

Fresno Metro Ministry
1055 North Van Ness, Suite H
Fresno, CA 93728
(559) 485-1416 Fax (559) 485-9109
E-mail: metromin@fresnometmin.org
Website: www.fresnometroministry.org

NOTES OF COMMUNITY HEALTH CARE ROUNDTABLE

Thursday, September 15, 2005

- 1) **Katrina: There and Here: Is Health Care Blowing in the Wind? – Dr. Dominic Dizon**,
Medical Director of Ambulatory Care, University Medical Center, Pages 1 - 8
- 2) **Two Competing Prescription Drug Ballot Initiatives & Proposition 76 – Meg Reeve**,
Organizer, Health Access, Pages 9 – 15

The purpose of our Community Health Care Roundtables and of our health care projects is to increase health care access that is appropriate medically, geographically, linguistically, and culturally and to improve public health. The Community Health Care Roundtables are funded by individual donors, local congregations, event and activity sponsors, California Health Care Foundation, California Wellness Foundation, Vitamin Cases Consumer Settlement, Hewlett Foundation, USDA, MAZON: A Jewish Response to Hunger, Kaiser Permanente, Health Net, Children's Hospital Central California, Alliance for Family Farmers, California Nutrition Network, and Steven and Michele Kirsch.

Katrina: There and Here: Is Health Care Really Blowing in the Wind? **Dr. Dominic Dizon, Medical Director of Ambulatory Care, University Medical Center**

Good morning everybody. It's a pleasure and honor to be here this morning, my first roundtable discussion here at Fresno Metro Ministry. I'm Dr. Dizon. I'm the medical director of all the clinics that are associated with UMC, and that's 14 clinics. That includes Firebaugh, Sierra Clinic, which is close to here, the Children's Health Center, Family Health Center, and of course, all the clinics within the UMC Hospital. I'm also an assistant clinical professor with UCSF Fresno Medical Education Program. I'm on the Cultural Competency Committee with the Community Medical Centers and also with CCFMG. When Reverend Parry invited me to talk I thought maybe I should divide my brief talk into three aspects. First of all, I'm not a politician. I know there is a lot of talk about what went wrong and who's to blame. We can talk a little bit about what happened there. I'll probably talk mostly about what we're doing here right now in terms of the patients who are already trickling in. We're already seeing some of them here at UMC. I'll also talk briefly about what we're doing at UMC in preparation in case we do get a disaster with the same extent as Katrina. I actually have two copies of our disaster plan, both for the clinics and within the hospital of UMC, that we can briefly talk about.

New Orleans is a city that is below sea level and is surrounded by water

You're all aware about what happened in New Orleans. In the New York Times today on the front page Marco Brown, as he had his exit interview, was talking about his frustrations and what

had happened at the federal level, the state level, and of course, the local level. As you know, he was in charge of FEMA. People always ask how come FEMA was not there, how come the state did not let them come in, and what happened locally. My only insight on that is that I was in Texas for three years. I was with the VA there and I actually was in New Orleans for about a week of conference. If any of you haven't been to New Orleans, it's an awesome city. When I was there it was at the time when it was about to have that big flood in Houston. I don't know if you remember that in 2001. I was on Highway 10, which connects New Orleans to Baton Rouge all the way back to Houston. Remember, New Orleans is kind of like our little Venice. It's below sea level. All around me I was awestruck by the water. It was a freeway, but there's an island that's water and there's a freeway that goes in the opposite direction and all these bayous, all these huge, huge tropical trees. There was this storm approaching us, this big void of black, and that was the first time I was actually scared. I was driving my SUV then. I was actually scared for myself and my family. What would happen if this storm actually came in and we were out there on the water? Luckily, it wasn't as bad as I thought, but I can really appreciate what the residents and the evacuees experienced.

Many of those who remained in New Orleans were waiting for Medicare or SSI checks

There are a lot of bad things, of course, that happened, but let's concentrate on some of the positives. New Orleans is a city of about 10 million, and at short notice they were able to evacuate probably most of the people in a short amount of time. It is, however, unfortunate that Katrina hit on the August 29th. What happens on the 29th? The majority if not most of the people who got stranded, who stayed, were the ones who were on Medicare or SSI, those who actually had to wait for their check issued on the first of the month. The 29th is when their resources are all scarce, and when something drastic like this happens and they get this directive to immediately evacuate they can't do that. That's one thing, I think, that was a big factor. The other thing is that we knew people who had relatives over there who said, "Well, this is another storm." They've weathered storm after storm after storm. Like I mentioned, back in 2001 when I was there it went through, it passed, so even though Katrina was in all the papers and on the T.V. warning them, they said, "We'll be okay." Well, now we know it turned out it was not okay. That's what happened, I think, on the natural level.

