



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 OUR VICE-PRESIDENT

*“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”*

-The Rev. Martin Luther King, Jr. at the Second Annual Convention of the Medical Committee for Human Rights, Chicago, March 25, 1966.

In art and literature, winter typically symbolizes the season of the aged and dying, whereas spring symbolizes birth and renewal. For MoSP, spring is the season to enjoy our **Eleventh Annual Health Care Weekend** events on **April 6 and 7**, and to renew our commitment to health care for all Americans. April is National Healthcare Month.

If everyone does a little, no one person needs to do a lot. Make this Health Care Weekend a success. Promote the events through your social and political networks via their newsletters and email lists. Volunteer to assist our hard-working directors during the events by signing up at the next MoSP meeting on March 21.

Make a donation to MoSP to help defray the costs of our speakers' honorarium and traveling expenses. Advocate for health care for all to *“be the change you wish to see in the world”*. Thanks!

—Mimi Signor, Vice President

### **MoSP newsletter staff**

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### **Coming MoSP events~ complete details inside**

*“The Healthcare Movie” on  
Saturday, April 6, 7 pm*

*MoSP Health Care Sunday  
platform, featuring  
filmmakers of “The  
Healthcare Movie” on  
Sunday, April 7, 11 am*

## *The Healthcare Movie* to be shown April 6



The Eleventh Annual MoSP Health Care Weekend events begin Saturday evening, April 6, 2013 with a free public showing of the documentary, *The Healthcare Movie*, produced by Laurie Simons and Terry Sterrenberg. Laurie and Terry will introduce the film Saturday, April 6<sup>th</sup>, at 7:00 pm at the Ethical Society of St. Louis, 9001 Clayton Road. Laurie and Terry will be happy to answer your questions afterward.

*The Healthcare Movie* addresses the differences in health care in our two countries. The battle for universal healthcare in Canada and the U.S. has been an adventure story, fraught with heroes and villains. Why are Americans so afraid of national healthcare? How did two neighboring countries end up taking such different paths?



## **Sunday Platform Address, April 7: “Are People More Important Than Profits?”**

Laurie Simons and Terry Sterrenberg, producers of the documentary *The Healthcare Movie* will give the Health Care Sunday platform address **“Are People More Important than Profits? How U.S. Health Care Got This Way and What We Can Do About It”** on Sunday, April 7<sup>th</sup> at 11:00am at the Ethical Society of St. Louis.

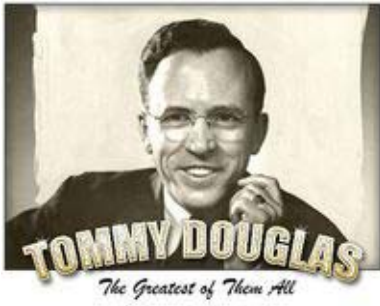
Laurie and Terry will explore the dynamics of public good versus politically powerful private interests. This free public program will be followed by a reception downstairs to talk with our speakers.

Licensed counselors and filmmakers Laurie Simons and Terry Sterrenberg are a married couple of mixed cultural heritage. Laurie is Canadian, and Terry is American. From 1982 to 1992, Terry joined Laurie in Canada and during that time their two sons were born in a Calgary hospital.

They moved to the Seattle area in 1992, and experienced the culture shock of switching from the worry-free health care system in Canada, to the complicated, expensive, and anxiety-provoking system in the United States.

—Roger Signor, *Programs*

## Tommy Douglas: The Beginning of Canadian Medicare



When Tommy Douglas was six years old in 1910, he fell and cut his knee on a stone. The bone became infected, and he faced certain

amputation of his leg. An orthopedic surgeon visited him in the charity ward. The surgeon performed a specialized surgery to save Tommy's leg at no charge to Tommy's parents as a teaching project.

As an adult, Tommy Douglas explained to audiences throughout Saskatchewan, "When I thought about it, I realized that the same kind of service I got by a stroke of luck should have been available to every child in that ward, and not just to a case that looked like a good specimen for exhibition to medical students". Tommy Douglas made the same kind of service available to every child and adult in his province. Afterward, the Canadian federal government developed a national health program for all the provinces.

The late U.S. Senator Edward Kennedy stated the same sentiment when his teenage son, Edward Junior, developed cancer in his leg. Senator Kennedy's son got the best health care available in our country. After an emergency amputation and two years of chemotherapy, the younger Edward is thriving. Senator Kennedy wept when explaining that he knew no other child in the hospital would be entitled to the same expensive, special treatment.

How many children will suffer and die in our country before we as a people decide that everyone deserves health care? Tommy Douglas proved that it is possible to base health care provision on shared responsibility and planning, rather than on luck.

See the conclusion of "Prairie Giant; The Tommy Douglas Story" at our MoSP movie night Thursday, March 21, to watch the docudrama unfold as Tommy Douglas fights for universal health care.

