



HEALTHCARE for ALL!

Missourians for Single Payer Health Care

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Message from our vice president: *Salus populi suprema lex esto*

“The welfare of the people shall be the supreme law”, the state motto of Missouri was adopted in 1822. State mottoes are said to reflect the character and beliefs of the citizens of the state. Health care is a basic human need. Why haven’t just, empathic citizens demanded universal health care for the welfare of all people?

A recent editorial in the St. Louis Post-Dispatch stated that we did not pass a single payer health law due to a “lack of political will”. But public will precedes political will. What is first needed is a critical mass of citizens who understand and demand single payer. Then our society will evolve. In a representative democracy, the people lead.

Missourians for Single Payer educate and advocate for universal health care via a fair and equitable single payer program. This goal will be realized if you get involved. Meet your elected officials; express your opinions and listen to theirs.

This is an election year, with significant primaries on August 5. It is essential that you support representatives who believe the welfare of the people is supreme. Work for them, so that they can work for you.

—Mimi Signor, RN, Vice President

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Calendar, summer and fall, 2014

Wednesday, July 30:	Happy 49 th Birthday, Medicare!
Thursday, August 21, 6:30 pm:	“Damaged Care,” a docudrama on Dr. Linda Peeno
Thursday, September 18, 6:30 pm:	“Fair Taxation and Single Payer” presented by Robert Reinhold, attorney at law
Thursday, October, 16, 6:30 pm:	“Funding Medicare for All” video presentation by Gerald Friedman, economist, followed by discussion.
Thursday, November 20, 6:30 pm:	“Medicare’s fifty!” is annual member meeting, planning for 2015 activities and election of 2015-2016 directors.
December:	No program. Happy Hanukkah, Christmas, Kwanzaa, and New Year!

September: Fair Taxation and Single Payer

“Fair Taxation and Single Payer”, the topic of MoSP’s first fall program, will be presented by Robert Reinhold, an attorney and member of Missourians for Single Payer, on Thursday, September 18. Mr. Reinhold, who has given previous lectures on the subject of fair taxation, believes that enacting an effective and comprehensive single payer system in the health care field will require additional governmental funding, but will save our nation money on health care in the long run. It is important that the funding system be a fair tax in which a heavier burden is placed on those who are wealthier and are more able to bear a heavier tax burden than those less able to pay. Reinhold believes taxes should be placed more heavily on inheritance, higher incomes, capital gains, dividends and financial transactions such as the purchase of stocks, bonds, futures, and real estate and less on sales of food, drugs and everyday items the less affluent purchase. Reinhold will discuss methods the Canadians and Europeans use to pay for government services like health care.

—Roger Signor, *Programs*



Gerald Friedman

MOSP’s October 16 program presents Gerald Friedman, economist, in a series of three videos, explaining single payer and why it is the only fiscally responsible way to fund health care. The article

below was published in the Columbia (Mo.) Daily Tribune, March 8 after Friedman’s presentation at the University of Missouri.

ACA won’t control health care costs

Recently a group of physicians sponsored a visit by a University of Massachusetts professor of economics who goes about the country touting the advantages of single-payer health care, using numbers as his forte. Gerald Friedman appeared at the University Of Missouri School Of Medicine at the behest of the Missouri chapter of the Physicians for a National Health Program.

His thesis: the Affordable Care Act, otherwise known as Obamacare, does a lot of good things but does not control costs. The answer is a single-payer system in which the government acts as insurer.

I have made the same argument here based on the obvious premise health insurance can operate most efficiently and inexpensively only if the risk pool includes the entire population. We are seeing problems inherent in the hybrid ACA approach. For political reasons, elements of the old system are being preserved while tomorrow’s fix is held at bay.

We know the better model. Often referred to as Medicare for all, the best new system will operate like the familiar and popular Medicare system, expanded to include people of all ages and means.

