



Missourians for Single Payer Health Care

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MESSAGE FROM YOUR PRESIDENT

Julia E. Lamborn

As an organization should we support the Occupy Movement? As your President I am conflicted. I support peaceful demonstrations. Thousands will need to take to the streets to achieve Medicare for All. We continue to be a one issue organization. That is why we do not join with most other organizations; no matter how we personally support the issue. In some ways, having one issue has hurt MoSP's growth and in other ways it has put us in the lead. MoSP is the only organization in Missouri (to my knowledge) that works for and educates for Medicare for All (improved and expanded). There is no confusion in our message. MoSP, the organization, will not support a different message. As individuals, we are free to support issues and organizations with which we can agree. The Occupy movement has opened a dialogue. We thank them for this important achievement.

During our annual member meeting November 17, participants discussed what MoSP's role should be, if any, within the ongoing Occupy St. Louis campaign. We support the intent of the campaign, to call attention to the increasing income disparities between the rich and powerful upper one percent of Americans and the disenfranchised, broad underclass. But power concedes nothing without a demand. The greatest injustice of all is inequality in health care, therefore, MoSP's demand remains clear and unchanged: **Improved Medicare for All NOW**. Our consensus is that MoSP members can support the Occupy campaign in other ways.

Our intermediate demand is: **NO Cuts to Medicare**. Give this clear message to your senators and members of congress in at least weekly phone calls, letters, and emails. For us to do less than this is unpatriotic. The Occupy campaign reminds us that good citizenship is not a spectator sport. Everyone must be in the game.

See page 4 for eleven ways individuals may support the Occupy Movement: **11 simple ways to support the occupy movement without sleeping in a park by Lauren Leonardi**.

Save the Date

Judy Dasovich, M.D. will be keynote speaker for Missourians for Single Payer on Health Care Sunday, April 15, 2012



Coming MoSP events

January 19, 2012 - MoSP meeting, Ethical Society, 6:30pm, program TBA

February 16, 2012 - MoSP meeting, Ethical Society, 6:30pm, program TBA



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PNHP's Annual Meeting Draws Large Crowd

Dr. Pam Gronemeyer, MoSP Director, was among 300 people from 28 states and the District of Columbia at Gallaudet University in Washington on Oct. 29 for PNHP's Annual Meeting, one of the largest PNHP meetings ever.

The participants listened to PNHP leaders such as Drs David Himmelstein and Steffie Woolhandler along with Canada's Robert Evans, the U.K.'s Dr. Jacqueline Davis, authors Phillip Longman and Dr. David Ansell, and activists like Drs. Marge Cohen, Claudia Fegan, Garrett Adams and Quentin Young. Both Robert Evans and Dr. Davis discussed the current threats to their healthcare systems by conservative factions in Canada and the United Kingdom. Dr. Davis said physicians are organized to fight these assaults. Canadians and Brits are very proud of their healthcare systems which cover all of their citizens.

Workshops covered everything from state single-payer efforts to the Occupy movement to how to build a PNHP chapter. A physician from New York City and Dr. Margaret Flowers led a packed workshop encouraging physicians to become actively involved with the Occupy Movements in order to educate the participants on why we need expanded Medicare for All. Participants joined in roundtable discussions and informal exchanges. 40 medical students who attended danced to the music of "the Cornel West theory" late into the night.

Drs. Woolhandler and Himmelstein talked about the state of healthcare in America which has not improved as a result of the Affordable Care Act. They have written a new article, "Healthcare Reform 2.0" published by Social Research, an international quarterly. It can be downloaded to use as an advocacy piece to explain why Healthcare Reform 1.0 (Affordable Care Act) will remain a failure, and why we have to move on

to Healthcare Reform 2.0 (expanded and improved Medicare for All). Members were encouraged to distribute the article.

The Mad as Hell Doctors from Oregon won PNHP's Dr. Quentin Young Health Activist Award on October 31 for "passionate work and play" in efforts to bring public awareness to problems in the health care system. Six Mad as Hell Doctors embarked from Portland two years ago in a motor home on a cross-country campaign for a single-payer solution to the nation's health care system, an option that had been dismissed in the unfolding congressional health care debate. The doctor activists took their message to about 30 cities, including Chicago, before reaching Washington, D.C. They continue to tour, speak and advocate for health care reform.

The meeting was a morale booster that energized the participants with the knowledge that there are many committed physicians and citizens working to make Medicare for All a reality. We must keep up the fight.

