FALL 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: Which Health Insurance Do You Drive?

Health security is the single most important factor in a middle-class family's ability to survive and thrive. Union members have fought for this essential benefit. President George W. Bush first uttered the term "Cadillac Insurance," referring to the union-negotiated health plans of blue collar workers, teachers, and non-profit workers. Without union contracts, many businesses have dropped employer-sponsored insurance.

"Cadillac" is a code word historically used to discredit those who, so the cliché goes, pick up their welfare checks while driving an expensive Cadillac, getting welfare money they don't need. "Cadillac insurance" infers that families who have this benefit get more health care than they need.

Without a financial disincentive as a barrier to care, people seek and obtain care, which cuts insurers' profits. Commercial health insurance companies oppose so-called Cadillac plans. American economists side with insurers on this issue.

In fact, Americans self-ration their own health care due to costs. Our country's health care problems are a direct result of underutilization of health care, not overutilization.

The Affordable Care Act (ACA) is an individual mandate to buy commercial insurance. A provision of the ACA called the "Cadillac tax," will take effect in 2018. It is a 40% non-deductible excise tax on employer-sponsored health coverage that provides high-cost benefits. Its purpose is to fund tax subsidies on individual health

Photos from the birthday party on pages 8 - 9.

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President's message

(from page 1)

insurance premiums on less expensive plans with less benefits and higher deductibles.

An estimated 26% of employers and their employees face this tax in the first year. In preparation, employers avoid the tax by paring benefits and shifting cost to employees through high deductible plans, capping or eliminating flexible savings accounts, and offering less generous plans that limit access to a narrower networks of doctors and hospitals. This will increase hardship for Americans with severe and chronic illnesses. Eighty percent of people with a $5,000 deductible pay essentially all of their health care expenses out of pocket in any given year. As deductibles grow, the barriers to care will increase for Americans who won't be able to pay the high out-of-pocket expenses. When medical care is essential, they face the choice of paying for the needed care or defaulting on their mortgages and other financial obligations. Some must forgo the care.

Our elected politicians are entitled to the best health care that our tax dollars can afford. This is the real Cadillac insurance. The average American drives a clunker, not a Cadillac. Join Missourians for Single Payer to fight for everyone's right to excellent health care. Everybody can fit inside the "Singlepayermobile".

—Mimi Signor, RN

Creating a Meaningful Life

Kate Lovelady

Humanism believes that human beings were not consciously created by any force or for any purpose that we can determine. Rather, all the evidence suggests that we evolved through random mutations and by adaptation to our environment. Now that we're here, and aware that we're here, it's up to us to choose what to do with our lives—how to live them, and also how to think and feel about them.

It seems important to most people to feel that their lives are meaningful. Which actually is kind of weird. Other animals don't seem to get into existential funks and take up chain-smoking and writing bad poetry about the emptiness of their existences.

Biologically, our only purpose is to stay alive long enough to pass on our genes—to eat and sleep enough to be healthy, to procreate and bring up a child (or help to bring up a close relative's child) to independence. Once we've accomplished those tasks, we should feel complete. We might prefer to continue living, if living is more pleasant than painful, but that extra time is just a sort-of bonus.

Yet, as the prevalence of midlife (and later) crises demonstrates, human beings are motivated by much more than simple biological survival of our genes. Whether our search for meaningfulness specifically evolved because it's somehow adaptive, or whether it's an accidental byproduct of our complex brains or self-consciousness, we don't know. We just know that meaningfulness is as important to us, often more important, than food or shelter or sex.

Capitalism may be creating a rising standard of living, but not a rising sense of meaningfulness. And I think that's because at least so far it seems to encour-

age selfishness, whereas most people actually find increased meaningfulness through caring for and mattering to others. Many people put up with jobs they don't enjoy or working more hours than they would like because supporting their families makes their effort meaningful. Cleaning and cooking feel more important and worthwhile when we're doing them for someone else as well as ourselves.

Author Wes Moore once interviewed the musician and activist Harry Belafonte about the source of his passion for social justice. Instead of giving a righteous speech, Belafonte said that it was just more fun to live that way—waking up and calling Nelson Mandela rather than his accountant made for a more interesting life.

Perhaps how we'll convince more people to live in kinder and fairer ways, and in simpler and more environmentally sound ways, is not only by talking about the necessity and nobility of duty and sacrifice, but also by talking about how good it feels to live more meaningfully.

