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of them, occur because of medical costs and medical illness. And that 80 percent of those people who go bankrupt over medical illness, had health insurance. So health insurance is not protective, and it leaves too many families out on the street. There are also a lot of situations in which patients with chronic illnesses, if they were able to manage their health problem, would be able to work. But because they don't have access to ongoing care, they can't manage that and can't be healthy, productive, contributing citizens in our society. So this would help them. For patients who would be under a certain income level, they would not have to pay into the system. So they would be able to get the care they need and keep themselves healthier.

J.T.: What do you make of this Republican exercise in repealing this health care reform that was passed.

M.F.: It's an exercise in futility really, because they aren't going to be able to repeal the health law. It won't pass through the Senate, it won't be veto proofed. This is really just posturing and playing to their base. But what's really sad is that we still have a very serious health care crisis, a growing health-care crisis. Growing numbers of the people who are uninsured and are suffering, who are dying of preventable causes, and instead of having a serious conversation about what we should be doing to look at that and address that, we have the Republican leadership now screaming about repealing what very small, inadequate steps we were able to take with the past legislation, and they don't have a solution. They don't have an effective solution to offer us as an alternative. This is really cruel and criminal in my mind.

J.T.: Do you consider the reform bill — so-called — reform? In what sense is it an improvement? It never addressed costs. Can you give me your take on how much of a reform bill it is?

M.F.: Physicians for a national health program does not support the bill that passed. The one bright shining star we see in it is the increase funding for community health centers, and that's something that is very important for communities, especially in this economic situation where more and more people are turning to their community health centers for care. Overall, it's not a solution, because it moves us in the direction of a market-based financing of our health care. It forces people to purchase private health insurance, and then it takes

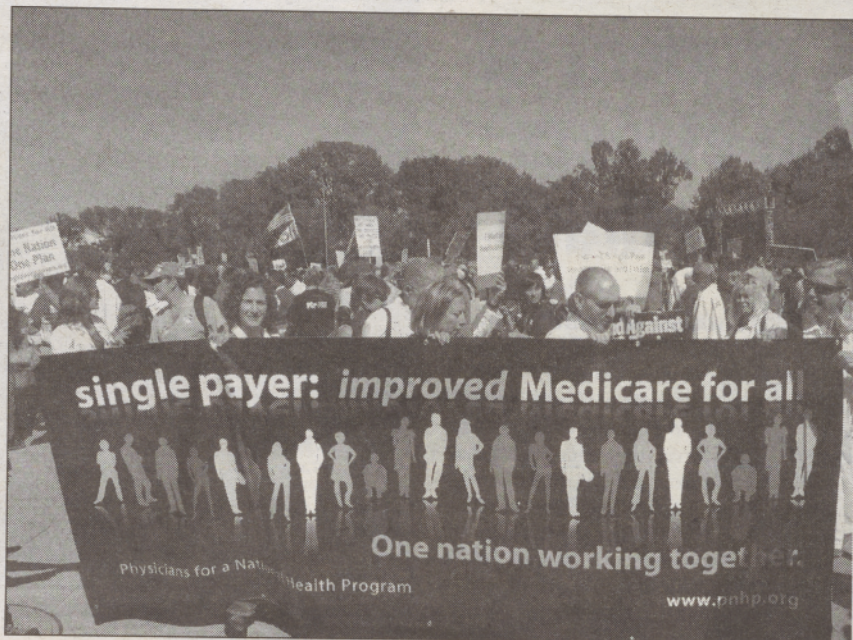


PHOTO COURTESY OF PHYSICIANS FOR A NATIONAL HEALTH PROGRAM
Dr. Flowers, center, marches on Washington D.C. in October calling for a single-payer health care system.

our public dollars and gives them directly to the private insurance companies to subsidize the premiums. But there's no control on the cost of premiums. The insurance companies could charge higher premiums, as they've been continuing to do. There's no guarantees, even with regulations, to try to say that companies can't drop patients with certain illnesses, can't deny care, or deny people with preexisting conditions; it's very expensive to try to make that happen. We don't think it's fair to take away any coverage from anyone who has gained coverage under current legislation. But not only does this legislation not control health care costs, it actually is increasing our health care costs, so it's not sustainable and it will fall apart at some point.

J.T.: One of the things I read was that the so-called reform bill would expand Medicaid. What is the impact of the cuts in I think 48 states of Medicaid funding on community health clinics.

M.F.: Medicaid is not a very high quality situation. If you look at the outcomes of people insured through Medicaid, they don't get the highest quality care. So we don't see Medicaid as a good system or one to model your health care after. And it's financed at the state level, and what we're finding is that in a time now where so many states have budget deficits, it's likely that they're not going to be able to continue to fund

Medicaid the way that it is right now. So we have a lot of concern under the bill that passed, which calls for an expansion of Medicaid, whether that will occur. If they decide to expand it to more people, that means each person will get less and less in the amount of services.

J.T.: In line with that, can you tell me what single payer would mean in terms of health equity, disparity and access to health care?

M.F.: We call it an improved Medicare for all. If we look at Medicare, which has been around since 1965, we see that it has lowered the poverty rate among the elderly, and it has improved health outcomes, particularly health disparities. We know that when people in this country reach the age of 65, those disparities and gaps between the health of various populations start to narrow. So an improved health care for all means that each person in this country would have a Medicare card that they would keep with them throughout their life, and that is what they use to pay for their health care. They can choose where they want to go for their health care, and there are no restrictions on where they can go. It means that each person has the same card and the same access to their care. Of course, there's much more that needs to be done, in what we call the social determinants of health, meaning everyone has an education and a safe place to live. It is all connected.

J.T.: I've watched as Gov. Christie in New Jersey and others have scapegoated the public unions. They've said they have to eliminate benefits for the pensioners and benefits for public service union members because they're placing the blame for skyrocketing health-care costs on the unions, who want to have adequate care, and demonizing people who have obvious health care needs.

M.F.: It's interesting because the plans that are now called Cadillac health plans, are what we used to call adequate health plans. There's been a trend in this country over and over, to blame segments of the population for our health care costs rising out of control. And the truth is that the blame lies in the fact that we don't have a health system. We don't allocate our health resources or make decisions in a rational way, based on what the needs are and what our resources are. Instead we have this for-profit industry all trying to eat from our health-care pie. And that's the real problem. There are a lot of unions that support single payer for the very reason that they understand they spend so much time at the bargaining table just trying to maintain health benefits. In many situations the raises that union members receive are then eaten up trying to maintain their health benefits, and that doesn't allow them to address other important things that unions need to address, like working conditions and safety.

J.T.: Public option, to me, seems to be a way of dumping people with chronic illnesses on the taxpayer, while leaving the healthier citizens to be exploited by the private health insurers.

M.F.: That is what we've seen. If you look at what happens to these public programs is that the insurance companies are very skilled at attracting the healthy segment of the population, so it tends to be those with medical conditions that end up in the public program, and because the public program is bearing more of the responsibility of paying health care costs, they have a greater financial strain and that causes them to cut back on benefits or go under altogether. We don't have that under a single-payer system, a single-risk pool. Everybody is in. It allows us to share the risk so that each of us is paying the fair amount, paying less. We know that 80 percent of the people in a population are healthy at any given times and 20 percent use most of our health care services. But anyone of us can be in that 20 percent at any time in our lives. Under a single payer system the money is there to pay for health care when they need it.



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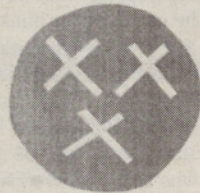
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