



Missourians for Single Payer Health Care

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MESSAGE FROM YOUR PRESIDENT

Julia E. Lamborn Gettinger

As I write this message I am awaiting a predicted 10-15 inches of snow. Most of you must be in the same situation. We have blizzard warnings throughout Missouri and near by states. Hopefully, you are safe and warm with plenty of provisions. The 2010 MoSP Annual Meeting has been canceled twice due to bad weather. I am almost afraid to schedule it again, at least until March. The first week of December 2010 I was fortunate to be on a vacation to the British Virgin Islands. Today I will surely re-live that trip!

November 2010 Lindy Hern and I attended the Health Care – NOW! Annual Conference. Each year single payer leaders meet to strategize for the upcoming year. With Vermont and California seemingly the closest to passing state single payer bills, the general consensus was for other states to lend as much support as possible. Whether monetarily, sending activists, moral support or other ways individual states need to shore up these efforts. We were happy to visit with Donna Smith and re-charge our friendship with her and others in the single payer movement. For our 2011 Health Care event we are honored to have as our guest speaker a most notable man whom I met at the Conference. Look for Roger Signor's article in this newsletter. Over 100 people were in attendance and 48 states were represented. Who says single payer is dead!

Frequently, people do ask why we are still working on Medicare for All. Of course, you know the answer. Until we have Medicare -- Expanded and Improved for All, we won't have health care for all. Now we have insurance for all. Statistics, research, testimonies, endless reports and actions have not made enough difference to politicians and leaders. I believe that until we decide, as a nation, that health care is a basic human right and all are entitled to non-profit health care, we will not succeed. We need to elect leaders who will work for WE THE PEOPLE, NOT POLITICAL GAIN, POLITICAL PARTIES NOR INSURANCE COMPANIES. This means that you might have to run for office, finance work, attend meetings and



*Ronald Hikel to give 2001
Annual Health Care
Address; article on page 2.*

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volunteer to participate. If we don't speak up and speak out and demand real change we will be examples of Einstein's definition of crazy: "Doing the same thing over and over and expecting change." This could translate into re-electing the same people.

Isn't it time for us to refuse to accept 50 million or more Americans without health care or substandard care? Isn't it time for those of us who have so-called health care to stop supporting CEOs' outrageous salaries while we pay for them through increased insurance premiums and diminished coverage? The new thinking is that consumers need to feel the pain. They "encourage less use of medical care" by raising premiums, reducing coverage and shortening formularies. We are paying for care we don't get.

When I write these quarterly messages, I hope to inspire you to do more than attend a meeting or pay your dues. I know that those things are important, and I am thankful for that level of membership. However, we need more people on the front lines. MoSP is committed to working until we get it right! And that means: **Medicare for All – Expanded and Improved!** This really is a war and it's time to arm our selves with commitment. Insurance companies will have to stop selling health insurance. Come join us in the fight. **It's not over yet; in fact, it's just barely begun!**

“Winning Universal Health Care” is 2011 Health Care Address

Ronald Hikel, a key figure in the workings of Canada's universal health care system, will give the Missourians for Single Payer's Annual Health Care Address for 2011 at the Ethical Society of St. Louis at 9001 Clayton Road.

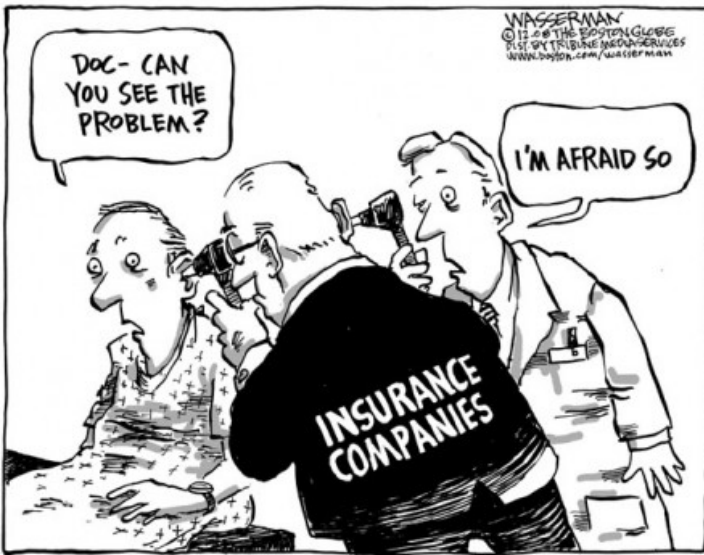
He has worked at policy level positions in both countries, most recently advising Congressman John Conyers in building an organization to enhance the health reform movement in the states and nationwide.

