



**New Prices
Effective
April 1, 2017**

Martin Cleaning Service

**Carpet & Upholstery
Cleaning
Residential &
Commercial Services
Minimum Service CHG.**

\$50.00

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)
\$50.00

Includes Pre-Spray Traffic Area
(Hallway Extra)

**Stairs (12-16 stairs - With
Other Services): \$30.00**

Area/Oriental Rugs:
\$25.00 Minimum

Area/Oriental Rugs (Wool):
\$40.00 Minimum

Heavily Soiled Area:
\$10.00 each area

(Requiring Extensive Pre-Spraying)

UPHOLSTERY CLEANING

Sofa: \$69.00

Loveseat: \$49.00

Sectional: \$109 - \$139

Chair or Recliner:

\$25.00 - \$49.00

Throw Pillows (With
Other Services): \$5.00

ADDITIONAL SERVICES

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

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FOR ADDITIONAL
PRICES & SERVICES
Call for Appointment
(503) 281-3949**

OPINION

A Feminist Perspective on Trumpcare

Rife with
problems and
gender bias

BY LAURA FINLEY

Although the American Health Care Act (AHCA) of 2017 is rife with problems, one of the most disturbing is its shocking gender bias. But why should we be shocked that the AHCA, or "Trumpcare," privileges males, as it was crafted by a group of privileged males and is being championed by the most privileged of all, Donald Trump himself?

The House bill now goes to the Senate, where majority leader Mitch McConnell initially convened a healthcare working group composed of 13 men. Amidst criticism, they invited Sen. Shelley Moore Capito (R-West Virginia) to join, although it is not clear that she will be a regular contributor.

The fact that 13 men, and a woman who may or may not be a regular contributor, are crafting this bill is not the issue, but rather that the architects of the AHCA are treating women as second-class citizens while taking care of their

own interests.

While the AHCA maintains the federal provision requiring that insurance companies provide coverage to people regardless of their medical history, states will be allowed to seek a waiver from the federal law. An amendment to the bill appears to allow insurers to charge people more if they have certain pre-existing conditions or even to deny them coverage entirely.

There's an exhaustive list that penalizes women. Rape and sexual assault themselves are not listed as pre-existing conditions in the proposed bill, yet the most common physical and emotional effects can be used to deny health insurance coverage to women under the proposed law. Research is clear that victims of sexual assault suffer higher rates of HIV and other sexually transmitted infections, depression, anxiety, eating disorders, and sleep disorders—all on the proposed list of pre-existing conditions.

Victims of domestic violence often struggle with these same things. Given that approximately one in six women are sexually assaulted and 30 percent experience

domestic violence, the potential impact is huge.

If you have troublesome periods or menstrual irregularities, expect your premiums to go up. Pregnancy and the need for a C-section are also on the list of pre-existing conditions, and premiums for women who have given birth might be as much as four times higher than for men. In case it's not yet clear — only women menstruate and get pregnant.

The bill would also allow insurers to opt-out of what Obamacare considered the 10 essential health benefits, or services that all insurance plans must cover. These include maternity and newborn care, preventive care like mammograms, cervical cancer screenings, birth control, and access to free or low-cost breast pumps. Before Obamacare, 62 percent of healthcare insurance plans available on the individual market did not cover maternity care, and only nine states mandated maternity coverage.

The AHCA will defund Planned Parenthood for one year and blocks that agency from receiving Medicaid reimbursements. That essentially eliminates birth control access and sexually transmitted infection screenings for an

estimated 390,000 low-income women. About half of the 2.5 million patients who visit Planned Parenthood centers every year rely on Medicaid for their health coverage.

The champions of Trumpcare really don't seem to get it. Or maybe they do, and just don't care. Rep. John Shimkus questioned why men have to pay for prenatal care, while White House press secretary Sean Spicer even joked that older men didn't need maternity care. Funny? Not so much.

At the same time, the architects of the bill deliberately left erectile dysfunction off the list of pre-existing conditions. So, being a woman is a chronic medical condition that must be controlled by men but getting an erection (or not) is protected. If we ever needed more proof that men think with one head more than the other, look no further.

This healthcare bill will continue to entrench male superiority, to the detriment of more than half of the country's population.

Laura Finley, Ph.D., teaches in the Barry University Department of Sociology & Criminology and is syndicated by PeaceVoice.

Medicaid Essential for Mental Health Services

Cuts would
actually increase
overall spending

BY KENNETH E. THORPE

President Trump and Republican Congressional leaders justifiably want to curb the alarming growth in government healthcare spending. Their proposed solution? Cut \$880 billion in fed-

eral funds from Medicaid over the next 10 years.

Their plan wouldn't necessarily reduce government spending. At best, it would just shift the burden from federal taxpayers to state taxpayers. In fact, such cuts could increase overall government spending. That's because Medicaid is the most important financing source of mental health services. Expanding access to mental health services would yield billions in savings -- and produce a healthier population.

Roughly one in five American adults will suffer from a mental health condition this year. Half of Americans struggle with mental

health conditions such as depression, anxiety, bi-polar disorder, and schizophrenia, at some point in their lifetimes.

Mental health conditions are the most expensive medical conditions in the country. In 2013, the United States spent more than \$200 billion treating mental health disorders. That total is about \$50 billion higher than what was spent combating heart conditions.

Patients are all too familiar with this financial burden. Healthcare costs for the average Medicaid adult who doesn't have any chronic conditions total \$4,600 each year, according to the Partnership to Fight Chronic Disease, the non-profit I lead. But for Medicaid adults suffering from a mental health condition, annual healthcare spending more than doubles, reaching a whopping \$11,200.

It's no surprise, then, that mental health conditions are also a serious drain on state healthcare systems. States can expect to spend nearly \$70 billion on mental health conditions over the next

15 years.

In addition to increasing medical costs, mental health conditions also drain money from the economy.

Consider the workplace. Due to decreased performance, absenteeism, and other factors associated with mental health conditions, mental illnesses cost employers billions each year.

Or consider the prison system. Unfortunately, more than eight of every ten inmates don't have access to mental health services and support. Without proper treatment, inmates are put at a severe disadvantage when they're released. Many succumb to homelessness. Others relapse into criminal behavior and wind up back in prison. Lost productivity, additional jail time, and other societal costs associated with mental illness will drain an additional \$3 billion from state budgets by 2030.

But that doesn't have to be the case. Depression, anxiety, schizophrenia and other mental health disorders are treatable diseases. With sensible policy solutions that prioritize access to mental health services, states could realize enormous savings -- and cultivate

healthier populations.

For example, by boosting inmate access to effective mental health services and innovative treatments, states could drastically reduce the number of mentally-ill inmates who received extended or recurring jail sentences. That adds up to nearly \$9 million dollars per year in savings.

The same is true for the workplace. Increasing access to necessary services and detecting mental health issues early on would slash cases of absenteeism and help employees become more productive. Businesses could save millions of dollars each year.

Adopting these new policies could save states upwards of \$475 million each year. That's \$7.1 billion in savings by 2030.

The solution to rising healthcare costs is simple: our government saves money when we have a happier and healthier population. Any lawmaker -- or businessman president -- would be foolish to cut mental health services that yield tremendous savings.

Kenneth E. Thorpe is a professor of health policy at Emory University and chairman of the Partnership to Fight Chronic Disease.

