This forum, sponsored by Mid-Valley Health Care Advocates, was held on May 29, 2003. The public was invited; the event was advertised and drew in the neighborhood of 60 participants. After brief opening remarks by Tom Ebersole, Director of the Benton County Health Department; Mark Lindgren, State Chair of Health Care for All-Oregon; and Larry Mullins, CEO of Samaritan Health Services, the participants were seated in groups of 5 or 6 persons with a designated discussion facilitator. The groups were asked to discuss and record key points in three areas:

- Problems with the Current Health Care Delivery System,
- Basic Services Which Should be Included in any Comprehensive Health Care System, and finally,
- Cost Cutting Suggestions.

Without exception, each group identified Guaranteed Universal Health Care as the only viable solution to current problems. They felt that, in the long run, a comprehensive health care delivery system would not cost appreciably more than the current hodge-podge system.

PROBLEMS in the current system which were identified with considerable unanimity among groups included these:
--The present system is PROFIT DRIVEN which creates problems and disparities in coverage and care.
--The high per capita cost of the present system does not result in high levels of care.
--The costs of insurance and prescriptions are rising faster than the cost of living and forcing individuals to go without.
--There is little coverage available for prescription drugs.
--Mental health coverage is declining
--The number of persons without health care coverage is increasing and the safety nets are shrinking.
--The complexity of the current piecemeal system presents great obstacles to persons without employer-provided insurance.
--Employers are increasingly not providing health care insurance, reducing coverage, hiring part-time employees who are not eligible for coverage, and contracting work out.
--Current high levels of unemployment in Oregon exacerbate the inequity of the health-care system.
--Is health care a privilege available only to the wealthy?

SERVICES which should be a part of a comprehensive health care delivery system also were identified with considerable unanimity among groups. They include the following:
--Universal access to diagnostic, evaluation, and treatment services, with doctors making the decisions, not HMO's, insurance companies, or legislators.
--Preventive care including yearly check-ups, well-baby clinics, immunizations
--Prescription medication coverage
--Dental care
Long term care was given considerable attention, also.

**COST-CUTTING** - It was strongly felt that a single-payer universal health care system would result in major savings especially in the areas of administrative costs, establishment of pharmaceutical purchasing pools, eliminating unnecessary emergency room use, and regional decision making relative to expensive equipment purchases. Other suggestions included the following:

--Stop pharmaceutical advertising to the public
--Cap profits of insurance companies and drug companies
--Cap administrative costs of approved HMO's
--Develop regional equipment purchasing programs with stricter enforcement of need certificates
--Establish prescription purchasing pools
--Emphasize preventive care - yearly check-ups etc.
--Determine co-pays and deductibles on an income-based sliding scale
--Provide incentives for employers to provide health-care coverage
--Provide incentives for individuals who practice preventive care
--Cut back on expensive geriatric care
--Fund long term care with an emphasis on home care, which is much less expensive than skilled nursing care
--Make funding of Oregon Health Plan a priority

The prevalent attitude at the forum was the opinion that health care delivery should be separated from the profit motive and that the provision of health care services should be considered an important part of a productive, caring society.