



Missourians for Single Payer Health Care

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MESSAGE FROM OUR VICE-PRESIDENT

MoSP Stands Up and Speaks Out

Whoever owns the media owns your brain. What you read, what you see, what you hear, becomes what you believe. A 2009 **FAIR** study (<http://www.fair.org/index.php?page=3733>) revealed that although polls show the public prefers single payer over a privatized system, there is a media blackout on single payer health care. Major newspaper, broadcast and cable stories mentioning healthcare reform rarely mentioned the idea of single payer.

In April KWMU public radio rejected having a MoSP program about ***“The Healthcare Movie”***, stating: “Single payer was taken off the table very early in the drafting of the Affordable Healthcare Act. While many think that was a mistake, it is the reality of the situation. ‘St. Louis on the Air’ is our one and only program to deal with local issues, so our priority at the moment in terms of healthcare is to help people in the St. Louis area understand how to navigate the current system (ACA) as it unfolds. Thanks for your interest in St. Louis Public Radio.”

However, local journalists are speaking out. Charles Jaco has stated on KTVI television that single payer, through Medicare for All, is the only way to solve the nation’s health care woes. Ray Hartmann has stated on public radio that he supports a single payer solution. Single payer advocates write opinion editorials and letters to the editors. We call in to talk shows. We host informational media conferences.

We hear *“single payer is not politically feasible”*, but *“we have to pass something.”* Barak Obama echoed this sentiment to the Illinois AFL-CIO in 2003: *“I happen to be a proponent of a single payer universal health care program.... But as all of you know, we may not get there immediately.”*

MoSP has been pressured to perpetuate the status quo, i.e., rationing health care based on personal wealth. Other groups redefine themselves in this era of “neoliberalism.” Neoliberalism, a misnomer, embraces conservative principles, but

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Coming MoSP events~ complete details inside

*“Sick around America” on
Thursday, Aug. 15, 6:30pm*

*Kay Tillow speaking on
“Only Single Payer is
Feasible” on Thursday,
September 19, 6:30pm*

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expands its tent to groups which had formerly held liberal ideals, such as health care as a civil right. Unlike other social justice organizations, MoSP will not accept grant money from foundations to promote commercial health insurance.

MoSP's goal is clear: Everyone who lives in Missouri and in the United States will be entitled to comprehensive and accessible health care without socioeconomic or other barriers through a fair, efficient and sustainable single payer program.

—Mimi Signor, Vice President

Kay Tillow, Founder of Unions for Single Payer, is September Speaker



Kay Tillow of Louisville, KY, a national leader in the single payer movement, will be MoSP's speaker on Thursday, at 6:30 p.m. September 19. Her topic: ***“Only Single Payer is Feasible!”***

The public meeting will be in the Hanke Room of the St. Louis Ethical Society. Her topic stems from the standard response of pro-insurance politicians who now brush aside discussions of single payer by saying, “It’s just not politically feasible.”

Yet public opinion polls show that a majority of Americans and doctors’ professional groups favor single payer. Most national media remain silent on the subject.

“Support for single payer health care, however, is in the majority and that majority is growing,” said Tillow. “The soundness of HR 676 as efficient, viable, universal health care policy is evident for all who seriously look into it.” HR 676 is the single payer bill in Congress.

“Support for single payer health care is in the majority and that majority is growing,” Tillow said. “The soundness of HR 676 as efficient, universal health care policy is evident for all who seriously look into it. The opposing arguments have shifted from outright opposition to single payer to an assertion that single payer is not politically feasible.”

Tillow is founder of Unions for Single Payer, a national group. Currently she is Director of Organization for the Nurses’ Professional Organization in Louisville, Ky. and chairs Kentuckians for Single Payer Healthcare.

She was born in Paducah, Kentucky and grew up across the Ohio River in Metropolis, Illinois. She attended the University of Illinois and the University of Ghana. She graduated from the University of Pittsburgh with a BA in History. She then worked for health care and nurses’ unions on organizing and collective bargaining.

—Roger Signor, Programs



November 21:

Be the Change You Wish to See

MoSP, a grassroots organization, will hold its annual member meeting on **Thursday, November 21 at 6:30 pm in the Hanke Room**. The purpose of the annual meeting, a bylaw of MoSP, is for members to guide the organization. We evaluate what we have done in the past, and bring new ideas for future programs. Be the change you wish to see. Members who have paid their dues by the meeting date will be welcome to participate. The date when you paid dues can be found on your newsletter mailing label.

