

Testimony on HB 2922
House Health care Committee
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A Radiologist's Perspective in Rural Oregon

My name is Frank Erickson. I am a Board Certified radiologist in Pendleton, Oregon with ties to Physicians for a National Health Program and Health Care for All Oregon supporting universal coverage single risk pool health care reform. I have worked in health care since 1977, served in the Navy starting with the Health Professions Scholarship program and have worked in large and small military and civilian hospitals and clinics as an employee, a Radiation Safety Officer and a department head. I served two terms at the pleasure of the Governor of Oregon as the Radiologist member on the Board of Medical Imaging. In Pendleton, I now work at a treadmill desk reading medical imaging studies for multiple states and dozens of hospitals. In my work, I am tasked to spot disease and offer professional advice on what to do about it. In a broader context, that is what I am doing here.

I joined the Mad As Hell Doctors on tour in Eastern Oregon in 2011 and spoke in favor of HB 3510 before this committee in March 2011. I have co-authored presentations for the Mad As Hell Doctors Speaker's Bureau which I have placed online at Prezi.com, free to the public. The information gathered there under the titles **Health Care for All Oregon, Single Payer Health Care Reform in America** and **Timeline of American Health Care Reform since 1812** provides the bulk of what I have to say about House Bill 2922 – in short, that it is long overdue – that it is time for us to stop being a country without a conscience – that being for-profit in health care delivery is unhealthy for the patients. The phrase **financial toxicity** has appeared in the medical literature. In our best moments as was recently shown in Boston at the Marathon bombing, we demonstrate as a people that we really do care about each other's welfare and will go the extra mile to help those in need. It shouldn't have to cost thousands of lives and cause financial ruin for millions of people to show the faults of our current health care delivery practices, but that is what's happening. It's just not as obvious as a bombing. It happens one person at a time and often silently and privately.

In the course of providing public meetings to discuss health care reform this March, I came across a woman in Pendleton who was at her wit's end since there was no primary care provider who would take her on as a patient and she was going without anti-hypertension and thyroid meds due to lack of a primary care physician to refill them and manage her care. She had tried all the local providers – they would not accept Medicaid and she could not afford to pay cash or to move to an area with more options. Her blood pressure was too high – uncontrolled. She is or was a walking medical time bomb. I had nothing to offer her in the current medical environment. She knew she was at risk for some medical catastrophe which could land her in the ER at any moment – there was fear in her eyes. Hypertension kills. It is not a simple case easily managed by buying her an air conditioner – she needs a primary care physician and removal of the financial barriers to getting her care. Her case is not unusual. She has a heavy dose of financial toxicity. Her situation and all the other statistics and reasons we have quoted you are why we need publicly financed, privately delivered, universal basic health care for all – the Plan offered in HB 2922. Here is another legislative opportunity for you to do the right thing. Thank you for the hearing.