



Missourians for Single Payer Health Care

438 N. Skinker Blvd., St. Louis, MO 63130 ~ Ph: 314.862.5735 ~ www.mosp.us

Message from our vice president: Keep Medicare Strong

Americans turn sixty-five years of age with pride, joy, and relief. Their Medicare Card, an earned benefit, is health security for millions of Americans who are fortunate enough to have survived until that magic sixty-fifth birthday. Americans wait to get needed medical care. Missourians for Single Payer advocate for all Americans who need health care—everyone—to be included in U. S. Medicare.

MoSP President Julia Lamborn tells the story of the day she received her Medicare Card. Julia danced through her house, waving her card through the air, and singing, “I’m on Medicare! I’m on Medicare!” She joked, “I’ve been lying about my age all my life, but today the lying ends. I’m on Medicare now, and proud of it.”

I applied for my Medicare Card. The young clerk in the Social Security office told me I would get my card in the mail, but it would be retroactive from October 1st. Profoundly moved by the moment, I explained to her how Medicare saves lives and protects seniors from suffering and dying in poverty. She said she has heard this many times.

Medicare must be protected from those who want to destroy it through privatization, means testing, or increasing the eligibility age. It is essential that each of us write and call our elected government officials and tell them we expect them to protect traditional U.S. Medicare and keep it strong. We must speak out whenever we have the opportunity. Write opinion editorials or letters to the editor. Call in to talk radio and television panels whenever there is a discussion about health care. We must use our individual and collective voices. It is amazing what we can accomplish if we try.

MoSP will not work for plans that protect the status quo and foster the inequalities of multi-tiered health care based on wealth. Thanks to all of the MoSP members who keep single payer in the media by writing thoughtful, articulate letters to the editor. There was not enough space to reprint them here. **Thanks to Suzanne Hagan, Suzanne Reinhold, Toni Vafi, Ed Weisbart, Lynn Hopper, and Lydia Lewis and to all of you who have recently written.** Keep up the great work!

—Mimi Signor, RN, Vice president

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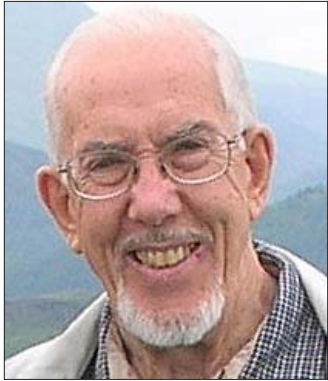
MoSP coming events

“Health Care in the Industrialized World” by Alan Ranford; January 16, 6:30pm

“Everybody In! Nobody Out!” by Judy Dasovich, MD, of the “Raucous Caucus Thirteen”; February 20, 6:30pm

“Reigniting the Single Payer Movement” by Dave Sterrett, Health Care Counsel for Public Citizen; March 20, 6:30pm

“Health Care in the Industrialized World”



“Health Care in the Industrialized World” is the topic for the program by Alan Ranford on **January 16**. After discovering T.R.Reid’s book “The Healing of America” Ranford did a book review of it for the Men’s Discus-

sion Group at the Ethical Society and later transformed it into a speech which he presented to the Sunday morning Forum.

Mr. Ranford is a retired Mechanical Engineer. He was born, educated and married in England. He and his wife immigrated to Toronto, Canada where after 4 ½ years he was laid off and found work in Grand Rapids, Michigan. In 1971 he came to St. Louis where he worked with Sherwood Medical Co. designing disposable medical devices. He and his wife travelled to many parts of the world. He enquired about their Health Care in each country they visited. He became fully convinced that each of these countries systems, notwithstanding their individual problems, were vastly superior to what we have in the USA. He became a supporter of Single Payer.

He holds several patents for the devices he invented while working at Sherwood Medical. For years, he’s been an adviser to “Sprocket,” an organization which works with children to promote their scientific and engineering interests. He’s the father of two adopted children and one foster son, who have made him a grandfather and great-grandfather. He also visits biweekly several elderly and shut-in members and former members of Ethical Society, including many who have Alzheimer’s. His hobbies include bicycling, an interest he shares with his partner Billie Teneau.

—Roger Signor, Programs

PNHP’s Annual Meeting in Boston Draws Record Attendance

The turnout set a new record, the speakers were pointed, the dialogue brisk, and the atmosphere unmistakably upbeat: such was PNHP’s Annual Meeting in Boston on Nov. 2. “I was refreshed and re-energized,” wrote one participant. Another called it “my best professional meeting of the year.” Still another: the program “made me a better spokesperson for single payer.”

A major backdrop of the meeting, of course, was the troubled rollout of the Affordable Care Act and the continuing crisis facing our patients and our profession.

