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The Portland Tribune welcomes essays on topics of public interest. Submissions should be no longer than 600 words and may be edited. Letters should be no longer than 250 words. Both submissions should include your name, home address and telephone number for verification purposes. Please send submissions via e-mail: tribletters@portlandtribune.com. You may send them to "Letters to the Editor," Portland Tribune, 6605 S.E. Lake Road, Portland, OR 97222.

Best wildlife bill in decades
is running out of time

MYVIEW

By Curt Melcher,
Brenda Meade
and Collin O'Mara

From pronghorns to pygmy rabbits, Oregon is blessed with an array of incredible wildlife. Unfortunately, nearly 300 species across the state are at heightened risk and need our help, as they face growing threats from habitat loss, invasive species and climate change.

It's part of a larger national trend in which more than one-third of America's species are edging toward extinction.

Fortunately, Congress is on the cusp of passing the bipartisan Recovering America's Wildlife Act, the most consequential wildlife bill in decades. Nationwide, the bill will pro-

vide \$1.4 billion annually for proactive, locally led efforts to help at-risk species. It's a solution that matches the magnitude of the wildlife crisis.

The bill will provide more than \$26 million annually to Oregon, allowing the state to meaningfully implement its Conservation and Nearshore Strategies. These plans identify Oregon's species at risk and identify science-based solutions to recover them. But even the best plans can't save species without funding.

And right now, the Oregon Department of Fish and Wildlife has limited resources to implement these roadmaps for saving Oregon's 300 species of concern, such as western painted turtles. These colorful turtles are declining as wetlands



MELCHER

and ponds are lost to development and polluted by urban and farm runoff. Their tiny hatchlings are preyed on by invasive species, while adult turtles are killed by cars. In the Willamette Valley, western pond turtles have declined to just 1% of historic levels.

With 46 species in Oregon already listed as threatened and endangered under the Endangered Species Act — and many more headed that way unless we act — we need innovative, collaborative approaches to help wildlife like western painted turtles more than ever.

The \$26 million annually for Oregon would unleash a new era of conservation for hundreds of additional species like western meadowlarks, Oregon spotted frogs and Pacific fish-



MEADE

ers.

The bill would also provide the first ever consistent source of funding — \$97.5 million annually — for the nearly 600 federally recognized tribes who currently manage wildlife on tens of millions of acres nationwide. This acknowledgment of the tribes' unique knowledge of our nation's natural resources is long overdue.

The Recovering America's Wildlife Act has incredible support across the country and across the aisle. The House bill passed in June, with bipartisan support. The Senate version has more than 40 cosponsors, including 16 Republicans.

Oregon's Congressional delegation has played an instrumental role in getting the bill to this point. Sen. Ron Wyden, as



O'MARA

chair of the Senate Finance Committee, identified a bipartisan proposal for how to pay for the bill. Sen. Jeff Merkley strengthened the bill's language in the Environment and Public Works Committee. Reps. Peter DeFazio, Earl Blumenauer, Suzanne Bonamici, and Kurt Schrader were key backers in the House.

However, we are running out of time to get this bill across the finish line before the session closes at the end of the year. We urge Sen. Wyden and the Oregon delegation to do everything in their power to ensure this landmark legislation is part of the end-of-year package. Oregon's wildlife can't wait.

Curt Melcher is the director of the Oregon Department of Fish and Wildlife. Brenda Meade is the chair of the Coquille Indian Tribe. Collin O'Mara is the president and CEO of the National Wildlife Federation.

Expanding health care for low-income residents

MYVIEW

By Richard Bruno

I became a physician to help people stay healthy, be well, and overcome illnesses and injuries. One of the toughest barriers physicians face these days in achieving these outcomes is the rising cost of health care for our patients.

Insurance premiums and drug prices go up every year. Out-of-pocket costs keep adding up, and for too many Oregonians, a full, meaningful and healthy life comes at a cost they simply can't afford.

