



New Prices Effective May 1, 2010

Martin Cleaning Service

Carpet & Upholstery Cleaning Residential & Commercial Services
Minimum Service CHG. \$45.00

A small distance/travel charge may be applied

CARPET CLEANING

2 Cleaning Areas or more \$30.00 Each Area

Pre-Spray Traffic Areas (Includes: 1 small Hallway)

1 Cleaning Area (only) \$40.00

Includes Pre-Spray Traffic Area (Hallway Extra)

Stairs (12-16 stairs - With Other Services): \$25.00

Area/Oriental Rugs:

\$25.00 Minimum

Area/Oriental Rugs (Wool):

\$40.00 Minimum

Heavily Soiled Area:

Additional \$10.00 each area (Requiring Extensive Pre-Spraying)

UPHOLSTERY CLEANING

Sofa: \$69.00

LoveSeat: \$49.00

Sectional: \$109 - \$139

Chair or Recliner:

\$25 - \$49

Throw Pillows (With

Other Services): \$5.00

ADDITIONAL SERVICES

- Area & Oriental Rug Cleaning
- Auto/Boat/RV Cleaning
- Deodorizing & Pet Odor Treatment
- Spot & Stain Removal Service
- Scotchguard Protection
- Minor Water Damage Services

SEE CURRENT FLYER FOR ADDITIONAL PRICES & SERVICES
Call for Appointment (503) 281-3949

OPINION



Health Industry Giants Geared to Profits

When the focus is on making as much money as possible

BY WILLIAM A. COLLINS

As the Obama administration struggles to keep rolling out its landmark Patient Protection and Affordable Care Act amid partisan squabbling, the shortcomings of American health care are more evident than ever.

Our system is very different from other countries: It's worse.

The reason is simple. Most nations focus on keeping people as healthy as possible. Elsewhere, the government organizes the system, and the providers — hospitals, doctors, drugmakers, and insurance companies — focus on healing and prevention.

Here, the health industry's big players focus on making as much money as possible. The providers devise the system, making profits a high priority.

Patients that can't contribute to profit margins are shunted off to government services or ignored. Even Medicaid — a key part of our

safety net for the poor — imposes restrictions, is rife with waiting lists and faces budget shortfalls. Increasingly, patients are grappling with a shortage of physicians willing to play ball.

As a result, Americans die younger than our counterparts in other rich countries.

Unfortunately, the solution isn't rocket science. We're pretty good at rocket science. It's political science at which we're notoriously bad. Have you seen Congress pass many budget bills lately?

The single biggest impediment is the bizarre fact that one of our major political parties has sworn to uphold the rights of the profiteers.

Fortunately, the main offenders can be clearly labeled. Chief among them are the health insurers and the drug manufacturers. Big Pharma wields an army of lobbyists and administers large doses of campaign contributions to their friends in Congress.

But at least insurers and drugmakers are clear-cut enemies. Harder to deal with are our friends — the hospitals, doctors, clinics, etc. — whom we know personally. It's fun to have dinner with them, but is that colonoscopy every five years — or that supplemental "just to be on the safe side" CAT scan — really necessary?

The network of handshakes and private agreements that links hospitals to medical device manufacturers and drug reps inflates our health cost just as much as the insurers and Big Pharma.

Why should health care be so profit-centered in America?

In most countries, some sort of universal and Medicare-like system prevails, with equal coverage for everyone. Sometimes individuals pay in. Sometimes it's all done with taxes. In some places, the government owns the whole works, while in others, it contracts out. But in all cases, there are careful limits on costs and enough health care for everyone.

Here, the Medical-Industrial Complex is America's biggest industry. Our health laws are a minefield of loopholes and special privileges.

The ideal solution isn't President Barack Obama's Patient Protection and Affordable Care Act, which just makes our current system a little bit less dysfunctional. It's a single-payer system, such as a Medicare for all.

Somehow, this seems imperative to acquire but impossible to achieve.

OtherWords columnist William A. Collins is a former state representative and former mayor of Norwalk, Conn.



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