



HEALTHCARE for ALL!

# Missourians for Single Payer Health Care

438 N. Skinker Blvd., St. Louis, MO 63130 ~ Ph: 314.862.5735 ~ [www.mosp.us](http://www.mosp.us)

## MESSAGE FROM YOUR PRESIDENT

**Julia E. Lamborn**

It's message time again. A lot has happened since the last newsletter. I have been battling health problems, which also means that I have been experiencing and battling "the best health care in the world." I have been diagnosed with anisocytosis along with idiopathic thrombocytopenic purpura. I am under transfusion therapy. Fortunately, I have Medicare and a supplementary insurance. I have now joined the ranks of you who say "Medicare has saved my life." I am grateful, but also bitter that we have not yet succeeded in achieving this important part of life for everyone in our country. Medicare for all is, and will continue to be, the only goal!

Mimi Signor, our Vice President, is taking the lead for now and our board of directors continues to be a hard working group of dedicated members. THE MOST IMPORTANT PART is that EACH OF YOU IS THE REAL LEADER. YOU ARE THE ORGANIZATION; YOU ARE MISSOURIANS FOR SINGLE PAYER!

**What can you do?** Here are a few things that would be of immediate help: Attend meetings and bring guests. Pass on announcements to your contacts. If you haven't paid your yearly dues of \$20.00, now would be a good time. Donate extra money to finance our yearly health care program.

This year's **April 15 Health Care Sunday** promises to be educational and entertaining. For our guest speaker, we are privileged to have Dr. Carol Paris, Maryland psychiatrist, PNHP doctor, and arrestee for wanting to speak for single payer when the Senate Finance Committee was creating "insurance for all," commonly called PPACA. On top of it all, Dr. Paris has kept her sense of humor. More information on Health Care Sunday is in newsletter.

As your President, I know you will step forward to help with all efforts. Please don't wait to be asked. Health Care Sunday is the only time during the year we ask for extra help. Help with expenses and hands on activities are needed.

## Coming MoSP events

*Carol Paris, M.D. will be keynote speaker for Missourians for Single Payer on Health Care Sunday, April 15, 2012. Story on page 2.*

## MoSP newsletter staff

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# A Psychiatrist Examines American Health Care



Dr. Carol Paris, a busy Maryland psychiatrist known on Washington's Capitol Hill as a feisty advocate for single payer health care, will give the **2012 Annual Health Care Address at the Ethical Society of St.**

**Louis Sunday April 15 at 11 a.m.**

Dr. Paris's topic April 15 will be "Private Insurance-Induced Stress Disorder" or PIISD, a condition she sees daily in her practice.

Her unofficial diagnosis for the disorder is a creation of her wry humor. "The idea for PIISD came to me as I prepared for a Washington rally held in July of 2009 by people who are uninsured or underinsured," she said. It was held in Malcolm X Park.

The rally came immediately after a U.S. Senate hearing in which only for-profit insurers were allowed to debate the shape of the health care reform bill. Dr. Paris and twelve other health professionals stood up and insisted that single payer be included. Sen. Max Baucus of Montana, chair of the hearing, ordered their arrest. They were handcuffed and jailed.

They received short-lived notoriety as "The Baucus 13." But the PIISD acronym lives on, and has been published in at least one professional journal.

"It was amazingly easy to adapt the Post Traumatic Stress Disorder - PTSD - criteria to describe the symptoms in trying to deal with the bureaucracy of private health insurance – or to cope with being sick and uninsured," Dr. Paris said.

"Each day I see patients whose financial stress and

fragmented health care is causing them mental and physical problems," she said.

To help change our health care system, she often travels to Washington's Capitol building to brief Congressional staff members. She's also well known for talks in her home state of Maryland, and travels to other states under auspices of the Physicians for a National Health Plan.

Her talk on April 15 is sponsored by the volunteer group, Missourians for Single Payer health care, and by the Ethical Society of St. Louis.

