



NEW WORLD

For Persons with disAbilities

December 2019

Californians for DisAbility Rights, Inc.

End of Year Edition

PRESIDENT’S MESSAGE

By Kathleen Barajas

The past few months have brought some real challenges to the disability community. To lessen the risks of possible wild fires, planned power outages were experienced in many areas in our State of California. I believe that residents were notified a day or two in advance, however what the power companies neglected to consider was the impact these planned outages have on persons with disabilities who are oxygen dependent, and/or may use other medical equipment that rely on electricity. Currently there is no back-up plan for these individuals; many are forced to spend money on hotels and other living arrangements, just to be able to have access to electricity needed for their survival and the other medical equipment they require on a daily basis. One man already lost his life, as he was affected by a planned power outage and thought that he had enough in his oxygen tank to make it through the night; sadly he did not.

Another crucial issue that our community is facing is the lack of emergency services when an IHSS provider cannot make it to work, leaving the recipient without assistance and care. This situation is exasperated by the severity of one’s disability; it is not unheard of that a recipient is forced to sleep in their wheelchair the entire night or require specialized care that they cannot do themselves. Caregivers get ill or have emergencies every so often, and while the recipient understands this, they still need a backup plan for this. Many recipients do not have family who can fill in during these times, and this where the IHSS is currently lacking. Instead of implementing EVV and other projects that are cumbersome to recipients and providers, creating a program that kicks in during times like this should take priority. After all, wasn’t IHSS created to focus on the needs of individuals with disabilities?

Here in Los Angeles, Metro had an Aging and Disability Transportation Forum last month. Disability advocates from throughout L.A. County gathered to hear what Metro is doing to meet the needs of their riders with disabilities and those who are aging. Metro listens to our needs and concerns, and

(Cont. on page 5)

LACK OF EMERGENCY SERVICES IN IHSS PROGRAM

By Nancy Becker-Kennedy

Why has CDSS, that is in charge of the Adult Services Division for the state of California, chosen to afford electronic visit verification millions of dollars every time CMIPS needs a change in the timesheets for it and sick leave? In the meantime, it leaves the most GLARING GAP IN THE SAFETY NET for seniors and people with disabilities? No contract with professional 24/7 backup agencies makes IHSS seniors and people with disabilities sit up in their wheelchairs all night, have no one to cook for them, clean their homes or their dishes, if a provider gets sick or does not show up for work without any notice. Why are they not addressing these issues, that make us live in the most precarious possible circumstances without contracted emergency backup services? There are other glaring gaps in our safety net. Services that should be their mission to provide, because IHSS seniors and people with disabilities' safety is the responsibility of the adult services division.

The public authorities’ backup programs have shown that they are not able to provide adequate backup services, and have indeed not even proven that they have an adequate supply of regular providers. They are not set up for the 24/7 dispatch of nurses aides.

The private nursing agencies are set up for 24/7 calls and dispatch, and they are the agencies that CDSS needs to be contracting with, for our care in an emergency. These people are bonded, and often have CNA degrees. These agencies need to be contracted within every county to provide backup services. IHSS seniors and people with disabilities live in a ‘house of cards’ where they can continue to live only if their caregivers never get sick or leave without notice.

Those of us who have experienced and lived with this program from its inception such as Richard Daggett, Paula Herman, Connie Arnold, Lillibeth

(Cont. on page 5)

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**Californians for
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**United We Stand,
Disability Rights are Civil Rights**

CDR's Mission: To improve the quality of life for all persons with any disability through education and training; by working to remove barriers through advocacy and change in public policy.

**PRIVATE STRUGGLE REVEALED -
WHEN SAFETY IS SHATTERED**

By Ollie Cantos, III

Late one night this past March, I was victimized by an attempted robbery in an area that I had known for almost 18 years, where I had never even had one incident of discomfort or trepidation. An assailant unsuccessfully tried to grab my wallet out of my suit pants pocket. This low-life crime of opportunity was met with fierce resistance—in an adrenaline-infused effort to stave him off I angrily yelled loudly enough to show the extent of my outrage! I continued to yell at him as he ran off. To my utter dismay, within a matter of seconds of his initial departure, he sneakily came back to try to take my wallet a second time. As before, I resisted vigorously, this time falling to the walkway intentionally in order to prevent him from gaining a grip on me. Again, his futile actions were thwarted. Looking back on it all now, I realize that I could have gotten myself seriously hurt, if the assailant had had a knife or gun. Luckily, he did not.

