



HEALTHCARE for ALL!

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

Spring has sprung, the grass is rizz, I wonder where the health care is...

This may be a very poor attempt at rhyme, but we do know where health care isn't. It isn't in the homes of many of us. It won't be much longer in others. We're being priced out and run out; even if we have jobs. It's my opinion that the only people who have health care are those with traditional Medicare. So, that's those over 65 and some disabled. Others have health insurance.

Once you have the unfortunate occasion to have to use it, you will soon learn the difference. The treatment you receive and the medicine you take depends on the largess of your insurance plan. Their largess depends on the size of the premium; not your need. Insurance plans are designed to make money for the company and stockholders. They do a great job of it. The product they sell – called health care – is something that should not depend on profit. Only a non-profit health system will work for a healthy nation and for all. Missourians for Single Payer continues to educate and advocate for such a system.

Until we, as a nation, decide and demand that healthcare is a right and that insurance companies stop buying their way into the health market, we won't have health care. We will continue to have health insurance, if you can afford it. Your well being will continue to depend on the size of your bank account. Especially, now that we are expected to buy health insurance. Have you spoken with anyone who has tried to take advantage of the new provision to exclude pre-existing conditions? The quotes make COBRA look like a bargain. In addition, it is popular now to encourage less use of health services. Does waiting until you are vey ill to get help really save money? Most people realize that preventive medicine works and saves money.

It's more important than ever to continue our educational programs. MoSP is the only non-profit in MO still working for Medicare for All. We can't continue to do



*Ronald Hikel to give 2011
Annual Health Care
Address; article on page 3.*

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“Now is the Time for Action” to be MOSP’s May 19 Program



MoSP’s speaker on Thursday, May 19 at 6:30 p.m. will be Dr. Ed Weisbart, a long-standing member of Physicians for a National Health Program, in the Hanke Room at the Ethical Society of

St. Louis, 9001 Clayton Road.

“It may seem like the struggle for fundamental healthcare reform ended with the passage of Patient Protection and Affordable Care Act, but the need for single payer advocates has never been stronger,” says Weisbart, a new member of MoSP’s board of directors.

“If we understand the opportunities presented by the rapidly evolving landscape, we can keep the vision of single payer alive by our actions.”

An M.D., Weisbart practiced primary care in Chicago for twenty years before moving to St. Louis to take the job of chief medical officer at Express Scripts. He retired from that position in 2010.

He continues to volunteer as academic faculty at Washington University, overseeing residents at a BJC clinic, and volunteers as chief medical officer at Rx Outreach (www.RXoutreach.org), an independent nonprofit organization that gives affordable medications to people in need.

He also is a volunteer at the National Association of Free Clinics (www.freeclinics.us) in many of their one-day clinics for the uninsured, from Washington DC to Tacoma WA.

Since retiring from Express Scripts, Dr. Weisbart has taught himself to play the ukulele, “the sound of not working.”

—Roger Signor, *Programs*

Harvard Study Shows Medical Bankruptcies Still Plague Massachusetts

The percentage of personal bankruptcies linked to medical bills or illness changed little, and the absolute number actually increased in Massachusetts after the implementation of its landmark 2006 law requiring people to buy health insurance, a Harvard study says.

The new study, which appears in this month’s *American Journal of Medicine*, found that between early 2007 and mid-2009, the share of all Massachusetts bankruptcies with a medical cause went from 59.3% to 52.9%, a non-significant decrease of 6.4 percentage points. Because there was a sharp rise in total bankruptcies during that period, the actual number of medical bankruptcy filings in the state rose from 7,504 in 2007 to 10,093 in 2009.

The findings have national implications because the Obama administration’s health law is patterned after the Massachusetts plan, including its individual mandate. One of the administration’s arguments in support of the new federal law was that it would significantly reduce medical bankruptcies nationwide. The findings in Massachusetts cast doubt on that claim.

The president’s recent proposal to let states opt out of the national health reform weakens the inadequate standards for coverage included in the 2010 reform law. The result may be the growth of skimpier plans nationwide, leading to higher rates of medical bankruptcy than in Massachusetts.

To explain why medical bankruptcies persist in Massachusetts, the authors of the new study write: “Health costs in the state have risen sharply since reform was enacted. Before the changes in health care laws, most medical bankruptcies in Massachusetts – as in other states – afflicted middle-class families with health insurance. High premium costs and gaps in coverage – co-payments, deductibles and uncovered

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“Winning Universal Health Care” is Ninth Annual Health Care Address



Ronald Hikel, a resident of Washington, DC and Toronto, has been a top administrator and advisor in the health care systems of Canada and the United States for three decades.