Despite these challenges, I'm excited about opportunities for relief for families and patients on the horizon.

Gov. Kate Brown, along with the Centers for Medicare and Medicaid Services, recently announced a partnership to expand health care in Oregon to more than 50,000 young children in low-income households. This partnership will also help low-income young adults buy affordable insurance and even provide housing and food support, which are vital to overall health.

This is excellent news for the children of Oregon, who will benefit from more consistent and accessible health care services. It is a bold action that doctors would love to see extended to meet the needs of



Dr. Ryan Hassan, a pediatrician, hands over his daughter, Olivia, 14 months, to Medical Assistant Bonnie Betancourt for her first COVID-19 vaccination shot. A columnist praises expansion of health care to more than 50,000 young children in low-income households in Oregon.

PMG PHOTO: DANA HAYNES

adult Oregonians who are chronically underinsured, have painfully high deductibles, or unable to afford health insurance altogether. It is estimated that once the federal government declares an official end to the public health emergency, some 350,000 Oregonians will no longer qualify for Oregon Health Plan benefits. This is most often due to small changes in individual or family incomes.

Smartly, Oregon is moving

quickly to implement a "Bridge Plan" to ensure continuity of coverage for a portion of the impacted population with incomes just above the federal poverty limit. Unfortunately, hundreds of thousands of Oregonians will be left behind and forced to make terrible choices between paying rent, managing escalating grocery bills and affording costly private health insurance plans.

Individual marketplace insurance premiums have risen

more than 77%, on average, since 2014 in Oregon, with rates higher outside the Portland metro area. About half of Oregonians struggled to pay their medical bills or chose to delay medical care because of high costs in 2017. Oregon has the third-highest average deductible nationally, according to the Oregon Health Authority.

Unfortunately, some of the hardest hit by losing their OHP benefits would be low-wage earners, like cashiers, trans-

portation workers, folks who keep our cities and buildings clean, and operational and health care workers, who do some of the hardest jobs — as well as small-business owners starting a new enterprise. They may not be technically poor, yet they earn too much to otherwise qualify for health care through Medicaid, a paradox that often leaves them with inadequate or no health care. These are the patients we see in our exam rooms, clinics and hospitals who have worse outcomes because they simply couldn't afford to manage their diseases through no fault of their own.

Physicians have seen all too often our patients put off needed health care, to the point where they can't work, which in turn keeps them away from a job and a paycheck, which leads to even poorer health outcomes. It doesn't have to be this way.

While addressing all the social determinants of health is massive and never easy, Oregon's Medicaid expansion partnership is an important step in the right direction — building a sustainable bridge that connects all Oregonians to affordable health coverage must be the next goal.

Every Oregonian deserves to get care when they need and want to, not just when they can afford to.

Dr. Richard Bruno lives in Southeast Portland.

READERS' LETTERS

Bad drivers here are rarely ticketed

I've been living in Portland for the past seven years, and as someone who comes from a small southwestern town with too many cops and quotas to fill, I'm always left wondering if people actually get ticketed for traffic violations.

Every day I see cars with expired registrations, or no plates at all, speeding through town, no turn signals and drivers swerving in and out of lanes, among other things. But I've never seen police pulling people over for such violations.

I remember when COVID started, PPD made the public aware that they would not be pulling drivers over for traffic violations, but where are we now? The streets have not gotten safer, and I'm worried that this seemingly open invitation to recklessness has emboldened drivers to do as they please on the roads.

With a city that is currently rife with hit-and-runs and stolen vehicles, I'm wondering when this "moratorium" will end and the police department will do more for the safety of their community.