As intense as this experience was at the time the crime was taking place, I can honestly say that I was not afraid in the least. To the contrary, I was completely and totally enraged by what this person had tried to do. By the time I was able to secure police assistance with the help of two good samaritans, I began to tremble as the gravity of what just happened suddenly dawned on me. Although I was no longer in danger, the sense of fear that did not overcome me during the incident itself ended up coming to the surface all at once. From that point on and spanning more than 20 days, I fearfully wondered if it would even be possible to find the assailant in light of my not knowing what he looked like (Ollie is totally blind). I was certain that the person was a man because I heard him snickering under his breath. I was extremely on edge, being startled at the smallest things and remaining almost paralyzed by anxiety in knowing that the person had not yet been brought into custody and charged. Four security cameras within the vicinity of the incident did manage to capture his image digitally.

For 14 years I found ways within my career responsibilities to be of support to crime victims with disabilities. As vehement as my advocacy was, absolutely nothing could have prepared me for the trauma that was later to come. After the incident itself, I vacillated between fear and anger, between hopelessness and complete empowerment, between fears relating to the uncertainty about how this would eventually play out and the faith in knowing that I would ultimately be okay. Even as all this coping continues and as I make major progress each day in having things return back to normal or at least back to my “new normal”, I feel compelled to share this with you, to help call attention to the plight faced by many crime victims.

For years, I often repeated the mantra to the world that victimization is never the victim's fault, EVER. Yet, over the past while, I have been filled with moments of doubt and wondering what I could have done to prevent this from happening to me. As I do that, I chastise myself for thinking that I must now change my own lifestyle, life approaches or perspective just to be safe when, prior to this incident, I was deeply unaware about the extent to which becoming a crime victim fundamentally changes a person. I can say in all candor that I will never again be the same. I wish that I had never

(Cont. on page 6)

KEEPING PEOPLE WITH DISABILITIES SAFE DURING POWER OUTAGES

By Nancy Becker Kennedy

The California senior and disability communities are grateful to learn that Senator Weiner has authored legislation intended to address very serious issues relating to electric utility-caused de-energization events. In the case of seniors and people with disabilities who are dependent on electricity to operate life-supporting medical devices, those events can be life threatening.

Seniors and people with disabilities, who are dependent on medical devices that allow them to live in their community, often do not have the financial wherewithal to have their own accessible transportation (both the 1990 and the most recent 2010 Census state that nationally, 80% of the disability community were and still are unemployed). Because of their financial situation, many in our community must rely on public transportation (typically a public-run paratransit service, which usually requires that individuals make a reservation to receive service). Paratransit is not a demand/response transportation system like taxi services, so most users must wait, sometimes up to a week, for a ride. Due to this fact, they are unable to get to an electric utility-opened charging facility, a service provided by electric utilities to the public during their utility caused de-energization events.

We are greatly concerned that appropriate mitigation measures were not required and put into place before the State's electric utilities were given permission to use de-energization to protect themselves from any additional billion dollar lawsuits (although PGE would have you believe that their de-energization events are solely for the protection of the public).

What seniors and people with disabilities, who depend on electrical-powered medical devices, really need is a short-term workgroup, not to exceed a duration of three months, to come up with a disaster strategy plan. We propose that the group be made up of leadership members of the disability community who have been working on this issue for quite some time - Electricity = Life and to (2DEFI,) Disability Disaster Energy for Independence. These disability leadership groups would work with experts in the electricity/solar/residential battery and durable medical equipment industries to come up with a coordinated plan to keep seniors and people with disabilities,

(Cont. on page 7)

BUCKING INDUSTRY LINE, SOME HOSPITAL CHIEFS SEE BENEFITS OF MEDICARE FOR ALL

*This article is from the Boston Globe, written by Priyanka Dayal McCluskey, and printed on November 26, 2019. Single payer is an issue that CDR endorses.

When Senator Elizabeth Warren released her detailed Medicare for All plan this month, a coalition of insurers, hospitals, and pharmaceutical companies denounced it as an unaffordable government takeover that would force Americans to pay more and wait longer for medical care. Dr. Eric W. Dickson, however, thought it was the best health care plan he had seen all year. Dickson, who runs UMass Memorial Health Care, a large Central Massachusetts hospital system, said a national single-payer program could remedy many of the problems in American health care, including the lack of affordable coverage for millions of people, the wide variation in hospital prices, and the administrative burden that is exhausting physicians.