Tulane University School of Public Health and Tropical Medicine is now gone

Now a little bit on the political level. From the healthcare perspective, we do have one intern right now at UMC who went to New Orleans Medical School, and he actually missed the storm by a couple months. He went to Tulane Medical School. I don't know if you know Tulane. Tulane is very big. It has probably the best School of Public Health and Tropical Medicine in the world, and in the span of three to five days it's now gone. He has a lot of colleagues and friends who actually now cannot continue on with their residency or medical school over there. They have to be fanned out into neighboring cities like Baton Rouge and University of Texas in Houston. To really disable a big, big medical school and school of public health like that is something that's beyond belief.

Dr. Dizon is on call and ready to respond when new evacuees arrive from New Orleans

Now that we are approaching week three of the calamity here at UMC I had been approached by Dr. Ed Moreno, who is our county public health officer. I had also been approached by **Cathy Drusen** and had spoken with Barbara Anderson, the reporter with the Fresno Bee, to see how we're preparing for the either the patients who are coming in slowly because they have ties or relatives here in the valley, or eventually, if we do get the reported 400 evacuees from Texas, what we are doing for those. First of all, you saw in the newspaper from Barbara Anderson's article that we have Selland Arena. They had prepared cots there last week. Right now we are on a standby policy. The State Office of Emergency Services has not given the official word to actually accept the massive evacuation, and that would be the big cities of California like San Francisco, San Diego, L.A., and Fresno. You probably read in the paper that Alan Autry had agreed to come down to a number of 400 that we should be getting. If that happens, I'm on pager for the first responders. I have spoken with **Cathy Drusen** and Dr. Moreno. They will give me a lead time of 4 to 24 hours, so they will page me any time of the day to say that the evacuees will be here. I have 4 to 24 hours to activate and mobilize my unit. I will be responsible for two exam rooms at Selland Arena, which are just makeshift with cots with a little bit of privacy, and then the physicians and volunteers will also be sleeping on cots. So in 4 to 24 hours I'm supposed to call the people on my list to go there with sphygmomanometers and stethoscopes and start screening the evacuees both physically and mentally to see which ones need emergency treatment and which ones need to be plugged into the safety network that we have here in the valley.

There are 20 attending physicians and residents that are ready to do health screening on Katrina victims when they arrive in Fresno

Last year I started a project in our department, the Department of Internal Medicine, where we actually required the 52 medical residents to do community service. That's one-half day of community service in one year. These are very busy residents, so it's hard to impose something in the beginning, but we did get buy-in into a half day of community service per year. Last year most if not all of them were able to do that, and most of them enjoyed that. Most of them went to Poverello House or the Holy Cross Clinic. Some volunteered at the VA Golden Age Games. Some were actively seeking funds for the rehab center downtown. But this year I said there is a special need for volunteers for when Katrina victims come in to do the health screening, and so far 15 residents have agreed to be part of that list that I could motivate and mobilize any time, and about seven attending physicians are now on that list including myself. With that list of about 20 doctors we should be able to man two exam rooms for 48 hours straight. If the evacuees who go to Selland Arena require more than 48 hours of triage and screening then the county has to come up with a new plan on how to go from there, but at least we have that plan set. As I mentioned earlier, some victims who have access or who have ties within the valley are already here. We started seeing them probably middle of last week.

*UMC has a new after-hours clinic that has begun seeing patients,
including some Katrina victims*

It happened to be a fortunate thing that as medical director I had been training a mid-level nurse practitioner to staff what we call an after-hours clinic. This clinic this is going to be open every day from 5 p.m. to about 11 p.m. with appointments for anybody within the valley who doesn't have insurance, has MISP, Medi-Cal, who for some reason tends to use the emergency room a lot for their primary care needs and yet has a regular provider or doesn't have one assigned but they keep coming to the emergency room, which bottlenecks the emergency room. These patients we can now see in the after-hours clinic, which I see as a sort of a portal or way of entry for patients who have not been assigned anybody so that we can plug them into the clinics. These are patients who may have an appointment with their regular doctor in two to three months down the road but then they have an urgent issue but they can't get an earlier appointment, so instead of going to the emergency room they can go to this after-hours clinic. The nurse practitioner, Rita, is now ready to see patients on her own. When we opened that clinic last week on September 6th after Labor Day it just happened that I started getting these calls from **Cathy Drusen** and the public health nurses about the Katrina evacuees. Each day we see an average of three to four, and these can range from children to elderly. Yesterday we had a 24-year-old woman who was seven months pregnant and unfortunately has been a victim of domestic violence in New Orleans. She came here because she has family here. She had fever and 4+ pitting edema with severe swelling of her legs and is seven months pregnant. When that happens the first thing we think about is a condition called preeclampsia where she is ready to have a seizure, and the only way to treat her then would be to deliver the baby. We were actually able to immediately plug her in with Women's Clinic. Women's Clinic said, no, she needs to go to Labor and Delivery at Fresno Community right away, so she got sent right away. Last week we had a patient by the name of Pearlie who has severe rheumatoid arthritis and has been out of a medication called Enbrel. Enbrel is a new disease-modifying agent that is extremely expensive. There is no way Medicaid or Medi-Cal patients can afford it, so she got plugged into the clinic, she saw Dr. Bertken at the south clinic, and he, of course, was very thrilled to see Pearlie, wrote for the prescription for Enbrel, and seeing she can't afford it, Gordie, who is our ambulatory pharmacy director, got the Compassionate Drug Care Program for her. She got the Enbrel. She was seen also at the after-hours clinic. She was so happy. First of all, she was happy to be alive, to have evacuated, and she was happy that she didn't have to go through a lot of bureaucracy to be seen in the clinic. She hugged everybody and kissed the nurses. So that was Pearlie. Yesterday again I had a call, this time for a family. There was a woman, Sabrina, who had 11 children from New Orleans. Nine of her 11 children were living, and they were all from different fathers. She came in here because she herself had asthma and she needed blood pressure medications. She had two children, a two-year-old and a one-year-old, who seemed to have some kind of an upper respiratory infection, so she needed to be seen yesterday. For the children I had to call the Children's Health Center and they were so happy to see them right away. They were seen within one hour after they were triaged by the American Red Cross at Selland Arena. Sabrina will be seen today at the after-hours clinic. She didn't want to be seen yesterday. She wanted to take care of her children first and then she herself will be seen today. This is the way that patients are being seen right now, one person, one family at a time.

