



Missourians for Single Payer Health Care

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

President's message: Beyond Looking Out for Number One

We had a Thanksgiving celebration that was nourishing in food, family and in spirit. Holidays give us opportunities to show kindness, and to sow kindness. We can appreciate food, shelter, and good health. We can breathe, talk, and laugh. For those without health, simple pleasures we take for granted, are impossible dreams.

Our Declaration of Independence asserts that it is a self-evident truth that “all men are created equal” and that “Life, Liberty and the pursuit of Happiness” is an “unalienable Right.” Current laws belie this fundamental belief. Millions of Americans, half of them children, have no health care. Doesn't every American deserve and have a right to health care as a means to life, liberty and pursuit of happiness?

The multibillion dollar health care industry and its paid lackeys tell us that single payer universal health care is “not politically feasible.” That will remain true as long as we permit corporations to write our laws.

The bills that guarantee universal, comprehensive health care are: “HR 676, Improved Medicare for All” and “S.1782, The American Health Security Act” and our state bill, “The Missouri Universal Health Assurance Act.” Read the bills on our website, <http://www.mosp.us/legislation.htm>. Missourians for Single Payer can work together to assure that all of us can obtain health care. It is up to us to advocate and educate. Everyone needs health care and everyone deserves it.

—*Mimi Signor, RN, President*

MoSP newsletter staff

Editor-in-Chief,

Mimi Signor

Mailing Committee, Mary

Jane & Bob Schutzzius

Layout editor, Anne Bader

Webmaster, Don Ford

www.mosp.us



Ed Weisbart, featured speaker in January; page 2.

2015 Winter Calendar

December:	No program. Happy Hanukkah, Christmas, Kwanzaa, and New Year!
Thursday, January 15, 2015	“Separate and Unequal: How Universal Health Care Would Mitigate Racial Disparities” by Ed Weisbart, MD, 6:30 pm, Hanke Room, Ethical Society of St. Louis, 9001 Clayton Road in Ladue.

“Separate and Unequal” January 15



Ed Weisbart, MD

“Separate and Unequal: How Universal Health Care Would Mitigate Racial Disparities”, is the program to be presented by Ed Weisbart, President of Physicians for a National Health Program-MO. African

American lives are five years shorter than those of white Americans for several reasons, particularly affordable health care. Learn about the medical reasons of racial disparities and how universal health care can help our nation close the gap.

Dr. Weisbart was recently honored with the “Quentin Young Award” by Physicians for a National Health Program for his work nationally on this and other important issues.

He will give his program Thursday, January 15 at 6:30 pm in the Hanke Room at the Ethical Society of St. Louis. He welcomes your discussion questions. Attending this program is a good way to observe Martin Luther King Day (January 19).

—Roger Signor, Programs



Medicare’s Golden Celebration: 2015 Goal



Mimi Signor, RN

Our 2015 goal will be to promote and celebrate U.S. Medicare. Missourians for Single Payer, Physicians for a National Health Program-MO, and the Missouri Association for Social Welfare, AKA

Empower Missouri has formed a coalition to work with our member of Congress, Rep. Lacy Clay of St. Louis to celebrate the 50th anniversary of U.S. Medicare. More organizations are joining in the celebration. We are asking you to engage the organizations to which you belong to join with us in the planning of this event, culminating on the Golden anniversary, which will be on July 30, 2015.

Contact us at Medicare50th@gmail.com if your organization would like to participate and receive meeting information. We welcome your creative ideas. We hope to be a model for other congressional districts to work with their member of Congress to work on their own celebrations.

We will print in the next newsletters your personal stories how Medicare has made a positive difference in the quality of your lives. We want to hear from you. Please submit these to me at my home email, signor3@netscape.com with “MoSP newsletter” in the subject line.

—Mimi Signor, RN



Meet the MoSP Statewide Board

The election is over, and the 2015-2016 Board of Directors of Missourians for Single Payer is here to represent you! While no one can take the place of our past President, Julia Lamborn, I will try to follow her lead, "Stand up! Speak out! Don't take no for an answer!" She promised me she would never quit, and she kept that promise. She will be missed.