“Medicare for All could definitely address those three things”, said Dickson, whose affinity for single-payer care scored him a Twitter shout-out from Warren. “We have to look at this as an option.”

Dickson’s position on the issue — one central to the 2020 Democratic presidential race — may seem blasphemous for a hospital chief, but he and several other hospital executives and physicians see the debate differently than the lobbying groups to which they pay dues, reflecting a stark divide in the industry.

Kim Hollon, Chief Executive of Signature Healthcare, the parent company of Brockton Hospital, said a national health care program could ease the administrative workload of the current system, which includes numerous private insurance plans that each have their own rules and requirements for providers.

A single-payer system also could help level the vastly different prices that competing hospitals charge for the same services, Hollon said. “We’d be fine”, Hollon said. “I’d love to have an equal playing field where we just compete for doing a good job effectively and efficiently.”

Similarly, Kate Walsh, Chief Executive of Boston Medical Center, said the reimbursement rates in Warren’s proposal would be “wonderful” for her safety-net hospital, which treats a large share of low-income patients on Medicaid.

Tufts Medical Center’s Chief Executive, Dr. Michael Apkon, spent several years running a hospital

(Cont. on page 8)

METRO'S AGING AND DISABILITY TRANSPORTATION REPORT

By Cynde Soto

In July 2015, Los Angeles Metro published the 2016-2019 Coordinated Public Transit Human Services Transportation Plan for Los Angeles County (Coordinated Plan), which identified the transportation needs of aging adults and individuals with disabilities, and set a number of goals and opportunities for meeting those needs.

After the Coordinated Plan's release, an informal coalition of advocates representing older adults and people with disabilities approached Metro staff to learn more about Metro's current policies and programs that address the transportation needs of these populations. Working with the staff of three Metro Board members, the coalition helped develop a motion for Board consideration entitled Countywide Services for Older Adults and People with Disabilities. The Board approved the motion in June 2016 which directed staff to: 1) develop an Action Plan to better address the transportation needs of older adults and people with disabilities, 2) prepare an annual accessibility report and, 3) work with Access Services to convene an annual countywide forum to address improvements in service coordination and integration. The Board approved the Action Plan in March 2017 and there is now a report that serves as the first Accessibility Report directed by the motion.

To see the full report go to this link:

[media.metro.net/docs/
2019_aging_and_disability_transportation_report.pdf](http://media.metro.net/docs/2019_aging_and_disability_transportation_report.pdf)

Editor's Note: Cynde Soto is the new Chair of Metro's Accessibility Advisory Committee, Kathleen Barajas is the First-Vice Chair.

SAVE THE DATE! **Abilities Expo, Los Angeles**

When: Friday, February 21 - 11 am to 5pm
Saturday, February 22 - 11 am to 5 pm
Sunday, February 23 - 11 am to 5 pm

Where: Los Angeles Convention Center
1201 S. Figueroa Street, West Hall A
Los Angeles, CA 90015

LETTER TO THE EDITOR

By Larry Buchalter

If it were up to me, I would ask that the funds for IHSS would be directly given to the recipient to pay the caregivers. In addition, I would ask that caregivers' pay be raised substantially to a livable wage, which means not just for basic but for a decent life. My caregiver deserves more pay and less anxiety and stress. I would eliminate the social worker having to come out to do functional assessments for hours, as the current scheme of evaluation does not work; it is unrealistic, it has always been that way because the needs do not change and a quantitative measurement is not accurate. You cannot evaluate quality with quantitative measurement tools; they do not adequately address the emotional labor cost borne by caregivers—most of whom are women working in a patriarchal society! I also think that electronic visit verification should be halted, it is if they do not trust the workers to do the work they are hired to do. This work is not factory work; it is quite variable, and based on human needs that vary from day to day and how the recipient is feeling.

I would ask that the IHSS waiver operation and 24/7 caregiver care be available to everyone, as we will all need it regardless of who we are. We all get older, and we all would like to get as much care as we can to live as long as we can.

When people are affected by the aging process, we need a greater share of the budget to be devoted, like single payer for everyone in society. I believe that IHSS should be an option for all people as we age. I also believe that emergency care provisions should be added to the IHSS program. IHSS should be available to provide for people's comfort at home, rather than just their survival.