—Mimi Signor, RN



## Prairie Giant: The Tommy Douglas Story-The Movie

*Prairie Giant: The Tommy Douglas Story*, a film about Tommy Douglas, the father of Canadian medicare, is the free public movie sponsored by Missourians for Single Payer. The conclusion of *Prairie Giant* will be shown in the Hanke Room at the Ethical Society of St. Louis, 9001 Clayton Road at 6:30 pm on Thursday, March 21.

Tommy Douglas introduced government insurance, the 8-hour work day, government funding for the arts, and most importantly, was the force that brought about universal health care in Canada, beginning in the province of Saskatchewan. *Prairie Giant* follows Tommy Douglas' path from 1930-1961.

The second half of the movie, to be shown March 21, documents Tommy Douglas and his Cooperative Commonwealth Federation Party overcoming the powerful opposition to create social programs now cherished by Canadians. Tommy Douglas earned the love and respect of millions of Canadians. He was voted overwhelmingly by Canadians as the most important figure in the nation's history.

—Jim Clark, *Technology*

## Cultural differences in the philosophy of care and their impact on health care policy: Three Canadian nurses tell their stories

“*Cultural differences in the philosophy of care and their impact on health care policy; Three Canadian nurses tell their stories*” is the topic of the 9:45 Forum on Health Care Sunday, April 7. Three Canadian registered nurses who live and work in St. Louis will discuss nurturance and entitlement and their impact on health care policy.

Medicare is Canada’s best-loved social program. An overwhelming majority of Canadians say they want to keep their health care system. When asked the question, “What is the difference between Canada and the United States?” Canadians answer, “health care”.

Rosemary Gartner, a family nurse practitioner for Barnes Jewish Hospital, is from Grand Falls, Newfoundland. Florence Speer, a pediatric nurse recently retired from Nurses for Newborns, is from Sidney, Nova Scotia. Tracy Zackson, a specialist in the Emergency Department at Barnes Jewish Hospital, is from Stratford, Ontario.

—Mimi Signor, RN



## Southern Illinois People for Progress Host Meet and Greet

The progressive group, Southern Illinois People for Progress and healthcare activists will host a Meet and Greet for Laurie Simons and Terry Sterrenberg, producers of *The Healthcare Movie* at The Center for Spirituality and Sustainability on the SIUE campus (geodesic shaped dome off of edge of Visitor Parking Lot B) on Saturday, April 6, 10:30 AM -12:30PM. Steve Rensberry, news editor for *The Edwardsville Intelligencer*, who was born in Canada, will also attend.

*The Healthcare Movie* chronicles the development of the current healthcare systems in Canada and the United States and the myths that Americans have been told about Canadian healthcare. Canadians are proud of their healthcare system which is based on universal healthcare from prenatal care to death. Americans will see that our patchwork quilt of healthcare pales by comparison. The producers have created a powerful documentary and welcome our questions.

—Pam Gronemeyer, MD





## Letter to the Editor Finds a Home

MoSP Director Pam Gronemeyer, an Illinois physician and single payer advocate, wrote her letter to the editor about the superior health care received by U.S. Senator Kirk in early January and submitted it online to the *Belleville News Democrat*. She received no response and the letter never appeared. She saw that other letters on Senator Kirk were received and published in Chicago and Springfield, but no letter had been published in the metro-east. She resubmitted her letter to the *Belleville News Democrat* and to *The Alton Telegraph*. After one week, there was no response, nor any letter in the newspapers. Being a former St. Louisan and *St. Louis Post-Dispatch* subscriber, she submitted her letter to the Post-Dispatch online and received a call two days later that the letter would be published February 2. Pam believes the *St. Louis Post-Dispatch* deserves praise for their efforts to be fair and balanced. Her letter appears below.

“We are all happy about and inspired by Senator Mark Kirk’s recovery from the unexpected and catastrophic cerebrovascular accident that he suffered last year, His return to the Senate after a grueling year of intense and exhausting rehabilitation proves that we can fight back against medical problems if we have both the will and the access to quality care.

Senator Kirk stated on his return that he will be “much more focused on Medicaid and what [his] fellow citizens face.” He learned how expensive healthcare is even though he is covered by the plan offered to Congress and acknowledges that he spent a large amount of his own resources in the process.

One has to ask what would have been the outcome if Senator Kirk were employed by a more conventional employer rather than the American people. Would he have kept his job while being rehabilitated? Small businesses can’t afford sick leave or family leave. How

much of his medical expenses would have been covered by current employer sponsored health plans? Even though pre-existing conditions cannot prevent him from getting insurance they can and do raise premiums. We are all seeing our health insurance plans having a larger deductible and greater co pays.

We need to have quality healthcare for all Americans (just like the kind that Senator Kirk received). If we look around the world we spend more money per capita for healthcare in this country with poorer outcomes in life expectancy and infant mortality to name a few. Many people receive their best quality care when they enter the Medicare system.

Senator Kirk, we are asking you to support a Medicare for All/ Single Payer Healthcare system which will allow all Americans a chance to survive and thrive after a catastrophic medical event. Single payer is really the only system that will allow us to control costs and make the United States join the other nations in the world where healthcare is considered a human right!”