His talk on Sunday at 11 a.m., April 17 on “Winning Universal Health Care: Strategies for Victory” will be Missourians for Single Payer’s Ninth Annual Health Care Address at the Ethical Society of St. Louis, 9001 Clayton Road in Ladue.

Born in rural New Hampshire, Hikel has citizenships in the U.S. and Canada and holds political science degrees from Columbia University and Boston University. As Deputy Minister of Health for Manitoba, he administrated that province’s single payer health system. Now, he is advisor to U.S. Congressman John Conyers in forming a national organization to assist local groups in building the U.S. health care reform movement.

They have redoubled their effort to secure single payer health care for this country. Our “free market” style health care costs far more than all other nations, yet leaves tens of millions of U.S. citizens uninsured and without adequate care.

As the number of uninsured and the cost of care rises in the U.S., “Those Americans who do not now

support a truly universal care program will migrate to a single payer system such as Canada’s,” Hikel says. “A critical factor in such a shift is that numerous polls show that Canadians are steadfastly supportive of their health care,” he said.

In Canada, Hikel was Deputy Chair of a group that reported directly to Canada’s Prime Minister on its review of social services programs in that country. He is partner in an international accounting and management firm, KPMG. Over the years he managed about 200 consulting projects in eight provincial governments.

He is a veteran of the United States Naval Reserve and served in active duty in the U.S. Air Force for 3 ½ years. He and his wife Tricia O’Malley have three adult children.

—Roger Signor



Canadian Nurses’ Panel on Health Care



A panel of experienced registered nurses will present the 9:45 a.m. Public Forum in the Hanke Room at the Ethical Society of St. Louis on

April 17. This forum precedes MOSP’s ninth annual Health Care Platform Address. Panelists include RNs **Tracy Zackson, Flo Speer, and Rosemary Gaertner**, all from Canada, who now live and work in the United States. They will talk about health care in the United States and Canada.

Tracy, Flo, and Rosemary, whose collective span of hands-on health care experience covers over one hundred years of nursing, are virtual powerhouses at the workplace. They will tell personal stories and give their insight into the different philosophies and culture

of care of the U.S. and Canada.

Tracy, from Stratford, Ontario will give a brief history of the evolution of Canadian medicare, a single payer national health program. Flo, from Sidney, Nova Scotia will tell how her family moved to Boston seeking specialized health care, but later returned to Canada for excellent, affordable health care with dignity. Rosemary, a family nurse practitioner from Grand Falls, New Foundland will compare the limitations of providing care in rural Canada with providing care in busy urban St. Louis.

Come to listen and learn from these superb nurses. Expect an informative discussion with Q & A after the panel presentation.

—Mimi Signor, RN



MOSP Day at the Capitol is a Success

Before dawn on Tuesday, March 15, MOSP members Julia Lamborn, Klaus Illian, Ed Weisbart and I prepared for a long day of meeting with legislators in the MO House of Representatives. We conferred with our Bill sponsor, **Rep. Michael Brown** of Kansas City and with our Resolution sponsor, **Rep. Jeanette Mott Oxford** of St. Louis. Then we met with legislators to educate them and to ask for their support. Not everyone signed on immediately, but most did without hesitation after hearing what we had to say.

HB 862, the Missouri Universal Health Assurance Act was introduced by **Michael Brown** with fifteen cosponsors and read March 15, and read the second time on March 16. Follow the bill's progress at www.moga.mo.gov. Prepare to testify when it is on the Calendar for a hearing. It is your right and duty to participate in the democratic process.

The cosponsors are: **Chris Carter, Mike Colona, Tishaura Jones, Karla May, and Jamilah Nasheed** of St. Louis, **Jason Holsman, Leonard Hughes IV, and Gail McCann Beatty** of Kansas City, **Rory Ellinger** of University City, **Steve Hodges** of East Prairie, **Stacey Newman** of Clayton, **Mary Nichols** of Maryland Heights, **Clem Smith** of Velda Village Hills, **Sylvester Taylor** of Black Jack, and **Steve Webb** of Florissant. Please thank these bright, caring progressives, especially if they represent your District! They cannot truly represent you, if they do not hear what you have to say.

When we left the Capitol, Rep. Jeanette Mott Oxford's House Resolution to Endorse HR 676 had twenty cosponsors. Rep. Mott Oxford told us she was optimistic that more cosponsors would sign on before filing. April 1 is the last day to file a House bill.

—Mimi Signor, RN



"A LIBERAL IS A CONSERVATIVE WHO GOT MUGGED BY HIS HEALTH INSURANCE."

