



Missourians for Single Payer Health Care

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MESSAGE FROM YOUR PRESIDENT

Julia E. Lamborn Gettinger

HEALTH CARE FOR ALL: A basic human right?

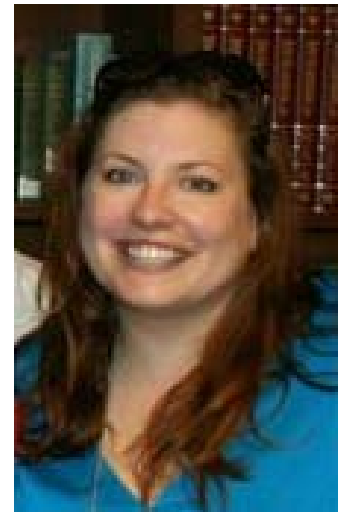
As an organization, MoSP believes that health care for all is a basic human right. MoSP members agree. How do we convince others? One survey has said that 74% of Missourians favor a Canadian style health plan, Single Payer/Medicare for All. These people must believe that health care is a basic human right. Where are they, who are they?

What is health care for all? Do we really believe that all people should have equal health care regardless of size, race, personal habits, citizenship? What about the homeless, the obese, the smokers, the drinkers, the immigrants, the illegal immigrants, the jobless, the irresponsible ones? It's popular now to blame the patient. Rights? What about responsibility? Birth to death – care for everyone? Questions and doubts.

When MoSP speakers give public lectures we talk about human rights, access to care, cost savings, fiscal responsibility; all the things that supporters know will make a single payer system work. However, our information has not convinced the general public nor legislators. Yes, we do have some converts to our cause. More probably join because they believe the same, but haven't "joined in" before. Personal stories of denied access and treatment, financial problems and ruin; problems of friends and family may lead to "working for the cause."

The new government health plan is another gift to insurance companies. Mandatory health insurance for all. Another masquerade for health care for all. Let's keep government out of our medicine cabinet; but it seems to be all right for the insurance companies to be in. We know that Medicare for All is the way to succeed in delivering health care to everyone. Traditional Medicare is not perfect, but I have never heard anyone refuse to sign up for it nor have I heard of anyone who wants to return to the coverage they had prior to turning 65.

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Ph.D. candidate Lindy Hern to speak at MoSP meeting, Thursday, Sept. 16th at Ethical Society (story on page 3)

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Some people don't seem to realize that Medicare is a single payer government sponsored health plan for people 65 and older (and some disabled persons who are younger than 65). I have heard Medicare recipients rail against government sponsored health care. Until we abolish our for-profit health insurance, and get the graft and greed out of health care we will continue to ration health care according to bank accounts. Is this the way we want our country to be? Is this the way we want to treat our citizens? We are the citizens; we are our country! We are the government!

Do we really want health care for all? Do we really believe that health care is a basic human right? What are you going to do to change the system? It's up to us!

—*Julia Lamborn Gettinger*



Single Payer Healthcare SB 810 passes California's Health Committee 13 to 6

On Tuesday, June 29, California's Assembly Health Committee passed SB 810, the California Universal Healthcare Act. SB 810 now proceeds to the Assembly Appropriations Committee for a hearing in late July or early August. Our next task is to communicate with the Appropriations Committee members to support SB 810.

Please consider making a financial contribution for the campaign to pass SB 810. To learn more or to contribute online, go to www.singlepayernow.net or you can send a check to Single Payer Now; PO Box 460622, San Francisco, CA 94146.

—Don Bechler, Chair -
Single Payer Now (California)

David Gill Earns PDA Endorsement



Elaine Gill and Dr. David Gill (front row) with their sons and daughters

Dr. David Gill, a champion of single payer and speaker at MOSP's 2010 Health Care Sunday on April 25th, has been endorsed by the Progressive Democrats of America for his Congressional candidacy.

Dr. Gill, an emergency room doctor of Bloomington, IL, is challenging a Congressional House seat held by a conservative incumbent in Illinois' 15th district. A member of Physicians for a National Health Program, his campaign website is www.gill2010.com.

PDA's endorsement, a treasured prize, requires the candidate to work for specific progressive ideals. In Dr. Gill's 21 years in emergency and family medicine, he says he has seen "too many patients with shortened life spans because they could not afford private insurance." He accepts no corporate gifts for his campaign, which is funded by small donations and run by volunteers from central Illinois.

