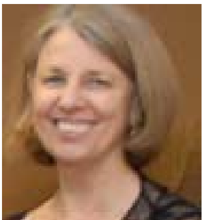
WINTER 2015

Missourians for Single Payer Health Care

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

President's message: Let's Put Our Children First



Mimi Signor

The recent epidemic of measles in the U.S. began a national dialogue about protecting our children's health. Measles is highly contagious with a 90% infection rate. Complications from measles can lead to pneumonia, disability and death. At high risk for severe disease mortality are children under age five.

Dr. Claudia Fegan, former President of Physicians for a National Health Program, warned us in 2004 that the U.S. had the worst childhood immunization rate in the western hemisphere, with the exception of Haiti. It seems nothing has changed.

A paternalistic law forcing mandatory vaccines could exacerbate public fear of vaccines and distrust of government. However, some U.S. families are challenged by the cost of the vaccines. If our government would accept the financial responsibility to pay for safe, proven, recommended childhood vaccines, our childhood immunization rate would likely increase, and "herd immunity" would help protect many of the remaining unvaccinated children. The financial investment in this program would reap huge benefits in better health for children, and lower our high childhood mortality rate.

The new measles epidemic makes it imperative to advocate for universal childhood immunizations. A compassionate and caring electorate can demand that our Congress pass a federal law ensuring that all our children have access to free childhood vaccines. As the late Gene Schwartz used to ask, "Have you written to your Congressman lately?"

—Mimi Signor, RN, President

Medicare For All

MoSP newsletter staff

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Mark Your Calendars

March 26, *6:30 pm, program and discussion with Lindy S. Hern Ph.D. from the University of Hawaii at Hilo.*

April 16, *6:30 pm, program and discussion with Dr. John Morley, Director of St. Louis University medical school's division of gerontology.*

May 21, *6:30 pm, Dr. Arthur Gale, primary care physician. (Tentatively rescheduled from 2/19/15)*

MoSP Calendar of Future Events

-Friday, March 13, 6-8:30PM at Star of Siam on 11 East Illinois Street, Chicago, IL. Fifth annual ***Soul of Medicine dinner*** with Chicago PSR & Physicians for a National Health Program-Illinois, free for medical students, suggested donation for practicing doctors is $25. RSVP by March 10th to SOMDinner2014@gmail.com

-Thursday, March 26, 6:30 pm, Hanke Room, Ethical Society of St. Louis, 9001 Clayton Road in Ladue. ***A "Transformation of Intentions" in Hawaiian Health Policy: How the ACA Affected the Implementation of Health Policy in a Progressive State***, program and discussion with Lindy S. Hern Ph.D. from the University of Hawaii at Hilo.

-Saturday March 28, 8:30 - 10 am, Kansas City Marriot Down Town: Andy Kirk A. / 3rd Floor; ***A "Transformation of Intentions"*** will also be presented at the Conference of the Midwest Sociological Society at the session entitled: *The Affordable Care Act and You: Exploring Public Attitudes and Personal Experiences.*

-Thursday, April 16, 6:30 pm, Hanke Room, Ethical Society of St. Louis, 9001 Clayton Road in Ladue. ***"Living the End of Life to its Full Extent"***, a program and discussion with Dr. John Morley, Director of St. Louis University medical school's division of gerontology.

-Thursday, May 21, 6:30 pm, Hanke Room, Ethical Society of St. Louis, 9001 Clayton Road in Ladue. ***"Medicare after 50 years: the Good and the Bad"*, a program and discussion with** Dr. Arthur Gale, primary care physician. (Tentatively rescheduled from February 19)

-Thursday, July 30, 2015, ***Happy 50th Birthday Medicare!*** -Watch the website for updates on local and state Medicare's Golden Events: www.mosp.us/events

U.S. Lags in Infant Mortality Rates

More babies are dying before they turn 1-year-old in the U.S. than in most of Europe and several other developed countries, a new U.S. government report says. A greater proportion of premature births and deaths of full-term babies drive the higher rate, which puts the U.S. below 25 other countries, according to the report, released Sept. 24, 2014 by the Centers for Disease Control and Prevention.

"This higher infant mortality rate for full-term, big babies who should have really good survival prospects is not what we expected," said lead author Marian MacDorman, a senior statistician and researcher in the CDC's National Center for Health Statistics. The report compares infant mortality rates in the U.S. to those of European countries plus Australia, Israel, Japan, Korea and New Zealand in 2010, the most recent year for which data is available.

