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Who deserves health care?

By DON VOWELL

Is there someone you think should not be able to see a doctor? The new proposal hopes to improve access with the exception of 45 million or so (American exceptionalism?), who can't or won't afford it. It is a question we must answer according to our humanity rather than political affiliation, ideology, or income level. We need to ask instead how we've decided that some Americans don't deserve health care.

Almost all other industrialized nations pay much less to provide universal health care. They have made a conscious decision that a healthy citizenry makes a healthy nation. Should I care about your health? Should you care about mine? In most other countries the answer is a compassionate and fiscally pragmatic, "yes."

Now there is a push to repeal the Affordable Care Act and put in place a system that would reduce the number of insured by 24 million and increase premiums by 15-20 percent in 2018-2019. The selling point is a reduction of \$337 billion in costs over 10 years, that reduction delivered by less "customers" served, paying higher premiums.

House Speaker Paul Ryan on the CBO analysis: "This report confirms that the American Health Care Act will provide massive tax relief, dramatically reduce the deficit and make the most fundamental entitlement reform in more than a generation."

He neglected to mention for whom tax relief is massive, or that the deficit is reduced in proportion to the numbers of Americans denied health care.

Many of the 24 million no longer insured will be those simply willing to gamble on their continued good health, or no longer able to afford the increased premiums. They are free to make that decision because

there is no longer a penalty for going without coverage. With fewer young, healthy enrollees, insurance companies may be less willing to offer coverage plans if the sick and the elderly are not seen as a profitable customer base.

The idea that competition will lower costs and provide better plans seems patently silly. Instead it has given us the \$650 EpiPen and Martin Shkreli, who raised the price of Daraprim from \$13.50 to \$750.00 overnight. Leaving health care to the tender mercies of insurance companies and the pharmaceutical industry has given us the highest per capita costs in the world.

This is our decision to make: Should American health care policy be designed for the benefit of the sick and injured or the benefit of for-profit providers?

I care about the health of my family. I even care a little about the health of those on Pettygrove Court. Should I also care about the health of those on Dearborn Ave.? Wheatland Rd.? Maybe I should care about the health of everyone in Oregon. It may be a failure of mine if a kid in inner-city Chicago ends up in the emergency room for lack of routine wellness care. To paraphrase just a tiny bit, "Truly I tell you whatever care you provided for the least of these brothers and sisters of mine, you did for me."

Medical care has been around since biblical times. Is it now a business opportunity? Though we allow it a major stake in our decisions, health insurance as a for-profit industry hardly even existed before World War II. One of its principal effects has been to drive low income Americans to the very costly services of hospital emergency rooms. Is there no more humane way to provide health care for all?

(Don Vowell gets on his soapbox regularly in the *Keizertimes*.)

a box of soap



Resistance from both sides

By DEBRA J. SAUNDERS

This should be the moment President Donald Trump cleans up Obamacare with a broad smile on his happy face.

He won the Electoral College—and as his predecessor Barack Obama liked to say, "Elections have consequences." Trump's Republican Party controls the House and the Senate, which should mean there are no sand traps or water hazards on his golf course.

Problem is, Trump finds himself in the land where it's often easier to vote no than to vote yes. Members of his own political party and conservative think tanks became standouts because of their principled opposition to Obamacare. Now their party wants them to support a plan championed by House Speaker Paul Ryan that doesn't live up to their pre-2017 rhetoric.

The House plan keeps two popular provisions of the Affordable Care Act—adult children can stay on their parents' health plans up to age 26 and insurers can not deny coverage based on pre-existing conditions.

Ryan reconfigures other provisions. His House plan ends the individual mandate that required most adults to get coverage or pay a fine; instead it requires insurers to add a 30 percent surcharge for individuals who allowed their coverage to lapse. Some conservatives complain that the surcharge is a mandate by another name.

The House plan ends premium subsidies, but replaces them with tax credits for middle-income earners who buy their own coverage. That's a different form of entitlement spending, critics say.