The presentations made by Dr. David Himmelstein, Dr. Steffie Woolhandler, and Dr. Marcia Angell, along with the remarks by Vermont Gov. Peter Shumlin, were among the most widely cited as “outstanding” in the post-meeting evaluations.

But others got high marks too. Dr. Claudia Fegan’s talk on the 50th anniversary of Dr. King’s “I Have a Dream” speech evoked a powerful response from the gathering, as did Dr. Adam Gaffney’s talk on austerity and Dr. Rachel Nardin’s presentation on the state of the reform in Massachusetts, the template for the ACA.

In addition to the featured talk by Dr. Angell, past editor of the New England Journal of Medicine, on the topic of “Patients and Profits,” Dr. Angell also gave a moving tribute to Dr. Quentin Young, our national coordinator, on the occasion of his 90th birthday. Quentin, for his part, presented PNHP’s “health activist award” to Dr. Arthur Sutherland of Tennessee for his outstanding leadership in organizing new chapters in the South.

The tribute to Quentin roughly coincided with the publication of his autobiography, “**Everybody In, Nobody Out: Memoirs of a Rebel without a Pause**”.

—Andrew D. Coates, M.D., President, PNHP

“Everybody In! Nobody Out!”



Dr. Judy Dasovich, a primary care physician from Springfield, MO will speak on “Everybody In! Nobody Out!” at **MoSP’s program on February 20**. “I’d go to jail again for single payer,” she states emphatically. “Single payer would include everyone,

and is the best and only real reform for health care financing.”

Dr. Dasovich was a member of the group she jokingly calls “The Raucous Baucus Caucus”. The “Baucus 13” was created in May, 2009 when U.S. Senator Max Baucus jailed 13 doctors and nurses, including Dr. Dasovich for demanding that a single payer advocate have a seat at the senator’s table in drafting a health care reform bill.

Dr. Dasovich was manacled and jailed for telling the U.S. Senate Health Care Forum, “We request a single payer advocate be seated at the table because health care should be for patients, not for profit.” Guards then escorted her to jail and handcuffed her to a wall.

Baucus had refused to have a single payer advocate at public roundtable sessions, which included 41 witnesses — mostly insurance and drug lobbyists. Baucus is the chief architect of our national health care reform bill, “The Patient Protection and Affordable Care Act,” also known as “Obamacare.” Baucus received \$183,750 from the insurance lobbyists and \$229,020 from the drug industry prior to passage of the bill.

In Springfield, Dr. Dasovich volunteered for ten years as medical director of a free clinic for those unable to afford the cost of health care or insurance. An internist since 1982, her support of single payer

grew as she watched access to care wane while insurance premiums and deductibles grew. She is a member of Physicians for a National Health Program.

—Roger Signor, *Programs*



Medicaid Expansion Coalition: December Meeting Announcement

The Missouri legislature has elected not to expand the state’s Medicaid program for the poor. Health care providers will lack reimbursements for care given to uninsured persons. The Medicaid (Expansion) Coalition, West County Working Group includes St. Louis Jobs with Justice, Missouri Health Care for All, Physicians for a National Health Program-MO, ADAPT of MO, MO ProVote, Paraquod, BJC, Catholic Charities, Metropolitan Congregations United, St. Louis University School of Law, National MS Society, MO League of Women Voters, Women’s Voices, St. Louis Regional Health Commission, Mental Health America of Eastern Missouri, and the St. Louis National Alliance for the Mentally Ill. **The meetings are monthly on the third Thursday at Paraquod, 5240 Oakland,** between the St. Louis Science Center and Forest Park Community College. Twenty-two persons attended the November 21 meeting chaired by Richard von Glahn of Jobs with Justice. **The next meeting is December 19, 2013, at noon.** The time of future meetings in 2014 may be changed to 10:00 am. The meeting lasts one hour and is highly structured.

—Suzanne Reinhold



“Obamacare needs the premiums of healthier people to cover the costs of sicker people. It’s a devious con that can only be described as insurance.”

—Stephen Colbert

Keep Your Eye on the Prize: Single Payer National Health Insurance

(An address By Garrett Adams, M.D., M.P.H., Past President, Physicians for a National Health Program at Healthcare-Now National Strategy Conference, Nashville, Tennessee, October 6, 2013)

Of all developed nations, the United States has the most unequal distribution of income. We have the greatest wealth gap by far, and the gap is surging towards even greater inequality. Today, the richest 400 Americans have more wealth than the bottom 150 million put together. Four hundred people have more wealth than half the population. (Robert Reich, *Inequality for All*).

In turn we have the worst health and societal outcomes among developed nations, as Richard Wilkinson and Kate Pickett demonstrate in their book, *The Spirit Level, Why Greater Equality Makes Societies Stronger*. Income inequality is divisive and socially corrosive. As income inequality increases, the range of social problems and poor health outcomes increases.