Disparities in prenatal care play a role. "The U.S. lags behind other developed countries because there remain significant gaps in access to and utilization of prenatal and preconception care," said Dr. Deborah Campbell, a professor of clinical pediatrics at Albert Einstein College of Medicine in NYC and director of division of neonatology at Children's Hospital at Montefiore Medical Center. "There is a well-delineated history of racial and ethnic disparities in maternal and infant outcomes in the U.S., with black women and their infants being at greatest risk and having the highest rates of poor outcomes," she said. "It can take three to four generations to overcome effects from past health problems such as malnutrition, discrimination and lack of access to quality health care."

—Tara Haelle (condensed from HealthDay News)

Dr. Pam Gronemeyer Earns "Soul of Medicine Award"

Pamella Gronemeyer

Dedicated single payer advocate and MoSP Board member Pamella Gronemeyer, MD, FCAP will be honored by Students for a National Health Program (SNaHP) chapter leaders at the March 13 Soul of Medicine dinner in Chicago given by Physicians for a National Health Program (PNHP) Illinois and Chicago Physicians for Social Responsibility (PSR). Pam will receive their "Soul of Medicine" award for her dedication in educating and advocating for a single payer, national health program. Health professions students can attend for free. Non students are asked for a $25 donation to PNHP or to Chicago PSR. RSVP is required by Tuesday, March 10 to: somdinner2014@gmail.com. For more information, see MoSP calendar, or to receive a flyer, contact Anne Scheetz, MD, FACP at annescheetz@gmail.com.

Letter to the Editor

The following letter to the St. Louis Post-Dispatch written by single payer advocate Marcy Soda was published in September.

Even with lower tax rates, Canada has single-payer health care.

The public outcry concerning Burger King's plan to become a Canadian company for purposes of tax relief ("The Inverted Whopper," Aug. 27) is so strong and self-righteous that an important issue is being lost here.

Canada's corporate taxes are less than the United States' despite the fact that Canadian taxes cover and pay for Canada's single-payer health insurance program for the entire country! And, despite the Republican Party's attempt to paint Canada's national health insurance coverage as being socialist and therefore ineffective, that program is thorough, well-planned, people-friendly and cost-effective.

—-*Marcelle Soda, St. Louis*

Statement on Single Payer from Public Citizen

Public Citizen will never stop fighting until we win single-payer, Medicare-for-All health care. The for-profit, private health insurance regime is a failure — of policy, of economics, of morality — that has wasted billions of dollars and sacrificed millions of lives.

We will call out elected officials who propose cutting, privatizing or voucherizing Medicare or Social Security. And we will fight any legislation that would weaken these critical and successful programs, which are cornerstones of the progress we've built as a society.

Public Citizen is a national organization which supports single payer:

Lindy Hern, Ph.D. to Present at March MoSP meeting

Lindy Hern

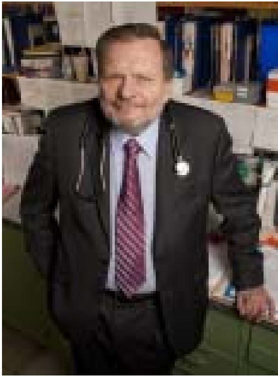
Aloha from Hawai'i to my Missouri Single Payer Family! I'm very excited to come "home" to Missouri this March and I hope to see many of you! I will be the guest speaker for MoSP's monthly program, which will be held on Thursday, March 26. Before heading back to my new home in Hawai'i, I'll also be giving a shorter presentation in Kansas City at the Midwest Sociological Society Annual Conference. Those of you on that side of the state might be better able to attend that presentation, so I'm including information for that as well.