Unfortunately, insurance companies do not view caregiving as medical like they do if a visiting nurse were being sent to do a health care chore. Such nurses are paid much more for doing the same work that many caregivers perform. My caregiver does chore provision work that is indispensable to my survival, and this is not appreciated by the social services bureaucracy! Caregiving is a professional job!

I would encourage that the agency provide funding to help union organizing, along with getting assistance to help get caregivers to and from meetings. A portion of caregivers cannot advocate for themselves without a union hall and regular meeting in solidarity with each other.

(Cont. on page 8)

PRESIDENT'S REPORT

(Cont. from page 1)

continues to try to accommodate to the best of their ability. I have faith that this will continue, however it is our responsibility to keep them aware of any new needs we encounter as well.

A perfect example of this is a pamphlet I created this year, to facilitate interaction between bus drivers and individual with disabilities, especially those with speech impairments (as I have). The pamphlet offers suggestions for various situations, and, most importantly, to never make assumptions based on one's appearance or disability. I recently learned that this pamphlet is now slowly being integrated into mandatory trainings for Metro bus drivers. I am thrilled with the news, as my pamphlet will not only educate those in the public sector, but will ultimately benefit riders who have encountered the issues that I have when taking public transportation!

Thank you for an awesome year, especially to many members who responded to our Membership Drive in the fall. Happy holidays to you and yours, let's make "2020" the greatest year yet for our community!

In advocacy always, Kathleen

LACK OF EMERGENCY SERVICES IN IHSS PROGRAM

(Cont. from page 1)

Navarro, and myself, have seen the focus shift shamefully from a Health and Human Services, one that continually monitors the wellbeing of seniors and people with disabilities in order to assist them with living independently and safely in their own homes rather than institutions, to that of a well intended, but academic, half-baked labor program which is continually putting a round peg in a square hole. By imposing abstract labor notions instead of fixing the real problems IHSS workers face, these attempts often backfire, making things worse for providers while violating the civil rights of the people with disabilities — rights that the unions promised to preserve, but have seem to have forgotten about.

Now it sounds like the union is pushing for mandatory training again, which is something they have received money for. This undoubtedly interferes with those of us who want to train our own providers; certainly most family members do not need training! This is just more money taken away from what could be wages for providers, or emergency services for our benefit. If a provider does need training, or the recipient wants their provider to have

training, that can be an option, however that will be a small percentage compared to family providers who do not need training and so many of us who want to train our own providers. It should not be pushed on us, particularly for the enormous amount of money it would cost, and such a program already did great damage to the provider pool in the state of Washington. If money is to be spent on training, it should be to train our incoming providers who do not receive any money when they are being trained by our experienced providers. All these unnecessary things that the union is pushing for takes away money from the things we desperately need!

When we were invited to join with them to get our providers more pay, many of us did so because we are in a symbiotic relationship. We wanted to see our providers paid well, and we wanted it to be easy to find people willing to work for us. Unfortunately, the system has become shameful for caregivers who get paid far too little for work that is too difficult and not competitive with that of fast food workers. When it is difficult for them, it is equally difficult for us to find people who want to work.

Both consumers and providers have been damaged by a system that is broken, making emergency services more necessary than ever.

Because of recent changes in rules, providers have to go through a cumbersome bureaucracy, they have to pay for criminal background checks, and wait protracted periods of time to be paid first paychecks. They have to wait hours on the phone on help lines, when this paperwork gets fouled up. We get a very low-quality worker, because the pay is so minimal and the program is something most workers would not tolerate. This puts us in more jeopardy than ever in terms of needing emergency services, because of the fast turnover of providers.

All these things make it difficult for people with disabilities to find and retain workers at all, much less find someone who could care for them in emergencies. Let's face it, these emergencies are frequent. People get sick and have busy lives, and not all people who will work for so little wages have perfect work ethics. This all adds up to our great workers having to work when they do not feel well, as they know that their consumers cannot get out of bed without them.

Now with the protracted enrollment process, a person with a disability cannot call in an old provider in an emergency, because their enrollment expires after a year that they have not worked for IHSS! This not only does not provide us with workers in an

emergency, it removes the way we have survived in past, in the absence of such backup registries,

The IHSS program is no longer monitoring the wellbeing of seniors and people with disabilities, and how they are faring on the IHSS program. The program disregards the real needs of IHSS workers, who are under a lot of stress; both consumers and providers are suffering without adequate backup services to make their lives less frightening. We are living under this house of cards together, and it should not be that way.