—Mimi Signor, RN, President-elect



*Pam Gronemeyer, MD,
Glen Carbon, Ill.*

Pam Gronemeyer, MD, returns as our liaison to Physicians for a National Health Program and Illinois Single Payer Coalition. 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, Director of Missourians for Single-Payer, and leads Southern Illinois People for Progress. She is a graduate of Tufts University School of Medicine.



*Mary Jane Schutzius,
Florissant*

Mary Jane Schutzius will continue as Treasurer. Mary Jane is a valuable source of information on our history and our Bylaws. Mary Jane was born, raised, educated and lived most of her life in North St. Louis and Florissant, MO. She lived in

Mexico and Bolivia in the 60s. Mary Jane met her husband, Bob in La Paz, Bolivia, married in 1969. They have two daughters and five grandchildren, who live in Wentzville and University City.

We appreciate new talent on the MoSP Board. **Renee St. Vrain**, RN lends a young, but committed voice to our group. Renee St. Vrain currently works as a Nurse



Renee St. Vrain, RN, St. Louis

Case Manager for TB/Hepatitis B at St. Louis County Health Department. She earned her BA in International Studies from American University in 1993, an Associate in Nursing from St. Louis Community College in 2011, and her BSN from UMSL in 2014. Renee worked as a Volunteer Nurse at Community Health in Partnership Services (CHIPS); May, 2013 - July, 2014. Renee presented an Abstract submission and poster presentation at the Midwest Nursing Research Society Conference in March, 2014.

Two of new Board members will represent Southeast and Central MO. Julia and I met **Linda Sanders** while



Linda Sanders, Jackson

doing MoSP outreach in Cape Girardeau in 2007-2008. Linda is the President of Cape County Democratic Women; Secretary of Cape County Central Committee; Vice President of her local AARP Chapter as well as new member committee. She

helps the Eagles Club with fundraising. Linda is an active member of American Legion. She is politically active on Facebook and email.



Marjorie Sable, Columbia

Marjorie Sable, PHD, MSW, MPH, Columbia I met Margie in the 1990's when Paul Sultan, the economist, and I gave single payer presentations at Washington University where Margie was an adjunct professor. Margie currently is professor and director of the School

(continued on page 4)

of Social Work at the University of Missouri. She was on the panel of professors that heard Lindy Hern's defense of her Doctoral Dissertation on the history of the single payer movement in Missouri. Margie serves on professional and community boards. She is faculty advisor for MU Tigers for Single Payer.



Stay Well and Know Your Options



Margie Diekemper, RN

Well, it's official now – I am indeed a senior citizen and the government acknowledged as much with that little red, white, and blue Medicare ID card that recently arrived in my mailbox. After counting myself among the millions who paid out-of-pocket for bare bones private health insurance for the past several years, I now proudly carry and use my Medicare card and, yes, I do feel privileged. Rationally, I know I have earned and deserve this entitlement; but emotionally, I can't help but feel sad that this wonderful **SINGLE PAYER** program isn't available for all Americans who want it or need it. What a fabulous model Medicare is for what is possible in this country! As Single Payer advocates we must not and cannot be complacent about Medicare – even if it is nearly 50 years old! Take nothing for granted....

We're in the midst of Medicare Open Enrollment now (Oct. 15-Dec.7). What better time to invest a little time and energy in better understanding available options. Did you know that Missouri, like every state in the country, has a federally-funded State Health Insurance Assistance Program? In Missouri it's called CLAIM – and it provides free and private help with Medicare questions. CLAIM volunteers help by phone,

can consult with/for local agencies, and can even come and explain benefits and options to groups of seniors and Medicare recipients. I have personally called CLAIM numerous times; and with a client sitting by my side, sought and received assistance in tackling some pretty tough Medicare issues. And each time I've done this, I learned a little more. I encourage all of you to use this free service if you have or someone you know has any questions or issues. Don't simply rely on friends', relatives', or neighbors' often unsolicited (and perhaps incorrect) advice about your Medicare options. Be informed, share your success using CLAIM, become a CLAIM volunteer. Call 1-800-390-3330 or www.missouricclaim.org. If knowledge is power, then understanding our Medicare program can be a powerful form of advocacy to preserve and protect it for future generations.

Stay well!