Chelsea Fretwell
Southeast Portland

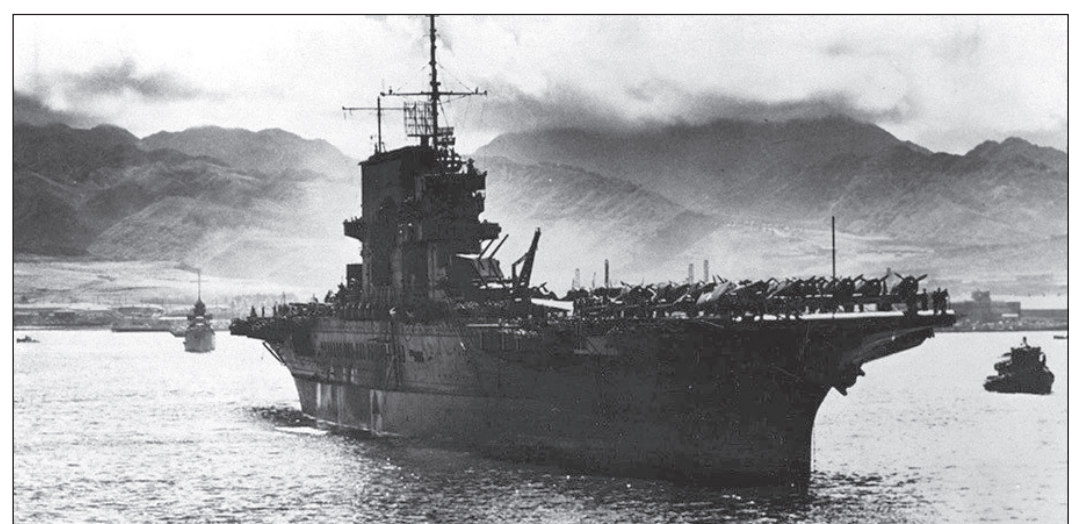
Medicare Advantage deserves support

I am glad that Sen. Ron Wyden is planning to use his position as chair of the Senate Finance Committee to expand access to mental health services and to restrain health care costs. These are especially important issues for older Americans, and I hope our newly elected members of Congress also prioritize critical health programs, especially Medicare Advantage.

Americans above the age of 65 are at a high risk of loneliness and isolation feelings. This was especially true in the height of the pandemic, but concern over a sense of feeling alone continues to be a problem for many older communities, often impacting individual health.

To have good health, a person cannot focus only on physical health, as mental health also has to be taken into account. For many seniors across the country who are enrolled in Medicare Advantage, such as me, it provides a full-service approach to health coverage as the program offers benefits that include all aspects of someone's health.

A perfect example of this is



The aircraft carrier USS Saratoga arrives at Pearl Harbor in June, 1942. She departed the following day in support of the USS Enterprise, USS Hornet, and USS Yorktown near Midway with replacement aircraft. The Saratoga did not participate in the Battle of Midway.

US NAVY/NATIONAL ARCHIVES

Silver Sneakers. This program provides a range of in-person fitness classes, on-demand videos, access to thousands of gyms, and live online workout sessions, which build community and physical health at the same time. In other words, it gives older Americans a chance to get out, have fun, do something they enjoy, and keep their mind and body active.

Also, the additional benefits that have been added during recent years — vision and hearing aids — have been of great help to seniors on limited incomes.

As we think about ways to improve physical and mental health outcomes, ensuring that older Americans have access to Medicare Advantage and its beneficial programs should be a focus in the new Congress. I hope that newly elected Reps. Val Hoyle, Andrea Salinas and Lori Chavez-DeRemer of Oregon's Congressional delegation will support Medicare Advantage, and, likewise, I hope our veteran lawmakers in the delegation will do the same.

Ray Johnson
Southwest Portland

Lessons learned from Pearl Harbor

For Pearl Harbor, the Japanese forged a strategic weapon of six heavy carriers for a coordinated attack by 360 planes on Sunday 7, 1941 ("Portland witness to infamy," Dec. 7, 2022). Never had any country executed and/or planned a raid by more than two carriers on any naval or land target. No inkling existed within allied operational or intelligence communities