In Canada Hikel was deputy Minister of Health for the province of Manitoba and co-chairman of the federal Provincial Council of Health Deputies. He has managed 200 consulting projects for eight provinces and seven federal departments.

He holds political science degrees from Boston and Columbia universities, and has taught at colleges in the United States and Canada. A native of New Hampshire, he and his wife Tricia O'Malley have residences in Toronto and Washington.

—Roger Signor





A Mother's Desperate Plight

Missouri has one of the fastest rising rates of uninsured citizens in the nation. We ended 2009 with 914,000 of our neighbors lacking healthcare coverage. This was up from 739,000 in 2008, nearly one out of six residents. This problem directly affects everyone.

I don't know whether Jared Loughner had health insurance coverage, but the tragedy in Tucson got me thinking about an uninsured patient I recently saw at a massive one-day mobile free clinic for the uninsured in North Carolina. This was an event sponsored by the National Association of Free Clinics (www.freeclinics.us) and delivered free care to over 1,200 uninsured people.

I saw a very worried mother with her 22 year-old son. He had told her a week earlier that he was hearing voices that were telling him to hurt people. He told her he'd actually been hearing voices for seven years, but as it embarrassed him and they were never very scary he'd not mentioned it until last week. Now this new message was terrifying him, and the voices were becoming increasing compelling. He told me that he didn't know how much longer he could continue to hold them off.

His mother had tried calling several local psychiatrists but they all refused to see him without insurance. She was reluctant to go to the local emergency room as they had given her a difficult time in the past due to her own lack of insurance. She was at her wits' end, and then saw a notice about NAFC's one-day free clinic.

When I saw him there, he was clearly agitated and worried. He looked like he could start taking action at any moment. Fortunately, a psychiatrist was also volunteering his day there and we were able to get him immediately into an aggressive care plan.

When our neighbors don't have insurance, we're all at risk too. My patient's lack of insurance jeopardized the safety of every one of us. Unfortunately, even the most optimistic interpretation of the current approach to healthcare reform predicts tens of millions of us remaining without affordable access to healthcare. That is the way the insurance industry wants it, since they drove the legislation.

If we insist on imposing the "free market" on healthcare, we will always have a two-tiered system and an inevitable large group of both uninsured and under-insured. Insurance companies are legally bound to promote the fiduciary interests of their constituents, the investor community, rather than our mutual public health. These are not compatible missions.

Partial solutions and incomplete answers are just not acceptable. A comprehensive system like Medicare, improved from its limitations today, is the only sensible answer. We must have universal access to high quality of care, or we will all continue to pay the price, sometimes at point blank range.

—Ed Weisbart, MD

Health Care Votes in Congress, Week of Jan. 17, 2011 (from News Services)

-Health Care Repeal: Members passed, 245-189, a repeal of the 2010 health care law.

