



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: Imagine Single Payer

We all need health care, yet we are not entitled to it. Health care is not a civil right, but it will be, when our society chooses it to be. Like all righteous social justice movements, such as women's suffrage and the abolition of slavery in America, single payer will happen when a critical mass of public opinion is reached.

I challenge you all to imagine a world in which everyone is entitled to health care, what that world would look like, feel like, and be. Our people would be healthier. They would suffer less, and live longer. This goal is attainable if we work hard enough. Forgive me for paraphrasing John Lennon's song *Imagine*:

*(Continued on page 3)*

### **MoSP newsletter staff**

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## Mercy Killers

written & performed by Michael Milligan  
Saturday, May 10, 7:30pm at the Ethical Society

### **Coming this summer!**

*MoSP free Summer*

*Movie Nights at the*

*Ethical Society Thursdays*

*at 6:30 pm June 19, July*

*17, and August 21.*

*Medicare's 49<sup>th</sup> Birthday*

*is Wednesday, July 30.*

## ***Mercy Killers*, renowned Off-Broadway Play, at the Ethical Society May 10**



The award winning play, ***Mercy Killers***, will be performed by author-actor Michael Milligan, at 7:30 p.m., Saturday, May 10, 2014 at the Ethical

Society of St. Louis, 9001 Clayton Road, Ladue.

Milligan received the Fringe First Award last year at the Edinburgh Festival in Scotland, and won critical acclaim for his Off-Broadway performances of *Mercy Killers* this year. In the play Milligan's character, "Joe" struggles to obtain costly health care for his beloved wife.

Following the play, Michael Milligan will join Kate Lovelady, Leader of the Ethical Society, and Pam Gronemeyer, MD, a Director of Missourians for Single Payer, for a "Talk Back" question and answer session with the audience.

Michael Milligan explains the impetus for writing his play in an interview with *Healthcare-Now* excerpted below.

*Why did you decide to write Mercy Killers?*

Artists as a group are marginalized by the healthcare system. If you work in the arts you or someone you love will inevitably face a medical emergency without health insurance. Healthcare costs can put you over the edge.

I was in a relationship for several years with another artist who did not have insurance, and when she did, the insurance did not pay for the care she needed to treat her chronic illness. It put a horrible strain on our relationship and on our finances.

I had another friend, a classmate from Juilliard who got sick and ended up living on the street for over a year in D.C. He came to see me in a show. I ran into him at the stage door and he had all of his belongings

in a sack. I took him in and spent the next month trying to find him housing and get him the medical care he needed. He had a very frightening looking lump on his arm and had slipped a disk in his back. This is someone whom as a society we sent to the most elite performing arts conservatory in the world. He has performed at some of the most prestigious theaters in the country, but when he had health problems, we as a society sent him out to die in the street.

Last Spring, I was without insurance for the first time in my professional life and I happened to pass kidney stones. The pain was so bad, I thought I was dying. I didn't go to the emergency room because I couldn't afford it. For me, that was the straw that broke the camel's back.

When a medical emergency strikes you or a loved one, you become so consumed by trying to figure out how to deal with it, how to stay afloat, that the idea of joining with other people and addressing the problem collectively doesn't occur to you. So, there is a great silence. There is an untold history of struggles with the healthcare system. It is untold because people are overwhelmed, or they feel ashamed, or their grief is too great, or they just want to project a positive attitude.

I was nervous at first that my play was overwrought, a tragedy involving too many misfortunes. From the talkbacks I've done, the situation described in ***Mercy Killers*** is all too familiar. I remember one host in south eastern Ohio who said in a dead pan manner that my coming to her town was timely because old "Mr. So-and-So" had just walked out into the woods and shot himself after his cancer diagnosis because he didn't want to bankrupt his family.

—Roger Signor, *Programs*

## Meet the “Talk Back” Panel

**Michael Milligan** has been writing and acting for the theater for two decades. Milligan has appeared on and off the Broadway stage and in regional theaters.