Probably the hardest change politically is a switch to a formula that tells

insurers they can't charge older consumers more than three times what they charge young adults. The House plan would allow health care providers to charge seniors up to five times what they charge 20-somethings—a change offset by higher tax credits for Americans aged 60 to 65. The new formula should make coverage more attractive to the youth market the system desperately needs.

The Affordable Care Act reimbursed 31 states that increased their Medicaid enrollment for families earning up to 138 percent of the poverty level. The House plan would continue the full federal subsidy until 2020, when the system would switch to block grants for states. Conservative critics want to end the full federal subsidies in 2018. Trump has signaled he is open to accommodating them.

The House plan would end Obamacare taxes on medical devices and so-called Cadillac health plans. The GOP plan also would end the employer mandate that the right sees as a job-killer.

Rachel Bovard of the Heritage Foundation summed up the opposition when she said, "If you ask the average American person what Obamacare really means, it means that the insurance plans that they used to have that they liked were canceled and replaced with plans that cost you know 20, 30, 50, 100 percent more than they used to." She doesn't see the Ryan plan delivering pre-Obamacare health care. The tax credits, she added, "will just give people money."

It especially angers the right that the Ryan plan rewards the 31 states that expanded their Medicaid rolls, rather than reward states that did not.

Bovard sees an easy remedy—let Congress pass the same repeal measure that both the Senate and House passed in 2015.

Bad idea, countered House Majority Leader Kevin McCarthy at a recent press conference: "If you just repealed the bill, you would double your premiums and you would collapse the market."

McCarthy did not add that when Congress passed the repeal bill, Republicans knew that Obama would veto it. They had nothing to lose.

McCarthy stood with Committee chairmen Greg Walden of Energy and Commerce, Kevin Brady of Ways and Means and Diane Black who chairs the Budget Committee. These are the Republicans who have to do the heavy lifting—and they know that means not losing moderate Republicans who want low-income families to feel secure about their health care.

"Sometimes when you have push-back on one side and the other side from a political spectrum, you might have found the sweet spot," McCarthy argued.

At a *Politico* event Thursday, Senate Majority Leader Mitch McConnell suggested Republicans have to get out of their default position of "sparring" and get into "governing mode."

Sparring has become the domain of Democrats. During the Obama years, they were outraged at Republican obstructionism. Now they call their obstructionism "resistance"—without even a hint of irony.

Health giant Humana has announced it will exit the exchanges in 2018. Last month Aetna CEO Mark Bertolini told the *Wall Street Journal* that Obamacare has entered a "death spiral." Trump's election win has allowed the left to dodge the bullet it created. (Creators Syndicate)

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City looking at McNary parking

The city has received numerous complaints about the high school traffic and parking on and around McNary High School. The safety and livability for people living in our neighborhoods and the safety and access for our Keizer students to get to school are very important to us. In order to let people know what is going on, I felt it would help to write an open letter and share the issues and options we are facing.

Students are having more difficulty getting safely to McNary High School. All the entrances are crowded as the more than 2200 students plus staff members converge on the school. Parents have contacted the Traffic Safety Commission and me about making it safer for students to walk, bike or drive. And residents living in areas around the school have faced problems over the years from littering to drugs.

The Salem Keizer School District is aware of the problems and our city manager and police staff have been working with the district regarding school overcrowding and the neighborhood impacts. Until the school and its parking are expanded, we are committed to work with their administration to help solve issues as they arise.

Recently, the majority of issues have been centered on Newberg Drive. Some we have been able to resolve quickly because the city has the authority to take action. Some are more

complicated and require coordination with the school or neighbors. And some problems are directly connected to the overcrowding, so the city is actively participating in the site planning process with the district.

Issues that the city can directly solve include:

Cars were parked in muddy gravel areas around a house near the school. It turned out not to belong to a resident but was public right of way so the city did appropriate maintenance to take care of the mud.

Parking by the fire hydrant: The curb has been painted to clearly mark the no-parking zone around the fire hydrant which makes it an enforceable violation to park there.