Models in other nations show continuing roles for private insurance companies but not as designers of universal coverage. Indeed, universal coverage is contrary to the economic principles of private health insurance, which profits by maximizing revenue and minimizing costs. The role of government in a national health system is the opposite, resulting in more effective care at lower overall cost, which Friedman regards as a hugely important economic boon.

In years past, physicians and other health care providers have not wanted to lose the fee-for-service system, but growing numbers now look forward to a

more rational system. They are tired of private insurance hassles and recognize fee-for-service to put profit over best-care practices. Of course, they should be well compensated, but with a nationally managed system, providers can be incentivized to emphasize wellness and health outcomes rather than proliferation of services and procedures.

As Friedman points out, the substantial money saved in a single-payer system can go back into the economy. Health care costs can be reduced by billions. He cited numerous examples of lower costs and superior health outcomes in other countries.

”Get the profit out of health care, and everybody wins,” he says.

Well, not everybody. Sellers of insurance, drugs and other health care products and services have profited through the years with the disappearing system. You can’t blame them for working the territory and wanting the status quo to last, but by now evidence is clear the United States should join the other developed countries of the world with a better system. Examples are everywhere, including in our own country. Let’s call it Medicare if we don’t like “single-payer,” but let’s get on with it.

—By Henry J. Waters III,
editor at the Columbia Daily Tribune.

Medicare’s Fifty in 2015—America’s Premier Health Program



Medicare’s 50! is the theme of MoSP’s annual member meeting on November 20. Brainstorm creative ideas for activities and programs leading up to Medicare’s fiftieth birthday, with the ultimate goal of expanding Medicare into a single, high quality health

program for everyone.

Members will elect Directors for the 2015-2016 term of office. Consider serving. Directors share Board duties and responsibilities. This requires a strong spirit of cooperation and problem-solving. Members may nominate someone who would make a great addition to our Board, but please get his or her consent first.

To see if you are a current member, check the mailing label on this newsletter for the date on which you last paid member dues. A “C” on the label means your newsletter is a courtesy. Mary Jane Schutzius welcomes your dues and donations prior to the meeting.

—Mimi Signor, RN

Healthcare NOW! National Strategy Conference – August 22nd through 24th, 2014

Join activists from around the country for a weekend of inspiration and strategy in Oakland, CA to win single-payer national health insurance. Three national organizations for single-payer advocacy will be combining their annual conferences. We anticipate that over 300 attendees will converge on Oakland from Healthcare-NOW, the Labor Campaign for Single-Payer Health Care, and the One Payer States coalition. This will be a unique opportunity to learn from the most effective single-payer organizing around the country, to build relationships between community and labor groups, and to strengthen state and national organizing efforts together. The registration deadline is Friday, August 15. For more information go to www.healthcare-now.org.

Health Care Advocates Speak Out in the Media

While the mainstream media may be beholden to corporate interests, single payer advocates refuse to be censored. The three following letters from advocates were published recently in the St. Louis Post-Dispatch. Each letter makes a difference. A hundred letters can galvanize; a thousand letters will catalyze. —Mimi Signor, RN



There are always surprises with the Patient Protection and Affordable Care Act, which has turned out to be neither. Many exchanges have few participating insurers. Sometimes only one, thus eliminating competition and subsequently adequate policy provisions for subscribers. Now, by limiting providers on networks, insurers, can rule out care from major treatment centers including those specializing in cancer and other serious ailments treatments. (May 15, SLPD). For insurers this means less care, money saved. For patients, it is less care, poorer outcomes.

Now the Administration has given insurers the right to set prices for medical procedures. If the cost of the treatment exceeds the “set amount” of the insurer, the patient must pick up the balance. With what we know about provider charges, especially hospital charges, this cost could quickly overwhelm a patient condemning him to bankruptcy. It is ridiculous to assume that consumers can “shop” for the best medical treatments, and equally ridiculous to think that patients can determine what a provider will charge, then check his policy reimbursement “set amount” and then, move forward with his treatment. This assumes he has determined he can afford it.