I will be presenting ***A "Transformation of Intentions" in Hawaiian Health Policy: How the ACA Affected the Implementation of Health Policy in a Progressive State.*** In this paper I examine the process of health policy implementation. I specifically unpack how the implementation of the Patient Protection and Affordable Care Act has affected the state-based health policy in Hawai'i, a state that has been noted for its progressive health policy. The passage of the Patient Protection and Affordable Care Act in March of 2010 was met with praise by many who had worked for health care reform in the context of beltway politics and in the context of grassroots activism. However, many who believed that the election of Barack Obama to the presidency would result in "real change" of the broken system, were disappointed and frustrated at the outcome of this era of health care reform. Single Payer activists in particular were critical of this change as it was defined as more of the same and a "bail out" for private for-profit insurance companies. Single-payer activists continued to work to change the discourse and direction of health care reform. A few state based successes – most notably in Hawai'i and Vermont, became a central focus for the larger movement for national level reform. This means that understanding the process of progressive mobilization and policy implementation in Hawai'i is important for understanding the process of progressive mobilization and policy implementation at the national level. Through an analysis of the meeting minutes of two state level organizations – the Hawaii Health Authority and the Hawaii Health Transformation Initiative - I have found that national level policy changes have trumped state level changes in this context through a "transformation of intentions". Although the state legislature of Hawaii passed legislation that eventually resulted in the formation of the Hawaii Health Authority, which was tasked with designing and recommending health policy changes that would would move Hawai'i toward a Single Payer System, this organization was underfunded and under supported after the creation of the Hawai'i Health Transformation Initiative which was tasked with the goal of implementing PPACA in Hawai'i. I conclude that simply passing legislation is not enough to create or implement a progressive health care system, continued grassroots mobilization and support is needed throughout the process of program development and implementation.

Please come and see me while I am in Missouri! I am greatly looking forward to it!

—Lindy Hern, Ph.D.

Living the End of Life to its Full Extent


John Morley

"Living the End of Life to its Full Extent" will be the topic of a talk by Dr. John Morley on Thursday, April 16 at the Ethical Society. MoSP members are eager to hear his views on aging in the aftermath of the Institute of Medicine's 2014 report, "Dying in America." In the current bestseller, *"Being Mortal",* Atul Gawande, a surgeon asserts that medicine can provide not only a good life but also a good end.

As a geriatrician, Dr. Morley is one of St. Louis' leading advocates of healthy aging, and author of many books on aging. He directs the St. Louis University medical school's division of gerontology.

He is medical director at two St. Louis-area nursing homes. Dr. Morley writes a regular column for the St. Louis Post-Dispatch.

Dr. Morley spoke previously on "Why Can't America be more like France?" given for MoSP in January of 2012.

—Roger Signor, Programs

Is there an Accountant in the House?

Mary Jane Schutzius

Because of a condition requiring high doses of prednisone, a weaning-off period, and recently having to resume the steroid, I have had almost monthly comprehensive lab tests done for more than a year and a half. At first, after United Health Care's adjustment and payment, the cost to me varied widely before settling into $4.01 per series of tests.

The bill from the lab for the most recent lab tests at the beginning of the New Year, with deductible I guess, seems to be a good example of the administrative costs of the current health care "system" we have.

The total for the 6 different analyses from Quest

Diagnostics was	$277.36
Adjustment	260.36
Paid by insurance	.01
Paid by Credit Card	15.00

(at the time of the visit, approved max of $15; the amount due after insurance is then charged to the card)

Patient owes	2.24

How much did it cost to figure all this out? To get the $0.01 from United Health Care? To send me the bill for $2.24?

—-Mary Jane Schutzius

Donna Smith of *Sicko* Coordinates Celebrations for Medicare's Golden

Donna and Larry Smith

Donna Smith, single payer advocate seen in the Michael Moore documentary *Sicko*, has coordinated state and local campaigns for Medicare's 50th anniversary events and actions. She began with the first conference call on February 12 for organizations and coalitions to share their plans. Topics included planning, social media and outreach, brainstorming of ideas for events and actions, and suggestions on partner planning and organizing. Her website link is: http://www.medicareturns50.org/ and her Facebook page is: https://www.facebook.com/events/1419570835002815/?ref_dashboard_filter=upcoming

Join us! If you would like your organization to join with like-minded groups for a St. Louis Medicare Birthday event, send your information in an email to: showmeMedicaresgolden@gmail.com to learn about the planning meetings here.

—Mimi Signor, RN

Implications of the Pullback from Single Payer in Vermont *(summarized)*

Gov. Peter Shumlin's Dec. 17, 2014, announcement that he would not press forward with Vermont's Green Mountain Care (GMC) reform arose from political calculus rather than fiscal necessity. GMC had veered away from a true single payer design over the past three years, forfeiting some potential cost savings. Yet even the diluted plan on the table before Shumlin's announcement would probably have lowered total health spending in Vermont, while covering all of the state's uninsured. A true single payer plan would have made covering long-term care affordable, and allowed the elimination of all copayments and deductibles.

Vermont's experience holds important lessons for single payer advocates.

1. Effective grassroots organizing makes all the difference. It got real health care reform into political discussions in Vermont. Single payer forces in Vermont are rallying to reverse Shumlin's decision. The virtues, value, and simplicity of a single payer approach have broad popular appeal.