Fresno County hospitals have plans in order in case a massive disaster occurs in the region

That brings me to the final aspect, which is what are we going to do at UMC and all the clinics in case a disaster happens here within Fresno County. We had something similar to this. I don't know if you remember about seven or eight years ago when we had the big Coalinga massive car accident on Freeway 5. I actually spoke with Bruce Kinder, who is our administrator or vice president of UMC, and **Terry Lotz**, who is the director of Disaster Planning. They said that when that happened, UMC, being the only level 1 trauma center from Sacramento to L.A., became the hub or the command center for the whole valley such that they put a Code Triage. You probably will see on the handout that we do have different scales of disaster or emergency. When a big disaster like that happens the hospital can call a Code Triage. That means the normal operations will not be completely halted but will be toned down a little bit to make way for a big disaster coming in. The day when that big Coalinga accident on Freeway 5 happened we did call a Code Triage. I wasn't here back then, so this is just from what Bruce Kinder told me. All the helicopters and ambulances coming in did go into UMC and it became the command center. On the handout that I gave you there is this term called "command center," so if something happens like a big fire or a big flash flood, which we could still get here in Fresno, or a massive car accident, then the administration office at UMC becomes a command center. Out of all the managers of the clinics and hospital, one manager would actually go and report to see what they need to do. They have different assignments at that point. Clovis Medical Center's command center would be the medical staff library. For the Regional Medical Center right now the Sequoia room would be the command center. The CEOs of each hospital will be the head of that command center, and all the managers and directors would then report to that head of that command center.

Community Medical Centers, UMC, and Clovis Community Hospital have policies in case there is a bioterrorist attack

Beverly Kuykendal is the nurse who is in charge of infection control for the corporation, Community Medical Centers, UMC, and Clovis. She has to prepare pretty much all the providers and physicians about what to do in case of a bioterrorist attack. The most common possible agents would be smallpox, anthrax, pneumonic plague, and tularemia. She has to educate all of us on what to expect and what to do in case of that attack, so we do have policies. It's actually now online. All the staff actually have access to that on our community web page. That's the third aspect, what we have in store right now and what we're going to be doing in the future in case that does happen. I meet with all the clinic directors about once a month or maybe every two months. Because of what has happened with Katrina we actually had to review our disaster policy within all the clinics, so it's now up to date as of September of 2005.

Participant question: With my experience with the earthquake in Coalinga, FEMA was so slow in coming to the rescue. People need money to pay for food and housing and there's a lot of money being collected and donated to this event. Who is going to be in charge? Who's going to be giving it out? Mayor Autry has a wonderful heart, but I heard the board of supervisors and their discussion on it. We're going to overcrowd our healthcare system and our school system and our housing. Who's doing the planning?

Dr. Dominic Dizon: That's a good question, but like I said, I'm not a politician. You probably will read in the paper today that Mayor Autry also has plans to go to Houston to try to rally the evacuees who are there and that he was voted five to zero by the board of supervisors against doing that because it could strain the resources. FEMA is federal, but we also have the State Office of Emergency Services, which Fresno County reports to. Dr. Moreno told me that we cannot do anything here within Fresno County unless we get the official word from the State Office of Emergency Services, so I think I would go with the State OES. We all know about funding, we all know about scarce resources. At UMC there is this designation called MISP, or Medically Indigent Special Program, for patients who don't have insurance. Robin, who is the executive director, and I were trying to push for this thing called MISPK, K for Katrina. It's just a way for us to track. We don't have new funding for that and we don't want to divert the very scarce funds that we have to take care of our Fresno County indigent population, but we just want to track the Katrina patients in such a way that in the fortunate and rare event that we get funding later on from state or FEMA then we can say these are the MISPK patients that we took care of at UMC so hopefully we can get some kind of reimbursement for that.