Locally, he has performed in *King Lear* at the Repertory Theater in Webster Groves, and played Mercutio in *Romeo and Juliet* at the Opening season of the St. Louis Shakespeare Festival. He is a graduate of The Juilliard School.

**Kate Lovelady** is the Leader of the Ethical Society of St. Louis since 2005. Lovelady also served Ethical Societies in the New York area, North Carolina, and Texas. Before holding such posts, which provided health insurance benefits, she learned firsthand the value of social insurance. For seven years, her work as a freelance editor provided no such benefits. She was among the millions of Americans of all ages and circumstances without a health care safety net. Lovelady is a graduate of Northwestern University.



**Pam Gronemeyer, MD**, a pathologist and small business owner, is Vice-President of Illinois Single Payer Coalition, co-president (southern division) of Physicians for a National Health Program-IL, a Director of Missourians for Single-Payer, and leads Southern Illinois People for Progress. She is a graduate of Tufts University School of Medicine.



## Imagine Single Payer

Imagine Single Payer  
It's easy if you try  
No barriers to access  
No reasons to deny  
Imagine all the people  
Living healthy lives...

Imagine having choices  
It isn't hard to do  
Decisions made by doctors  
And nurse practitioners too  
Imagine all the people  
Feeling more secure...

You may say I'm a dreamer  
But I'm not the only one  
I hope someday you'll join us  
And the world will be as one

Imagine less pain and suffering  
I wonder if you dare  
No need for fundraising  
for medicines and care  
Imagine all the people  
sharing the benefits of health...

You may say I'm a dreamer  
But I'm not the only one  
I hope someday you'll join us  
And the world will live as one

—Mimi Signor, RN, Vice President



## Remembering Steve Best

Steve Best, a founding member of Missourians for Single Payer, and an active member of the Ethical Society of St. Louis and Rationalist Society, died February 14, 2014 at the age of 87. Steve was a social worker and active in civil rights and social justice causes. He never lacked courage to stand up, speak out, and live a life for the benefit of all people. We will miss his voice at our programs, but the memory of Steve's example will be encouragement for the rest of us to follow in his large footsteps. Our warmest thoughts go to his wife Joyce, a full partner in his humanist endeavors, and a familiar face at MoSP programs.

—*Mimi Signor, RN*



## Remembrance Sunday

Kate Lovelady, Leader of the Ethical Society of St. Louis will host Remembrance Sunday, 11 am, May 25, the annual platform to come together as a community to acknowledge loss and change, to celebrate, and to share memories. Members share stories, readings, music, or other tributes to a loved one or other important individuals who have died. Kate invites members who wish to share to please contact her so she may coordinate this Platform. Remembrances of members who have died this past year are especially welcome.

## St. Louis Single Payer Meetup

St Louis Single Payer Meetup was organized in June of 2012 to facilitate networking between local Single Payer organizations and broadening outreach through our Meetup page and our Facebook page. We have been successful in introducing basic principles of Single Payer to novices. Our Facebook page has a plethora of recent articles for anyone who would like to peruse them. Our Facebook address is: <https://www.facebook.com/pages/St-Louis-Single-Payer-Meetup/350484221683434>. Visit us, join us, take a look at our FB page and click LIKE.

Our loyal core group enables us to keep up our activities of networking and outreach. Some of our members attend MoSP meetings regularly. We meet every third Monday evening from 7:30 to 9:00 pm at Cafe Ventana, at 3919 West Pine. Contact me with questions about St Louis Single Payer Meetup at [tonva@swbell.net](mailto:tonva@swbell.net).