—*Stefany Brot*



THE COVERT MEANING OF PROP C

SEPT. 16th PROGRAM AT ETHICAL SOCIETY

Lindy Hern, sociology professor and Ph.D. candidate at the University of Missouri at Columbia, will speak on “The Covert Meaning of Proposition C” at the Missourians for Single Payer’s first public program in the 2010-2011 series. Her talk will be at 6:30 p.m. Thursday, Sept. 16, at The Ethical Society of St. Louis, 9001 Clayton Road in Ladue.

In her analysis summarized in this newsletter, Lindy pinpointed its mixed and disguised content for single payer advocates. Voters approved the non-binding amendment proposition, which barred forcing Missourians to buy private insurance. However, it also barred forcing providers of health care to participate in **any** government health program such as universal single payer.

Lindy serves on the HealthCare Now national board of directors. Her ready smile and exuberance are well known to many single payer advocates. She and fellow UMC students have made several dramatic presentations here and in Columbia about the cruel tragedy of health care denials. She acknowledges that most single payer advocates approved of Prop C’s provision to prevent the private insurance mandate. At the same time, the amendment “would work against our principle of a publicly financed universal health program,” she points out.

—Roger Signor



AND NOW, IN OPPOSITION TO HEALTHCARE REFORM, THIS GUEST COMMENTARY.

The Loss of a Friend, Marjorie Reinhart

I met Marjorie Reinhart at my first MoSP meeting in the early 1990’s. Her enthusiasm and charisma made me feel instantly welcome and part of the group. I have rarely seen her without her sweet smile. Marjorie was a founding member of MoSP, and an ardent supporter of the state single payer bill, “The Missouri Universal Health Assurance Act.”

Marjorie worked as a guidance counselor at Kinloch High School. She taught college prep classes at Sumner High School and math at Cleveland High School before her retirement from St. Louis Public Schools in 1987. In 2000 Marjorie ran for the Missouri Senate against a heavily favored incumbent. It was her fourth, failed legislative bid. An ardent Democrat, she wanted the voters in her district to have a choice.

After a lifetime of community activism, Marjorie died July 11 at the age of 88. During her funeral, her brother paid tribute to Marjorie through the sharing of poignant stories of growing up together with his wonderful sister in Saint Louis. There was much warm, but tearful laughter at the stories. It has been a joy to know her.

—Mimi Signor, RN

Prop C: Single Payer Perspective

The text presented on the actual ballot is misleading, but let's start there. "Shall the Missouri Statutes be amended to:

§ Deny the government authority to penalize citizens for refusing to purchase private health insurance or infringe upon the right to offer or accept direct payment for lawful healthcare services?

§ Modify laws regarding the liquidation of certain domestic insurance companies?"

A "yes" vote will amend Missouri law to deny the government authority to penalize citizens for refusing to purchase private health insurance or infringe upon the right to offer or accept direct payment for lawful healthcare services. The amendment will also modify laws regarding the liquidation of certain domestic insurance companies.

Single payer advocates could agree to parts of this. This text indicates that the amendment will only deal with "private insurance." We all agree that forcing people to buy for-profit insurance goes against our principles of a publicly financed system.

My father and I discussed the merits of Prop C and its impact on President Obama's health care bill. My father said that he thought Obama's health care bill set a precedent for making health insurance mandatory because that would lead to the need to provide health insurance to those who can't afford it. This is the classic argument for incrementalism. I argued that mandates to buy private insurance are bailouts to insurance companies, which would further solidify their place in American health care, which is the opposite of what we should be doing. I explained to him that there is a difference between individual mandates to buy PRIVATE INSURANCE and making it compulsory to be a part of a PUBLIC UNIVERSAL system.

If you read the full text of the amendment, which can be found here:

[http://ballotpedia.org/wiki/index.php/Missouri_Proposition_C_\(2010\)_full_text](http://ballotpedia.org/wiki/index.php/Missouri_Proposition_C_(2010)_full_text)

You will see that private insurance is not explicitly mentioned in the same way. Instead, you will find this: *"No law or rule shall compel, directly or indirectly, any person, employer, or health care provider to participate in any health care system."*

The key phrase here is **"ANY HEALTH CARE SYSTEM."** This language, unlike the language reported in the media and on the official ballot, would also prohibit the development of a compulsory single payer system. I'm not sure why anyone would want to opt out of a system that they were paying for through their taxes, but this amendment would set a precedent for making even a compulsory public system illegal. This could effectively prohibit the implementation of a single payer system

Now, the bit about "infringe upon the right to offer or accept direct payment for lawful healthcare services." The actual full text reads as follows:

"A person or employer may pay directly for lawful health care services and shall not be required by law or rule to pay penalties or fines for paying directly for lawful health care services. A health care provider may accept direct payment for lawful health care services and shall not be required by law or rule to pay penalties or fines for accepting direct payment from a person or employer for lawful health care services."

