

Letters from our readers

Community health centers are crucial

To the editor:

Maintaining our neighbors' ability to get quality health care close to home is crucial to the well-being of our communities. Even if everyone you know woke up tomorrow with health insurance coverage, it would not be much help unless they could find a qualified healthcare provider to meet their needs. Your local community health center secures your right to this care.

This week is National Health Center Week and we, board members serving at a health center near you, wanted to remind our neighbors that our centers are exemplary models of what we can do right in healthcare.

The community health centers serving the people of Mendocino and Lake counties are efficient at delivering care. Their sustainability results from a strong working partnership between the federal government, the state government, private foundations and donors, local communities and the individuals receiving care. Our centers bolster the local economy by providing quality skilled employment, and our staff enhances community health through a clinical focus on prevention and primary care.

Beginning in the 1970s, community-minded citizens helped to build these centers, crafting a system of care that continues to protect us today. Because of the foresight of these founders, you can be certain of getting medical care or dentistry, counseling or prenatal care, diabetes management for your dad or a checkup for your child, right in your own backyard. Without our extraordinarily committed staff of doctors, dentists, counselors, nurses and others, this would not be possible.

Today, most people in Mendocino County, and many in Northern Lake and Sonoma Counties too, go to their local center to get their regular care. In the last year, over 45,000 people in our region called one of our centers their healthcare home. Nowhere else in California do community health centers serve such substantial proportion of the local population.

Each of our health centers is locally governed and nonprofit. These centers are united in their mission of safeguarding your family's access to care. As the public discussion on healthcare reform continues, please make sure we build on these reliable institutions. With so many of our neighbors being laid off or losing their health insurance, our community health centers are more important than ever.

As citizens, we ask you contact Governor Schwarzenegger to defend our local system of care;

urge him to reinstate funding to the crucial programs that keep our people healthy. Advocate for healthcare in your community: Visit www.ruralcommunityhealth.org and click on the link "Become a health center advocate."

Gaile Wakeman, Anderson Valley Health Center
Kent Westwood, Long Valley Health Center
Sara O'Donnell, Mendocino Coast Clinics
John Pavoni, Mendocino Community Health Clinic, Inc.
Nadine Paulin, Potter Valley Community Health Center
Alex Long, Redwood Coast Medical Services

More fires coming?

To the Editor:

Most of you will not believe this. But I have to tell it.

The Sheppard fire apparently is the first of a series we are to experience in this area.

My wife passed from pancreatic cancer at the age of 54, and (this is the part you probably will not believe!) we have been communicating monthly, and more often, for the past seven-and-one-half years. Her Earth name was Paula, and now she is a true angel named Ariela Cariel.

We connected again the day of the Sheppard fire in south Ukiah. She told me there seem to be more fires coming, and to be careful -- to move out if told, and quickly.

She said I should create an Evacuation List, of valuable and necessary items to take, such as medications, legal papers, and emphasized the rounding up of pets and having them ready to go.

"It's not that your house will burn, but the smoke from the fires will get very bad. Take water and your cell phone and clothes for two or three days. The next two weeks will be a crucial time but things should be better by August 15th."

An angel's timing is not always exact from my experiences since passed, but I am taking them seriously. I will be prepared -- and I hope everyone who reads this will, as well.

Suggested Evacuation Lists are available online.