The activity where I've found meaningfulness, increasingly, is in organic native gardening. I physically enjoy it, and also when I'm gardening I feel that I'm caring for more than myself—I'm caring for the plants, of course, but also for the bugs and butterflies and birds and animals, for the quality of the air and for my friends and neighbors and my city. And I find that working with other gardeners on community projects feels even more meaningful because it widens those impacts.

The more I think about living a meaningful life, though, the more I've come to appreciate the Taoist attitude that you can drive yourself crazy trying to make everything meaningful and believing that everything is important. So I'm also trying to be more playful. Speaking of which, Lily Tomlin has a joke—"When I was young I said I wanted to be someone. I should've been more specific."

Similarly, we say we want our lives to mean something. I think we need to be more specific.

Yes, we need to provide for our personal food and drink and shelter and clothing and entertainment; that's part of who we are. But as human beings, meaningfulness is a feeling we get through deepening our connections to others, being useful to others, appreciating and being appreciated by others, and using our brains and bodies in solving problems that affect other people significantly. The more time and energy we can spend on making life better for each other, the more meaningful and enjoyable all our lives will be.

—Kate Lovelady, Leader,
Ethical Society of St. Louis,
Reprinted from the St. Louis Post- Dispatch, 8/24/15

MoSP Calendar Nov. 2015 - Jan. 2016

MoSP programs are held in the Hanke Room at the Ethical Society of St. Louis, unless otherwise stated.

November 20, 6:30 pm: MoSP annual member planning meeting for 2016

December: No programs, happy holidays!

January 21, 2016, 6:30 pm: ***A Step Backward in Racial and Health Disparities: Saint Louis County Puts Correctional Health Care Services Out for Bid*** **--** Discussion with **Fred Rottnek, MD**, MAHCM, Associate Professor, Director of Community Medicine, Department of Family and Community Medicine, Saint Louis University School of Medicine

A Step Backward in Racial and Health Disparities: Saint Louis County Puts Correctional Health Care Out for Bid

Fred Rottnek, MD

At a time when we are asking ourselves uncomfortable questions about race, disparities, segregation and institutionalized violence, Saint Louis County Leadership is exploring a means to control a Health Department budget by putting Correctional Health Care Services out for bid. Corrections Medicine in the Saint Louis County Department of Public Health has always been staffed by County employees, with some leadership and provider services contracted out to partners such as Saint Louis University and the St. Louis College of Pharmacy. Now, true to his campaign promises to cut a bloated and poorly managed health department, Steve Stenger is exploring options for dismantling Corrections Medicine and bringing in a for-profit, publicly-traded, investor-owned corporation to provide health services at the Buzz Westfall Justice Center and Juvenile Detention at Family Courts.

This decision runs counter to many recent positive trends in Criminal Justice and Public Health. We have local and national daily coverage of stories involving poor correctional practices, warehousing of people in for-profit prisons, and overcrowding of facilities. Even President Obama is requesting changes in current policy and practices—most recently decreasing or eliminating mandatory sentencing for non-violent criminals. States and municipalities are reporting positive outcomes see incarceration as a point of intervention—a means to break the cycle of criminal activity and recidivism by attending to root causes of crime.

Those working in criminal justice know that City and the County have vast differences in how our facilities run. Ironically, many inmates in the Saint Louis County Jail benefit from incarceration. In this program, people often receive their first mental health diagnosis and medication. Patients have the opportunity to access health care services that they may not have valued, may not have had access to, or could not afford on the streets. People get better. Not all continue to positively manage their health on release, but many do. People leave the facilities healthier than when they come in.

Correctional Health Care, particularly when practiced in a proactive, primary care model is expensive. But the Saint Louis County Jail is the only jail in Missouri that meets accreditation standards of the American Correctional Association; health services is a large part of this accreditation. The facility houses federal inmates and inmates from other counties because of the health care services provided. These services are not elaborate, but they are effective and appropriate for people with medical conditions. Certainly efficiency can be improved, staffing can be streamlined, and leadership can be strengthened. But the program is nationally recognized as excellent.

At this point in time, Mr. Stenger and Dr. Khan, the Director of Public Health have yet to make a decision. The bids are due in September and a decision will be made in October. The program suffers from more than a decade of little support from Health administration. Until an investigative piece was published by the Saint Louis Post-Dispatch and more than a dozen nurses from the program attended and spoke at a County Council meeting in August, no one from County leadership or Department of Public Health leadership had met with front-line staff and providers to discuss program effectiveness and improvement. The Health Department leadership has never supported Corrections

Medicine staff and management to engage in national conference on Correctional Health Care. The latest manifestation of this lack of collaboration is this decision to dismantle the program and put the services out to an external for-profit agency. And this is not an experiment. How the services will evolve, or devolve, can be predicted by looking at the quality of care of the St. Louis City Jail and Medium Security Institution, which has had Corizon, the nation's largest for-profit, publicly-traded, investor-owned correctional health services provider, as its health services provider for several years.