*Dr. Pamella Gronemeyer  
Glen Carbon, Illinois*



## Setting the Record Straight on Medicare's Costs

Traditional Medicare's administrative costs were only 1% in 2010, but if you roll in the private insurers' Medicare plans, that figure jumps to 6%, says a new study.

The traditional Medicare program allocates only 1 percent of total spending to overhead compared with 6 percent when the privatized portion of Medicare, known as Medicare Advantage, is included, according to a study in the June 2013 issue of the *Journal of Health Politics, Policy and Law*.

The 1 percent figure includes all types of non-medical spending by the Centers for Medicare and Medicaid Services plus other federal agencies, such as the IRS, that support the Medicare program. The journal article was written by Minneapolis-based researcher Kip Sullivan.

The 1 percent figure is the one that should "Total spending for any type of insurer, public or private, consists of medical and administrative expenditures," explains Sullivan.

The proper yardstick to use to measure Medicare's overhead in analyses of issues such as these would be the trustees' measure – 1 percent. The average overhead of the health insurance industry is approximately 20 percent, he said.

Sullivan's paper, *How to think clearly about Medicare administrative costs: Data sources and measurement*, describes this criticism as the second major source of confusion about Medicare's overhead. Sullivan's study reports that the 1 percent figure includes all appropriate administrative expenses incurred on Medicare's behalf.

Sullivan is a lawyer and member of the Minnesota chapter of Physicians for a National Health Program.

(from *Physicians for a National Health Program*,  
[www.pnhp.org](http://www.pnhp.org))

### MoSP 2013 Calendar

MoSP's public programs usually begin at 6:30 pm on the third Thursday of the month in the Hanke Room at the Ethical Society of St. Louis, 9001 Clayton Road in Ladue. Go to the website for calendar updates: [www.mosp.us](http://www.mosp.us)

March 21, 6:30 pm: **"Prairie Giant: The Tommy Douglas Story"** conclusion.

April 6, 2013, 7 pm: **"The Healthcare Movie"** to be shown in the main auditorium with introduction by filmmakers Laurie Simons and Terry Sterrenberg, and discussion after the film.

April 7, 2013, 9:45 am, Ethical Forum: **"Cultural differences in the philosophy of care and their impact on health care policy; Canadian nurses tell their stories"**

April 7, 2013, 11 am, Platform Address: **"Are People More Important Than Profits? How U.S. health care got this way and what we can do about it"** is MoSP Health Care Sunday platform by Laurie Simons and Terry Sterrenberg. Reception to follow.

## Remembering Tom Branham

Tom Branham came to New Life Center, founded by Reverend Larry Rice, as a homeless and jobless person seeking help. Tom received job counseling and training. He was an adept learner. When Reverend Rice was interviewing candidates for a full time videographer at his television station, KNLC-TV 24 in St. Louis, Tom applied for the job. Tom had progressed so far in his training, that he was a perfect candidate to fill the position. He was hired by the station and worked there ever since.

I met Tom in 2007, when I was invited to talk with Reverend Rice on his television program, “Here’s Help.” I felt a connection with Tom when we were first introduced. He had a kind and gentle manner. He was a consummate pro at filming. The first program was on patient dumping of homeless persons by hospital emergency departments.

Later in 2007, Tom accompanied Reverend Rice to the Ethical Society to film a MoSP program that Reverend Rice gave entitled, “Speak Up About Health Care-or Be a Victim!” in part, about the lack of health care for homeless veterans. Tom enjoyed filming the program. Afterward Tom filmed interviews with various single payer advocates.

Tom was a Production Assistant for Green Time at KNLC-TV 24. My last meeting with Tom was during a filming in 2012 at KNLC-TV 24 for two programs on health care for Green Time produced by Don Fitz, of the Green Party of Missouri and the Gateway Green Alliance.

Tom was appreciated for his skill and expertise behind the camera. Tom suffered an apparent heart attack at the station on January 2, and died on January 4. He was 57.

—Mimi Signor, RN

## Labor Campaign for Single-Payer

The fourth annual Labor Campaign for Single-Payer meeting took place in Chicago, IL from January 11-13, 2013. More than two hundred union activists and others attended the meeting. This is a critical time in healthcare in America. The prevailing belief is that the Affordable Care Act will not solve the healthcare crisis.

Already, union negotiators are fighting harder and with less success as employers try to shift more of the payments for healthcare onto workers. Deductibles are rising, as are co-pays. Some employers are planning to give their employees a fixed sum to buy their own insurance on the exchanges, which are not yet set up and will have tiered benefits. There is a consensus that the number of uninsured may go down, but the number of underinsured will increase.

Labor unions must educate their members about the essentials and advantage of a Medicare for All system. Labor must mobilize and network with worker centers, immigrant advocacy organizations, and the disability community to educate and build solidarity in the fight for the only true “healthcare is a human right system”- Medicare for All. This is the only system that can ultimately create healthcare for all with a financially sustainable foundation. A power point presentation about these issues is available for future trainings.

—Pam Gronemeyer, MD



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(specific programming and expenses)

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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.