—Pamella Gronemeyer, MD

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and Liaison, Illinois Single-Payer Coalition
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Medicare for all would help America

In your 7/25 article, Jordan Valley Community Health Center Executive Director Brooks Miller stated that “We believe we all need to pay something.” At the Kitchen Medical and Dental Clinic we see patients every week who start out at Jordan Valley but cannot afford the minimum \$30 per visit. Even patients who can afford the initial fee bring us their prescriptions, which they cannot afford. This \$30 doesn’t cover specialty care or testing, such as a treadmill or a CAT scan or a visit to the cardiologist.

Here is the typical scenario: People get sick, then they can’t work so they lose their jobs and their medical insurance. They have a hard time paying their bills. Under these circumstances, \$30 per visit for only the basics becomes prohibitive. These are the patients who come to us after finding that the Jordan Valley safety net is full of large holes. They may not have money but they’re still sick.

We believe people should receive health care based on need, not ability to pay. As many leaders in the Springfield health care community pointed out, this problem is too big for any one group to handle alone. I believe that Medicare for all will be the most effective and affordable solution. In this form of universal care, the delivery system (hospitals, doctors, etc.) stays in the hands of private business. It is the insurance piece that is handled by the government. Currently, Medicare overhead is less than 3 percent, while private insurance averages about 12-15 percent and can be higher. Patient satisfaction with Medicare insurance is higher than it is with private insurance. Traditional Medicare doesn’t exclude people for pre-existing conditions or cancel their insurance once people become ill. Medicare insurance also allows patients the freedom of choice advocated by Donald Tucker in his 7/28 News-Leader article. They can choose any doctor or hospital they want. Medicare for all is similar to the system that

gets interstate highways built — federal tax dollars pay private business to produce a common good.

It’s time to put aside reliance on incomplete safety nets like emergency rooms, free clinics, and taxpayer-funded health care centers like Jordan Valley that turn sick people away. Contact the people that work for you in Washington today.

Judy Dasovich, M.D

The Springfield News-Leader

Ozarks Opinions

Saturday, August 4, 2007

Note: **Judy Dasovich, M.D. will be keynote speaker for Missourians for Single Payer on Health Care Sunday, April 15, 2012**



11 Simple Ways to Support the Occupy Movement without Sleeping in a Park

1. Understand the Movement: Be able to intelligently defend and support the movement in conversation. Don't parrot the mainstream media's take on Occupy Wall Street. They mostly get it wrong, anyway.
2. Don't Be Afraid to Say You Support Occupy Wall Street: Apathy's not cool any more.
3. Follow the Movement on Social Media: **Groups / Pages to follow on Facebook** : Occupy Wall St. , Occupy Together, I Acknowledge Class Warfare Exists.
4. Move Your Money: One of the central concerns of the Occupy movement is the banking system. Moving your money is an action you can take that will align you with the principles of the movement.
5. Send Some Grub: Find out where your local occupiers are and nearby restaurants who deliver. Send pizza, Chinese food, snacks, baked goods, etc. Ask your local diner to send burgers and fries.
6. Donate basic supplies: Band-aids, gauze, over the counter medicines, antibacterial ointment, rain gear, umbrellas, tarps, tent covers, clothing: men's, women's, especially warmer clothing and socks , books, food: perishable and non-perishable, toiletries, blankets, subzero sleeping bags and other warm bedding.
7. Donate Money: Visit your local Occupy hub and find yourself a donation box.
8. Visit a Local Occupy Encampment and say thanks: Head down before or after work one day. Go over on your lunch break. Bring your kids.

9. Show Up When You're Needed: Sometimes, what's really needed, are people.

10. Taking a Roadtrip? Transport Supplies or Demonstrators: If you're going from one city to another anyway, offer to bring supplies. Offer someone a ride.

11. Allow People to Shower and/or Do Laundry in Your Home: If you're comfortable with the idea, and live near an encampment, offer your shower or laundering facilities. You can set your own limits.



Co-sponsors Added to HR676

HR 676, the Expended & Improved Medicare for All Act has two more co-sponsors as of November 3—Democrats Fortney Pete Stark (CA), Tim Ryan (OH), Laura Richardson (CA), and Ed Pastor (AZ) bringing the total to 72.



MoSP at Mizzou

MoSP President Julia and I traveled to the University of Missouri in Columbia Nov. 30 to speak on “Single Payer as a Social Justice Movement” at Professor Lindy Hern's class on Peace Studies. Seventy-five students listened to our program. Afterward, we were impressed by the students' thoughtful questions, both practical and philosophical. Lindy, a sociology professor and member of MoSP, will defend her doctoral dissertation on Single Payer this spring at the University of Missouri.