This is more than an issue of health care for inmates. This is a matter of racial justice. While about 19% of Saint Louis County is African-American, 63% of the inmates of the jail are African-American. This overrepresentation of minorities in Criminal Justice is typical across the county. We are doing something wrong here regionally as the nation is overall. At a time when we are stepping forward to address our troubled history, cutting health services to an at-risk population disproportionately representing troubled neighborhoods is a huge step backwards.

Until we can implement reforms in society that address not only incarceration, but the conditions and the policies that disproportionately affect those of us who are segregated, less resourced and ignored, we have an obligation to provide the best we can afford to those incarcerated—for whatever reason. Saint Louis County Corrections Medicine has not yet been dissolved. We can slow down the process to reconsider what is the better option for our community. We all benefit when people are healthy. Saint Louis County can afford this; we certainly cannot afford the alternative—avoiding a conversation, abdicating leadership and responsibility, and turning over health care to the lowest bidder.

Fred Rottnek, MD, MAHCM
Director of Community Medicine
Saint Louis University

Letter to the Editor

Dr. Bill Fogarty Jr.

In his article ("Again? Health Care Debate Expands for 2016," online Oct. 2) Ricardo Alonso-Zaldivar outlines the three approaches that the various candidates for the presidential nomination offer on health care. They range from the single-payer approach espoused by Bernie Sanders, through the middle ground basically supporting the status quo offered by Hillary Clinton, to the "repeal and replace" position of the Republican contenders. Unfortunately, the Republicans offer no details of their replacement and also attack Medicare and Medicaid, which serve some 100 million Americans, without offering a viable alternative.

The writer states that the single-payer option would call for "a massive tax increase" not allowing for the fact that that increase would be more than offset by replacing the premiums now paid to insurance companies and the $400 billion that would be saved in administrative costs and insurance company profits, not to mention the savings in drug and device costs that would result from competitive purchasing.

Hopefully, we will move beyond the circus we are now enduring in the Republican primary run-up to a real discussion of the issues important to this country. Among those is how we are going to craft a humane, cost-effective, high-quality heath care system that serves everyone. Among the options being discussed, the single-payer system is the only one with the potential to fulfill that goal.

Dr. William M. Fogarty Jr.
Webster Groves
Reprinted from the St. Louis Post-Dispatch, 10/6/2015

PUBLIC CITIZEN

How We will Win Single Payer, Medicare-for-All Health Coverage

(condensed)

On July 30, 1965, President Lyndon Johnson signed the legislation that established Medicare, one of our greatest achievements as a nation. Medicare's golden anniversary presents an opportunity to promote expanding it to include everyone. For 50 years, Medicare has demonstrated how a single-payer health care system can save money and lives. Health care should be a fundamental human right. Our country is too rich not to provide health care to every citizen.

Unfortunately, the program is attacked: Republican presidential hopeful Jeb Bush called for ending Medicare, saying, "We need to figure out a way to phase out this program." Rep. Paul Ryan, former running mate of Mitt Romney, continues pushing legislation to replace Medicare with a "voucher" system that would be a calamity for everyone except private, for-profit insurers. Medicare has been incrementally privatized so that for-profit insurance companies now claim a substantial share of the coverage afforded overall by the program.

The Affordable Care Act perpetuates the private, for-profit insurance model, providing the industry millions of additional customers and further consolidating its power. The insurance industry and Big Pharma invest millions in the form of lobbying, campaign contributions and political spending to maintain *billions* in profits. But we have two things they don't: the support of the American people, and the truth.

Here's how we will win single-payer, Medicare-for-All health coverage:

First, block any and all attempts to cut Medicare. We'll explain to members of Congress the truth about the program's cost-effectiveness, and we'll aggressively demonstrate the public outcry to **strengthen, not undermine, Medicare**.

Second, highlight how single-payer works in the states. Our report, *A Road Map to 'Single-Payer': How States Can Escape the Clutches of the Private Health Insurance System*, shows how states can implement single-payer within the framework of the Affordable Care Act and obtain benefits that law cannot provide: **universal coverage, administrative efficiency and cost control**. We distributed the report to lawmakers throughout the country and are working with local activists in a number of states.

Third, build support in Congress. Individual states can lead the way, but our ultimate goal is a national Medicare-for-All system. Public Citizen is working with allies in Congress to build support for a single-payer system like the one proposed by Rep. John Conyers in his **Expanded & Improved Medicare for All Act**.