—Margie Diekemper, RN



Letter to the editor, St. Louis Post-Dispatch, August 31, 2014



Suzanne Hagan, OD

The Federal grant awarded to the Betty J. Kerr People's Health Center (PD, 8/26) is to be used to train counselors to help obtain Medicaid for uninsured patients. However, a months-long backlog of applications for Medicaid is currently choking the system. Missouri has refused to expand Medicaid to cover the working poor. Meanwhile, Centene Corp., the State-appointed administrator of Medicaid, makes generous profits. I think it's time for a bold and innovative

solution to medically insure residents of the City and County.

How about establishing a non-profit system that would offer insurance to medically needy St. Louisans? The system would offer an affordable plan while not making a profit itself, thus ensuring best use of funds. In other words, it would work like Medicare. Traditional Medicare has very low overhead for administration while making no profit and pays well enough that most doctors and hospitals readily accept it, unlike Medicaid which pays so poorly that subscribers' choices are severely limited.

A cooperative effort between City and County governments might undertake such an endeavor. Wealthy civic-minded St. Louisans might pool their brains and funds to get something like this going. It would take real leadership and commitment to not accepting the status quo.

We have the eyes of the world on us. They see that in many metrics of good living, St. Louis (and Missouri) ranks at or near the bottom. St. Louis' deficiencies were outlined in "For the Sake of All," released earlier this year. That report encapsulated the "death by ZIP code" problem that looms over St. Louis – a Clayton resident can expect to live 18 years longer than a north St. Louisan. Establishing a truly affordable system of medical insurance would enable us to bend the curve, to desegregate us by health care. We have the opportunity to become what we all want — a healthy and productive population. Will we seize it?

—Suzanne Hagan, OD

The Affordable Care Act Workshop



Mary Jane Schutzzius

During the recent Missouri Association for Social Welfare annual conference in Jefferson City, the workshop on the Affordable Care Act was to cover "some of the major components of the ACA including the marketplace for individuals,

SHOP for business owners, and protections included in the ACA." During the one and a half hour period, the benefits advisor from the Department of Labor barely covered the power point presentation on how the ACA would carry out the laws enacted under ERISA, the Employee Retirement Income Security Act of 1974, and a responsibility of the Labor Department. The info on SHOP Marketplace for business owners (Health Insurance Options for Small Businesses) was included in the folder, but there was no time to race through those slides.

The responsibilities for the ACA are shared by Health and Human Services, the Department of Labor, and the IRS. Many of the details still have to be worked out; the benefits advisor tried to explain how insurance companies were required to provide benefits under ERISA and ACA, very involved and complicated. Enforcement and fines for noncompliance are not well defined, nor exactly which agency/department is responsible. The IRS is still responsible for anything on the annual income tax forms.

And, of course, since the Missouri legislature didn't go for Expanded Medicaid nor for a federal-run "marketplace," even less is known. The Supreme Court has taken on the case against subsidies for non-federal run "marketplaces," like Missouri's, but that decision will not come before next June.

(continued on page 6)

LOVE IT!
IMPROVE IT!
MEDICARE
FOR ALL!

The short Q&A period revealed that workshop attendees were more interested in how to get health care for dependent disabled relatives or how to decide which insurance plan in the “marketplace” was best for them. The Labor Department lawyer/benefits advisor couldn’t help with any specific solution; the woman with the disabled 28-year old son said later she was thinking she may have to move out of state. She’d heard Alaska was good.

—*Mary Jane Schutzius*



Reflection on Health Affairs article

Opinion Editorial St. Louis Post-Dispatch, Sept. 11, 2014

If public policy decisions were driven by good business sense, the United States would long ago have stopped wasting so much of our health care dollar on the preservation of an irrational insurance industry. With millions remaining uninsured despite 17.6% of our gross domestic product being devoted to healthcare, we must restructure our economically unsustainable system.

New information from a multi-national research team (*Health Affairs* 33, No. 9(2014):1586-1594) reveals yet another piece of information about the United States – more than a quarter (25.3%) of our hospital spending is dedicated to administration. Scotland and Canada, whose single-payer systems pay hospitals global operating budgets, with separate grants for capital, had the lowest administrative costs at 11.6% and 12.4% respectively. Other developed nations form a spectrum varying with their nation’s particular model for healthcare finance.

If our hospital finance system were as efficient as Canada’s, we would have saved more than \$150 billion in 2011.

