



Missourians for Single Payer Health Care

438 N. Skinker Blvd., St. Louis, MO 63130 ~ Ph: 314.862.5735 ~ www.mosp.us

MESSAGE FROM YOUR PRESIDENT

Julia E. Lamborn Gettinger

Don McCanne sent this for his Quote of the Day on July 15. I am using it for my message this issue as it explains why the public option is not what some think it is. At this point, it's still talk about insurance, not health care. If you haven't yet signed up for Don's Quote of the Day, the information is at the bottom of this article. I highly recommend it.



For Many Workers, Insurance Choices May be Limited

President Obama and leading Democrats have stressed that people who like their employer-sponsored insurance would be able to keep it, under a health care overhaul. But they haven't emphasized the flip side: That people who don't like their coverage might have to keep it.

Under the main health bills being debated in Congress, many people with job-based insurance could find it difficult to impossible to switch to health plans on a new insurance exchange, even if the plans there were cheaper or offered better coverage. The restrictions extend to any government-run plan, which would be offered on the exchange.

The provisions could change, and there are a few exceptions: Workers would be allowed to buy insurance through the exchange if their job-based coverage gobbled up too much of their incomes or was too skimpy. Also, under the House proposal, people could get insurance through the exchange if they paid their entire premiums — a cost that would be prohibitive for many workers.

Democratic lawmakers and administration officials say the restrictions are critical to maintaining a strong employer-based insurance system, which covers 158 million Americans.

But critics argue that the rules run counter to suggestions from health care reform advocates that an overhaul could provide people with a broader choice of



Judy Dasovich, MD
will speak at MoSP
program on September
17. Story on page 3.

MoSP newsletter staff

Editor-in-Chief, Julia

Lamborn Gettinger

Mailing Committee, Mary

Jane & Bob Schutzzius

Layout editor, Anne Bader

Webmaster, Pat Singley

insurance options. The rules, they say, could be especially unfair to some lower-income workers who are enrolled in costly job-based insurance. Also, they argue, the restrictions would hurt the proposed public plan by limiting enrollment.

Jonathan Oberlander, associate professor at the University of North Carolina at Chapel Hill, said the restrictions create a “big gap between the rhetoric and the reality” of health reform.

“The rhetoric is that Americans will gain new alternatives,” he said. “But the reality is that they are putting up firewalls that are going to restrict the access of people with employer-sponsored insurance to the exchange.”

One result, he said, is that any public plan would be substantially smaller than what many backers are envisioning. That would reduce the public plan’s power to compete with private insurers and hold down costs, he said. The Congressional Budget Office estimates that nine million to 10 million people would enroll in the public plan by 2019.



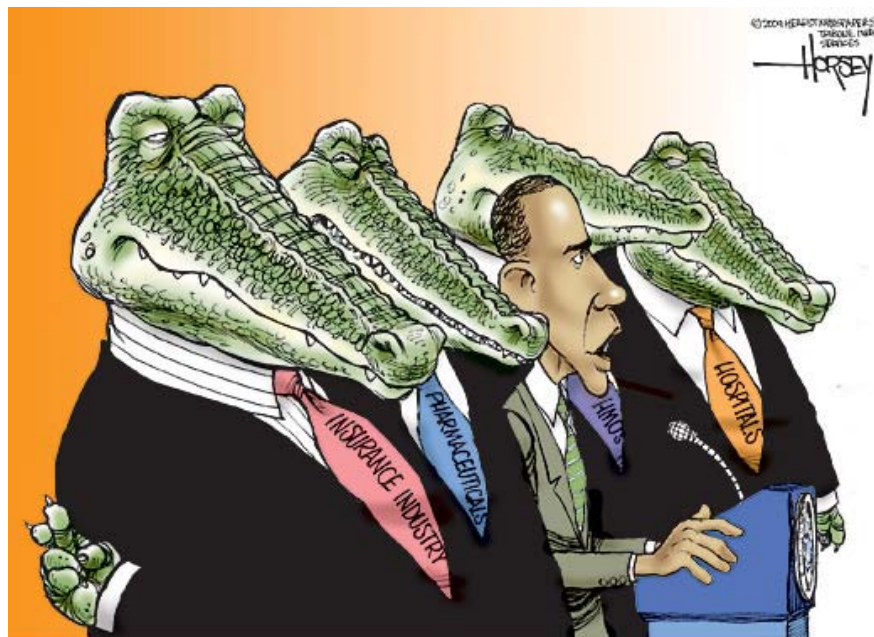
Comment: Imagine presidential candidate Barack Obama telling his audiences during the campaign, “We

promise you choice. For most of you already receiving your health insurance through your place on employment, we will provide you with the choice of keeping that insurance plan or paying heavy financial penalties for dropping off the plan, no matter how unhappy you are with it. For a select few of you, we will offer the choice of private plans within an insurance exchange, even if you can’t afford them, and maybe even throw in a public plan that a couple of you may be able to purchase, if you meet our rigid enrollment criteria.”

