SUMMER 2011

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

(the following article appeared in The Wall Street Journal, September 1, 2011; by Anna Wilde)

UnitedHealth Buys California Group of 2,300 Doctors

MathewsUnitedHealth Group Inc. will acquire the operations of a major southern California physician group, in the latest example of how lines are blurring between insurance companies and health-care providers.

The purchase of the management arm of Monarch HealthCare, an Irvine, Calif., association that includes approximately 2,300 physicians in a range of specialties, establishes United's Optum health-services unit as a formidable presence in the region. Optum had previously taken over the management arms of two smaller southern California groups, AppleCare Medical Group and Memorial HealthCare Independent Practice Association.

In California, deals involving control of medical groups are structured to comply with rules that block most entities from directly employing practicing physicians. Typically, a company like Optum might buy non-clinical assets and sign a long-term management agreement with an independent practice association of physicians such as Monarch.

United has said in the past that providers acquired by Optum will not work exclusively with United's health plan, and will continue to contract with an array of insurers. But in one sign of the potential complications that might ensue, Monarch is currently in an arrangement with United competitor WellPoint Inc. to create a cooperative "accountable-care organization" aimed at bringing down health-care costs and improving quality.

Comment: Consolidation is accelerating, and the largest insurers are positioning themselves to be at the top of the heap. Excuse a personal note, but this particular merger is difficult for me to observe. Having practiced in Orange County, I watched

(continued on page 6)

MoSP celebrates Medicare's 46th birthday; article on page 7.

Calendar

Thursday, September 15, 6:45 PM, Ethical Society of St. Louis Hanke Room, MOSP movie night, "Obama's Deal; Inside the Battle for Health Care Reform", PBS Frontline program and discussion to follow.

MoSP newsletter staff

Editor-in-Chief, Julia Lamborn Gettinger

Mailing Committee, Mary Jane & Bob Schutzius

Layout editor, Anne Bader

Webmaster, Sheri Wahlen

"Mr. Single Payer" Dies at 95

Eugene P. Schwartz, 95, a founder of Missourians for Single Payer who was often called "Mr. Single Payer," died May 31, 2011, of complications from a fall.

During World War Two, he served as a goodwill ambassador to Japanese school children after his service in the U.S. infantry.

A native of Milwaukee, he and his wife Ruth moved to University City in1959. His first job was stemming juvenile crime as leader of the Metropolitan Youth Commission. Then he joined the University of Missouri-St. Louis where he led formation of what became the school's first department of criminology.

He also took the lead in volunteer efforts for gun control, human rights and universal single payer health care. He was a longtime activist in MoSP and Physicians for a National Health Program.

He often greeted people with the words, "Have you written your congressman lately?" In honor of "Gene" write your letter today.

—*Roger Signor*

David Gill, M.D., Candidate for Congress

Dr. David Gill, an emergency room physician in rural Illinois, and a single payer champion, welcomed redistricting in Illinois. Thanks to redistricting, Dr. Gill will have a greater chance in the Congressional race in the new 13th Congressional District in Illinois. IL-13 includes David's strongest areas of support. Dr. Gill is a member of Physicians for a National Health Program. He has been among MOSP's most popular Health Care Platform headliners.

—*Mimi Signor, RN*

Healthcare is a Human Right Campaign Midwest Tour

Jonathan Kissam of the Vermont Workers' Center spoke throughout the Midwest this summer on the Healthcare is a Human Right Campaign. Missouri Jobs With Justice and the Missouri Nurses Association, Third District cosponsored his program in St. Louis on July 16. Kissam discussed grassroots organizing and framing our healthcare crisis as a human rights emergency to promote Vermont's universal health bill. The campaign in Vermont involved many hours of going door-to-door in communities to talk personally with people about this issue and recruiting them to help. The campaign coalesced with labor and faith-based organizations.

—*Mimi Signor, RN*

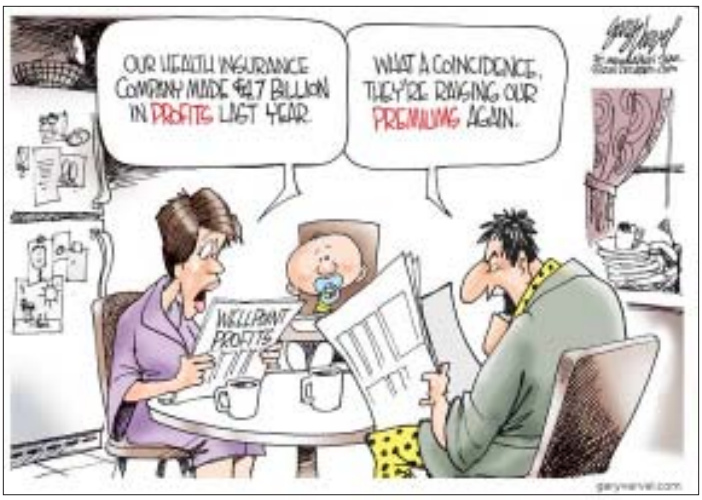
I know, let's compromise and build it out of twigs.