The Rev. Dr. Martin Luther King, Jr. said, “Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

A national publicly financed single payer health plan would be the best thing that could ever happen to this country. In one fell swoop on at least one level, health, everyone becomes the same. We not only improve the nation’s health status, we seriously commit ourselves to a true democracy with liberty and justice for all, and we build the better society that more equality can bring.

What exactly is Single Payer?

The Physicians Proposal for a National Health Plan (JAMA Aug 2003) and Congressman John Conyers’ House Resolution 676, the Expanded and Improved Medicare for All Health Care Act, are the roadmaps to single payer.

The message is that single payer replaces the health insurance industry and substitutes cost-efficient central planning for market-based healthcare profiteering.

The term “single-payer” means that one fund, administered by a non-profit government agency accountable to the public would make payment for all medical services. Period.

Is single payer politically feasible? Yes.

When asked if they would support “a universal health insurance program in which everyone is covered under a program like Medicare, run by the government and financed by taxpayers,” two-thirds of Americans say they would (Kip Sullivan, PNHP Blog, 12/9/09). Tell me a politician that wouldn’t be thrilled to have that level of approval. That’s political feasibility.

In 2007, 5000 physicians randomly selected from the AMA Master File were asked, “In principle, do you support or oppose government legislation to establish national health insurance?” Fifty-nine percent said yes. Eighty-three percent in some specialties supported national health insurance.

Why the disconnect between popular opinion and congressional legislation? Corporate power and campaign financing. We must shine a spotlight on the profiteering of the medical-industrial complex.

Single payer is politically feasible; it has been blocked by medical profiteers.

Is Single Payer financially feasible? Yes.

Prof. Gerald Freidman recently showed that under HR 676 in 2014, by slashing private insurance industry administrative waste and reducing pharmaceutical prices to European levels, the U.S. could save an estimated \$592 billion annually. The savings would be enough to cover all 44 million uninsured and upgrade benefits for everyone else. No other plan can achieve this magnitude of savings on health care.

What do we do now?

We advocate and educate for single payer, so that when the Affordable Care Act crumbles, people understand there is a solution.

The ACA has positive points, but it is fatally flawed and unable to control costs and profiteering. Paradoxically because of the ACA, single payer now has more and more recognition in the general public. We should take advantage of this inflection point in single payer awareness. As my dear friend and courageous single payer activist, Rev. David Bos said, “We must keep our eye on the prize.”

The original single payer coalition was founded by Marilyn Clement from the civil rights movement and Dr. Quentin Young of the Physicians for a National Health Program as the “Campaign for a National Health Program,” (known today as Healthcare-NOW) Importantly, the original coalition also included an African-American leader of Pastors for Peace – repeat: **an African American leader of Pastors for Peace**, the Rev. Lucius Walker.

Minority groups suffer the most from America’s health inequities and disparities, and these disparities are worst in southern states. Southern minorities need the single payer message. Without the enthusiastic support of white, black, Asian, Latino, everyone, the movement will never move. Finally, the movement must have youth. All of us, young, old, in all our diversity need to educate ourselves, speak up and speak out to achieve the prize, which is universal guaranteed affordable and comprehensive health care for all.



Notes from Paradise

I am enjoying my first semester at the University of Hawai’i at Hilo, where I teach a seminar on Social Movements (along with other classes). Soon we will be discussing the Single Payer Movement for Health Care Reform and the students will read what I have written

about MoSP; get ready to be famous! I am becoming accustomed to the roles and responsibilities of being a full time tenure track faculty member and love the students, environment, and culture here in Hawai’i. Many students are interested in the issues of healthcare.

I recently flew back to the mainland to attend the annual strategy meeting of Health Care NOW. This was a fantastic meeting with representatives from all over the country. I was very pleased that a delegation from the newly formed Mizzou Students for Single Payer Health Care also attended the meeting. I was very proud that the only student group represented was from the University of Missouri — perhaps those guest lectures by Julia, Mimi, and other MoSPers are still having an effect! Hopefully there will be even more student groups in the future. At the meeting it was determined that Health Care NOW would continue to strategize for Single Payer and the passage of HR 676. There is a real concern within the organization to reach out to other organizations and a diverse population of possible participants.

I made contact with the re-organized grassroots single-payer mobilization happening here in Hawaii, mostly through Health Care for All Hawaii (HC4AH). Although there have been some recent setbacks, grassroots activism for a state single-payer system is on the rise. I love it here in Hawaii, but miss everyone back in Missouri. Aloha!



—Lindy Hern, Ph.D.

Dave Sterrett: Reigniting the Single Payer Movement



“Reigniting the Single Payer Movement” will be presented by Dave Sterrett, Health Care Counsel for **Public Citizen**, on **March 20**. **Public Citizen** has advocated for single payer for many years. There is a

recent push to put single payer to the forefront, because the time is nearly right for this social change. Sterrett has represented **Public Citizen** at the recent annual strategy meetings of both Healthcare NOW and Physicians for a National Health Program.