—Mimi Signor, RN

An Open Letter to Secretary Sebelius and President Obama regarding the Institute of Medicine’s recommendations on the Essential Benefits under the 2010 Health Reform Law (from Physicians for a National Health Program)

We protest the Institute of Medicine’s (IOM) recommendation that cost rather than medical need be the basis for defining the “essential benefits” that insurance policies must cover when the federal health reform law takes effect in 2014. If adopted by the Department of Health and Human Services, this recommendation will sacrifice many lives and cause much suffering. We call on Secretary Sebelius and President Obama to reject them.

The IOM proposal would base the required coverage on the benefits typical of plans currently offered by small businesses – enshrining these skimpy plans as the new standard. These bare-bones policies come with a long list of uncovered services and saddle enrollees with unaffordable co-payments and deductibles.

Already, millions of underinsured Americans forgo essential care: adults with heart attacks delay seeking emergency care¹; children forgo needed primary and specialty care²; patients fail to fill prescriptions for lifesaving medications³; and serious illness often leads to financial catastrophe⁴.

The inadequate coverage the IOM recommends would shift costs from corporate and government payers onto families already burdened by illness. Yet this strategy will not lower costs. Delaying care often creates even higher costs. Steadily rising co-payments and deductibles over the past two decades have failed to stem skyrocketing medical inflation. And nations that assure comprehensive coverage – with out-of-pocket costs a fraction of those in the United States –

have experienced both slower cost growth and greater health gains than our country.

Our patients urgently need what people in these other nations already enjoy: universal and comprehensive coverage in a nonprofit system that prioritizes human need over corporate profit.

The IOM committee was riddled with conflicts of interest, many members having amassed personal wealth through their involvement with health insurers and other for-profit health care firms. Its recommendations were lauded by insurance industry leaders who have sought to undermine real health reform at every turn. As the *Lancet* noted on its Dec. 5, 2009, cover: “Corporate influence renders the U.S. government incapable of making policy on the basis of evidence and the public interest.”⁵

Sadly, the committee’s damaging recommendations suggest that this corporate bug has also infected the IOM.

1. Smolderen KG, Spertus JA, Nallamothu BK et al. Health Care Insurance, Financial Concerns in Accessing Care, and Delays to Hospital Presentation in Acute Myocardial Infarction. *JAMA* 2010;303:1392-1400.

2. Kogan MD, NewacheckPW, Blumberg SJ et al. Underinsurance among Children in the United States. *N Engl J Med* 2010;363:841-51.

3. Doty MM, Edwards JE, Holmgren AL. Seeing Red: Americans Driven into Debt by Medical Bills. The Commonwealth Fund, August 2005.

4. Himmelstein DU, Thorne D, Warren E, Woolhandler S. Medical Bankruptcy in the United States, 2007: Results of a National Study. *Am J Med* 2009;122:741-6.

5. Cover. *The Lancet*: Volume 374, Number 9705, 5 December 2009.

2010 Statistics Show More Poverty, Fewer Insured, and Decreased Life Expectancy in U.S.

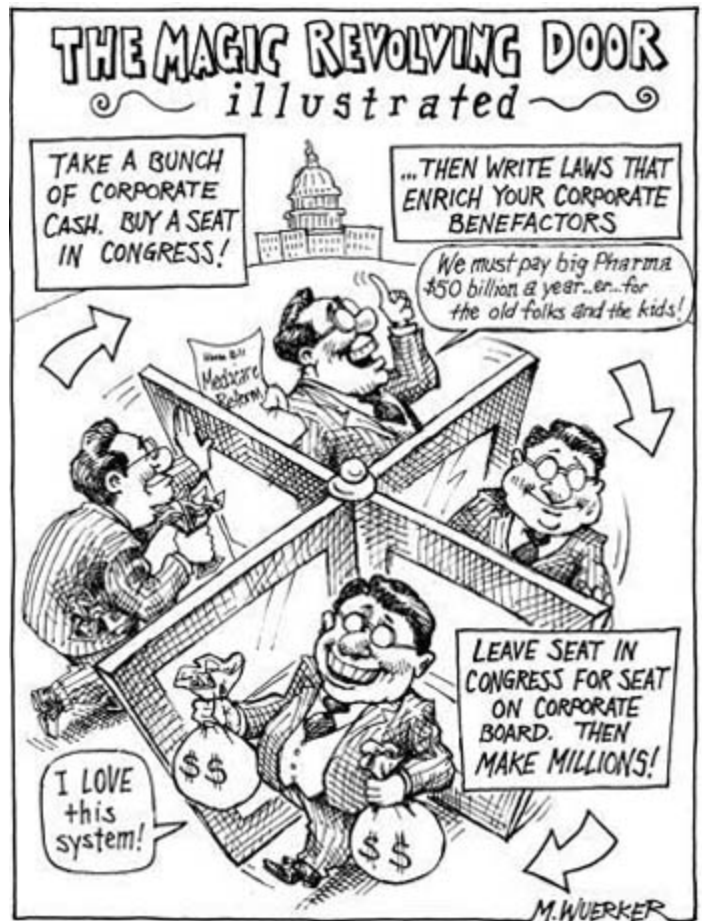
A record 49.9 million Americans were without health insurance during 2010, up almost 2% from the 49.0 million uninsured in 2009, the Census Bureau reported. Results from the agency's 2010 Current Population Survey also found increases in the number of Americans living below the poverty level (46.2 million versus 43.6 million in 2009) as well as declines in inflation-adjusted median household income. The proportion of the population with private health insurance overall also declined, as did the proportion with insurance provided by employers. In a statement, the Census Bureau indicated that these trends were outgrowths of the recent recession, even though the economy was officially in recovery during 2010.