Letters—We've Got Letters

Re: A modest proposal:

Thank you for having the courage to stand up for single-payer. As the President of Missourians for Single Payer, of course I agree. We are a non-profit organization (all volunteer) that works to educate for single payer. We are the only group in MO that works for single payer and single-payer only. Many studies have been done and single-payer always comes out on top. We don't need more studies. We need courage to step forward and demand what we are already paying for: health insurance is not health care. As long as "health care" is controlled by vested interests and profit making we will not have a healthy nation; whether it be physically, mentally or financially. A single-payer plan through Medicare, expanded to all and improved; not ripped to shreds, is the answer. People say single-payer isn't politically feasible. I say that's only because we don't stop vested interests from telling us what we want. Don't forget that it's our tax dollars that are paying people to work against our own best interests. I ask all to stand up and demand real health care and real reform.

—Julia E. Lamborn, Hazelwood, MO



To the editor:

"A modest proposal", (A-12, 8/10) states that I am "not going to like" your editorial's solution to costly U.S. health care: a single payer financing system. I would very much like it. Traditional Medicare, America's popular single payer health program for seniors is a treasured jewel. Those of us who work in jobs with employer-provided insurance delay retirement until age sixty-five. Others wait for needed treatments or surgeries until they are old enough for the right to Medicare.

You further state that "Mr. Obama brought everyone to the table". Everyone was not at the table. Thirteen doctors and nurses protesting the ban on a single payer advocate at "the table" were arrested, while for-profit insurers were welcomed. The resulting Affordable Care Act is a gift to insurance companies. It does not represent a health care program that health care professionals and their patients want nor can afford.

—Mimi Signor, RN

Post-Dispatch Editorial (8/10/2011): If U.S. is serious about debt, there's a single-payer solution

If America truly is serious about dealing with its deficit problems, there's a fairly simple solution. But you're probably not going to like it: Enact a single-payer health care plan.

See, we told you weren't going to like it.

But the fact is that everyone who has studied the deficit problem has agreed that it's actually a health care problem — more specifically, the cost of providing Medicare benefits to an aging and longer-living population. The bipartisan National Commission on Fiscal Responsibility and Reform reported last December: "The Congressional Budget Office (CBO) projects if we continue on our current course, deficits will remain high throughout the rest of this decade and beyond, and debt will spiral ever higher, reaching 90% of GDP in 2020.

"Over the long run, as the baby boomers retire and health care costs continue to grow, the situation will become far worse. By 2025 revenue will be able to finance only interest payments, Medicare, Medicaid, and Social Security. Every other federal government activity — from national defense and homeland security to transportation and energy — will have to be paid for with borrowed money."

That being the case — and nobody argues that it isn't — there are two broad ways for the government to address its spiraling health care costs. One, shift more of those costs to recipients, by trimming benefits and/or extending eligibility ages and indexing eligibility to personal income. This is politically unpalatable, particularly to most Democrats, President Barack Obama being a conspicuous exception.

The second way for government to address its health costs is not to shift them, but to reduce them. This is what a single-payer health care system would do, largely by taking the for-profit players (insurance companies for the most part) out of the loop.

The advocacy group **Physicians for a National Health Program** estimates that "private insurance bureaucracy and paperwork consume one-third (31%) of every health care dollar. Streamlining payment through a single nonprofit payer would save more than $400 billion per year, enough to provide comprehensive, high-quality coverage for all Americans."

Once everyone is covered, the government would have the clout to bring discipline into the wild west of health care spending. It could insist that providers be paid for quality of service, not quantity. Health facilities and equipment could be managed by regional boards. Medical services could be "bundled" — rather than paying hospitals and doctors and laboratories separately, there would be fixed prices for treatments. And so on.

The Patient Protection and Affordable Care Act passed in 2009 contains many pilot programs designed to test cost-reduction strategies. Most of them won't

kick in for another six to eight years, by which time health care costs will be approaching 20% of U.S. gross domestic product. The combined state and federal share of that will be 49%, up from 45% today.

Indeed, a study published this month in the journal *Health Affairs* estimates that while the Affordable Care Act will pay for itself by 2020, it won't actually "bend the cost curve," as the Obama administration had hoped. But the study, done by the Actuary Centers for Medicare and Medicaid Services, says the ACA will significantly slow the rise of health care costs to state and local governments.