—Roger Signor



*How many policemen does it take to arrest a lady psychiatrist?*

## MO Single Payer Bill Has 20 Cosponsors

The Missouri Universal Health Assurance Act, House Bill 1405, sponsored by Michael Brown of Kansas City has widespread appeal across our state. Cosponsors include: Chris Carter (St. Louis), Steve Webb (Florissant), Tracy McCreery (Olivette), Jeanne Kirkton (Webster Groves), Gail McCann Beatty (Kansas City), Jacob Hummel (St. Louis), Mike Colona (St. Louis), Mike Talboy (Kansas City), Tommie Pierson (St. Louis), Mary Nichols (Maryland Heights), Clem Smith (Velda Village Hills), Tom McDonald (Kansas City), Susan Carlson (St. Louis), Judy Morgan (Kansas

City), Sharon Pace (Northwoods), Rochelle Walton Gray (Black Jack), Brandon Ellington (Kansas City), Bert Atkins (Florissant), Leonard Hughes IV (Kansas City) and Churie Spreng (Florissant). Please thank these courageous lawmakers for standing up for health care for all Missourians. HB 1405 had a second reading on 1/23, but has not yet been assigned to a hearing committee. Read the bill on the MoSP website, [www.mosp.us](http://www.mosp.us). Watch for announcement of the hearing date, so we can all testify in favor of our bill.

—*Mimi Signor, RN, Legislative Committee Chair*



## Healthcare NOW Strategy Meeting Notes

The January 2012 Healthcare-Now National Strategy conference held in Houston was my first such conference to attend. Being in a large hotel ballroom filled with advocates from twenty states for expanded Medicare for all was exciting. Making the experience even better, MoSP's vice-president Mimi Signor introduced me to many of the attending advocates.

I had been assigned the task of spotting possible speakers for MoSP's Healthcare Sunday presentation, so I listened to the conference speakers with extra attention. So doing, I was able to find several possible candidates whom Mimi and I interviewed.

In applying many of my former job's selling suggestions, I liked hearing what strategies worked throughout the U.S.; particularly appealing was to use slogans such as "everybody in, nobody out" instead of the words single payer which some Missourians associate with negative connotations such as an authoritarian government.

In talking with the inspiring married couple, Laurie Simons, a Canadian and Terry Sterrenberg, an Ameri-

can, the producers of *The Healthcare Movie*, I was able quickly to realize that their film would be a great one to show to groups. Hearing their goals while watching their facial expressions followed by seeing clips of this documentary, I knew their message comparing the Canadian health care system to ours would greatly emphasize the need for non-profit, expanded Medicare for all as the U.S. solution, rather than a for-profit system run by insurance companies.

—*Stefany Brot, MoSP board member*

Stefany and I were pleased to represent MoSP at the national strategy meeting of Healthcare NOW in Houston, Texas on January 28 and 29, the first annual meeting held in the south. It was great to visit with Dr. Claudia Fegan of PNHP, a keynote speaker. We participated in a social hour and workshop on barriers unique to southern states. A fun revelation during the weekend was that teen pop star Justin Bieber was also a vocal single payer advocate.

The participants were adept social activists, many from the Texas Green Party, whose co-chair, Deb Shafto, was an exciting panelist. Many of them participated in Occupy Houston demonstrations Sunday afternoon. Spanish/English interpreters helped those of us who were not bilingual. Dr. Margaret Nosek, President of Health Care for All Texas, spoke eloquently despite her quadriplegia, and ventilator attached to her tracheostomy. It takes courage to be a leader under the best of circumstances. It makes one appreciate that which we take for granted.

Don Bechler of Single Payer NOW of California, held a workshop on building a data base of advocates and organizing them. I recommend *Profit Fever*, written by Charles Andrews, describing what led to the successes and failures of the heartbreaking near success of their single payer ballot initiative in the 1990's.

—*Mimi Signor, RN, MoSP vice-president*

## Off The Table

*(This poem was written by The Rev. A. David Bos of Louisville, Kentucky after Senator Baucus ordered the arrests of thirteen doctors and nurses advocating for single payer representation during committee hearings on health care.)*

*Senator B.:*

Sure, your point of view is welcome at my table.  
The single exception is single payer. Single payer is  
Off the table – I say, it's not the American Way.  
Profits before patients; that's our favorite way.

*Ms. Patience:*

But you inflict multiple pains  
By your: you're off the table you're uninsured.  
When to my father, the MD says take this;  
Vetoed by the claims adjuster who says take that.  
His infant granddaughter's Medicaid won't gain  
Access to physicians who warily envision income gap.  
The parts of her sister's body get attended.  
The parts survive; the whole is unattended.

*Mr. Charles Edward Oldfield (CEO):*

These complaints, you know,  
May be all in their troubled heads – and  
Matters mental are off the table.  
Why concern yourself with them?  
Do as we have done: Look out for number one!  
Hurdle co-pay, deductible, paper work and cap, then  
You're covered, unless our experts uncover a catch.

