

From: [Larson Tyler](#)
To: [Malone Debbie](#)
Subject: Fwd: Lobbying for Health Monday
Date: Monday, May 13, 2013 11:23:54 AM

For OLIS

Sent from my iPhone

Begin forwarded message:

From: Sen Roblan <RoblanA@leg.state.or.us>
Date: May 13, 2013, 11:11:50 AM PDT
To: Larson Tyler <LarsonT@leg.state.or.us>
Subject: **FW: Lobbying for Health Monday**

Testimony from Senator Roblan's constituent.

From: Stuart Henderson [<mailto:shenderson88@hotmail.com>]
Sent: Sunday, May 12, 2013 5:36 PM
To: Sen Roblan; Rosetta Favors
Subject: RE: Lobbying for Health Monday

This statement comes from Florence doctor, John Egar, MD.

We, the people of this country, have to agree to some basic rules of civilization in order to live in harmony. One such rule (that we have yet to act upon) is that basic health care should be a basic human right. Instead, we treat health care as a luxury commodity.

We have compassionate care that breaks through in cases of hospice, or children, or some destitute and elderly. We require emergency departments to stabilize each and every poor soul who makes it to their doors. But for the most part, we've left health care up to free-market profiteering.

Free-market is the wrong way to view health care, just as it is the wrong way to view police and fire protection. The free market does not distribute designer handbags to people who need handbags; it distributes most of them to people who have far too many already. We, as a coherent society, ought to deliver health care to places and people who most need health care, not where it earns the most money.

In my residency, I worked with a resident from the war-ravaged nation of Sudan. He was shocked, stunned, and agape to see one of our patients, a 40-year-old type-one diabetic who looked to be 70, wasted to starvation, skin and bones only, all because she could not afford her necessary insulin. How could this happen in America, he asked me. We were at a county hospital, so we were able to care for her, provide her some medicines, provide her some modicum of follow-up, despite her lack of funds or health insurance. Still, how can I be anything but ashamed that my wealthy society---Puritan John Winthrop's "city upon a hill"---so shocked a man from the blighted land of Darfur, famine, and Janjaweed? Why isn't this sense of shame central to our discussions of health-care reform?

The current health-insurance reform (PPACA) may or may not save consumers money, and it may or may not improve health care availability. However, it does not establish the moral imperative we have to apportion basic health care according to medical need rather than free-market greed. The state of Oregon has a chance to take a moral step toward improving our civilization.

---john