But consider those two findings: In effect, they say that if reducing overall health care costs is the goal, then the ACA didn't go far enough. Thirty million more people will be insured and government costs will grow more slowly. But overall health care costs will continue to explode. Sooner or later, a nation serious about controlling spending must take broad control of the health care system.

It surely won't be sooner. Compared to the political fight that would erupt over a single-payer plan, the congressional battle over the Affordable Care Act would seem as tame as resolution praising mom, the flag and apple pie.

The ACA was a compromise. Mr. Obama brought everyone to the table — doctors, insurance companies, drug companies, hospitals — and came away with a "best we can get" kind of bill. Many of those at the table turned around and lobbied against it or sought special favors once the bill came before Congress.

It passed by narrow margins, and Congress is decidedly more conservative now. Indeed, the new House majority has voted to repeal the ACA and challenges to its constitutionality continue to work their way toward the Supreme Court.

But now, like a baby discovering its toes, Congress has discovered the deficit. And the plain fact is that unless you want to commit political suicide and cut Medicare to the bone — as Rep. Paul Ryan's, R-Wis., budget plan would do — the best way to seriously address long-term deficits is to get control of health care costs through a single-payer plan.

In 2008, when health care costs amounted to "only" 16 percent of U.S. gross domestic product, Great Britain was spending 8.7 percent of its GDP on health care, and Canada was spending 10.4 percent. Both nations have single-payer plans. Quality of care scores in both nations are at least comparable, and in most cases, better.

Eventually, the United States will have a single-payer plan. But we'll waste a lot of money and time getting there.

From STLtoday.com, August 10, 2011.

For full article, with links to additional resources, see http://www.stltoday.com/news/opinion/editorial/article_97afa329-42f8-5f12-adb0-97fa305c3e4b.html

"Good News, Bad News" by Randy Bish

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

the founding and expansion of Monarch HealthCare until they dominated health care in our region. As an early opponent of managed care as it was playing out, I certainly had no interest in joining them. Probably because my practice included large numbers of Medicaid, uninsured, and undocumented patients (so many that they crowded out my privately insured patients even though I worked extended hours), Monarch also never communicated an interest in including me in their panel.

What defines a successful health care system? It always seemed to me that success would be when everyone could receive quality health care that was appropriate and without financial barriers that would impair access. Yet The Wall Street Journal implies that success is when you can organize and control the delivery system and corner the portion of the market that has the highest monetary resources.

Although I was far busier than other primary care physicians in our region, I ended up retiring earlier than I intended because the composition of my practice eventually resulted in an unsustainable negative cash flow.

By most standards, at least by the dominant standards of today, I was unsuccessful, and Monarch HealthCare was highly successful. I'm not sure that my patients who couldn't get past the appointment desks of Monarch physicians would agree when they had success in negotiating past my appointment desk.

Not to be defeated, I made a decision to devote my remaining productive years to promoting a concept of success that serves patients - all patients - without the intrusion of intermediaries such as UnitedHealth and Monarch HealthCare that glom onto the money and try to keep all that they can. Haven't we had enough of Wall Street's version of success?

(Comment from Quote-of-the-day@mccanne.org http://two.pairlist.net/mailman/listinfo/quote-of-the-day)

Dr. Suzanne Hagan's Media Favorites: *** What's Hot, What's Not ***

The Good:

Reid, TR. *The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care.* Penguin, New York: 2009.

Diane Rehm Show, *"Single Payer Health Care,"* PBS broadcast 5/18/09 (before passage of the Affordable Health Care Act)

Diane Rehm Show, *" Vermont Debates Universal Health Care,"* PBS broadcast 4/27/11 (after passage of the Affordable Health Care Act)

Diane Rehm Show, *"Electronic Medical Records,"* 3/10/2010

Quadagno, Jill. *One Nation Uninsured.* Oxford University Press, New York: 2005.

Cohn, Jonathan. *Sick.* Harper-Collins, New York: 2007

The Mediocre:

Halvorson, George C. *Health Care Will Not Reform Itself.* Productivity Press, New York: 2009.

Dean, Howard. *Prescription for Real Healthcare Reform.* Chelsea Green Publishing Co., White River: 2009.