—Mimi Signor, RN

MoSP Movie Night August 15

Sick around America is MoSP's free summer movie to be shown Thursday, August 15 at 6:30 pm in the Hanke Room at the Ethical Society of St. Louis, 9001 Clayton Road. As the worsening economy leads to massive job losses—potentially forcing millions more Americans to go without health insurance—FRONTLINE travels the country examining the nation's broken health care system and explores the need for a fundamental overhaul. Veteran FRONTLINE producer Jon Palfreman dissects the private insurance system, a system that not only fails to cover 46 million Americans but also leaves millions more underinsured and at risk of bankruptcy. FRONTLINE profiles the Abramses, a Massachusetts family of four earning \$63,000 annually, who found that although they were too prosperous to receive a health care subsidy, they could not afford to buy a health care insurance policy at around \$12,000 a year. "What we're finding out in Massachusetts," says veteran insurance industry executive and consultant Robert Laszewski, "you can mandate that people have health insurance, but if it costs more than they can afford, it doesn't matter."

—Jim Clark



Immigrants Subsidize Medicare's Trust Fund

In May, 2013 the prestigious journal *Health Affairs* published a new study showing that immigrants, particularly noncitizen immigrants, are heavily subsidizing Medicare's Trust Fund. The lead author is Harvard-based Dr. Leah Zallman; her co-authors include PNHP co-founders Drs. Steffie Woolhandler and David Himmelstein, among others.

The article is titled "*Immigrants contributed an estimated \$115.2 billion more to the Medicare Trust Fund than they took out in 2002-09.*" The study appears at a time when Congress is engaged in heightened debate about immigration and its economic impact on U.S. society. The authors write: "Having ourselves witnessed immigrants dying needlessly because of lack of health care; we (and many of our colleagues) are motivated by the belief that all patients have a human right to health care. But economic concerns — including the worry that immigrants are driving up U.S. health care costs — have often dominated the debate over immigration. Our data offer a new perspective on these economic concerns."

Dr. Woolhandler says, "The numbers [in the study] completely contradict the widely held misperception that immigrants are a drain on the health system. Reducing immigration would worsen Medicare's financial woes."

While the study doesn't explicitly advocate for single payer, the findings are consistent with PNHP's longstanding position that everyone living in the United States should have equitable access to comprehensive, high-quality health care – and that the minimum increment of change that can bring this about is the establishment of a single-payer health system, with "everybody in, nobody out."

We urge you to bring this research to the attention of your colleagues, local media (e.g. through a letter to the editor or opinion piece), and local immigrant rights groups.

—Andrew D. Coates, M.D., F.A.C.P., President,
Physicians for a National Health Program, www.pnhp.org

Congressman Clay Meets with Advocates to Affirm Support of Medicare



Congressman Lacy Clay (Dem., District 1) met with thirteen members of Missourians for Single Payer to celebrate the 48th birthday of U.S. Medicare on July 30 at the Directors' Conference Room of the Main Terminal at Lambert Airport. Congressman Clay is a co-sponsor of HR 676, "Improved Medicare for All."

Rep. Clay discussed how it will take increased grassroots involvement to bring about the expansion of Medicare through passage of HR 676. All Americans will benefit from universal Medicare, America's popular single payer health program.

Clay promised that he will "defend and protect Medicare" from attempts to weaken the program. One of the prime dangers would be to raise the age for Medicare eligibility to 66 years or higher from its threshold of 65 years of age.

Others have suggested turning Medicare over to private insurance companies, a measure opposed by Clay. He advised that all citizens write their Congresspersons to also oppose basic changes to Medicare.

Medicare has been the prey of budget hawks since its inception in 1948 when President Harry S Truman was the first to propose the program. Congress refused to act and rejected similar proposals until 1965 when President Lyndon B. Johnson finally steered Medicare through Congress.

—Roger Signor, *Programs*

To Paradise I Go!