—*Toni Vafi, RN*



## CureALL Video

“*CureALL!*” the first 7 minute short film about single payer was produced and written by Robert Zarr, MD, MPH, FAAP, Board Member of Physicians for a National Health Program, and directed by Kaylen Larson, an undergraduate student from Sioux Falls, South Dakota, who interned with Dr. Zarr in the fall. Dr. Zarr encourages everyone to watch the film and share it on Facebook and Twitter, and send it to friends and colleagues. You can view the video from the PHNP website, [www.pnhp.org](http://www.pnhp.org) .



## Healthcare Is a Human Right ~

### National Lobby Day May 22



Thursday, May 22 will be the first national single-payer lobby day, supported by Healthcare-NOW!, Physicians for a National Health Program, Public Citizen, the Labor Campaign for Single

Payer, and others.

Schedule a meeting with your Representative and Senators for May 22. You can visit your legislators' offices in Washington, D.C. or in your district. Email Ben Day at [Ben@healthcare-now.org](mailto:Ben@healthcare-now.org) to coordinate meetings. Email Ben for lobby materials; help identifying whether your Reps. have supported single-payer reform in the past, and how to schedule a meeting at their office.

Meeting face-to-face and describing why you care so passionately about single-payer is the most effective way to get your legislator on board. Even more effective is to bring a group of friends!

This will be a great opportunity to add co-sponsors to **John Conyers's Improved and Expanded Medicare for All legislation, HR 676** and **Bernie Sanders's American Health Security Act, S 1782**, which would guarantee comprehensive health care for every resident of the United States while reducing costs.

--Tim Carpenter, PDA National Director

--Dr. Bill Honigman, Healthcare Human Rights Issue Team Leader

--Kurt Bateman, Healthcare Human Rights Issue Team Leader

## Pure Single Payer

Pure single-payer is 1 fund, 1 plan and 1 payer. I offer my definition as logical, and I recommend that it be used. Some people the term "single-payer" as a replacement for the term "universal health care".

What does "single-payer health care" mean? One might start with a definition of "universal health care", such as this one: a system where all citizens can receive health care without being charged for it or only being charged only a small amount. This definition leaves some room for health care to be paid for by some type of government funding alone or also giving citizens the option of paying premiums to health insurance companies for additional services, either by their own choice or by government mandate.

Single-payer is only one version of universal health care. Since "single" means "one" and since people are using the term loosely (applying to more than one), it would make logical sense to use a new term. "Pure single-payer health care" is when a standard set of health care coverage for all citizens is paid via 1 fund, 1 plan and 1 payer. That method fits with the U.S. original Medicare that was in place before 2003 and is the method proposed by U.S. House bill H.R. 676.

H.R. 676 IS pure single-payer health care. That means we will have the simplest, most efficient system in the world. Combine that with our size, which means the best negotiating power, and we'll have the best way to pay for health care in the world. It's no wonder that Switzerland is in the process of considering single-payer and potentially putting on a ballot for the citizens to vote on it. H.R. 676 is 1 fund, 1 plan and 1 payer. The bottom-line is that H.R. 676 will establish the best, most efficient, health care in the world.

—Bob Haiducek, [www.mforall.org](http://www.mforall.org)

## **“The Decline of Public Health Care in St. Louis” -- a summary**

“The Decline of Public Health Care in St. Louis” was presented by Blythe Bernhard, health and medicine reporter for the St. Louis Post-Dispatch at the March 20 MoSP program.

Since the first public hospital was built in the City of St. Louis in 1846, health care – and the health of St. Louisans, especially those of African American origin – has been on a downhill trajectory, concluded Blythe Bernhard. Using her own research as well as that of medical historian Daniel Berg, Bernhard recounted the City’s ambivalence about providing the complete spectrum of health care, including public hospitals.

Excluded from the whites-only public hospital and relegated to the basement at Barnes Hospital, blacks finally got their own hospital, Homer G. Phillips, in North City in 1947. Up through the 1960s, this was the only institution where African American medical students, interns and residents could receive training. The enactment of Federally-funded Medicare and Medicaid programs in 1965 led to the steady decline of this institution because in theory, at least, poor or elderly blacks could now choose any hospital.