It’s difficult to see the value we gain by continuing to carry these costs. Our life expectancy lags other

developed nations, millions of us remain without access to affordable care, and we live with the unique fear that one major illness can force us into bankruptcy. The uniquely American solution is hiding in plain sight: improve Medicare and provide it to all Americans.

—*Ed Weisbart, MD*



Easy to Be Hard

By Three Dog Night

How can people be so heartless
How can people be so cruel
Easy to be hard, easy to be cold
How can people have no feelings
How can they ignore their friends
Easy to be proud, easy to say no

Especially people who care about strangers
Who care about evil and social injustice
Do you only care about bleeding crowd
How about a needing friend, I need a friend

How can people be so heartless
You know I’m hung up on you
Easy to be proud, easy to say no

Especially people who care about strangers
Who care about evil and social injustice
Do you only care about bleeding crowd
How about a needing friend, we all need a friend

How can people be so heartless
How can people be so cruel
Easy to be proud, easy to say no
Easy to be cold, easy to say no
Come, on, easy to give in, easy to say no
Easy to be cold, easy to say no
Much too easy to say no

Poverty and Inequality

For the Sake of All, a recent study by researchers from Washington University in St. Louis and St. Louis University shows that poverty, race, and education impacts health and life expectancy for African-Americans in the region. The report finds that one's zip code determines socioeconomic well-being. Poor people live in poor neighborhoods, so the study surmises. Poverty and inequality are not new problems, scores of studies have shown.

Our city has two schools of medicine, yet scarcity of health care providers for the poor remains. Is universal health care taboo? Is health a luxury?

Public health safety nets have been systematically replaced with for-profit delivery models. With rare exceptions, clinics that want to provide free care have closed, as their funding has been cut off. Poor families struggle to find doctors who will see them.

A federal investigation of Medicaid, state health insurance for the poor, found that half the doctors listed as serving Medicaid patients are unavailable (*New York Times*, 12/9). More than one third of providers were not at the locations listed by a Medicaid managed care plan. For pregnant women, the wait times to be seen by an obstetrician was more than one month to more than two months, resulting in no prenatal care in the first trimester of pregnancy for some.

We need one very high standard of health care for all, freedom of choice of providers, with no financial barriers to care. **For the sake of all**, let's work to make inequality in health care a regrettable chapter from our nation's history.

—Mimi Signor, RN

Jan Polizzi, RN, Health Care Advocate

Jan Polizzi, RN, advocate for children and the underserved died November 29. Her life's work focused on health disparities, whereby some people "must decide whether to buy the medicine or pay the rent." "Unwanted pregnancies, AIDS - they're preventable. Asthma and diabetes are treatable. Then why are so many people in the black community dying?" she asked in a 1991 Post-Dispatch story titled *Blacks Facing Tougher Times*.

Jan left intensive pediatric nursing to spend 30 years in community health service. She shifted her specialty to public health nursing, after seeing so many hopelessly ill children die. In 1992, Ms. Polizzi was the first nurse elected to the Missouri House of Representatives. Even while serving in the House, she would come home on the weekends to care for a patient with Lou Gehrig's disease. She helped defeat an amendment to a Missouri welfare reform bill that would have reduced benefits for children born to mothers receiving public assistance.

She was a nurse at the Grace Hill neighborhood clinic north of downtown St. Louis and subsequently at Nurses for Newborns, where she worked with young mothers, many of whom had children with special needs. Much of Jan's work was in some of St. Louis' poorest neighborhoods. Some were dangerous. Once, she was beaten up.

When her husband, Pete asked her to quit the work she loved, she responded, "Who else is going to help these people?"

(excerpted from stlpublicradio.org)

<http://news.stlpublicradio.org/post/jan-crandall-polizzi-former-state-representative-was-proud-be-called-nurse>

Missourians for Single Payer Health Care
438 N. Skinker Blvd.
St. Louis, MO 63130

Non-profit Organization
US Postage
PAID
St. Louis, MO
Permit MO 3550

Address Service Requested

Membership Form

Missourians for Single Payer Health Care

438 N. Skinker Blvd., St. Louis, MO 63130

Phone: 314-862-5735

www.mosp.us

Name _____

Address _____

City _____ Zip _____

Phone _____ Fax _____ Email _____

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.