

# The INDEPENDENT

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## Opinion

### City preparedness kudos

Once the City of Vernonia figured out which Nehalem River gauge to use (USGS 14299800, which is at Clear Creek on Timber Rd., NOT at Foss on the coast) they did an admirable job of flood preparedness in the days before the two most recent storms that included flood ing potential. It shows they did listen to the community in the wake (sorry about the pun) of the December 2007 flooding.

In the days before the storm was to hit this area on January 1st, and again before the storm of January 8, the city opened an Emergency Command Center at city hall. Interim Chief of Police Mike Kay, Fire Assistant Chiefs Ben Davis and Dean Smith, acting as joint commanders, put together teams for both events that included EMS, Fire, Police, Medical (Providence and NW Medical Team), WOEC, shelters, gasoline, even large heavy vehicles that would be able to move through flood waters, and Zodiac boats and crews for fast water rescues. They made sure services would be available on both sides of Rock Creek. They held meetings twice a day to update the teams and to close any need gaps identified.

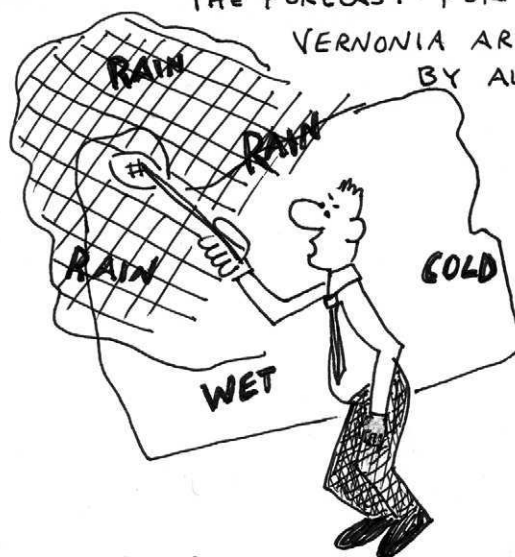
They also used the county's new Community Alert Network (CAN) phone system to get information to the public about potential flooding before the Jan. 1 event. That system calls all land-line phones in a designated area with a pre-recorded message. It can also call cell phones, but you must sign up for that. If you haven't done so yet, you should. You can call 503-397-7255 ext. 2224, or go online to [www.columbia911.com](http://www.columbia911.com) and look for the link on the first page. This system reached 67 percent of the people when used. If you get a call from CAN in the future, tell your neighbors and friends, so others find out.

Another lesson the city learned from 2007 was about helping seniors and disabled persons. Anyone in those categories can sign up at the Senior Center with Karen Miller (503-429-9112). Then, CERT members will contact each person in the event of a flood and will stay in daily contact to be sure those people's needs are being met.

Fortunately for this area, we were lucky and didn't get flooding this time and the preparations weren't needed here. Kudos to the city and all emergency personnel for being ready.

## FLOODWATCH '09

THE FORECAST FOR FLOODING IN THE VERNONIA AREA WAS ALTERED BY ALL OF THE...



... SPECULATION, WORRY, BALLYHOO, DISCUSSION, ANXIETY, B.S.ERS, CONTENTION, UNCERTAINTY, POPPYCOCK AND LIES...



... THAT CREATED SO MUCH HOT AIR THAT AN INVERSION PARTED THE CLOUDS KEEPING THE HEAVY RAINS FROM THE AREA!

FACT IS MAYBE IT WAS THAT THEY WERE PREPARED - BUT PROBABLY BECAUSE OF PRAYER!

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### Out of My Mind...

by Noni Andersen

Although we hear, repeatedly, that our health care system is broken, that statement is false. The U.S. doesn't have a health care system. We have fragments of private profit-making programs, fragments of private non-profit programs, fragments of government-run programs, and just about everything in between. Hospitals may not turn people away from their emergency rooms and, since they get nothing for services to those who can't pay, the cost is passed on to whatever programs exist.

The foundation for all of these fragments is insurance companies, which make really big bucks – profits – for providing no health care at all. They are just brothers of the accounting firms that certified the accuracy of Enron and Wall Street claims of adequate assets.

Every industrialized country in the world, except the U.S., has government-run (single payer) health care. Those with profit motives have propagandized "Socialism!!" with every effort to develop such a system here, making many people fear what is a generally sensible health care approach for everyone.

Most of us don't know the history of national health care, so some of you might like a brief background for this "scary idea."

The first national health care act was adopted in 1883 in Germany, under the leadership of Kaiser Wilhelm. By 1885 the program provided medical protection for 26 percent of the lower-paid segments of the labor force, or 10 percent of the population. Other workers were added in

1901, 1911 and 1914. Unemployed were covered in 1918, more workers in 1927 and all dependents in 1930. 1941 legislation allowed workers whose incomes had risen *above* the income ceiling for compulsory membership to continue their insurance on a *voluntary* basis. Coverage was also extended to all retired Germans.

Coverage was gradually extended, regardless of the type of government or who held leadership positions, by including more occupational groups and by steadily raising the income ceiling. Those earning less than the ceiling are required to participate in the program.

Today, nearly everyone residing in Germany is guaranteed access to high-quality comprehensive health care. Health insurance, as defined by statute, provides an organizational framework for the delivery of public health care and shapes the roles of payers, insurance or sickness funds, and providers, physicians, and hospitals.

Governmental authority applies to benefits, eligibility, compulsory membership, covered risks (physical, emotional, mental, curative, and preventive), income maintenance during temporary illness, employer-employee contributions, and other central issues. Other than the funding of some benefits and the planning and financing of hospitals, administering and providing health care is by non-state entities, including national and regional associations of health care providers, hospital associations, nonprofit funds, private insurance companies, and voluntary organizations.

The program works. How scary is that?