Even if this were only referring to health CARE, it would still serve to maintain a tiered system (even in a publicly financed one) between those with money to pay directly and those without. However, Health Care Services is defined as:

"any health-related service or treatment to the extent that the service or treatment is permitted or not prohibited by law or regulation that may be provided by persons or businesses otherwise permitted to offer such services;"

This would include the purchase of not just care but also of INSURANCE. It would solidify the place

of private insurance by saying that the government cannot stop people from purchasing it. Single payer systems around the world include some forms of private insurance (for extras not provided for by the public system), but this is a slippery slope back into a multi-tiered system of health care inequality.

The full text concludes:

“Subject to reasonable and necessary rules that do not substantially limit a person’s options, the purchase or sale of health insurance in private health care systems shall not be prohibited by law or rule.”

This amendment was not about making individual mandates to purchase private insurance illegal, it was about further solidifying the place of private insurance in our health care system and prohibiting increasing the role of government in said system. This conflicts with the principles of a single payer program. I am glad that

it is not binding. Most of the public has only read the condensed ballot text. The actual vote can be interpreted as voters rejecting mandates to buy private insurance, a good indication of the discontent that the public has with private insurance. However, the implementation of this amendment would work against our goals for a publicly financed universal health program.

It is a travesty that the measure on the actual ballot was worded in a way contrived to be deceptive. The initial text was not much longer. The obvious intent was to deceive the voters. What does this say about the honesty of our political system?

—Lindy Hern

*Ph.D. Candidate, Department of Sociology
University of Missouri at Columbia*

Prop C and the Pundits

Missouri voters went to the polls August 3 to vote on “Proposition C,” ostensibly a democratic way for our state to opt out of the federal mandate to purchase health insurance. Twenty-three percent of registered voters voted, a large turnout for a Missouri primary election. Seventy-one percent of 938,782 voters approved Prop C.

Prior to the vote, local mainstream media and organizations tainted by insurance dollars urged us to vote “no” on Prop C. A July 22 *St. Louis Post-Dispatch* editorial entitled “Prop. C would protect health care freeloaders at our expense”, claimed Prop C would subsidize deadbeat “freeloaders” who go to emergency rooms when they can’t get health care anywhere else. This editorial states, “...people who choose not to buy health

insurance would be free to stick the rest of us with the bill for their medical care. People who refuse to take responsibility for themselves and their families no longer would have the freedom to make the rest of us pay higher health care prices.”

Prop C did not cause the high cost of insurance. Health insurance premiums have increased before and since the passage of the federal law. Co-pays, deductibles, exclusions and other out-of-pocket costs prevent access to care for those who have insurance. Most medical bankruptcies happen to people who have insurance. The one incentive for a family of limited means to buy insurance would be threat of imprisonment. It isn’t illegal to be poor, hungry or homeless in America, just uninsured. The mandate,

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taxpayer-subsidized insurance, not care, enriches insurance companies.

After the victory of Prop C, a *St. Louis Post-Dispatch* August 4 editorial, “A muffled ‘megaphone’ on health care reform” asserts that the vote did not mean much “...tangibly, since the Constitution’s supremacy clause says that federal law trumps state laws. Prop C, as we’ve noted before, was a ‘feel good’ issue for people who don’t mind when other people don’t feel so well and cannot get help. How odd that its supporters should feel good about that.” This insinuates Missouri voters are both uninformed bleeding hearts and unfeeling cads.

The New York Times’ columnist and editor, Gail Collins wrote on August 5, that, “...70 percent of Missouri voters endorsed a measure that would wipe out the part of the new federal health care law that requires people to have insurance. They were unswayed by the fact that the proposition was almost certainly unconstitutional and unenforceable.” She continued satirically, “...it also seems fair to interpret the vote as a ringing endorsement of Americans’ inalienable right to avoid buying private health insurance and instead get medical care from public emergency rooms where the cost will be passed on to the taxpayers. Maybe its time to rethink the single-payer plan now that we have evidence that 71 percent of Missourians support the concept of socialized medicine.” A single payer program and socialized medicine, two different types of universal health systems, are alike in that they both prohibit private insurance from selling insurance that duplicates basic guaranteed care.