As I embark upon the next leg of my life journey, I think about the people who have been important during my journey. My biological family is in my thoughts as I set out on this adventure, but my single-payer family is also in my thoughts about the past and about the future. This next leg of my journey will take me far from my home, all the way to Hawai'i!

My involvement in the single-payer family – a family formed around a common goal to support health justice through the implementation of a single-payer system – began in 2004 as I started my Master's thesis research on health care reform. In the past ten years I have grown to respect the Movement for Single Payer in Missouri and around the country. I have grown to love many of the individuals who work so hard to achieve what often seems to be an impossible goal.

My next chapter will take place in Hilo Hawai'i, where I have accepted an appointment as a tenure-track Assistant Professor in the Department of Sociology. In my first years there, I plan to publish several articles stemming from my work in the past 10 years, as well as a book that analyzes over 20 years of the Movement for Single Payer Health Care. I plan to become involved with the Hawai'i based movement, which like many others has experienced some recent setbacks due to changes in the institutional and political landscape. I have secured some grant funding,



Mimi Signor and Lindy Hern

which will allow me to attend at least one meeting on the mainland – the Healthcare NOW national strategy conference, on October 5 and 6 in Nashville. I hope to see some of you there!

I will find new friends and experiences in Hawai'i, but I will continue to grow my single-payer family, by meeting activists like you who are working for health justice and equality by supporting the implementation of a single-payer system. My thoughts are with you and please come visit me in paradise! Aloha!

—Lindy S. Hern Ph.D.



We Are Not Done Yet

Healthcare Movie co-producer Laurie Simons had a suspicious freckle growing on her cheek. Recent biopsies revealed malignant melanoma. Insurance did not cover the two required surgeries, because Laurie is out of state and therefore, out of network. It's hard to hide a health problem that leaves a scar in the middle of your face, so Laurie and Terry have created a blog with the full story. Check it out at www.facing-forward.net.

Obamacare requires everyone to buy insurance from insurance companies whose reason for being is to make a profit. While there may be some government help with high premium costs, needed coverage may be lacking, and overall costs continue to rise. It costs less to cover everyone than to keep dividing people into “risk pools!”

Single payer healthcare costs less, covers everyone, and has better outcomes. What's wrong with that?

Our silence is consent. Let's be silent no more. Here is our chance to speak out! The **“Drive for Universal Healthcare”** starts in Augusta, Maine on

September 2 , 2013. If you can't be there in person, you can help someone else participate by hitting the donate button on the DUH website: <https://www.facebook.com/events/268702359903219/>

—Laurie Simons and Terry Sterrenberg,
MoSP 2013 Health Care Sunday speakers



CLCs to AFL-CIO: Act to Expand Social Security Financing & Pass Improved Medicare for All

Four central labor councils have passed an identical resolution calling upon the September AFL-CIO convention to organize an offensive campaign for expanding Social Security financing and passing improved Medicare for All legislation.

On Medicare, the resolution calls for implementing a single payer Medicare for All system as outlined in HR 676, Congressman John Conyers' single payer legislation, which has 45 House co-sponsors. The legislation would cover everyone for all medically necessary care without co-pays, deductibles or premiums. The removal of the private health insurance industry would bring costs under control while expanding care.

The AFL-CIO convention opens September 8th in Los Angeles, CA. Central Labor Councils, Area Labor Federations, and State AFL-CIO Federations as well as international unions may submit resolutions. Resolutions can be sent to Elizabeth Shuler, Sec.-Treas. AFL-CIO, 815 16th St. NW, Washington, DC 20006.

The resolutions can be found here: http://unionsforsinglepayer.org/tools/clc_resolutions

Distributed by All Unions Committee for Single Payer Health Care HR 676, c/o Nurses Professional Organization (NPO); Email: nursenpo@aol.com. Website: <http://unionsforsinglepayer.org>

Problems with Affordable Care Act show need for single-payer system

As promises of the Affordable Care Act continue to wither, the delay of the employer mandate is cause for more disappointment. Initially there was promise of average savings of \$2,500 per family annually and visions of a public option. Universal coverage was assured and the oft-stated “if you like your employer based insurance, you can keep it” was evidence that we weren’t going socialist. These were a few of the goodies we expected under the Patient Protection and Affordable Care Act.