Choice? Over a year ago in a Quote of the Day I discussed the decision to market health reform as a matter of choice - of keeping the plan you have if that’s your choice. The title of that quote was “Message trumps policy?”

This isn’t an “I told you so.” Er... uh... I guess it is. If reform is to be effective, it must be based on sound policy science. Instead, it is being based on political messaging. It may sound good, but nothing fits together. What a disaster.

From Kaiser Health News, For Many Workers, Insurance Choices May be Limited, by Mary Agnes Carey and Julie Appleby, July 15, 2009.



"THESE GENTLEMEN HAVE VOLUNTEERED TO HELP DRAIN THE HEALTH CARE SWAMP..."

DR. JUDY DASOVICH OPENS MoSP PROGRAMS ON SEPTEMBER 17: One of Baucus 13 Jailed for Demanding Single Payer Get a Seat in U.S. Senate Meetings

The nationally known “Baucus 13” was created in May when U.S. Senator Max Baucus jailed 13 doctors, nurses and others for demanding that a single payer expert participate at his public roundtable on national health care reform.

One of The Baucus 13, Dr. Judy Dasovich of Springfield, Mo., will describe her confrontation with Baucus’s powerful Senate Finance Committee in her talk on Thursday, Sept. 17 at 6:30 p.m. at the Ethical Society of St. Louis, 9001 Clayton Rd. She will open Missourians for Single Payer’s 2009-2010 public meetings.

Her courageous act in standing up to Sen. Baucus got national attention for single payer. Before brawny guards escorted her to jail, she told chairman Baucus: “We request a single payer advocate be seated at the table because health care should be for patients, not for profit.”

After repeated requests, Baucus had refused to have any single payer representative at his roundtable sessions, which included 41 witnesses — mostly insurance and drug lobbyists. Baucus is the chief architect of a national health care reform bill. In the last election cycle, Baucus received \$183,750 from the insurance lobbyists and \$229, 020 from the drug industry – the most given to any other Democrat in Congress, according to Consumer Watchdog, a public interest group.

Dasovich said that she spent five hours in handcuffs chained to a wall in jail before she was released. Charges of “disruption of Congress” were dropped against the Baucus 13 in June in a Washington Civil Court.

MoSP Program Calendar

Friday, August 21, 7:00 pm

MoSP Free Movie Night at Ethical Society, featuring the docudrama *Damaged Care*

Thursday, September 17, 6:30 pm

MoSP September program at Ethical Society featuring guest speaker Dr. Judy Dasovich

The Nation magazine interviewed Dasovich after her release and she had returned to Springfield. “I don’t understand how a country as rich as ours can allow 20,000 of its citizens to die every year for lack of health care, while thousands more are financially ruined by exorbitant costs,” she told *The Nation*. She is a member of Physicians for a National Health Program, which supported the protesters at Baucus’s May 5 and May 12 public roundtables. An internist, she has practiced medicine since 1982.

In Springfield, she has volunteered for ten years as medical director of a free clinic for those unable to afford the cost of health care or insurance. She has a long waiting list of patients. Her support of single payer has evolved over years of seeing the for-profit motive steadily unravel this country’s insurance-based health care, she said.

Her advice to single payer supporters: “Keep the pressure on your elected legislators in Congress and on President Barack Obama.” She pointed out that Sen. Baucus admits he made a mistake in refusing single payer a seat at his May public hearings; also he is feeling heat from single payer advocates in his home state of Montana.

– Roger Signor, MoSP Program Chair

Free Falling With Insurance: Piling Up Debt

“Medical Bankruptcy in the United States, 2007: Results of a National Study” (*American Journal of Medicine*, May 18) reports that two-thirds of bankruptcies in 2007 were directly or indirectly due to medical debt, an increase of more than 20% since 2001. More than 2/3 of these debtors had health insurance when they filed.

“Insured, but Bankrupted by Health Crises” (*New York Times*, July 1) estimated that three-quarters of people who are pushed into personal bankruptcy by medical problems had insurance when they got sick or were injured. Insurance policies have “limited benefits” plans. In some cases, that means that it will pay for “everything except in-hospital medical care”, according to this article. UnitedHealth sold limited policies through AARP. One of the plans capped reimbursement for surgery at \$5,000. After Senator Charles Grassley of the Senate Finance Committee investigated, UnitedHealth stopped offering the limited AARP plans.