Homer Phillips Hospital closed in 1979, and City Hospital was on the decline. Private hospitals were accepting only insured patients and were dumping the uninsured at City Hospital. Once Washington University withdrew its support of medical services, the hospital closed in 1985. Briefly, the City took over the old St. Luke’s Hospital building and established Regional Hospital which for a time provided good care. Once again, Washington University’s medical staff withdrew, and Regional closed in 1997.

The City’s ConnectCare, an amalgam of free-standing clinics unaffiliated with any hospital, was supposed to take Regional’s place. Last fall, the City stopped funding ConnectCare, closing its clinics. The

few remaining clinics are overstrained trying to absorb ConnectCare’s patients.

In 2001, the Regional Health Commission created the Gateway to Better Health Program, a system of primary care that includes urgent care and access to medications. It was supposed to be a temporary fix until the Medicaid expansion, which was voted down in our Legislature.

Today, a male living in the County has an expected lifespan of 73 years; in the City, the expected longevity is age 65 – an 8-year difference. What has happened to public health in the County is almost a mirror image of what has happened in the City. County Hospital on Brentwood was closed. Its prime real estate location meant a lot of money to the County and developers when the site was re-developed. There are public clinics in Berkeley, Pine Lawn and South County.

“Poor people are desperate for access to health care in St. Louis,” remarked Bernhard. “The poor have been reduced to seeking care at free clinics such as CHIPS, on North Grand, where all financing comes from grants, donations and fundraising. Medical care and blood testing are available there, but any further testing, including X-rays, cannot be performed at CHIPS.”

“The closing of ConnectCare is a tragedy,” said Mimi Signor, RN, vice president of MoSP. She explained that the City collected a use tax, intended to support public health. The current beneficiary of this tax revenue is not known.

“Many mayors of the City of St. Louis, up to and including Mayor Slay, as well as many County Executives, have closed down public hospitals. Now they’re both out of the business of health care. It’s a tragedy for the people in both the City and County,” remarked MoSP member Bob Reinhold.

“Cities like Chicago and Los Angeles have public hospitals,” concluded Bernhard. “I don’t know why we don’t.”

—*Suzanne Hagan*

## MoSP Member Speaks Out

*Letter Published in the St. Louis Post-Dispatch by MoSP Director Suzanne Hagan, OD*

Like many readers of the *Post*, I've learned not to read the front page while eating because of the gruesome nature of some of the features. But on Sunday, I learned that the Business section is also off-limits.

Your item on 3/2/2014 about Centene's CEO receiving a 71% pay raise for a total salary of \$14.5 million made me feel nauseated. That's because Centene is a managed care company, providing health insurance for Medicaid recipients in nearly 20 states including Missouri and Illinois. Anyone with a conscience should be outraged that health insurance for the poorest of the poor should be so profitable that the company's CEO can receive this sort of compensation.

While I was reading this short but eye-popping item about Centene, KWMU was featuring a story about Detroit retirees' financial sacrifices. Half of one man's pension is eaten up by his health insurance costs.

Just think how many persons could be added to the Medicaid rolls if the kinds of profits Centene is receiving were plowed back into the program. All this while in Missouri, our legislature refuses to expand Medicaid to cover the working poor.

Unfortunately, nearly every State uses a managed care company to pay for its Medicaid enrollees' insurance. Just as ominous is the trend for Medicare recipients to sign up for costly managed care programs, seduced by promises of "free" gym memberships while giving up their traditional Medicare.

If the Federal and State governments managed health insurance instead of for-profit corporations like Centene, overhead would be low as it is for traditional Medicare (about 5%) because there is no profit driving the system. That is why we who advocate for single payer are working so hard to educate the public about this issue. Unfortunately, as we allow these costly managed care companies to intrude on what should be a non-profit system, we can expect more of the same. Pass the antacids, please.

—Suzanne Hagan



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## Membership Form

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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.