Dave Sterrett, Esq. is health care counsel for **Public Citizen**, serving as the organization’s Capitol Hill lobbyist on FDA issues, single-payer health care, and Medicare and provider payment reform. Previously, Dave was the legislative director for the government affairs office of the First Church of Christ, working on health care issues with Congress and the administration. He also worked with Aetna to establish a fully-insured health plan with additional coverage for alternative health care. Dave has worked for all three branches of government at the local, state and federal level including on Capitol Hill. Dave also brings his

From Bill McClellan’s column, St. Louis Post-Dispatch on November 29:

“...I suggested we become two countries. North and South. St. Louis, a blue dot in a red state, could secede to Illinois and become West East St. Louis.

One reader liked that idea and suggested the North then invade Canada and surrender. We’d finally have national health insurance...”

experience working as a trial attorney at Riemer & Braunstein LLP to bear in Congress. Dave graduated from Middlebury College and Boston College Law School, where he was a member of the Journal of Law and Social Justice. Dave reviews health care policy books for the Washington Independent Review of Books, is on the Finance Committee for Crisislink (a crisis hotline in Arlington, Va.) and is an adviser to the George Washington Institute of Spirituality and Health. His work has appeared in *Banker and Tradesman*, *Boston Business Journal* and he has been interviewed by KBOO-FM. He is fluent in written and spoken French.

—Roger Signor, *Programs*



Matching Fund Gifts

Employees and retirees of certain large corporations may have their personal donations matched by corporate matching fund grants when monies are donated to tax-exempt organizations that are classified as 501(c)(3). Missourians for Single Payer qualifies to receive such grants because it has been awarded this classification by the IRS. So when you pay your dues or make a donation to us, remember to include your corporate matching gift form for us to complete and potentially double your donation.

—Suzanne Hagan, OD

MoSP Calendar 2014 (Ethical Society STL)

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“Single Payer is the only feasible solution for health care”

Kay Tillow of Louisville, KY is a union organizer who has worked most of her life on issues of social justice. She created Unions for Single Payer and has organized labor unions around their endorsement of HR676. In 2003, Rep. Conyers introduced HR 676 for the first time.

Kay listed three main reasons why the PPACA is not feasible. It was supposed to expand Medicaid but has failed to do so in most states including Missouri. It imposes an employer mandate but penalties are too soft and loopholes too easy to make this compelling. And it sets up insurance exchanges, financed by public monies, which will still leave millions of people without coverage because of their expense.

The Supreme Court allowed states to opt out of Medicaid. Although Medicaid expansion passed in Kentucky, Kay’s home state, Medicaid was turned over to an MCO (a for-profit, Medicaid HMO). When the Kentucky MCO failed to pay outstanding bills to doctors and hospitals, many became unwilling to continue to accept Medicaid patients. All three companies that split the state’s MCO contracts had histories of fraud and malfeasance. In eastern Kentucky, problems were so severe that all hospitals dropped Medicaid, leaving a huge portion of the state’s poorest people with no hospital access. Privatization of Medicaid is occurring nationwide, except Connecticut and Oklahoma.

In Louisville, where Kay resides, the city’s Medicaid recipients are split among three for-profit providers. This trend toward for-profits to administer programs like Medicaid means that the cost curve to provide services will continue upward. Kay quoted Marcia Angell, M.D., former editor of NEJM and a leading proponent of single-payer health care, who notes that you cannot simultaneously provide high-quality care and cut costs if the insurer is a for-profit entity.

No nation has for-profit insurance at the core of its national health plan, except the U.S., where insurance companies are currently siphoning off 31 cents of every dollar spent on coverage. We are first in the world in health care spending, but far from first in any outcome measure that would indicate good health. At the current rate of spending, by 2025 our cost of insurance will equal the amount of the median family income. Clearly, single payer is the only feasible solution.

—program by Kay Tillow September 19,
reviewed by Suzanne Hagan, OD



Jay Leno Weighs in on Health Care

“For years President Obama has been saying that no one would lose their healthcare plan. Now the White House has admitted that in fact many people will lose their plans. But there is a way to keep the great coverage you have. Just become a member of Congress. Then the taxpayers pay for the whole thing.”



“Before they went on vacation, Congress voted to exempt themselves from Obamacare. They gave themselves a special exemption because they thought it was too expensive. So the people who voted for Obamacare for us voted to exempt themselves from it. You know how doctors take the Hippocratic Oath. Congress apparently takes the ‘Hypocritical Oath.’”



“The Obamacare ruling makes Roberts the first Republican to favor an insurance law with an individual mandate since, well, Mitt Romney.”

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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.