Seven states have experimented with versions of a public/private combination, dominated by for-profit insurance. Initially these plans decreased the number of uninsured persons. The plans were limited-benefit plans with high out-of-pocket costs to individuals. These plans have all failed, and costs to the state were unupportable (Public Citizen Health Research Group, 2009).

In a Harris Poll (October, 2008) only 7% of respondents thought that the health insurance industry is honest and trustworthy. Some members of Congress are hastily creating a national plan dominated by insurance. In return, the insurance industry promises to behave better.

Our public servants in Congress, whom we elect, are entitled to the best health care that our country can

provide, at the expense of the taxpayers. Members of Congress should advocate that all Americans have the same right to excellent health care. Americans must advocate for themselves by voicing their position to their elected representatives.

With eighty-three Congressional co-sponsors in addition to John Conyers, HR 676, “The National Health Care Act; Expanded and Improved Medicare for All,” remains the most politically popular universal plan. Under HR 676 medical bankruptcies would cease.

The foundation of HR 676 is traditional U.S. Medicare, our country’s popular, all-American, single payer universal health program for citizens over the age of sixty-five. HR 676 would expand U.S. Medicare universal to all citizens and improve U.S. Medicare to include all necessary care. HR 676 would eliminate out-of-pocket costs. With administrative costs of just over 2%, basic Medicare has been a bargain for taxpayers.

In the Senate, Bernie Sanders has sponsored S 703, “The National Health Security Act,” modeled after the late Senator Paul Wellstone’s universal single payer bill.

By Mimi Signor, RN



How I Spent My Summer Vacation



June 1-5, I spent my summer vacation in Washington, D.C. with my husband Roger, his daughter Diane, and our ten-year old granddaughter, Anya. Anya supported the candidacy of Barack Obama, and followed the campaign. She stayed up late on a school night intent on watching election returns. She liked the Obama family. After the election, she told us, “I want to go to the White House.” We did.

Wednesday, June 3 was “White House day.” White House tickets must be secured through one’s own Congressperson. Security at the White House was rigid. Even a popular President is unpopular with some. We saw the Gold Room, the Red Room, the Blue Room, etc. The tour went so fast that Roger thought the exit was the beginning of a tour of the Rose Garden. We had to laugh.

Thursday, June 4 was “Capitol day.” Beginning at 7 am sharp, our friend Congressman Eric Massa gave us a personal guided tour of the Capitol and the U.S. House of Representatives. Congressman Massa heads Congressman Conyers’ universal health care caucus. He gave us a fascinating history of the Capitol. He led us onto the House floor, which is not permitted when in session. He showed Anya how U.S. Representatives vote, and he let her use his card to cast a vote for fun. Anya was captivated.

We visited Rep. Carnahan’s office to thank his aide for the White House tickets. It was early, so Carnahan was not there. I left a message to him to cosponsor HR 676.

That evening Anya had us play “House of Representatives.” Anya was House Speaker, Diane and I were House members with opposing opinions. Anya had us introduce and debate bills, vote, and then she would take the bill to the Senate, played by Roger, and the Senate voted. Anya has decided to become a U.S. Representative.

Friday, June 5 was the designated “Senate day.” Everyone was exhausted from walking many miles to museums and memorials. They begged to rest until our flight home, but I had not yet visited the Senate! I had two hours left and a long walk from the subway. I power-walked to the office of Senator Max Baucus, chair of the Senate Finance Committee holding hearings on health care. I left the message that nurses wanted single payer representation at the table. I visited Senator Kennedy’s office to tell him I was thinking about him and his family during his tough battle with cancer. I asked him to cosponsor S 703, The National Health Security Act. I stopped at the offices of my Senators, McCaskill and Bond, with the same message. I sprinted back to the subway and made it to the airport in time for my flight home.

It is amazing what you can accomplish if you try. One person can be a force for change; more than one person, even better! At every office in the Senate and the House of Representatives, I was the only person there other than the staff. Therefore, my opinions constituted 100% of the opinions expressed in those offices. Make visits, phone calls, and write letters. Believe me; it matters.

By Mimi Signor, RN

The Kucinich Amendment: Victory for States

With your support, your phone calls, your emails, we won a major legislative victory for a state single payer health care option in the House of Representatives in Washington, D.C. The House Education and Labor Committee approved the Kucinich Amendment by a vote of 27-19, with 14 Democrats and 13 Republicans voting yes.