This is not health care reform. It is tweaking around the edges of our prevailing market based distribution of medical care based on one’s ability to pay. It treats medical care as a commodity and refers to

patients as “consumers”. Billions, in the form of legislator salaries have been squandered, and billions spent in implementation of this legislation. Patients seem to keep getting a shorter and shorter end of the stick.

If there was ever a time for a single payer system it is now.

—Toni Vafi, RN, May 18 2014



In “Who Best to Deliver Care” (Business section June 1), reporters Jim Doyle and Virginia Young did a great job in writing around the elephant in the room: namely, the unconscionable profits that managed care companies are making at the expense of Medicaid patients and the American taxpayers.

For example, the Centene Corp., headquartered in a glitzy Clayton high-rise, paid chief executive Michael F. Neidorff more than \$14 million in total compensation last year. This included personal flights on the company plane, reimbursement for tax preparation and financial advisor fees, and security services. Four other top Centene executives took home a total of more than \$10.5 million.

This is taxpayer money. It is money that could, and should, have been spent to provide needed medical services for low-income individuals.

Until we can get the private, for-profit insurance industry out of health care, executives at Centene and other similar companies can look forward to continued astronomical paydays. This should make us all sick.

—Barbara L. Finch

Pat McGuire of Ladue's May 21 comment that the VA needs to be scrapped in favor of the same health care that members of Congress get sounds good on the surface and may even get vets an appointment sooner. But Congress members' benefits come from the Federal Employees Health Benefits system, a selection of commercial insurance plans with the federal government paying the employer portion of the premium from which the insured can choose. That means that whatever costs and deductibles, limited provider networks or exclusions they impose would be what our vets will live with. As for the overall cost to the budget, I do know that the VA is the only entity that is able to negotiate costs with providers and is able to reap deep discounts. Commercial insurers' discounts can go to profit and overhead. Medicare Part D cannot negotiate by law. Putting thousands of vets on private insurance will not bend the cost curve. Why must everyone avoid the real solution—Medicare for all? Seniors like it; doctors like it; the paperwork gets done for less than 3% overhead. Put everyone on enhanced Medicare as proposed by H.R. 676—no deductibles, no co-pays, all medically-necessary treatment—including PTSD, TBI, mental health, dental and eye care and long-term care. It is private care and public payment with the market power to negotiate lower costs. No one dies because they can't afford care while CEO's make millions. It's national health statistics we can be proud of. Sounds good to me.

—Lydia Lewis



Aloha from Hawaii!

I wanted to send a brief message to my Missouri-ans for Single Payer friends as I prepare to wrap up my first year here in paradise. This year has been wonderful and has gone by very quickly. I presented a paper about the Single Payer Movement in Hawaii at the



Lindy with Japanese nursing students

Association for Applied and Clinical Sociology annual conference in Portland, Oregon in the fall and another on the national movement after the ACA at the Sociologists for Women in Society annual conference in Nashville, Tennessee in the spring. I attended the 2013 Health Care NOW National Strategy Conference in Nashville and plan to attend the 2014 Health Care NOW National Strategy Conference in Oakland, California this summer. I hope to see you there! Unfortunately I have not yet been able to get back to Missouri, but I am hoping to return in the spring.

I had the opportunity to meet with a group of nursing students from Meio University in Okinawa Japan who were visiting the University of Hawaii at Hilo where I am an Assistant Professor in the Sociology Department. I presented a paper about the successes and failures of the Single Payer Movement in Hawaii. It was my first time giving a talk through a language interpreter, and I must admit that it was both awkward and wonderful hearing my words in Japanese! This was one of my favorite experiences this year. After the talk, I was able to speak directly (through the interpreter) with some of the students about their experiences working in the Japanese health care system. I think that we all learned something new that day!

I think that we can all learn from the Hawaiian experience of health care reform. I'd love to talk about it with you if you are interested. I will hope to have the paper ready for publication soon. I am continually working on articles about MoSP and the national

movement, as well as my book manuscript. I have been able to hire a research assistant who is in the process of digitizing the historical files that I have collected in the process of conducting my research. Once this is completed, I would be happy to share this file, which includes documents from 1990 - present, with you. I hope that you are all well and look forward to getting back to see you soon!

