

Submitter: Patrick ODell
On Behalf Of:
Committee: Senate Committee On Rules
Measure: SB1089

Testimony re: Universal Health Care Resolution

Dear Chairperson and Members of the Legislature

My name is Patrick O'Dell. I worked as a Laboratory Medical Technologist for thirty seven years; primarily in hospital laboratories, but also spent ten years in an outpatient laboratory. My last nineteen years were spent as a supervisor in the Laboratory for Samaritan Health System.

This career gave me a extended opportunity to observe Medicine, as currently practiced in America. It would be more appropriate to call the current system "Sickcare" rather than "Healthcare". Due to our current reimbursement system, very little Preventative Medicine is practiced, since many people do not have any medical insurance, and another significantly large number of people are under-insured meaning they have large deductibles and/or copays which cause a large out-of-pocket expense if they seek preventative care. These two categories of people are not going to be motivated to do preventative medical visits since they simply cannot afford these visits. They will be forced to wait until they have a medical event or emergency before they will enter the medical system. Ironically this ends up costing the medical industry more money, as well as having often tragic results for the patient, who with a small amount of preventative care could have avoided the medical event/emergency.

Just some of the more common examples of this phenomena that I have observed are as follows:

Patients in their fifties and sixties admitted to the Emergency Room(ER) with strokes, who are then admitted to the Intensive Care Unit for a prolonged stay, and much expensive laboratory/medical work. Subsequent patient history shows the patient either did not know they suffered high blood pressure, or knew and simply could not afford to have blood pressure monitored and the needed medications. This preventative monitoring and medications would have prevented the tragedy, and the loss of quality of life caused by this event.

Patients who come into the ER with severe complications of diabetes, such as diabetic comas or appendage infectionas/gangrene due to prolonged high blood sugars. This follows the same scenarios as above for the same reasons. Again a tragedy that could be easily and inexpensively avoided with a Healthcare system that took care of everyone due to need rather than ability to pay.

The large number of patients who come in to hospitals with one or more of the many severe medical complications from alcohol and other addictive substance abuse that has gone on for years. Many of these patients cannot afford substance abuse education, counseling or treatment. Other areas of mental health care also fall into this category.

The also very large numbers of people who come in with not only heart failure, but many other organ overload illnesses caused by obesity. As above, preventative nutritional education, monitoring via weight checks, and counseling would improve and/or save many lives.

My conclusion over the years has been that if we had a Universal Healthcare System, where everyone had knowledge/education and access to Preventative Care, without the need to worry about ability to pay, we could have a true Healthcare System in this country. We need to recognize that Good Healthcare leads to good health, which strengthens every aspect of our country including Quality of Live, Happiness, a more healthy happy efficient workforce leading to a better economy. To do otherwise is "Penny-wise and Pound foolish". It is towards this end of Universal coverage where "Everybody is In, and Nobody is Out" that I am a member of Healthcare for All Oregon, and urge others to also promote their goals of Universal Care for all human beings.

Thank you for you consideration of this matter.

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