The amendment propels the growing state single payer health care movement at the state level. The amendment mandates a single payer state will receive the right to waive the application of the Employee Retirement Income Security Act (ERISA), which has been used in the past to nullify efforts to expand state or local government health care.

Under the Kucinich Amendment a state's application for a waiver from ERISA is granted automatically if the state has signed into law a single payer plan. With the amendment, for the first time, the state single payer health care option is shielded from an ERISA-based legal attack. Now that the underlying bill has been passed, as amended, by the full committee, we must make sure that Congress knows that we want the provision kept in the bill at final passage.

The state single payer option was one of five major amendments which Congressman Kucinich obtained support to get included in HR3200. For more information on HR3200, go to www.Kucinich.us. To read our state single payer bill, go to www.moga.mo.gov to find Kansas City, MO Rep. Michael Brown's 2009 bill, **HB 1164**.

By Mimi Signor, RN

MoSP's August Free Movie: *Damaged Care*

Damaged Care, a docudrama about the dark world of treatment-denials by the insurance industry, will be shown by MoSP on Friday, August 21, at 7 p.m. at the Ethical Society of St. Louis, 9001 Clayton Road.

Based on Dr. Linda Peeno's career as a medical review consultant, *Damaged Care* first aired on Showtime in 2002. Laura Dern co-produced and starred in the film as Dr. Peeno. In it, she confesses that in 1987 she "signed a man's death warrant" by agreeing with her insurance company that he was not eligible for an emergency heart transplant.

In May, 1996, Dr. Peeno testified before Congress, saying of her transplant-denial: "I was 'rewarded' for this...I exemplified the 'good' company doctor...I saved a half million dollars." She quit the industry to work as a physician, ethicist, lecturer and whistleblower to expose managed care's profits by denial of care. She resides in Louisville, KY.

Dr. Peeno was prominently featured in the Michael Moore's 2007 documentary *SICKO*, which included portions of her 1996 appearance before Congress. She was a featured speaker at MoSP's first annual Health Care Weekend in 2003.



Carnahan holds contentious town hall forum on health care reform



(This is an excerpt from an article by Jo Mannies, political reporter, St. Louis Beacon, Monday, July 20)

The passion was real and, at times, deafening as hundreds of area residents sought

to give **U.S. Rep. Russ Carnahan** an earful about the current state of the nation's health care system.

For more than two hours, advocates and opponents packed a large room at Forest Park Community College for a town-hall forum organized by Carnahan, D-St. Louis. The session featured a variety of healthcare experts who offered angles of the debate expected to soon to consume Washington for the rest of the summer.

Although the speakers generally agreed with Carnahan that change was needed, those in the audience — who lined up to ask questions — spanned the spectrum.

They ranged from **Lew Moye**, president of the St. Louis Coalition of Black Trade Unionists, who asked why a government-run single-payer system was off the table, to industrial salesman **Tim Magary** of Crestwood, who believes that increased government involvement will make health care more costly and likely lead to rationing.

Meanwhile, **Moye** was among several single-payer advocates who asserted that a single-payer system seemed the most affordable and practical approach. **Carnahan** sounded sympathetic but emphasized that such an idea was dead in Washington. “You can't let the perfect be the enemy of the possible,” he said, touching off protest from all sides.

Other voices of discontent came from:

— **Stephanie Rubach**, a nurse, who predicted that “patient care will jeopardized” by the proposed cuts in Medicare and Medicaid payments to doctors and other providers;

— **Lydia Lewis**, a retired government worker from Affton, who accused private insurance companies of “destroying this country by milking it for profits.”

— **Dr. Patricia Wolff**, a pediatrician and forum panelist who said she feared a single-payer system would cause “an economic tsunami” by tossing tens of thousands of insurance-company workers out of work.

— **Steve Hollis**, with the American Federation of Public Employees, who ignited applause when he asked Carnahan if Congress was seeking to tax his health care benefits, which — like those for most working Americans — are now tax-free.

Hollis' query was among the few to get a direct answer. Carnahan said he opposed taxing such benefits, adding that he suspected a majority in the U.S. House likely agrees with him. But it's less clear whether that view is shared in the U.S. Senate, where some oppose the likely House proposal to raise taxes on the wealthy.

Carnahan drew lots of jeers and cheers — the noise at times drowning him out — each time he said he was committed to change because the nation can't afford the status quo. The congressman said he believed the current health care system was becoming unaffordable for most Americans and most companies.

For a full text of this on-line newspaper story see www.stlbeacon.org

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_____ I'm unable to pay dues at this time, but I will support and promote MoSP among relatives, friends, colleagues, acquaintances, however I can. Please continue to send me the newsletter. Please call on me for volunteer help.