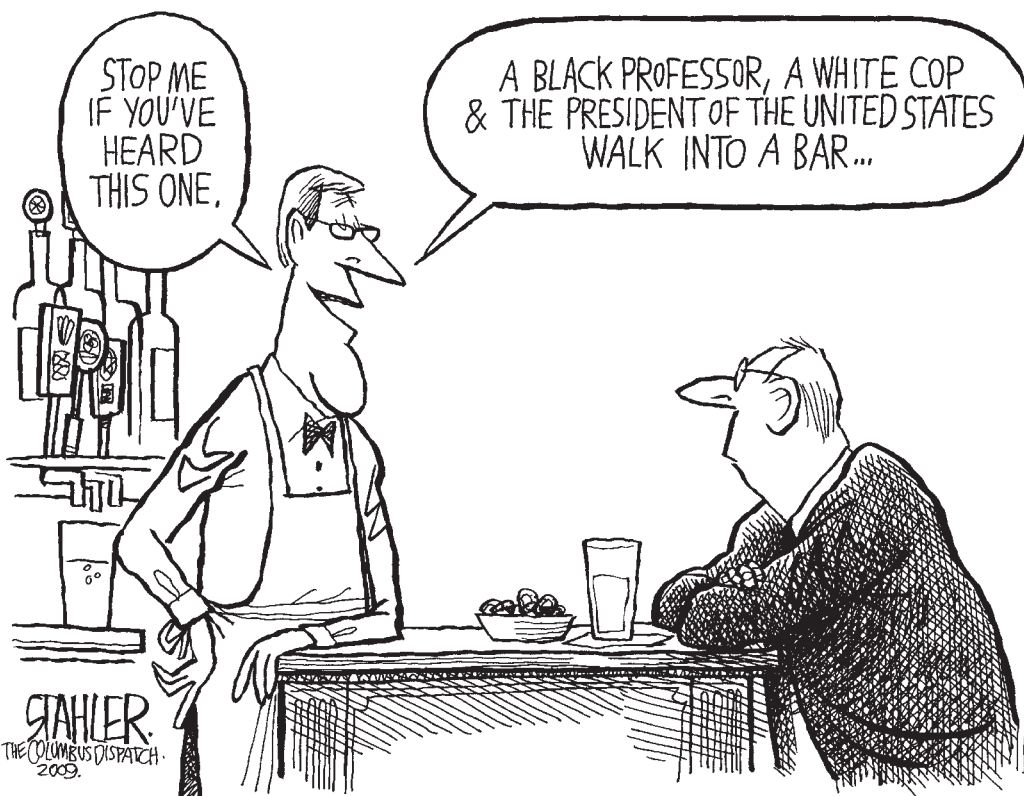
Ira Joachim
Ukiah

No on HR 2749

To the Editor:

Dear official: Please oppose HR 2749. This is another ridiculous bill that will hurt the little guy (farmer) and help the big polluting agribusinesses with their Frankenfoods. Vote no on this bill!

Joan Torreano
Potter Valley



From the desk of

KATHLEEN PARKER

Editor's note: George Will is on vacation; his column will return next week.

Some slopes really are slippery

Sarah Palin was right, the second time. We do need to turn down the rhetorical heat lest we miss important issues in the proposed House health care bill.

Unfortunately, Palin's more thoughtful comments followed a made-for-the-tabloids Facebook post suggesting that under President Obama's health care reform, a "death panel" would kill her elderly parents and her Down syndrome baby.

Once upon a time, radical reformers could only dream of such helpful enemies. Now that the world is chasing hyperbole, we indeed risk overlooking troublesome language in the end-of-life section of the House health bill, aka Section 1233 of HR 3200.

For purposes of civil discourse, let's assume that no one wants to kill off old people. Just as airline pilots have a primary interest in safely landing planes, even Nancy Pelosi, Harry Reid and Barack Obama will be elderly someday.

Meanwhile, we all know that America's health care system is in dire need of repair. We also know, though we're loath to admit, that we can't do all things for all people. Technology that enables us to prolong life far beyond what is natural or desirable also threatens to cripple us financially.

How do mere humans balance the immense powers of "can" against the humbling moral quandary of "should?" This is partly what the bill's end-of-life section aims to address.

Theoretically, rational people can dwell happily on the same page. Wouldn't we all rather voluntarily make end-of-life provisions while we're still healthy rather than burden family members, who would be reluctant (one hopes) to pull the plug on our darling selves?

Of course. In practice, however, the debate is over whether these consultations are conclusively voluntary -- and the bill, to the extent it is comprehensible at all, is vague enough to cause concern.

For instance, the bill makes end-of-life consultations reimbursable under Medicare every five years, but allows for more frequent Medicare-reimbursed sessions should a person's condition worsen. These consultations allow for the formulation of "an order regarding life-sustaining treatment."

We can all imagine a situation when we might not want any more life-sustaining treatments -- when death is imminent, for example. But we can also imagine a scenario when, feeble and ill, we might be subtly urged to forgo further life-sustain-

ing treatment out of consideration for others. Given that "actionable medical orders" can be formulated from advance care consultations, the danger is that life-sustaining care would be precluded based on a checkmark on a document you signed five years earlier.

It would be nice to think that everything goes as intended by patients, but we can safely assume that when human error collides with bureaucratic efficiency, nightmarish enforcement scenarios could ensue. Likelihoods morph into certainties when, as this bill sets out, primary physicians aren't necessarily involved in the consultations. As proposed, a variety of health care practitioners would do.

Not least, the bill is an enabling document that leaves great discretion to the secretary of health and human services to develop guidelines that ultimately could change the character of what seems to be offered. In just one of dozens of examples, the bill leaves it to the secretary to develop "quality measures" on end-of-life care and advanced care planning.

What might such quality measures look like? Who knows? But other documents floating around hint at what the secretary might consider.

One is a 2008 Rand Corp. report, "Advance Directives and Advance Care Planning: Report to Congress," which suggests mechanisms by which poor "advance care planning" could be viewed as "medical error," otherwise known as malpractice. While it's unclear what direction "quality measures" might take, the bill could allow the government to require Medicare providers to encourage end-of-life consultations -- or risk being penalized in their compensation or in their ability to participate in the Medicare program.

Beyond the jargon, of course, the real issue is that people instinctively (and correctly) fear bureaucracy -- especially in matters of life and death. When it takes 1,017 pages of mostly incomprehensible language to MapQuest the way we live (and die), people have a right to demand clarity.

A simple amendment to HR 3200 would do much to cool tempers. All that's needed is specific language saying that these end-of-life consultations are not mandatory -- either for physicians or patients -- and that there would be no penalty, either in coverage or compensation, for declining to participate.

In the absence of such language, one may reasonably assume otherwise.

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ON EDITORIALS

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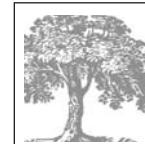
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