Lee Snyder: I don't know whether you know, seeing you're fairly recently a citizen of this community, but the medical society has made a disaster planning group in the city and has assigned each physician to a station in case of disaster. Certainly that should be part of the totality because a community's centers serve the total community.

Dr. Dominic Dizon: I'm actually a member of Fresno/Madera Medical Society and I have met some of the officers. **Dr. Gene Kallsen**, who is our chief of emergency room, is actually one of the officers right now. I would be very happy to communicate and articulate with whoever is in charge of Fresno/Madera Medical Society to see if we could work together on that.

Jim Hill: I am not a political activist. I'm neither Democrat, Republican, nor independent. I'm just Jim Hill, citizen. I understand that two days before that storm hit the city President Bush personally spoke to the governor and asked her to implement her emergency plan to vacate the city. I also heard a former New York police commissioner who formerly lived in that area of Louisiana and was a part of the city planning for emergency evacuation in the event of a levee failure. There was a plan implemented. I also heard of an investigation, and I would pray that there be no Democrat or Republican committee deciding what happened. The suggestion has been made for retired generals and admirals who know what it's like to move massive forces to do a private investigation. We had a perfect example from your recommendation – online medical personnel who are here who understand what their capabilities are and have a willingness to serve without any political intent or financial involvement without waiting for the supervisors to make up their minds what they think needs to be done for Fresno County. I will pray that the local authorities take over, not the mayor, not the governor, and not FEMA.

Dr. Dominic Dizon: I am a firm believer in grassroots coalitions. I agree that it all boils down to us, the citizens of the county and the local Fresno/Madera Medical Society to effect something.

Participant question: For Katrina are we sure we're getting the 400 but we just don't know when?

Dr. Dominic Dizon: We're not sure. We were that sure last week as of Friday, but through the weekend it got less and less likely because federally they told the state not to accept the evacuees yet. So we're not even sure we're going to get them at all, but it can be any time now, too.

Participant question: The plan once they get here is to activate the 20 volunteers on your list?

Dr. Dominic Dizon: That's just on my end. I'm not the only one who's a first responder. Sequoia will have one, Fresno County has their own plan, and probably even Fresno/Madera Medical Society. **Ceci Lomeli** at Poverello Clinic also will have her own plan. She is already seeing patients there at Holy Cross Clinic. Some of them are Katrina evacuees.

Participant question: Are all of you coming together and talking about who's doing what?

Dr. Dominic Dizon: Informally, yes. Not in a roundtable discussion, but informally.

Participant question: Before the new Hmong refugees arrived there was a refugee taskforce convened from every area of service in Fresno County and then we had delegations to Thailand to do pre-screening interviews, etc., to see what all of the needs were, and then when the refugees arrived their transition in Fresno went really smoothly. If something similar to that took place when we're more sure of their arrival, that would be great.

Dr. Dominic Dizon: I think once it gets to the point where we're almost sure then I believe a taskforce should be the next step.

Participant question: About the after-hours clinic, is there some outreach mechanism going on to let people know that you can come here instead of waiting for hours at the emergency room?

Dr. Dominic Dizon: Since this just started last week the marketing or the outreach so far is just within UMC. We haven't publically told everybody yet except now, and Fresno County leaders now know about that. It's all brand new.

Participant comment: Could you tell us where it is and who can qualify so we can spread the word from here?

Dr. Dominic Dizon: Sure. We already have the staff. There are two nurses and two medical assistants. There are two providers, a nurse practitioner and a doctor. Right now it's at the Adult Clinic at UMC. To get in, the emergency room can book patients in and then the clinics, specifically the medicine clinics, can book through a coordinator. That coordinator's name is Karen Mehia if you want a contact person. Her pager number is 488-0609, and she will be happy to help assist anybody who needs access to the after-hours clinic.

Rev. Walt Parry: I want to make a couple personal editorial comments and then ask a real question. Homeland Security that now is in charge of FEMA waited for 36 hours after the hurricane hit land to authorize a FEMA person to do anything. Previously FEMA was a cabinet-level position. They had the power to respond. Secondly, I'm all for grassroots,

needless to say, but these major disasters need a major resource like FEMA to come in dramatically and quickly. It should have been, from my perspective, before the storm. They could have gotten a lot of those people who didn't have transportation out prior to the storm hitting. Theologically speaking, I think the lack of federal government response was sinful. As funding for trauma care and trauma units in this country has been decreasing or at least hasn't been increasing related to the demand, do you think that this type of situation will help us readjust our resources so that we do provide good funding for trauma services throughout the nation or do you think it will just be more business as usual? From what happened in the medical facilities in New Orleans is there anything we can learn from that?

