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of the City of Heppner and the County of Morrow

Heppner
GAZETTE-TIMES

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David Sykes Publisher
Autumn Morgan Editor

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For Letters to the Editor: Letters to the Editor MUST be signed by the author. The Heppner GT will not publish unsigned letters. All letters MUST include the author's address and phone number for use by the GT office. The GT reserves the right to edit letters. The GT is not responsible for accuracy of statements made in letters. Any letters expressing thanks will be placed in the classifieds under "Card of Thanks" at a cost of \$10.

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Courthouse project should be finished by end of month



Workers have started the concrete paving process for the Court Street Project. Each paving section must cure for seven days. According to Tom Strandberg, Public Information Officer of Eastern Oregon ODOT, the project should be completed by the end of the month except for the striping which will be completed the first or second week in October. Strandberg said that people seem pleased with the retaining wall next to the courthouse. Strandberg also said that the finished product will be very nice and the sidewalks will be safer for kids walking to school. -Photo by Autumn Morgan

Pedersen, Walker announce engagement



Stuart Walker and Molly Pedersen

Molly Pedersen and Stuart Walker, both of Portland, wish to announce their engagement.

Molly Pedersen is the daughter of Gary Pedersen, Salem, stepmother JoAnn, Carmel, CA, and the late Carol Pedersen.

Stuart is the son of Ralph and Sally Walker of Heppner.

They are planning a November 6 wedding in Las Vegas, NV.

Beth's Buddies to walk again

Ione's super team of walkers, Beth's Buddies, is preparing to participate in the JDRF (Juvenile Diabetes Research Foundation) Walk to Cure Diabetes. The walk is set for Sunday, October 4, at Oaks Park in Portland.

Participants gather funds which go to JDRF's ongoing efforts to fund diabetes research. After the walk and lunch, all participants get a ride bracelet allowing unlimited fun at Oaks Park Amusement Park. All are welcome to join the group.

Parents are also needed who would be willing to drive a group of kids.

Please contact Anne Morter at 422-7429 for more information. To register for the walk or to make a pledge to one of the walkers, go to www.jdrf.org.

Beth Morter, a Type 1 diabetic since 2004, is the captain of the team and like too many others, lives with the constant headache of dealing with diabetes 24 hours of every day. JDRF has made great strides in diabetes research but a cure has yet to be found. Events like this walk may someday make it possible.

For more information, contact Beth Morter at 422-7429.

Senior Center Menu

Nazarene/7th Day Adventist Church members will be serving lunch on Wednesday, September 23. The menu will include chicken and dumplings, green beans, peaches, biscuits, and flat apple pie.

~ Letters to the Editor ~

The Heppner Gazette Times will print all letters to the Editor with the following criteria met: letters submitted to the newspaper will need to have the name of the sender along with a legible signature. We are also requesting that you provide your address and a phone number where you can be reached. The address and phone number will only be used for verification and will not be printed in the newspaper. Letters may not be libelous. The GT reserves the right to edit. The GT is not responsible for accuracy of statements made in letters. Any letters expressing thanks will be placed in the classifieds under "Card of Thanks" at a cost of \$10.

Reassure them that those unpaid nights on call won't be at the cost of American life

To the editor and President:

We all know medical costs are astronomical and growing beyond what is reasonable, we all can agree about that. There is a solid drumbeat of demand, expectation that this be brought under control as it is a major cost factor in the American business, helping to make American workers so expensive when compared to the rest of the world. The hue and cry is that the Government "do something."

My hope is that the "something" is intelligent in the long run and insightful, not something our system has so far been known to accomplish.

Current and recent past policies have been to "cut the fat" out of the system. I think the fat is gone, and meat and bone are being sacrificed. Cutting costs has been applied to the providers, the physicians, and hospitals, the nursing/retirement homes. These costs need to come from deeper in the cost structure. Cutting costs by cutting payment is analogous to mowing the grass closer and closer to the soil. This will result in bald spots, and this has happened.