*Ms. Patience:*

But I fear for myself as well  
These understaffed staph-infected hospitals,  
Treatments delayed, death, ten years too soon,  
Well paid experts who know how not to pay,  
Investors who certainly won't be grieving at my wake.

*Speaker of the House P. and Senator B.:*

Single payer single payer single payer!  
That's all we ever everywhere hear – well ma'am  
Whatever the clamor, there'll be no single pay;  
Mr. C.E.O.'s dollars speak louder  
And they will have their say!

*Mrs. Patience:*

There's room at the table for Mr. Pillmaker  
Who marks up his suspect drug three hundred per cent.  
Room for "patriotic" mouths invoking laissez faire  
While down, down goes the nation's quality of care.  
And there's a chance for liars  
About Medicare, Canada and France.

*Mr. C.E.O.:*

Listen! There's space for sure  
For every dearly bought senator  
To join the joyous chorus and dance:  
Let's take single payer off the table.  
Let's expand our campaign funds.  
Let's cheer for for-profit label,  
And forget the people that succumb.

*Ms. Patience:*

I surmised that at the table I was permitted to sit;  
Surprised I found that three of ten dollars I remit  
Paid some soul to find cause not to give me care;  
Another to persuade Congress to grant the right not to care.

*Mr. C.E.O.:*

Now, now – Just repeat after me:  
God sets a table in the presence of mine enemy;  
In the valley of the shadow of death God assures me  
Not to fear any evil from them that insures me.



Senator B.:

Mr. C.E.O. is right and reliable. What?  
She desires a place to sit?  
Her physician petitions for a seat?  
Her nurses demand some chairs there?  
Tells us to heed the voices of the people?  
Police! Please, more police to fence our table!

*Distributed by Kentuckians for Single Payer Healthcare,  
[www.kyhealthcare.org](http://www.kyhealthcare.org), October 2009.*



*Dr. Paris loaded onto the paddy wagon*

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## Why Can't the U.S. Be More Like France?

About 40 hardy souls braved the cold to hear Dr. John Morley's address January 19, "Why Can't the U.S. Be more like France (when it comes to medical care)?"

He cited the many advantages that the French enjoy from their medical system, rated #1 by the World Health Organization (WHO). The French system is a model that the U.S. might readily emulate, he said.

France has more doctors per capita than the U.S. Most of them are internists or family practitioners. Specialists dominate the spectrum of U.S. health care providers. Furthermore, the U.S. system does not provide the best of prenatal care (see below). For example, the infant mortality rate in the U.S. far exceeds that of France.

In France, insurance funded by workers' taxes pays 70% of the charges for a doctor's visit, which for an internist amounts to \$35. Specialists' charges are \$45. The government pays health insurance for the unemployed and disabled.

A native of South Africa, Dr. Morley noted that his medical education there was virtually free, funded by the government, as it is in France. Consequently, young

doctors in other parts of the world are not burdened by the six-figure debts facing new medical graduates in the U.S. This high indebtedness pushes many U.S. graduates into specialty practices, which contributes to a lack of internists.

As a geriatrician, Dr. Morley is author of many books on aging and directs the St. Louis University medical school's division of gerontology. He is medical director at two St. Louis-area nursing homes.

—Dr. Suzanne Hagan

	<b>France</b>	<b>U.S.</b>
Life expectancy in years	73	70
Infant mortality per 1000 births	4	6.9
Prevention of avoidable deaths	#1 (in world)	#19
Improved survival in life expectancy since 1960, in years	11.3	8.3
% of GDP spent on healthcare	11	16
Cost of health care per person	\$3200	\$7900

## Montana Governor Calls for Universal Health Care

HELENA - Gov. Brian Schweitzer said Wednesday he would ask the U.S. government to let Montana set up its own universal health care program. The Democratic governor argues the federal health care law doesn't do enough to control costs and says his state should have more flexibility than the law allows. Schweitzer has completely different plans for the Medicare and Medicaid money the federal government gives the state to administer those programs.

The popular second-term Democrat would like to create a state-run system that borrows from the program used in Saskatchewan. He said the Canadian province controls cost by negotiating drug prices and limiting nonemergency procedures. Schweitzer said the province's demographics and economy are similar to Montana in several ways - yet its residents live longer while spending far less on health care.