Emanuel, Ezekiel. *Healthcare, Guaranteed.* Public Affairs/ Perseus Group, Philadelphia: 2008

Barlett, Donald and Steele, James B. *Critical Condition.* Doubleday, New York: 2004

Relman, Arnold S. *A Second Opinion: Rescuing America's Health Care.* Perseus Books, Cambridge MA: 2007

The Bad or the Ugly:

Cogan, JF et al. *Healthy, Wealthy and Wise: Five Steps to a Better Health Care System.*AEI Press and the Hoover Institute: 2005

Lamm, Richard D and Blank, Robert. *Condition Critical: A New Moral Vision for Health Care.* Fulcrum Publishing, Golden CO: 2007

(Most of the books are available at the Public Library)

Vermont Passes Universal Health Bill Framework

On May 26, Vermont Governor Shumlin signed into law legislation that puts Vermont on the road to be the first state where healthcare is a human right. "We gather here today to launch the first single-payer health care system in America, to do in Vermont what has taken too long — have a health care system that is the best in the world, that treats health care as a right and not a privilege, where health care follows the individual, isn't required by an employer - that's a huge jobs creator," Shumlin said.

Coming at a time when workers rights and social benefits are under attack in statehouses from coast to coast, the Vermont Bill is a brilliant example of a "high road" response to the fiscal and economic crisis. "Our success shows that when people come together, make their voices heard and demand their rights, we can overcome well-funded special interests and change what's politically possible," said James Haslam, director of the Vermont Workers' Center, which started the Healthcare Is a Human Right Campaign in 2008.

Labor helped lead the fight to pass the Bill through both houses of the legislature and to beat back attempts to pass "poison pill" amendments, including a last-minute attempt to excluded undocumented immigrants from coverage (thousands of whom work in Vermont's dairy industry). Hundreds mobilized for a May Day rally in the state capitol to demand "everybody in, nobody out" and the amendment was pulled in conference committee.

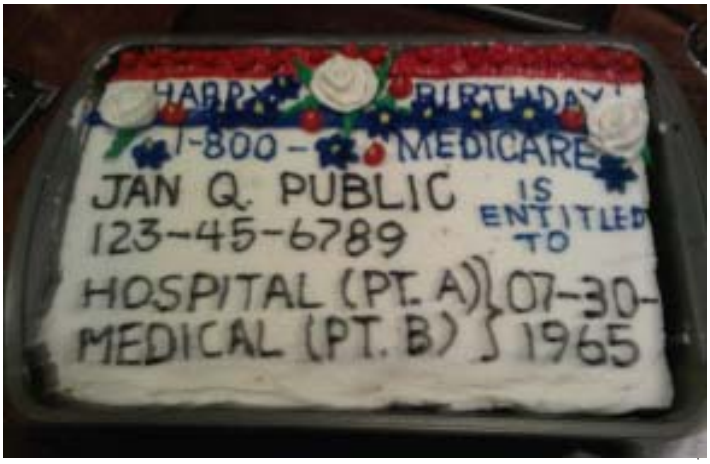
Much work remains before the promise of healthcare as a public good can be fully implemented in Vermont. A financing package must be passed in the next legislative session and federal waivers must be secured to allow Vermont to innovate beyond the private insurance delivery model in the federal PPACA legislation passed last year. We hope to secure these waivers by 2014.

Meanwhile, the for-profit insurance industry will mount an all-out attempt to prevent the full implementation of the Bill. IBM, the state's largest private employer, has vowed to work to overturn the legislation, taking on a united, educated and empowered movement of Vermonters. "As a result of the grassroots campaign, people in Vermont see themselves as part of the solution, and not as victims," said Mari Cordes, President of Vermont's AFT-affiliated nurse's union. "It's something we as union members know very well." The Labor Campaign for Single Payer national meeting will celebrate this victory with a panel of Vermont labor leaders to discuss its strategic significance in the fight to make healthcare a right for everyone in America.

—Mark Dudzic, National Coordinator, Labor Campaign for Single Payer

Medicare Birthday Party

Saturday, July 30 MoSP members met at Houlihan's Restaurant in Creve Coeur to celebrate Medicare's 46th birthday. Presents were accepted in the form of positive stories about Medicare! Several of the guests said that if it weren't for Medicare they wouldn't be alive to attend the party. MoSP members participated in the celebration as part of a national effort. Other parties and actions were held across the US. Member Sheri Wahlen made a birthday cake in the form of a Medicare card.



Missourians for Single Payer Health Care
438 N. Skinker Blvd.
St. Louis, MO 63130

Non-profit Organization
US Postage
PAID
St. Louis, MO
Permit MO 3550

Address Service Requested

Membership Form

Missourians for Single Payer Health Care
438 N. Skinker Blvd., St. Louis, MO 63130
Phone: 314-862-5735 www.mosp.us

Name_____

Address_____

City_____ Zip _____

Phone_____ Fax_____ Email_____

Categories

_____Individual, $20

_____Family, $30

_____Organization, $50

_____Other $_____

I will contribute $_____ towards _____

_____.
(specific programming and expenses)

_____ 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.