Hospitals closed. The buffer that would be used in case of virulent epidemic (more than what the current H1-N1 swine flu had shown to be so far) is just not there. Even if the hospitals have the building they do not have the licenses to have more beds. Consider now Medicare has effectively limited small rural hospitals to 25 beds, if they want to survive.

Just try to build a new nursing home. Try to staff one. Try to make a profit.

There are fewer applicants to medical school, physician population is aging and projections are that we need more doctors (MD,DO) than we are producing, more physician extenders. Our population is aging and will need more at a more rapid rate than simply because of population increases. We fill that gap by recruiting (stealing) providers trained in other countries, our foreign-born, foreign trained colleagues without our present system would founder. We cause a brain-drain of those contributing countries.

Costs rising has caused insurance premiums to rise causing more and more people to drop insurance as it becomes a luxury in their eyes. More not being able to makes fewer have to pay the whole bill via cost shifting. A positive feedback loop that will lead to destruction. EMTALA and Hill-Burton, its logical forefather require that everyone be seen, regardless of ability to pay. If you pay your premium, you are paying for those unable to pay. You will, righteously, rebel. Why should one pay for health insurance, the system has to provide, can't turn you away.

Governmental decisions tend to have about a 10-year lag time between decision and disaster, give or take a few years.

Fewer and bright and optimistic medical students are going into these specialties. My fear, based on my experience, is that the Government will change its mind to the will of the wisp, the zeitgeist, and change its plan in some fundamental way that is to our detriment, create a bald spot. It was about 10 years between the decision to allow building fashionable beach houses on shifting dunes and when the dunes shifted. It was about 10 years from when the PERS payment schedule was established and when the first PERS crunch occurred. It was 10 years ago President Clinton signed the repeal of the Glass-Steagall Act of 1933 that set the stage for the current mortgage crisis.

It takes more than 10 years to become a doctor: four years of college, four years of medical or Osteopathic school, and average four years of residency. Some residencies are longer, general surgery is five (sometimes six), Thoracic or Chest Surgery is two to three more than that, as it requires General Surgery residency, Vascular is also two years more than general surgery. Neurosurgery is at least six years. Cardiology is two to three years beyond an Internal Medicine residency which is three years at least.

Long range planning needs to encourage more to embark on this arduous path and discourage those already in the pipeline or practicing from leaving. Physicians are retiring early out of frustration with the present system, payment, documentation, unfair insurance denials, micro-management. We here in my small town have benefited from this as some specialists are so micro-hassled and denied that it is nigh impossible to just hang out ones shingle after training and make a living. These people have gone for employment either short term or long term. I have a friend that is a good doctor, but taught me this truth... We are already paying for medical care. Any change wrought by any grand plan will change only the particular line item which it is paid. Real change must come from down below the ground level.

Drugs and supplies cannot cost so much as to be fundamentally unfair. Isn't it morally reprehensible that the same medicine made by the same company in the same shape and color, same packaging (except for the language) can have such a different price if purchased in a different country? No \$700 hammers, please.

A friend told me he was sent to purchase nylon rope for orthopedic traction down at the local hardware store as the cost was so much greater when purchased through a medical supplier. Cost containment must extend to the suppliers to providers.

Some tests cost more than the treatment of the

disease they are intended to diagnose. At one time the cost for genetic testing for breast cancer gene was about 50% more than what the surgeon gets for any surgery to treat that disease.

Elective plastic surgery pays so much more per procedure than lifesaving procedures, such as appendectomy for acute appendicitis. Cardiac surgery pays the same or less in Oregon than hip replacement. Elective means "not medically necessary" which means it is not covered by insurance, thus not billed to the company, thus no discount or "usual and customary" fee. These are paid out of pocket by the consumer. "Usual and customary" means what the insurance companies have colluded to pay based on accounting and actuarial calculation, not on what most physicians have been charging. I'll bet you weren't expecting that.