Schweitzer told a federal official that he will be asking for a waiver allowing the state to abandon the federal programs in favor of one the state will design itself. Schweitzer said details would be coming in the next few months when the request is complete. The governor said he expects the request will be rejected, like his proposal to let him sell prescription drugs at Medicaid prices to all Montanans. "At the least it will create some dialogue, some discussion," Schweitzer said.

Schweitzer said Montanans with private insurance could drop that coverage if they choose and buy into the state-run plan at a cheaper rate. He envisioned a system that would cover, with co pays for service, all the uninsured in Montana.

*-Excerpts from Associated Press, September 28, 2011*

## ~~~ Letters to the Editor ~~~

### Health care decisions

As I listen to the debates over the inclusion of contraceptive coverage in health insurance plans, I am struck by inconsistencies in the objections put forth by the opponents of the Affordable Care Act. A basic value of those opposed, previously, was that health care decisions should be made by the individual in consultation with his or her physician, and "the government" should have no input into those decisions.

By that same reasoning, a decision as to whether to use contraception and what kind of contraception should be made by an individual in consultation with his or her physician. The range of safe and effective options should be made available to all who may or may not choose them. That seems simple to me.

If employers, specifically church-sponsored employers, feel this potentially gives them complicity in a practice their religion does not support, perhaps they should get out of the health insurance business altogether by supporting a universal, single payer option that covers all Americans and is unrelated to their employment.

*Francie Broderick, University City  
Letter to the Editor, Feb. 19, 2012,  
Published in the St. Louis Post-Dispatch*

### Societal responsibility

The editorial "Individual responsibility" (Nov. 27) conjured up an imaginary America based on false premises. Among these fairy tales are:

- Health insurance equals health care.
- Insurance pays for health care costs.
- Insurance premiums are affordable.
- And everybody wins when everybody buys.

Rising copays, deductibles and other out-of-pocket costs prevent the insured from seeking care. Most

victims of medical bankruptcies are people who have health insurance. Insurance companies' profits outperform the Fortune 500, and they reward their millionaire CEOs. A nationwide insurance mandate would reward the very rich with more wealth. These are "conservative values."

We must instead frame the dialogue with 'societal responsibility.' We must create a national health program that promotes and enhances the health and well-being of all Americans. No one should feel ashamed to be poor when seeking health care.

*Mimi Signor, University City,  
Letter to the Editor, Dec. 4 2011,  
Published in the St. Louis Post-Dispatch*



## SB810 Fails Senate Vote in California

With great disappointment SB 810 was not brought up for a senate vote on January 31, as we did not have the 21 votes for passage. We will have to wait until 2013 to introduce a new bill. The 6 Democratic Senators who voted no or did not vote have received hundreds of thousands of dollars from insurance companies.

Some of these Senators said they wanted to see how the national healthcare legislation played out. But, the national legislation leaves 23 million Americans without healthcare and provides different levels of care for different classes of people. Some of them said the State of California could not afford the \$250 billion price tag for healthcare. But we are not adding new costs for healthcare. We are spending money we already spend, but just cutting out the insurance industry so our resources are spent wisely. The Senators know this. Single payer legislation has been discussed for ten years in California. These questions have been answered many times.

According to Maplight, campaign contributions over the last 4 years of those Democratic Senators who did not support SB 810 are as follows:

Ron Calderon: Insurance - \$165,000, Pharma - \$80K,  
Health Professionals - \$37K

Lou Correa: Insurance - \$150K, Pharma - \$110K,  
Health Professionals - \$89K

Alex Padilla: Insurance - \$137K, Health Professionals  
- \$105K, Pharma - \$67K

Michael Rubio: Health Professionals - \$94K, Insurance  
- \$36K

Juan Vargas: Insurance - \$115K, Health Professionals -  
\$46K, Pharma - \$28K

Rod Wright: Insurance - \$87K, Pharma - \$45K, Health  
Professionals - \$43K

Thank Senator Mark Leno for championing SB 810 at [Senator.Leno@Senate.CA.gov](mailto:Senator.Leno@Senate.CA.gov). It is important to thank legislators who champion our cause.

*-Don Bechler, Chair, Single Payer Now  
[www.singlepayernow.net](http://www.singlepayernow.net)*



**Got PIISD?**  
(Private Insurance Induced Stress Disorder)

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(specific programming and expenses)

\_\_\_\_\_ Organization, \$50

\_\_\_\_\_ 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.