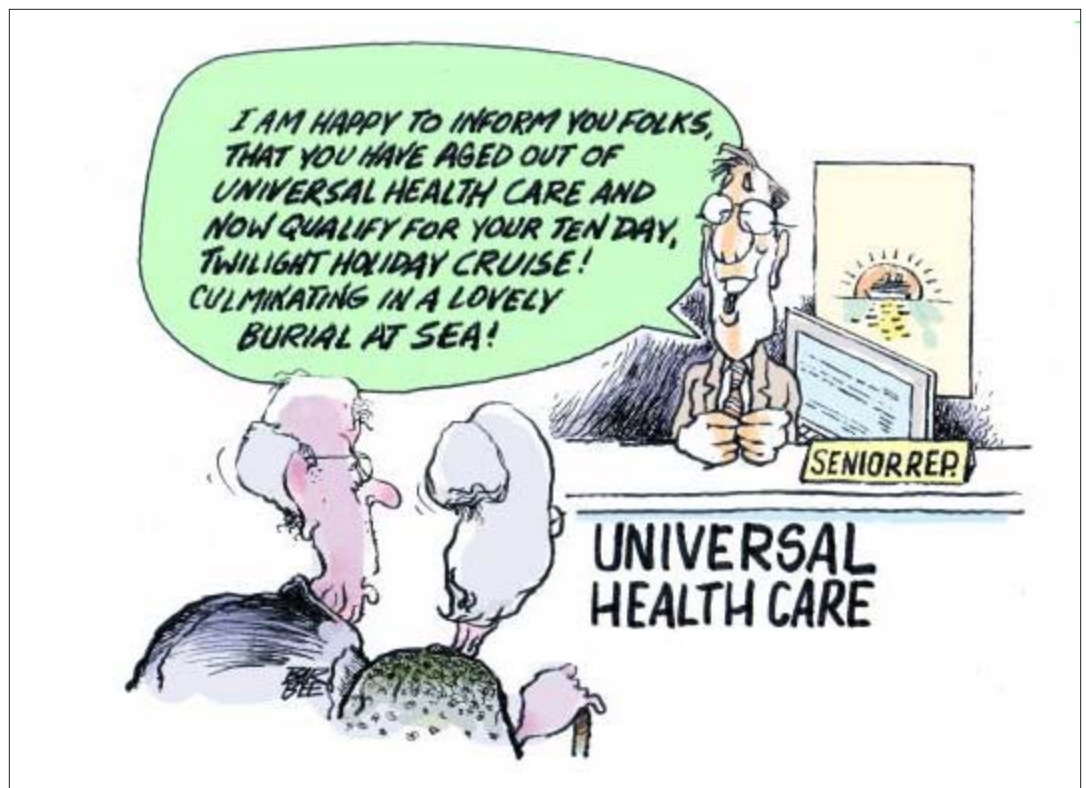
-Congressional health: The House defeated, 185-245, a link to the pending aforementioned repeal bill to the extensive health coverage received by members of Congress.

-Health law replacement: Voting 253-175, the House directed four of its committees to start drafting a health care law to replace the one repealed.

-Medicare change: Members voted, 428-1, to require the proposed new health law to permanently change the formula for paying doctors for their treatment of Medicare patients.

Senate Votes Down Repeal of Health Care Law (from New York Times)

The U.S. Senate voted 51-47 against the repeal of the health care law on February 2.



Four States to Watch

Four states stand out this year as they move closer toward statewide single payer universal health care. States to watch and support are California, Hawaii, Massachusetts, and Vermont. Despite the use of different strategies, all require vast grassroots support of the citizenry for passage and implementation.

California: California's state single payer bill, SB 810, The California Universal Healthcare Act has twice passed both houses, but was vetoed by Governor Schwarzenegger. SB 810 moves forward with a new legislature and a new governor, Governor Jerry Brown. Rallying in support of SB 810 is a coalition of single payer groups, including Single Payer NOW-California, the California Alliance for Retired Americans, Gray Panthers, Physicians for a National Health Program, Unite Local 2, the Wellstone Democratic Renewal Club, the California Health Professional Student Alliance, and the Oasis Clinic.

Hawaii: Single payer advocates in Hawaii are optimistic because of the election of Governor Neil Abercrombie, who was a former cosponsor of HR 676 in the U.S. House of Representatives.