Dr. Dominic Dizon: In terms of funding, especially for the emergency rooms, when we had the election a year ago it was actually part of the propositions, but it didn't pass. Some of the emergency rooms in the L.A. region are already closing down because they're being overwhelmed, especially the trauma emergency rooms, and that's definitely not only a state but also a nationwide issue. So far from what I know it's going to be business as usual, unfortunately. So far we haven't had any change in culture or change in way of thinking to enact more funding to go to the emergency rooms. In terms of what we can learn, we can learn a lot. Some of the hospitals in Louisiana had a mass shortage of basic supplies like gauze, bandages, and crutches, so that's something that we can definitely learn from and we can enact new policies in the future to prepare for shortages like that.

Participant question: I know the big concern of Fresno County supervisors is funding, and I heard on the radio this morning coming here that the federal government was releasing money to California to take care of some of these things, so hopefully the compassion will come in front of the money. You were talking about preparation. Well, you know, the media has not been publicizing. Mary Landrieu, the U.S. Senator from Louisiana, for three years has putting in requests to build up those levees. Three years she was denied through the Appropriations Committee of the Congress and it was not even included in the president's budget, so there are people trying to do something and then the money is used for other things. The American citizens better wake up and contact their representative and tell them to stop this nonsense and use the money where it needs to be used.

Jim Hill: I wonder if we aren't overlooking an important element. We're talking about what if something happens. We need an emergency preparedness drill regularly.

Rev. Walt Parry: Some of the people in New Orleans say that they were prepared as much as you can prepare to survive for three days thinking that within three days the cavalry would arrive, and after three days the cavalry did not arrive, and so from my perspective you can look at two parts of that. One is that we don't depend upon the cavalry, the federal government. To me that would be a mistake. We need things that can be done locally to be done locally, things that need to be done statewide are done there, but things that need to be done on the federal level are done there as well. Thank you very much for the work that you're doing and for giving us an overview.

Meg Reeve, Health Access

Good morning. My name is Meg Reeve and I work with a group called Health Access. We're a statewide advocacy organization. We advocate for more affordable and accessible healthcare for all Californians. We have offices in L.A., Sacramento, and Oakland, where I work. I'm working full time right now on advocacy for Proposition 79. VoteYesonProp79.org is our website and our slogan. I'm doing that full time, but I'm also going to talk to you this morning briefly about Proposition 76. It's not my forte. I'm just going to talk to you for one minute about it and I'm going to do it more from a healthcare perspective.

The governor calls Proposition 76 the Live Within Our Means Act, but those in opposition to this proposition call it the Cut School Funding Act

Proposition 76 is one of the governor's more devastating proposals he put on the ballot this special election in November. He calls it the Live Within Our Means Act. We're calling it the Cut School Funding Act. While Live Within Our Means certainly has a nicer ring and connotation to it, how he's proposing that we live within our means is by imposing spending caps that will slash funding to public schools, hence the name Cut School Funding Act because it actually cuts four billion dollars out of school funding each year or \$600 per student. It also cuts funding to police officers, fire fighters, and local healthcare facilities. What's worse is that it allows the governor to declare a fiscal emergency whenever he wants to, which would give him the power to cut whatever fund to whatever programs he deems necessary, and that would be without the approval of the legislature or the voters. Looking at the chart that's in your packet, each of these rows is a cut to healthcare that's been proposed. The first column are cuts made under Gray Davis and the second column has cuts under Arnold Schwarzenegger. The gray ones are the ones that actually went through. The white ones are the ones that were rejected. There's more gray on here than we would like, but the point of the fact is that there was a system of checks and balances in place and the legislature rejected a lot of these cuts that were proposed by the governors. Under Proposition 76 there would be no checks and balances. The governor could cut whatever he or she wanted to at any time in the future. Even if you do trust the current governor with this sort of unilateral power, who knows what future governors would do with this kind of power. There is a lot rolled into this proposition. There are cuts to local and city governments, which would mean cuts to schools, fire fighters, police officers, and healthcare. If the state is in a financial crisis the governor has the power to make more cuts that he deems necessary. For these reasons, for all the spending caps and the cuts that it would mean for healthcare, teachers, schools, and other programs as well as the kind of power that it puts in the hands of the governor both now and in the future, we're urging people to vote a resounding no to this proposition.

Pharmaceutical companies are spending \$80 million to squash Proposition 79

On to Proposition 79. This chart is a breakdown of all the things that are good about Proposition 79 and all the bad things about Proposition 78. These two propositions are on the ballot this special election, and both deal with prescription drug costs. Proposition 78 is backed by the pharmaceutical drug companies and their lobby. Proposition 79, which is the one that we are proponents of, is backed by consumer, health, labor, and senior groups. How many people here have seen the commercials on T.V. which run around the clock for Proposition 79, vote no on

79? If you own a T.V. you've probably seen them even if it wasn't cognizant. It's so early in the campaign that a lot of people aren't even thinking about the election yet. That goes to show you how much money the drug companies are willing to dump into this campaign. This is more money than they have ever spent or put into any ballot initiative in the history of this country. Right now they are putting \$80 million into this proposition campaign to beat down 79. This is Johnson and Johnson, Merck, Glaxo Smith Cline, Pfizer. These are the people that are causing the drug prices to be astronomical as it is, and then in turn they're dumping \$80 million into squashing a fantastic proposition that's going to lower drug costs for people that need them. This is what we're up against. The fact that they started this campaign even before Labor Day is almost unheard of for a campaign. That's so early in the election season. They're vowing to spend whatever it takes to squash Proposition 79.