(President's message -- continued from page 1)

these programs without your help. This is not a lost cause. The President's new plan allows for states to have their own plan. Why can't Missouri? Several years ago a study showed that Missouri could save ONE BILLION OR MORE if we switched to a non-profit health plan. Democrats get sick, Republicans get sick, Independents get sick. HEALTH CARE IS NOT A PARTISAN ISSUE. ALL people get sick!

Our legislators are hired by us to do the best for the citizens of Missouri. In health this would be real health care for all, real choice for all, and saving money while we do it. The last time our health bill had a hearing, I personally ended my testimony with this question: "Why don't the Missouri legislators want to save real money and provide health care for all in Missouri?" I gave the committee my personal address and phone number and invited them to have a dialogue. NO ONE CALLED!

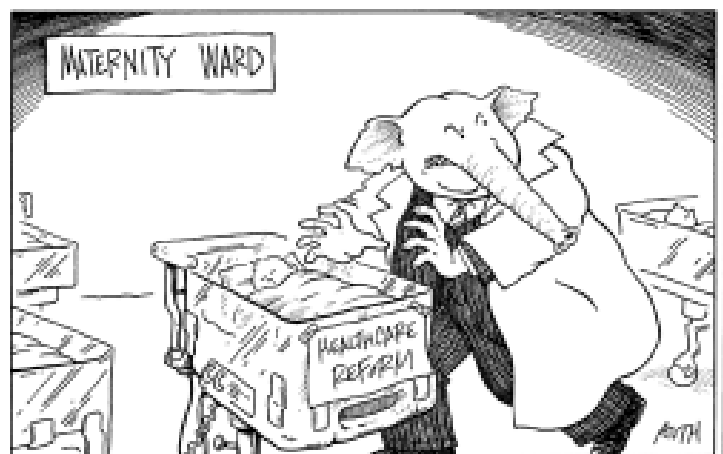
What would it take? Taking the profit out of health care. Leaving the delivery as it is – delivered privately. Paid for publicly by all, according to ability. Why aren't we demanding we receive this? This would not be a free gift. It would be paid for by taxes. There's that terrible word. The facts are that it is already being paid for with taxes and the government is already in your medicine chest. Those with traditional Medicare have the most choice. If you have health insurance, your insurance company makes the choices for you. It's decided by the sized of your premium, whether you or your employer pays for it. You are already paying for health care, but getting health insurance instead. The money that goes to the insurance companies for administration and profit would go back into actual health care for us.

As MoSP prepares to present the 9th Annual Health Care Sunday, we look excitedly to welcoming **Ron Hikel**, aide to Congressman John Conyers, in charge of promoting HR676. HR676 would extend Medicare to

all and improve covered services. It would eliminate co-pays, deductibles, and the incentive to get sicker before getting better. I met Ron Hikel at the 2010 annual national meeting of health care leaders working with HealthCare – NOW. He has a vast knowledge of health care services. He has spent most of his life advocating for health care for all. What better person to be our 2011 speaker! Please be on hand to welcome him.

We need your help. We keep our dues low and subsidize many memberships. This is the time of year that we ask for extra donations to support our special programs. Please send something extra to support our 9th Annual Spring Health Care event. All monies go toward the event. No one in MoSP takes any salary. Many expenses aren't even reimbursed, but given as donations by our officers and members.

We thank all who have contributed in many ways throughout the years. We truly believe that we can make a difference with your continued help and support. Now is not the time to give up! See other articles in this issue about Ron Hikel and events. Mark your calendars for April 17. Please attend and show your support!



MOSP Welcomes New Board Members

MOSP welcomes three new volunteers elected to our 2011-2012 Board of Directors. They are **Pam Gronemeyer, Suzanne Hagan, and Ed Weisbart**, energized and savvy physicians who will work to bring universal single payer health care to our state and our country. To help you to know them better, we asked them the following three questions:

1. What first interested you in joining MOSP?
2. What talent or expertise do you bring to the 2011 Board?
3. What would you like to see MOSP accomplish in 2011-2012?

From **Pam Gronemeyer, MD:**



My interest in Missourians for Single Payer started in 2006. I knew health care was in a crisis. I started educating myself. I try to increase community awareness, knowledge and activism about single payer. I sponsored two community forums, inviting Julia Gettinger

and Klaus Illian to speak about their experiences with the healthcare system and their activities to foster single payer. I joined MOSP to work with activists like your group.