Regionally, the biggest increase in being uninsured occurred in the Northeast, jumping 0.6 percentage points from the previous year, to 12.4%. But the 2010 rate was still lower than for any other region. Southern states, on the other hand, had the highest overall uninsured rate, at 19.1%, but this was actually a slight drop from 2009 when the rate stood at 19.2%. **Ironically, individuals with jobs were more likely to be uninsured than the population as a whole.** The survey found that, among people 18 to 64 years old who worked at some point during 2010, 28.0 million (19.5%) lacked health insurance. Also, people with disabilities were hit hard in 2010. Whereas 16.0% lacked health coverage in 2009, last year the figure rose to 17.3%.

The United States currently ranks 49th in the world in overall life expectancy, according to a study published in the academic journal *Health Affairs*, slipping dramatically during the last decade. The report by

Muenning and Glied found the prime culprit of the plunge to be America's deteriorating health care system, marred by ever-rising costs and growing numbers of uninsured and under-insured individuals.

—from Healthcare NOW



Message from Heaven

Gene Schwartz, who is now watching over us from on high, is still asking, "Have you written your congressman lately?" In memory of Gene, please write your letter today.

MOSP Mourns Gail Chatfield, Creator of Missouri Universal Health Assurance Act

Gail Chatfield, a St. Louis firefighter who championed universal health care during his eight years as a state representative, died September 3. In 1990, Chatfield joined a group of legislators and representatives from the health care industry, including the Missouri Hospital Association, in a tour and study of Canada's universal health system. Upon returning from Canada, he authored the original Missouri Universal Health Assurance Act, our universal single payer bill, modeled after Canadian medicare. Afterward, the bill was debated before the General Assembly, and was defeated by a narrow margin. Chatfield passionately believed that every Missourian had a right to health care, and worked tirelessly toward this effort. Chatfield's visionary leadership inspires us to finish the work he began—to pass the Missouri Universal Health Assurance Act.

—*Mimi Signor, RN*

Dr. David Gill, Candidate for Congress

Dr. David Gill, a former speaker at MoSP's Healthcare Sunday is running to be the Democratic candidate for Congress in the newly created Illinois 13th district. The district was redrawn and now extends from the Metro-East of St. Louis including Edwardsville and Glen Carbon to Springfield, Decatur, Champaign-Urbana and Bloomington-Normal. I am excited about living in the new district and working for Dr. Gill in Madison County. Dr. Gill opposes any cuts to Social Security, Medicare, and Medicaid. He supports strengthening and extending Medicare to all American citizens. Dr. Gill will be visiting Madison County many times in the months before the March primary. Please check out his Gill for Congress website. We need Dr. Gill to make healthcare a human right in the United States!

—*Pamella Gronemeyer, MD*

A Look at Number One: Health Care in France

Dr. John Morley, director of geriatrics at St. Louis University, believes we should examine the health care system in France and learn from it. Dr. Morley will be a speaker for MOSP early in the New Year. The following excerpts are from his September 29 column in the St. Louis Post-Dispatch:

“U.S. would be wise in emulating health care system in France.

As congress and its super committee try to work out how to cut the deficit, I would suggest a quick visit to France. France has been ranked as having the best health care system in the world, while the United States was ranked 37th. The ranking is all the more surprising because the United States spends 16 percent of its gross domestic product on health care and, by comparison, France spends a mere 10.7 percent.”...“France has shown that universal health care can be affordable and of high quality. Hopefully, Congress will realize their ‘slash and burn’ approach will in the end cost more than developing a civilized health care system. We should take a lesson from the French.” ...Dr. John Morley

France's health care is a universal, multi-payer system, compared to the U.S., which has a non-universal, multi-payer, non-system, in which we have a single payer program (traditional Medicare) and a socialized program (the Veteran's Administration) for a fraction of our people.

—*Mimi Signor, RN*

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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.