—Lindy Hern, Ph.D.



Medicare-for-All Prevents Hobby Lobby Fiascoes



Arthur Lieber

So we hear that workers are beholden to employers. After all, in the private sector it is the “employers” who hire workers. But if the relationship is only between employer and employee and the employers are the

bosses, then what protection do workers have against unreasonable, unfair, and just plain mean bosses?

Workers are people; corporations are not. But both workers and corporations are connected to “we the people” through a social contract with our government. Corporations need certain protections and freedoms; workers need the same.

The Hobby Lobby case involving insurance coverage of contraceptives as part of a health care policy is an interesting dilemma. But it shouldn’t be. Corpora-

tions should have nothing to do with an individual’s health coverage. It only happened this way because initially workers had no health insurance. Savvy corporations were wise enough to offer coverage as an incentive to get the best workers to work for them.

Whether you use the Declaration of Independence, the U.S. Constitution, or the Universal Declaration of Human Rights as your basis, each American is entitled to equal protection under the law. Health care is not a luxury; it is a basic human right. For this reason, the government should provide health care coverage through a Medicare-for-All program. Not only does this protect a basic human right, it is also the most efficient and least expensive way to provide the coverage. Oh, and by the way, it drastically reduces expenses for U.S. corporations, making them far more competitive in a global market.

Much as I’m distressed with Hobby Lobby and the Supreme Court, the responsibility for avoiding this kind of SCOTUS is with the American people and our representatives in Washington. We all must step forward and adopt a Medicare-for-All (H.R. 676) plan.

—Arthur Lieber

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Background note: Arthur Lieber is a Congressional candidate running in District 2. In 2010 Lieber ran against Todd Akin. Lieber is director and co-founder of Civitas, a non-profit organization that stresses active citizenship and critical thinking in its educaLouis area schools. After teaching in both St. Louis city and county schools, Lieber co-founded Crossroads School, the first independent, non-sectarian school in the city. He is a graduate of Washington and Webster universities, and attended American University in Washington, D.C.

Mercy Killers, the Play

MoSP presented the off Broadway play, “Mercy Killers” on May 10 to an audience of one hundred theatergoers. After the stunning conclusion of the play, a discussion panel of Michael Milligan, actor and playwright, Pamela Gronemeyer, physician and single payer advocate, and Kate Lovelady, leader of the Ethical Society of St. Louis took questions from the audience.



Panelists Kate Lovelady, Michael Milligan and Pamela Gronemeyer



I offer my opponents a bargain: if they will stop telling lies about us, I will stop telling the truth about them.

~Adlai Stevenson, campaign speech, 1952

Politics is the gentle art of getting votes from the poor and campaign funds from the rich, by promising to protect each from the other.

~Oscar Ameringer



New Facebook URL: “MoSPNOW.”

<https://www.facebook.com/MoSPNOW> is now active. It’s short and shouldn’t be too hard to remember.

—Don Ford

Kathleen Sebelius Interview with Jon Stewart: Single Payer Solves the Problem of Insurance

Jon Stewart, host of “The Daily Show” on Comedy Central, placed the question of the desirability of a single-payer system squarely before Kathleen Sebelius, secretary for health and human services, in a stunning interview.

KATHLEEN SEBELIUS: You’re more likely to live sicker and die younger without insurance.

JON STEWART: Exactly. Which is why I don’t understand the idea of staying with a market-based solution for a problem where people can’t be smart consumers? There are too many externalities in health care, that I honestly don’t understand why businesses wouldn’t jump at the chance to decouple health insurance from their responsibility, and why the government wouldn’t jump at the chance to create a single-payer system that simplifies this whole gobbledygook and creates the program that I think America deserves. I don’t get it. *[Wild applause and shouts from the audience.]*



I have come to the conclusion that politics is too serious a matter to be left to the politicians.

~Charles de Gaulle

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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.