What happened? Gone are the \$2,500 savings and the public option. Cost control wasn’t part of the ACA. The public option bothered insurance companies, so it was out. Of 60 million uninsured, the ACA will leave at least 30 million still without coverage, and the employer mandate delay will now surely increase the implementation burden on the exchanges, which might not be ready to go by Oct. 1.

Not to worry. Employers that have been unable to come up with a plan over the past four years are mainly employers of lower wage and temporary workers. These workers might receive subsidized plans on the exchanges. According to the Post-Dispatch (“Delay in health care law raises questions,” July 4), some employers expect to save millions during this one-year delay, millions to be picked up by the taxpayers. Most of the 30 million newly insured will be exchange or

Medicaid clients, also to be funded in full or subsidized by the federal government. While I never begrudge the use of federal funds for health care, I do begrudge this elaborate plan giving insurance companies a third of those federal funds to shuffle paper and deny care, while earning huge profits for themselves.

If medical care is to be funded by tax dollars, let’s skip the hogwash and go directly to a single-payer system, which saves billions and provides equitable care for all.

By Toni Vafi, Webster Groves
Letter to the Editor, St. Louis Post-Dispatch July 11

About your stupid little claim...



—David Horsey

MoSP Summer and Fall Calendar 2013

August 15, 6:30 pm	MoSP free public showing of “Sick around America”
September 19, 6:30 pm	MoSP free public program will be Kay Tillow speaking on “Only Single Payer is Feasible.”
October 17, 6:30 pm	program TBA
November 21, 6:30 pm	MoSP Annual Member Meeting, “Be the Change You Wish to See.”

Are You Liberal or Progressive? What's the Difference?



Political strife in Washington and in society has made me give considerable thought to language. The words people use carry great meaning but the message others hear is not always identical to the sender's meaning. The difference is often in the frame of

reference which each person develops throughout a lifetime, based on education and experience. Alternate meanings to identical words can also be intentional, to obfuscate an issue or deliberately undermine another person, organization or position. Language can also be spiced up: it isn't just the words and sounds we use but also the way we say them. Sarcasm and irony can completely change meaning. "Oh great!" can mean anything but great depending on how it is said.

Two of the terms that have lost their traditional meaning in the media and politics of the 21st century are "liberal" and "progressive." The Merriam-Webster online dictionary definitions are used for this article.

A person who is liberal is: "One who is open-minded or not strict in the observance of *orthodox*, traditional, or established forms or ways. An advocate or adherent of *liberalism* especially in individual rights."

A progressive person is: "Of, relating to, or characterized by *progress*. Making use of or interested in new ideas, findings, or opportunities. Of, relating to, or constituting an educational theory marked by emphasis on the individual child, informality of classroom procedure, and encouragement of self-expression. Of, relating to, or characterized by *progression*, moving forward or onward: *advancing*."

A liberal-minded person is not necessarily a progressive person. From a political perspective, liberal and progressive are not synonymous. Someone once described a progressive as someone who always looks ahead: like the line used by the race car driver in the movie *Cannonball Run*, "What's behind me doesn't matter." The liberal is like the twin-faced Roman god Janus, looking forward and back at the same time.

This is an oversimplified way of understanding these terms but it's a great mental exercise. Try comparing other terms and their usage in our politically charged times: African-American vs. Black, illegal alien vs. undocumented, conservative Christian vs. radical Islamist, not to mention universal healthcare vs. insurance for all. Look up the meanings in your favorite dictionary and then observe how the terms are used and by whom. Language matters! While you are listening to others, pay close attention to your own words. It's not just what you say but how you say it!

—Klaus Illiam



Carol Paris of the "Baucus Thirteen" Moves her Practice to New Zealand

Dr. Carol Paris, the Maryland Psychiatrist who was arrested at the Senate hearings on health care for demanding a single payer advocate have a seat at the table, is now living and working in New Zealand. Dr. Paris, a member of Physicians for a National Health Program, was MoSP's Health Care Sunday speaker in 2012. Dr. Paris sends you her greetings from New Zealand. Below is her message to you:

Dear friends, if you are interested, here is a link to my blog, www.ayearinnewzealand.blogspot.com. I'll be back in the states next March.....maybe!

—Carol Paris

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Categories

_____ Individual, \$20 I will contribute \$ _____ towards _____

_____ Family, \$30 _____

(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.