Proposition 78 is supported by the drug industry. Proposition 79 is supported by consumer, health, senior, and labor groups.

What are the drug companies so afraid of? Why are they willing to dump \$80 million into Proposition 79? There are three main differences between Proposition 78 and Proposition 79, the first of which is who sponsors it – drug industry versus consumer, health, senior, and labor groups. First I'll tell you what the one similarity is. Both are proposing that people that need it get a drug discount card. Both Proposition 78 and Proposition 79 if they were enacted would give drug prescription cards to a certain number of Californians that can't afford the high prices of prescription drugs. That's pretty much where the similarities end.

Proposition 79 has an enforcement mechanism, whereas Proposition 78 does not

Here are all of the differences. First of all, the enforcement. Proposition 78 has no enforcement mechanism whatsoever. It completely relies on the drug companies to voluntarily give drug discounts to people that need them. To that I say you don't need legislation to give drug discounts to people. If the drug companies wanted to give discounts to people that needed to be able to afford their prescription drugs why aren't they doing it already? You don't need legislation to do that. So there is no enforcement mechanism. It relies on them to voluntarily give people discounts, and furthermore, there was already a program like this in 2001 that we attempted to fly in California. It was called the Golden Bear State Pharmacy. It invited 500 drug companies to come to the table and offer discounts to people so they could afford their prescription drugs. How many do you think came to the table? Fourteen. The program was shut down. That's exactly what would happen with Proposition 78 because there's no enforcement mechanism to see this program through. Proposition 79, on the other hand, has an enforcement mechanism. If a drug company refuses to come to the table and refuses to provide discounts, the state can shift business away from those drug companies that are refusing to participate and purchase drugs from drug companies that will participate in the program and will offer discounts. So there is a hammer with Proposition 79 and it will hit them in the pocket book, and clearly, that's where they feel it.

***Under Proposition 79 about twice as many people would be eligible
for discounts compared to Proposition 78***

Second is eligibility. How many people in California would be eligible for these discounts? Under Proposition 78 it would be about four to five million Californians. Under Proposition 79 it would be twice that, about 8 to 10 million Californians. The reason for the difference in those is because of a couple different things. Under Proposition 79 people with catastrophic medical expenses, meaning they're spending more than 5% of their income on medical bills or prescriptions, would be covered. People under Medicare Part D would have coverage. People who are not only uninsured but people who are underinsured, meaning that they have an incredibly high deductible for their health plan or maybe they're on a health plan where they only cover generics and sometimes you need the more expensive brand name drug, would be covered. Proposition 79 also covers people up to 400% of the poverty level. For a family of three it's about \$64,000, so for working families that aren't insured this would help them. There are a lot of them out there. California is an expensive place to live and these drugs are astronomically expensive, so families that are uninsured, even if both parents are working, do need that extra help.

With Proposition 78 it is unclear what kind of discounts there would be. With Proposition 79 the discounts would probably be around 50 percent.

Finally, what kind of discounts will there be? Under Proposition 78 it's voluntary so we don't really know what kind of discounts there would be. Secondly, they're based on the lowest commercial price set by the drug industry, and who knows how much that would be. It's very subjective. It's like when you go to a store and they say they're having this great sale and then they inflate the prices and say 25% off and it's really just like the regular price you pay anyway. That's similar to what happens with the drug industry, so we don't really know what the lowest price would be. With Proposition 79 we do have a better feeling for what the prices would be, and we think that it would probably be about a 50% discount for people. It builds on Medi-Cal success. Right now the state Medi-Cal program negotiates with the drug companies every single year and buys four billion dollars worth of drugs for the residents of California. This would expand on that, and it would purchase more drugs for people who are underinsured and uninsured and meet the eligibility requirements.

Proposition 79 is an enforceable Proposition that offers deeper discounts to more Californians

Those are the main differences between Proposition 78 and Proposition 79. What it comes down to is that 79 is an enforceable proposition that offers deeper discounts to more Californians. When you look at the people sponsoring it you'll see that this is the right side of things. This is a good group of people. The California Alliance for Retired Californians, League of Women Voters, Consumers Union, and Health Access California are all backing this. We have about 150 groups on board right now and we're growing every single day.