Instead of being so concerned with resetting the timesheets for sick leave and electronic visit verification, those who administer the program need to be focusing on what makes people with disabilities and seniors live in dignity and peace, and that they need a safety net. That safety net must include a professional agency that can dispatch workers on a 24/7 basis. Having that in place means that we no longer have to live in fear of our providers not showing up because they got sick or had a family occasion or just decided to quit and did not bother to let us know, sometimes leaving us in our beds!

Ignoring these problems and funneling money instead into things that are nowhere near as necessary, the administration of the IHSS program is harming people rather than living up to the mission that we had at our public authority - "to improve the lives of all who use and provide IHSS services".

PRIVATE STRUGGLE REVEALED

(Cont. from page 2)

faced what I did, and I would never wish that feeling of violation on anyone. It is one thing to sympathize with victims, as every decent person should, but it is only victims ourselves who may more fully understand the pain so indelibly tied to the despicable actions of others.

Yesterday was the sentencing hearing. It marked the first time for me to be in the presence of the perpetrator since the night of the victimization. When the name of the case was called and I was asked to take the stand, it was literally one of the most frightening moments of my life. Before this day had arrived, I kept changing my mind and deliberating with my concerned parents about whether I would exercise my right to give a victim impact statement. I ultimately decided to do so because of thinking about all those who are in the community whom this person could still potentially hurt; I wanted to do everything I could to help delay his return to society.

Ultimately, the no-contest felony conviction was accompanied by a sentence of less than one year in jail, with five months credit for time served since he was taken into custody three weeks following the incident, and with bail denied due to the nature of the crime he admitted to committing. The judge ordered him to undergo intensive rehabilitation to combat his supposed depression, and to teach him how to curb his violent tendencies. He was also to be put on additional probation for two years, even though he violated prior probation by committing the crime against me, while he was on probation for a suspended sentence for a previous offense.

Here I readily admit to being torn; it is important for persons with psychiatric disabilities to receive the help they need. It is also important that the rights of innocent people not be violated, and for justice not to be served due to claims of mental illness in order to minimize criminal culpability. I am close friends with people who truly do have diagnosed depression, yet, none of them ever sought to victimize people. I am livid over how spurious claims of mental illness are conveniently used to minimize real accountability, consequently doing damage to persons who truly do need support for psychiatric disabilities.

Through it all, I remain appreciative that some degree of justice was served. For far too many persons with disabilities, the day of justice never comes. Instead, victims are forced to live with what happened to them, as perpetrators remain free, without being held criminally responsible. In cases too many to mention, prosecutors often do not even charge suspects, due to believing that insufficient evidence exists to prosecute such allegations of criminal wrongdoing. Further, even in instances where charges are brought to trial, victims with disabilities often see justice fail to go their way. I am only fortunate that cameras around my area were able to capture the images that could not be disputed; and due to great police work along with an observant employee of our Metro system.

When all is said and done, as sure as the brightness of day always follows the darkness of night, even when some of those days are cloudy and stormy, the daytime sun is always behind the clouds. We go on and, more than being mere victims, we survive. In time, my final goal here will be someday to forgive.

Editor's note: Ollie Cantos lives in Washington D.C., and works as Special Assistant to the Assistant Secretary, Office of Civil Rights for the U.S. Department of Education. He has adopted and is mentoring three blind brothers, who were struggling

from lack of proper blind education and learning independent living.

KEEPING PEOPLE WITH DISABILITIES SAFE DURING POWER OUTAGES

(Cont. from page 3)

dependent on electrically-powered medical equipment, safe during de-energization events.

Our next step is to ask Senator Weiner to have his bill include language that would require utility-funded mitigation measures to protect seniors and people with disabilities during de-energization events. We recently composed a sign-on letter that got hundreds of signatures in a short time, including the executive boards of some of the most prominent organizations which represent the needs of seniors and people with disabilities in California.

Richard Skaff, a longtime member of Californians for Disability Rights and a past ADA Expert for the City of San Francisco, has the following comments on this topic:

We must work together to find a way that our community gets real mitigation measures that will allow people with disabilities the ability to safely shelter in place during utility de-energization events (not wildfire events). We believe our community should advocate for:

1. An advisory committee of California disability rights community leaders; that group should be managed by the two new CPUC ADA Coordinators. I believe an Advisory Committee, working with experts, could put together a plan for real and effective mitigation measures that will actually work and keep our community safe and functioning during utility de-energization events.
2. Single family homes - solar with battery storage (like the Tesla PowerWall - suggest that they look at what Green Mountain Power in Vermont did with residential batteries like the Tesla PowerWall), and a small (3500 watt) generator (gas/propane/natural gas) for backup to charge battery storage during days of rain or no sun). If generators are part of the "fix", there must be an education program that will train people on the safe use of a generator.
3. Multi-family housing - A large (gasoline/propane/natural gas) generator professionally sized to run one elevator and exit stairwell lighting/adequate solar and battery storage to operate community room lighting, heat, refrigerator, kitchenette (oven and 4 burner range). Residents

would go to a community room to eat and charge medical equipment.