2. Federal restrictions impose significant compromises on state-level single payer plans. For this, as well as other reasons, organizing for single-payer state plans and organizing for national legislation are complementary strategies. The ultimate goal for both is a single, inclusive program for the entire nation.

3. As single payer work advances, corporate opposition will mobilize, often behind the scenes. The only effective plan is continued grassroots mobilization. Delayed implementation and delaying key decision to the future opens the door for corporate influence and smear campaigns.

4. Beware of "experts" with a track record unsympathetic to single payer. Economic projections are based on assumptions, which are often highly political.

5. Even when we don't get the whole pie, demanding it can yield a significant piece. Although a major single payer effort was thwarted in Vermont, it achieved substantial progress. Vermont's uninsured rate has come down to 3 percent; virtually all children in that state are covered. Its Medicaid program is among the best; its hospitals have come under tighter fiscal regulation. Single payer remains on the people's agenda there.

—Steffie Woolhandler, M.D., M.P.H., and David U. Himmelstein, M.D.

Dr. Woolhandler & Dr. Himmelstein are internists, professors at the City University of NY's School of Public Health at Hunter College, and lecturers at Harvard Medical School. They co-founded Physicians for a National Health Program.

Physicians for a National Health Program hail reintroduction of Medicare-for-all bill

A national physicians group hailed the reintroduction of a federal bill that would upgrade the Medicare program and swiftly expand it to cover the entire population. The "Expanded and Improved Medicare for All Act," H.R. 676, introduced February 24, 2015 by Rep. John Conyers Jr., D-Mich., with 44 other House members, would replace private health insurance companies with a single, streamlined public agency that would pay all medical claims, much like Medicare works for seniors today.

A Medicare-for-all system, also known as a single-payer system, would simplify how the nation pays for care, improve patient health, restore free choice of physician, eliminate copays and deductibles, and yield substantial savings for individuals, families and the national economy. Single-payer health program would cover all 42 million uninsured, upgrade everyone's benefits and save $400 billion annually on bureaucracy.

Dr. Robert Zarr, a Washington, D.C.-based pediatrician, and president of Physicians for a National Health Program, a nonprofit research and educational group of 19,000 doctors nationwide, stated: "An expanded and improved Medicare-for-All program would assure universal coverage, cover all necessary services, and knock down the financial barriers to care – high premiums, co-pays, deductibles and coinsurance – that our nation's patients and their families are running up against."

Public and Private Austerity Takes Its Toll on Health Workers

Ten years ago SSM Health Care, which operates 18 hospitals in the Midwest, predicted steadily rising demand due to an ageing population and insurance reimbursement rates rising 2% to 3% per year. Instead, the recession left many patients with skimpy insurance or none, causing admissions to level off. Charity cases and bad debts nearly doubled. States halted reimbursement growth for Medicaid, which provides health care for the poor, and Obamacare did the same for Medicare. SSM barely broke even in 2012 and 2013; it hopes for a meagre 2% operating margin this year. Last year it cut 586 of its 30,000 jobs.

Health-care spending depends on the volume of treatment and its price. Patients with private insurance have had to pay more out of their own pockets and have therefore sought less care. Medicaid enrolment has grown rapidly; but states have resisted hikes in the fees they pay to doctors and hospitals for treating Medicaid patients. In states that opted out of Obamacare's Medicaid expansion, poor patients show up at emergency rooms as charity cases.

Obamacare curbed the growth of Medicare fees, saving the federal government hundreds of billions of dollars. SSM has yet to see an influx of newly insured patients to cushion the blow, in part because three of the four states where SSM operates (Oklahoma, Missouri and Wisconsin) did not adopt Obamacare's Medicaid expansion.

Obamacare encouraged doctors and hospitals to create "accountable care organizations" which are rewarded for keeping costs down, and instituted penalties for readmitting patients soon after their discharge, or failing to use electronic health records. These have made providers' traditional fee-for-service business much less lucrative.

Obamacare's changes to Medicare assume that providers can improve care and lower costs by raising productivity. American hospitals are not inefficient. In a study, Amitabh Chandra of Harvard University and three co-authors found there are limited gains to be made through productivity. Health care is labor-intensive, so cost control often means squeezing wages.

—Condensed from The Economist, June 14, 2014

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_____Organization, $50

_____Other $________

I will contribute $__________ towards ______________________

____.
(specific programming and expenses)

_______ 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.