There are many ways to show support for Proposition 79

This brings me to what you can do to help. I understand Fresno Metro Ministry isn't ready to take a position on this yet or maybe you have to have a board meeting or whatever to take a position on this. I know that there are a lot of people in this room that represent different groups, and one thing that you can do is go to the website. It's www.voteeyesonprop79.com. There's a section there where it says "endorsement" and you can sign your organization on. There's another thing you can do, too, if you're not part of an organization or maybe you need a little bit of time before you can get your organization to endorse Proposition 79. You can go and sign on and say you're supporting Proposition 79. This was actually started up by Consumers Union, and we're trying to get this out to all corners of the state and have people sign on. When we have a certain number, like 50,000 people, in support of Proposition 79 then we're going to do a press event around it and talk about how many people are actually supporting it. So those are a couple things you can do online in terms of endorsement and showing support. One thing that we need are leaders here in Fresno or even just people that we can call on. I'm getting calls in Oakland for media folks from Fresno. I've had three in the last week alone that want to do interviews and talk to people about how they're affected by the high drug prices and have people talk to them about Proposition 79 and how it would help them, so we need people here in Fresno. I'm three hours away and every time we have something I can't just shoot down to Fresno, so we definitely need some good local groups and people to be able to do things like come out to press conferences when we have them in Fresno, to be informed, and to be a resource if we need to find out where can hold a local event. We need some folks that we can call on. If you're with a group or if you think you might be able to just be a contact for us here in Fresno, that would be great. There's another little piece on there that you'll see under the check boxes that says, "One thing that I can do is tell you what I spend on prescription drugs." The reason we're asking for this is because we are looking for people with stories that are going to be able to attest to the fact that Proposition 79 would help them. We want to find people willing to talk about the astronomically high price that they're paying for their prescription drugs, so if you are paying a lot or if you have a friend or a relative that you think has a story that would attest to the need for Proposition 79, then please indicate that.

Ruth Ann Evans: Meg, are there enough teeth in the enforcement portion of Proposition 79 to pressure a drug company who is the sole manufacturer of a particular drug and there are no other drugs that will do the job? How would they be forced into discounting?

Meg Reeve: If there are no other companies that provide a therapeutic equivalent and one company holds the market on that drug then it probably will be difficult to enforce them to come to the table with discounts, but I would say that most drugs on the market at this point do have some sort of therapeutic equivalent.

Ray Ensher: I'm insurance chair of California Retired Teachers Association State Board. I've been getting letters from Madera and Tranquility and elsewhere about many retired teachers being really cut out of the loop. In other words, they're not even consulted as far as changing insurance plans. One retired administrator in Madera recently had his insurance go up \$1400 in one month. We're getting all kinds of horror stories about changes made in the districts and increasing insurance costs by \$300 to \$400 a month without consulting with the retired teachers

because there's no concern for retired teachers at all in any of the districts in this state. This is an area that I think you ought to be taking a look at and maybe using in the campaign as far as what's happening with this segment of the community.

Meg Reeve: Thank you. If you'd give me your contact information that would be great because I'd love to talk to you more about that and how we might be able to work it into the campaign.

Gene Roser, California Alliance of Retired Americans: Obviously this is a very important issue to us in regards to Proposition 78 and Proposition 79 and one that we're absolutely in agreement with you and with Health Access. I want to identify a couple of things. First, we need to identify that the pharmaceutical company Pharma and the other organizations, as you mentioned earlier, have already spent \$72 million and will probably go up to \$80 million on their misleading campaign. That campaign has been identified by major newspapers throughout the state in regards to actually misleading the public, and we're being inundated right now with a media blitz on those advertisements. We have to do it, again, from the grassroots level to get the information out. Pharma is also the number one contributor and the special interest of our governor, so put those two together. Last Saturday I participated in a precinct walk with the Alliance for a Better California, which is identifying a coalition of groups to identify the issues that are on the special election. We were not identifying 78 and 79, but that question came up continuously, especially by the elderly people that we talked to, and they are believing the ad that's coming out there, so it's very important that every organization, including the organization which I belong to and Health Access and labor unions, church groups, and community organizations, get the word out through the grassroots level that we need to defeat Proposition 78 and that it is a pharmaceutical-backed bill that is beneficial to them, not to the consumer, and Proposition 79 was developed by consumer groups and it's necessary for us to get that passed.

Meg Reeve: Right. Make no mistake about it. Proposition 79 was put on the ballot first. The drug lobby then put Proposition 78 on the ballot as a way to confuse voters. That's essentially what it is. The drug companies don't want you to actually vote yes on 78. If you notice, in their commercials they're not saying vote yes on 78. They're just saying vote no on 79. They don't really want either of these to go into place. Proposition 78 is a total smokescreen that's put on the ballot to confuse voters into voting no on both because when voters get confused they tend to vote no. Would Proposition 78 be better than nothing? Yes, but is it going to last? No, because it's completely voluntary and it would collapse. Even if Proposition 78 and Proposition 79 both get more than 50% of the votes, the one that receives more votes is the one that gets voted into law, so voting yes on 79 is the absolute key. Whatever you do with 78, it's just there to confuse voters, so voting yes on 79 is the absolute key to winning this election.