The people (potential patients) must take great stock in the fundamental health they bring to the system. Come cannot be helped, the genetic part, but some can. Smoking, drinking alcohol to excess, obesity, illicit drugs, and even use of "herbals" without professional guidance must be called into question.

We, the people, must not demand the absolute best and fastest without being ready to give up on cost. We must be willing to spread the cost so we don't feel cheated when we see the process. Everyone must contribute via premiums or taxes as we all benefit. Remember society is already putting the money into the system, just making everyone mad the way it is collected. It looks like a rip-off. If everyone had protection from the fear of the bill, many preventable medical disasters might not happen, and more would be healthy, fewer "outliers." A simple outpatient surgery might prevent the three week ICU stay.

It would be only fair that part of the reform require that either we buy health insurance or the government will buy it for us, and we won't like it.

Some medical care will always be considered "elective" but the decision has to be fair and equitable. Logical even. Who in their right mind would hire someone with a known hernia, yet our present Oregon plan says that the repair of hernias are medically unnecessary. The patient remains unemployable and on the roles.

Please Mr. President, as you pilot our course into a reform package, put some sense into it, encourage pursuit of healthcare careers. As a general surgeon these last 25 years, I can attest that the practice of medicine is fun, exciting and intellectually satisfying, stimulating. The business of medicine is a deterrent. Any plan must foster those who would become providers to pursue their dream, encourage those in the field to remain, and reassure them that all those unpaid nights on call won't be at the cost of American life.

Dr. Thomas Farney
Hermiston

Cats running around loose to fend for themselves

To the editor:

I had the unpleasant experience for driving through your town recently while on vacation with my family and seeing firsthand the "many" and I mean "many" cats running around loose to fend for themselves. The location is north of the grocery store on Main Street behind the old car wash in the alley. Many more came flooding out from behind the dumpster when the garbage man came by. Some were injured, sick and one was maimed, limping around. All were scavenging for food, starving.

I made a call to the city manager and he acknowledged that there was a problem even went as far to say that the fairgrounds also has or had a similar problem, but because the people of Heppner were not willing to help get this problem under control, there was nothing he could do. I say baloney and as I told him it is his responsibility to take care of any and all problems in the town that he oversees and that just because the townsfolk don't or won't help he cannot just ignore a continually growing problem. This will only increase as they are left to continue breeding and spreading disease. The winter months are right around the corner and I can bet the smallest of kittens won't make it, maybe that is his way of taking care of the problem.

There are agencies who will help if asked, maybe the town will need to fork over some money to take care of the problem but in the long run it seems like a minor price to pay.

I hope you bring light to this problem and maybe, just maybe, someone will step up and make the call.

Michelle Bell
Spokane, WA

I always sign my name

To the editor:

To the people who write letters degrading our city council and workers using filthy and vulgar language, or write about a deceased person who is like a sister to us, you are living cowards because they will not put their names on these letters.

Any letters I send out, no matter who they go to, I always sign my name because I am not a living coward like those who send out filthy letters.

Jim Nelson
Lexington

Statewide wheat marketing meetings resume

Darren Padget, OWGL vice president and the marketing committee have announced the Statewide Marketing Education Series meetings will resume Thursday, September 17, at 8 a.m.

Talking points planned are: Winner of the Harvest Price Contest will

be announced. The contest was introduced at the final Polycom meeting in May; A digest of the USDA reports due out on September 11th Potential White Wheat Supplies due to depressed prices; and world outlook for wheat.

The meetings gen-

erally occur the second Thursday of each month - this meeting is the exception - via Polycom video conferencing at various locations throughout the state.

A complete list of participating locations is attached, and is also available

on the OWGL website at www.owgl.org. Please call the location to RSVP and confirm their participation on the call. The location for Morrow County is at the OSU extension office conference room, 54173 Hwy. 74 in Heppner, (676-9642).