Massachusetts: Voters in 14 districts in Massachusetts overwhelmingly passed non-binding resolutions supporting single-payer reform. The resolutions instruct their local representative to "support legislation establishing healthcare as a human right regardless of age, state of health, or employment status, by creating a single payer health insurance system like Medicare that is comprehensive, cost effective, and publicly provided to all residents of Massachusetts."

Vermont: Vermont elected Governor Peter Shumlin, a strong supporter of single payer. Vermont has commissioned Dr. William Hsiao, a designer of Taiwan's single payer system, to prepare three design and implementation plans for a statewide healthcare system, one of which must be single payer, to be

presented in January 2011. Vermont seeks a federal waiver to enact this.

Knowledgeable, caring people like you are key to the success of single payer. Never pass up a chance to educate others. Contact friends and relatives in the four key states to support single payer efforts. Donate if you are able to national and state single payer organizations.

—*Mimi Signor, RN*

Federal Judge Rules Against PPACA

A federal judge in Florida ruled January 31 that the entire 2010 health care law, the Patient Protection and Affordable Care Act, is unconstitutional because of its provision mandating that Americans must buy health insurance. Twenty-six states joined together to challenge the law. Missouri did not join this suit. The Obama administration will appeal the ruling. The U.S. Supreme Court must eventually rule on constitutionality of PPACA. The core question is whether it is constitutional for the federal government to force Americans to buy health insurance.

—*From Tribune Newspapers*

MOSP Dues

Some members have asked to be notified of when dues should be paid. A few years ago, we tried to set a specific month, but that never worked out.

You will see after your name on the mailing label on this newsletter the date of your last contribution. A "C" after the date indicates your name was added to the mailing list as "Complimentary" meaning we have not received dues or a contribution from you.

Vermont Governor Lays Out Details for Single Payer Pathway

The Shumlin administration released the legislative details of how to move the state to a single payer health care system, with the first steps beginning this summer.

“We are committing to reforms that get us as many of the benefits of a single payer as possible under current federal law, and to asking for a waiver from federal law so that we can gain the full benefits of a single payer when that option is available,” Anya Rader Wallack, special assistant to Gov. Peter Shumlin for health care, told members of House and Senate panels

“I know you have been anxious to receive this proposal and get to work on the details. I also know you will find flaws in it,” Wallack said. “We don’t think we have all the answers, but we think we are putting in front of you a solid proposal for moving forward with major, meaningful health reform.”

The plan would move the state through three stages in four years to reach the target of a single-payer system.

The Shumlin administration proposes the state take two steps effective July 1: Create a health benefit exchange or marketplace called for under the federal health care law and set up a Vermont Health Reform Board to “develop payment reform and cost containment methodologies that will result in sustainable rates of growth in health care spending,” Wallack.

The next phase would begin in 2014 when the health benefit exchange begins operating. “We propose that we include in the exchange, at that time, employer groups with fewer than 100 employees,” Wallack said. “We also propose that state and municipal employees become part of the exchange, and that we integrate Medicaid, Medicare and workers’ compensation with exchange policy.”

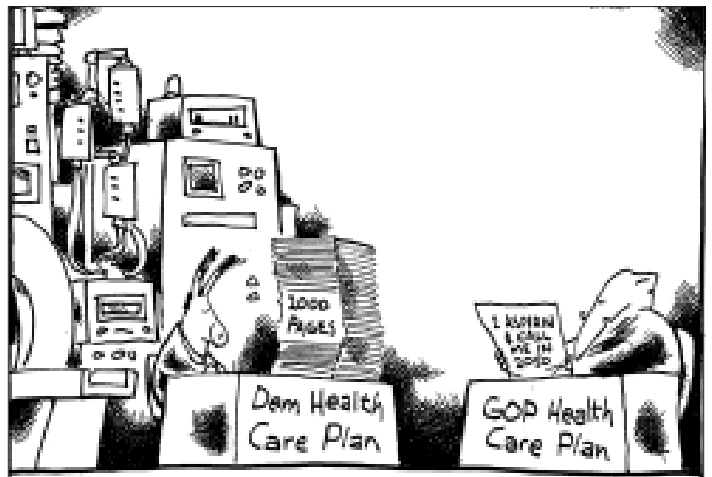
The state would move to the final stage if and

when the federal government granted Vermont waivers to establish a single, publicly financed exchange.