We do not want to suggest that these are the perfect solution, but are some ideas that are based on discussions that Richard Skaff had with 150 utility representatives, while attending this year's Rocky Mountain Institute eLab in Sundance, Utah.

Any effective mitigation measures must be supported by research/scientific fact, and buy-in by experts in the electricity/solar/residential battery and durable medical equipment industries. The issue our community is facing because of the utility de-energization events is not a trivial matter that can be easily solved by someone who decides their idea/solution is the right one. The de-energization events are threatening people's lives, and the process the collective "we" must use to get to the "right" solution/s must keep that threat at the forefront of our work moving forward.

Finally, I read a very good article that Medicare has knowledge of where people live who have medical devices. I think it would be tremendously important that those efforts put a registry together for every office of emergency services in each county, so that the people who need rescuing can be identified.

The bottom line, in my opinion, is that the following things need to happen:

1. Durable medical suppliers, who provide people with ventilators, CPAP machines, and machines for dialysis need to keep these records and provide these people with backup storage units that can last for at least one week.
2. Until this is part of the regular part of selling these medical devices, we need to come up with two other temporary solutions.
 - a. A rescue system with immediate response transportation that can transport people to shelters and/or pay for their lodging. This emergency response system needs to be comprised of wheelchair-accessible vehicles, as people will need their wheelchairs when they go to hotels and other evacuation locations.
 - b. A way to quickly supply senior and disabled housing with the appropriate Tesla wall or other device, to permit them to "shelter in place".
3. In the long term, it would be beneficial for legislature to look at replacing standard roofs on senior and disabled housing with the kind of solar battery storage roofs that Richard Skaff can tell you about. He told me today that solar roofs are already required for newly built single family dwellings. It seems even more necessary to

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To join or renew, visit
<http://www.disabilityrights-cdr.org>

Return Service Requested

require them for aggregate co-housing, where seniors and people with disabilities live.

BUCKING INDUSTRY LINE

(Cont. from page 3)

in Canada's national health system and has called the quality of care in Canada "every bit as good as what I've experienced here." Apkon said he supports a public option — a government-run plan that would compete with private insurance plans — to help make health care more affordable and accessible for Americans. "If we desire a single-payer system, I think the path to that is a public option that would allow government to set a minimum set of benefits", Apkon recently told reporters.

Dr. Maryanne C. Bombaugh, President of the 25,000-member Massachusetts Medical Society, said single-payer should be among the options considered for achieving universal health coverage. "We're very open to anything that would improve the health of our patients", Bombaugh said.

Andrew Dreyfus, Chief Executive of Blue Cross Blue Shield of Massachusetts, said, "It's a grave mistake for the health care industry to criticize Medicare for All proposals. Instead, we should offer our own views on how to improve the American health care system."

Read the full article at: <https://www.bostonglobe.com/business/2019/11/26/bucking-industry-line-some-hospital-chiefs-see-benefits-medicare-for-all/W00HUadCViVYBbOyajclvL/story.html>

LETTER TO THE EDITOR

(Cont. from page 4)

Lastly, we all know that the greater share of the tax burden should be shifted to corporate business and the upper class, rather than taxing the middle class and poor people to fund the program. The money issue does not solve the psychological and emotional drain of helping the client, but it will ease some of the resentment and alienation that caregivers feel sometimes at being exploited. The recipient would benefit by having caregivers with better representation and appreciation from the state.

Get Inspired at the 17th Annual Festival of Human Abilities!

Come to a celebration highlighting the creative talents and abilities of people with disabilities. This event will feature wheelchair dance, live music, sign language choirs, & art demonstrations.

Location: Aquarium of the Pacific
100 Aquarium Way in Long Beach
Date/Time: January 25th and 26th
9:00 a.m. to 5:00 p.m.

For more information, visit

http://www.aquariumofpacific.org/education/info/festival_of_human_abilities