Littering: School staff, students, including student leadership and some of the neighbors have been keeping the trash picked up on a regular basis. I agree with everyone's frustration with trash - the mere idea of being so self-absorbed that one does not put trash into appropriate bins is beyond my comprehension. And we all appreciate people who volunteer to clean up and take pride in our community.

A resident raised the issue of towing cars that are blocking driveways and as a result, we found an inadvertent change in our ordinances in the 90's that is now being corrected to give our police the authority to call for towing in that situation.

Blocked driveways have been an issue, particularly for one neighbor who has been blocked in and was written up for being late to work. With Newberg Drive being an unimproved street, some driveways are not clearly defined. We can work on ways to clearly and consistently mark the driveways. That would provide objective, enforceable spaces for no parking. I am asking our Community Development Department to bring information on options to both Traffic Bike Pedestrian and Planning Commissions. Their recommendations will then be provided to residents who have driveways that are not clearly defined.

There are some issues that need to be handled by the residents with the help of the city:

Newberg Drive is dark. Keizer neighborhoods are each covered by their own street lighting district paid for by the residents. Older neighborhoods like Newberg Drive were built without them, but may at any time establish a street lighting Local Improvement District to install lights and pay for their operation each year. Those of us who live in neighborhoods that have street lights are willing to do so because we value the safety and security they provide. I encourage residents on Newberg and throughout Keizer to all seriously consider putting in street lights if you don't have them.

Newberg Drive also has no sidewalks. We have a long list of sidewalk projects to build and are getting projects built each year as funds allow. In the meantime, neighborhoods may form a local improvement district program to build sidewalks. The LID

allows those costs to be paid back over 20 years or upon sale of the property. Information on sidewalk LID is available from the Community Development Department.

Before school, there is noise and traffic clogging Newberg. According to the Chief, police have been monitoring the area regularly. He explained that traffic congestion is not generally a ticketable offense. The city paid for the traffic signal at Chemawa, which helped ease problems there. Our police department does not have the staffing capacity to monitor the three high school entrances plus the two middle schools and about nine elementary schools; Gubser Elementary has a similar problem to the congestion on Newberg. We have been strongly urging the school district to come up with a short term plan for more parking while preparing for site upgrades in the future.

And there are some issues or concepts that have been proposed which may work but are not as simple as they seem.

Opening another gate at the end of Orchard Street would ease congestion with an additional access point. But students would be walking straight right into traffic on Celtic Way. The future site plan could add sidewalks and realign the roadway, but it is not safe to do currently.

A "No McNary Parking" zone has been repeatedly proposed as a simple solution to the problem. It is true that the signs are cheap and easy to put up. However, as our city staff has explained several times, the signs alone do not provide enforceable violations that will stand up in court, and the signs inconsistently deny people the use of a public right way. The street belongs to the people of Keizer. Parking in front of a person's home is not reserved

space. We can ask students to not park there. We can ask people attending sporting events to not park there. But it is a public right of way and we cannot legally deny people the right to use it. Other jurisdictions that have tried voluntary compliance have all had to go to an enforceable program. Another option our staff proposed is limited time parking, such as a three hour limit during the day. But, again, this would have to apply to ALL vehicles, as the residential and non-residential vehicles would not be distinguishable without a permit.

When there is a need established to restrict public parking on public streets, cities across the country have developed residential parking zones. The program like the one in Salem for areas around North Salem and South Salem High Schools has provided clear vehicle identification, parking preference on public streets for residents, and is legally enforceable. See this link (www.cityofsalem.net/residents/parking-services/documents/residentialpermit.pdf) to show how those zones are established and the program for residents to purchase parking permits. In order to reserve public right of way as parking for residents, there is a cost to establish and enforce the program. We do not have such a program in place, but I am forwarding this information to the Planning Commission and Traffic Bike Pedestrian Commission to consider the matter. If such a program is established, guidelines and costs would be established for designating residential parking zones.

The city staff and Council know that school overcrowding has led to safety and livability problems for students, residents and families. I am committed to working with you all to achieve effective and equitable solutions.

from the mayor's desk



Cathy Clark