I am a physician and a small business owner (a freestanding cytology/pathology laboratory) in Highland, IL. I was born and raised in St. Louis. I know the problems and barriers created by healthcare insurers. As a small business owner who provides health insurance for my employees and dependents, I know the cost and problems of securing and paying for insurance. I see firsthand the problems created by our fractured healthcare system and the plight of the uninsured.

I am an active member of PNHP, Healthcare NOW, and PDA. I am involved in the Illinois Single Payer Coalition. Since the metro-east is so closely situated and tied to St. Louis, it is vital to develop an active communications link between their health care activist communities. While state governments are different, we can share interstate ideas and activities. I will participate in training sessions, outreach activities, and other actions.

We must stay on point for single payer in 2011-2012. The ACA federal health care bill is slowly coming into effect. The problems created by for-profit insurers in the system will surface. We must be active and visible with our knowledge of the facts of single payer and show others that single payer is the only plan that is logical, equitable, and cost-effective. Americans need and want health care not health insurance.

From **Suzanne Hagan, OD:**



As a doctor, I wrestled (often ineffectually) with the multiplicity of insurance providers, the difficulties of getting on provider panels, and the utter ridiculousness of our current system. When I became a cancer patient in 2008, I found out how difficult it was

to deal with my supposedly good insurance provider. I was sent bills for thousands of dollars in charges that the provider should have paid but didn't. Undergoing major surgery and aggressive chemo, I scarcely knew my own name some days, and could not respond appropriately to the demands of dealing with the provider. Both experiences convinced me that a single payer system—Medicare for All—was the only rational approach. I wanted to join MOSP since they saw things the way I did. I realize the difficulty of re-directing our lumbering, overloaded and leaky national ship of health care insurance. I look forward to educat-

ing myself about what can be done in terms of creative solutions to help right this listing vessel.

From **Ed Weisbart, MD:**



My interest in MOSP grew out of a realization that the national fight for universal single payer health care is once again stymied. The fight now returns to the states, with Vermont and California looking seriously optimistic. Historically, this is precisely what got universal health care

in Canada—Saskatchewan went first, and the other provinces soon followed. The United States even adopted Canada’s name, Medicare, for our first national program. So Missouri, let’s get rolling! Over the next two years, I’d like to see MOSP build a groundswell of better understanding of the real crisis and opportunity we face as a state, and the deadly shortcomings of strategies other than universal single payer. I believe my skills as a public speaker and presentation developer can help advance this vital mission and look forward to working with MOSP.



(Massachusetts -- continued from page 2)

services – often left insured families liable for substantial out-of-pocket costs. None of that changed. Under Massachusetts’ reform, the least expensive individual coverage available to a 56-year-old Bostonian carries a premium of \$5,616, a deductible of \$2,000, and covers only 80% of the next \$15,000 in costs for covered services.”

The study’s lead author, Dr. David Himmelstein, said, “Massachusetts’ health reform, like the national law modeled after it, takes many of the uninsured and makes them underinsured, typically giving them a skimpy, defective private policy that’s like an umbrella

that melts in the rain: the protection’s not there when you need it.” Himmelstein conducted the study as associate professor of medicine at Harvard Medical School; he currently is professor of public health at City University of New York.

In 2007, the last year for which national estimates are available, medical issues contributed to 62.1% of bankruptcies nationally, according to a 2009 study. That study, frequently cited by the president and congressional reform advocates, also found that 77.9% of those bankrupted were insured at the start of their illness, including 60.3% who had private coverage.

Massachusetts has historically had fewer medical bankruptcies than the rest of the nation, reflecting, among other things, the state’s more robust social safety net, including public hospitals and a system of free medical care for the poor that predated the recent reform. Massachusetts’ 51% increase in total bankruptcies between 2007 and 2009 was slower than the increase in the majority of other federal jurisdictions. The state’s health law was passed in 2006 and was fully implemented by early 2008. According to the U.S. Census Bureau, the share of state residents who were uninsured fell by 58% between 2006 and 2009, from 10.4% to 4.4%, and remains the lowest of any state.

Because bankruptcies lag many months behind a financial shock, the early 2007 and mid-2009 surveys provide a good “before and after” look at the effects of the health reform, the researchers said.

Study co-author Dr. Steffie Woolhandler, a professor of public health at City University of New York said, “American families need the kind of comprehensive coverage that protects people in nations with single-payer national health insurance, such as Canada.”

“Medical bankruptcy in Massachusetts: Has health reform made a difference?” David U. Himmelstein, M.D., Deborah Thorne, Ph.D., and Steffie Woolhandler, M.D., M.P.H.

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(specific programming and expenses)

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_____ Other \$ _____

_____ 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.