“At that point, current premium payments by individuals and employers in Vermont would be eliminated unless an employer chose to continue providing health insurance coverage,” Wallack said. “All Vermonters would receive coverage by virtue of their residency for a good package of health care benefits, coverage would not be linked to employment and most Vermonters would pay into an equitable system for financing this coverage.”

The bill doesn’t spell out a financing system for the third stage, but calls for continued research.

*By Nancy Remsen for Burlington Free Press –
February 8, 2011 by Healthcare-NOW!*



House Republicans Consider Privatizing Medicare

WASHINGTON — Months after they hammered Democrats for cutting Medicare, House Republicans are debating whether to relaunch their quest to privatize the health program for seniors. House Budget Committee Chairman Paul Ryan, R-Wis., is testing support for his idea to replace Medicare with a fixed payment to buy a private medical plan from a menu of coverage options.

Party leaders will determine if the so-called voucher plan will be part of the budget Republicans put forward in the spring.

“No decisions have been made on the details of our House GOP budget,” Michael Steel, a spokesman for Speaker John Boehner, R-Ohio, said Thursday. “There are a lot of ideas out there, and we’re going to listen to our members and the American people.”

Medicare was one of the most highly charged issues during last year’s congressional elections, which put the House back in GOP control. Republicans slammed Democrats for cutting Medicare by about 6 percent over 10 years to finance President Barack Obama’s health overhaul.

But replacing Medicare’s open-ended benefit with a fixed payment would cut projected spending much more deeply. “Anyone who doesn’t think privatization will mean severe cuts to Medicare benefits, I have a bridge I’d like to sell them,” said Sen. Chuck Schumer, D-N.Y. “Privatization will make the cuts previously proposed by either party look tame.”

Republicans say it may be the only way to preserve taxpayer-funded health care for seniors in an aging society. The Congressional Budget Office reported this week that the government will borrow 40 cents of every dollar it spends this year, as the deficit hits a staggering \$1.5 trillion. Over the long term, health care costs that keep growing more rapidly than the

economy are the biggest challenge to the budget.

The idea of a Medicare voucher recently received bipartisan support from a debt reduction panel led by former Republican Sen. Pete Domenici of New Mexico and prominent Democratic economist Alice Rivlin, a former Federal Reserve vice chairman. Obama’s own debt commission said the idea should be considered as an option if other strategies fail to get health care costs under control.

Under Ryan’s plan, current Medicare recipients would get to stay in the program. People within 10 years of eligibility – ages 55 to 64 – would also go into Medicare. But those now 54 and under would get a fixed payment from the government when they become eligible at age 65. They would be able to use the voucher to buy a Medicare-approved private plan from a menu of coverage levels and options.

The amount of the voucher would be based on total current Medicare spending and indexed to grow year by year thereafter. But that growth would be less than the torrid pace of health care inflation now. Proponents say it would be like putting the health care system on a diet, forcing every player from drug companies to hospitals to be more efficient.

Americans are wary of the idea. An Associated Press-GfK poll last year found 51 percent opposed a voucher plan for Medicare, while 35 percent said they supported it. Opposition was strong among seniors and baby boomers. But those born after 1980 favored the approach by 47 percent to 41 percent.

House Republicans have backed Ryan’s idea before, in a 2009 budget plan supported by Boehner. It’s unclear whether they will do that now. They might save it for deficit reduction talks with Obama later in the year.

“We’ll outline our budget in the months ahead, after we see the president’s budget,” said Boehner spokesman Steel.

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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.