—Mimi Signor, RN

League of Women Voters calls for Medicare for All

The national convention of the League of Women Voters passed a resolution calling on the group’s board to “advocate strongly” for “an improved Medicare for all.” The convention’s 600 delegates, meeting in Atlanta on the group’s 90th anniversary in June, voted more than 2 to 1 in support of the measure. The League’s action is the first national endorsement of its type since Congress passed the Patient Protection and Affordable Care Act in March.

The convention vote took place shortly before the arrival of Kathleen Sebelius, President Obama’s secretary of health and human services, who was scheduled to address the gathering and to plug the administration’s new health law. When Sebelius arrived, delegates held up a banner that read, “LWV Supports Improved Medicare for All”.

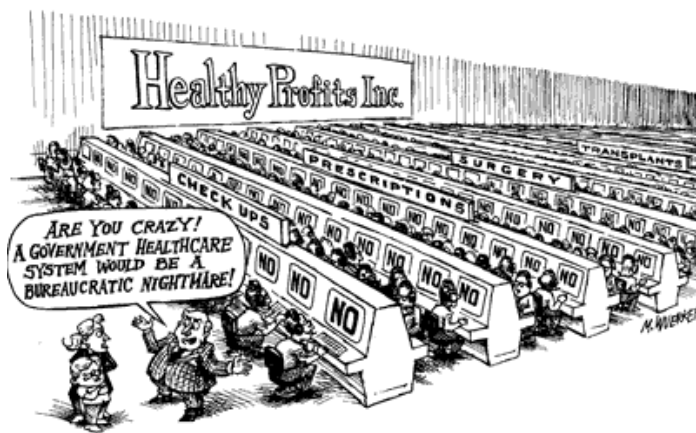
Health Care Resolution Passed by LWVUS - June 14, 2010

-Whereas the League of Women Voters of the United States believes quality health care at an affordable cost should be available to all U.S. residents; and
-Whereas the current and proposed systems do not achieve the League goals of affordability and access to everyone; and
-Whereas an improved Medicare for all, a publicly funded and privately delivered national health care plan, is consistent with this goal;
-Therefore, be it resolved, we, the representatives of local and state Leagues assembled at the 2010 LWVUS Convention, call upon the LWVUS Board to advocate strongly for bills that legislate for improved Medicare for all.

PNHP Partners with the LWV

The League of Women Voter's action, the first major organizational endorsement of single payer since the passage of the Obama administration's health bill in March, was facilitated by PNHP members and other single-payer advocates across the country that have coalesced with their colleagues in the League. Local chapters of the League, 900 nationwide, are holding public meetings and forums about health care reform, including details on the administration's new health law.

Physicians for a National Health Program (PNHP) is an organization of more than 17,000 physicians who support a single-payer national health program. To contact a physician-spokesperson in your area, visit www.pnhp.org/stateactions or call (312) 782-6006.



Remaining MoSP Programs for 2010

Mark your calendar. All are on Thursdays at 6:30 p.m. in the Hanke Room at Ethical Society, 9001 Clayton Road in Ladue.

September 16	MoSP program
October 21	Movie
November 18	MoSP program
December 16	Annual meeting

Speak Up for Social Security and Medicare

For decades, Wall Street billionaire Pete Peterson has worked to privatize or get rid of Social Security and Medicare. He is funding AmericaSpeaks, a private company that is organizing town hall meetings across the country. Peterson wants shape the national discussion to provide feedback to the President's Fiscal Commission, an 18-member group whose December report to Congress will suggest how to reduce the national deficit. This commission is stacked heavily in favor of slashing Medicare and Social Security. Peterson's Foundation provides the commission's staff.

Attend these meetings to speak up for Social Security and Medicare. Keep it simple. These programs didn't cause the deficit problems. Two wars and tax cuts to the wealthy did. **Never forget:**

—Social Security and Medicare have proven to be the most successful social programs in U.S. history, without which the poverty rate for seniors would be 48% instead of 10%.

—By implementing an improved Medicare for All program, as in HR 676, real cost controls can be used to save money and get the economy back on track by negotiating drug prices, budgeting for hospitals, and reducing the outrageous administrative waste that consumes a third of our health care dollars.

Attend a town hall meeting organized by AmericaSpeaks. Your voice is needed in these meetings to protect and defend these necessary programs. Go to www.healthcare-now.org to learn more details on the town halls across the nation and to rally in support of Medicare and Social Security. This fight is just beginning.

—*Healthcare-NOW! National Staff*

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Categories

_____ Individual, \$20 I will contribute \$ _____ towards _____

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(specific programming and expenses)

_____ Organization, \$50

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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.