You can think of a virus as using a kind of key (such as the infamous spike protein) which unlocks our cells so the virus can get inside. Some antibodies glom onto part of that key, so that it no longer unlocks the door — as if you'd stuck a bit of clay onto the notches of your house key. Meanwhile, another part of the antibody "signals to the immune system: 'Hey, I've got a live one,'" says drug researcher Derek Lowe, who was kind enough to walk me through the chemistry.

Your body responds to the virus by trying lots of different antibodies that react to different parts of the pathogen, with varying degrees of effectiveness. Manufactured monoclonal antibodies are more focused: Researchers find the ones with the highest activity and produce a whole bunch of just a few of them. The benefit of mAbs is that unlike vaccines, which do not help against an active infection, they can treat patients already infected with COVID-19.

"The thing with monoclonal antibodies is that you get exactly what you want and nothing but," says Lowe. "But if anything changes, they're useless." That is, if the virus mutates, a monoclonal antibody might be the wrong shape to lock onto the new variant, while the broader natural response might still generate at least a few that work, as well as other kinds of immune responses.

This helps explain what we've seen with omicron. Because this variant has so many mutations, people who have been vaccinated, or survived an earlier COVID infection, have defenses that don't prevent infection as well as they used to. But why not leave them on the market for people who have other variants? Well, omicron is now estimated to account for 99.9% of new cases. With those case rates, we'd need to pump a thousand doses into COVID patients' arms — at thousands of dollars a pop — in order to potentially help maybe one. And even that one wouldn't necessarily benefit. Most people recover from COVID without monoclonal antibodies, and some people don't even if they get them.

All treatments have side effects, including allergic reactions. So the FDA tends to balk if you have to treat a large number of patients, most of whom might recover without treatment, to potentially help one. And that was true long before COVID-19.

None of this was remotely controversial before the DeSantis administration attacked the FDA. It was widely agreed that many previously effective monoclonals were now of little use against omicron. In the case of the withdrawn treatments, even the manufacturers, Eli Lilly and Regeneron, agree they don't work. No governor should want to waste money and scarce medical resources on pumping useless antibodies into Floridian veins.

Megan McArdle is a columnist for The Washington Post.