Gene Roser: I have one more statement about the term "voluntary" for the pharmaceutical companies to lower their prices. We must remember that in 2004 the drug companies raised, I believe, the top 25 prescribed drugs an average of 14%, so no matter what they cut, they will raise, and that's the thing that we have to remember. That's why it's so important that we vote on these two issues.

Participant question: Are either of these issues concentrating on the clients? All of us need medication at one time or another, and the doctor prescribes it and we pay whatever the druggist

charges. The pharmacies are making money and they tell us that it's going to research rather than to the companies make great profits. They're selling the medications to Mexico and to Canada at a cheaper rate than we can pay for it here. Many people have gone across the border to get the medication, and they now put forth in the media that they're not pure medications. Well, I don't know why not. U.S. pharmacies are selling their drugs to these two countries. Isn't there some way we can really get our drug companies to realize that everybody in America will at one time or another need medication, and therefore, if they're making big profits and it really isn't going to research then we need some reductions in the cost of things?

Meg Reeve: So far I suppose it's what the market will bear, and right now people are finding a way to pay for the drugs they need, even if it means taking out another mortgage on their house or getting assistance from their family. I don't know what the answer to that is. Yes, we are selling drugs to Canada and then people are going to Canada to buy those drugs. It's insane. This was actually put on the ballot in response to that being outlawed. We did our kickoff event yesterday in Sacramento for our "This is Proposition 79, vote yes, 78 is a sham," the whole thing, and a woman that spoke and shared her story got her heart medicine from Canada that was bankrupting her here in the United States and the FDA confiscated it. They confiscated her heart medicine. So yes, I hear you and I understand, and right now all we can do is try to work towards implementation of better policy. They're not going to come to the table voluntarily, which is why Proposition 78 is not going to work. No, they're not going to come to the table and just say, "People need drugs so we're going to lower the prices." Unless there's some sort of state institution negotiating with them saying, "You're going to lose business if you don't lower your prices," it's not going to happen. You have to talk money to them. It's the only thing they listen to.

Rev. Walt Parry: With Proposition 79 there's a 50% discount for some people in some economic categories, is that correct? If 79 were to pass, what prevents the drug companies from just raising the cost by an additional 50% so that, particularly if they have a monopoly on it, basically they would maintain status quo?

Meg Reeve: The price right now that they would be getting is based on the current Medi-Cal price, so the State of California already knows what these drugs should cost. They know what they've been paying for them on behalf of the Medi-Cal recipients, so if all of a sudden their drugs go through the roof I have a hard time believing that they would let that fly. The drug companies would be called on it in a minute because the state already knows the standard prices.

Participant comment: My understanding of the two countries that charge less is that that country puts in a certain amount of money to pay for the medication. There's got to be a way that our legislators will separate themselves from the money they get from the pharmaceutical companies to be re-elected and understand that they owe the people that are under them some help. We are boosting our own healthcare system out of price range. We have uninsured and underinsured and now we've got a lot of people pouring into California. My head is swimming because nothing is practical.

Meg Reeve: I know. I'm not so sure that other countries are actually putting money into the drugs. I think there is more negotiating on behalf of their citizens for lower prices. This is what

is happening in Canada. This is what happens in European countries. The government intervenes and they negotiate with them. This is a step in the right direction. People ask me how this impacts universal healthcare that we're advocating, and to that I say it's a step in the right direction, which in the end is government intervening so that people can have access to better and more affordable healthcare. This is not the answer to universal healthcare, but this is a step in the right direction.

Gene Roser: The drug companies keep saying that for their research and development they need to make the money, but their own books show that they spend approximately 7% on research and development, and I believe that may be an inflated number, and guess how much they spend on advertising? That is 30% to 40%, and I have a feeling that's a deflated number. They're spending their money on advertising rather than research and development to try to get us to spend our money on their drugs. Research is not where their money is going.

Meg Reeve: Very good point.

Gene Roser: I just wanted to emphasize that the California Alliance for Retired Americans is looking at the special election and we're saying yes to 79 and 80 and no to the rest of them. I know there are one or two that may have issues that relate to different individuals, but we are saying no to every issue that's on that special election except 79 and 80. Vote yes on 79 and 80 and for the rest of them vote no.

Rev. Walt Parry: I appreciate your participation. Just one last comment related to air quality. As you probably have read in the newspaper, Senate Bill 999 that would have added a medical person and an environmental scientist to the San Joaquin Valley Air District Board was withdrawn. It can come up again next year. The reason it was withdrawn is there is not one single assembly representative from the valley who was really supporting the bill as it was, which I personally think is disgraceful, so 999 is in limbo until next year. It may come back, it may be amended, it may stay as it was. The issue for Assemblyman Arambula was that he wanted the appointments to be made by public health officers from the eight counties. The backers of the bill and the ones that made the bill were willing to have them take the recommendations but wanted the governor to make the appointments and the senate to affirm the appointments. Assemblyman Arambula would not go for that, but I do think enlarging that board will be in the interest of good health. Thank you very much.