Our goal this year is to bring your voice to Washington, to remind your legislators that We the People demand universal health care and reduced cost. **Everybody in. Nobody out.**

Medicare's 50th Birthday

Missouri Events

MoSP celebrated **Medicare Week** with other state and national groups. In Saint Louis, on Sunday, July 26, we celebrated Medicare Day at Busch Stadium, where the St. Louis Cardinals played against the Atlanta Braves.

Monday, July 27 we met with Steven Engelhardt, Communications Director for Congressman Lacy Clay of St. Louis, to discuss ways to protect, improve and expand Medicare. By July 29, Congressman Clay was again a cosponsor to Congressman Conyers' bill, HR 676, as he has been since the beginning, in time for Medicare's 50th birthday the following day.

Thursday, July 30 MoSP hosted a Medicare birthday concert, cohosted with the Medicare's Golden Coalition: Ethical Society of St. Louis, Empower Missouri, Gateway Green Alliance, Missouri Alliance for Retired Americans, Old Lesbians Organizing for Change, and Women's International League for Peace and Freedom. The concert was supported with a financial gift from the Missouri Foundation for Health.

In Independence, MO the U.S. Department of Health & Human Services (HHS) and CMS Kansas City Regional Office hosted a commemoration of the anniversary on July 30th, exactly 50 years from the day President Johnson signed the Social Security Amendments of 1965 into law at the Harry S. Truman Library.

In West Plains, WILPF Newsletter designer Marideth Sisco joined Pammela Wright and fellow musician Dennis Crider at the West Plains Senior Center to share birthday cake and memories of life before Medicare. Some seniors had interesting stories to share. Some came just to hear the music. Others, on hearing the topics of conversation and what was being said, appeared to be fearful they might have stepped into a nest of Democrats or worse, and declined both cake and conversation. It was an interesting and telling experience, Sisco said. (Marideth Sisco was the music consultant and fiddle player in the award winning *Winter's Bone* which starred the subsequently famous Jennifer Lawrence and was filmed in south central Missouri.)

Illinois Events

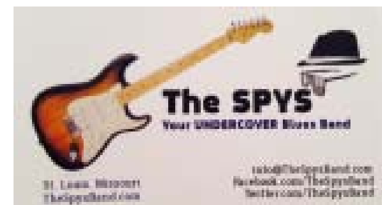
Medicare Birthday Billboard in Illinois: The billboard was started on July 15 and was up until September 15. It was a project of Southern Illinois People for Progress, a progressive group, organized by Pam Gronemeyer, MD, which supports single payer health care. The sign was on northbound 55 one mile before the New Douglas- Livingston exit in Madison County IL. 40,000 cars passed the billboard each day. Stephen Kriegh was the chief patron of the billboard. Pictures of the sign appeared on Healthcare Now and PNHP Mo. Facebook page. The sign was Medicare's largest birthday card in the US. The picture of it was reproduced on mugs along with the message Support Medicare, Protect, Improve, and Expand to All. These mugs were presented as gifts to the Illinois Congressmen Davis, Shimkus, and Bost.

A happy Pam Gronemeyer points to Medicare's largest birthday card in the U.S.

Medicare Birthday Billboard

Tom McDermott, jazz pianist

The Spys Band with Mimi Signor and Uvee Hayes



MoSP fans Mimi Signor and Uvee Hayes

Busch Stadium Celebrates!

Happy 50th Birthday, Medicare Musical Celebration

Medicare's Musical Celebration of Medicare's Golden Anniversary, Fifty Years of U.S. Medicare, July 30, 1965-July 30, 2015, was held at the Ethical Society of St. Louis. Alan Easton, welcomed everyone to the Ethical Society. **Bernie Hayes**, famed print and broadcast journalist, columnist, recording artist and record producer served as Master of Ceremonies. **Tom McDermott**, pianist renowned for ragtime, Dixieland and traditional jazz piano and Kirkwood native, currently residing and playing in New Orleans, led off with some great ragtime and jazz, playing American and international pieces. **The Spys Band** followed Tom with a mix of high-energy classic American music including blues, jazz, pop and rock. The Spys ended the set with a song for Bernie Hayes, his favorite: ***I Wish I Knew How It Felt to Be Free.*** Before intermission, **The Trifecta Teen Girls' Trio**, Aggie, Kari Jo, and Maggie sang a cappella and led us in singing the Happy Birthday Medicare song.

Bernie Hayes, print and broadcast journalist, radio and television announcer, columnist and recording artist and record producer.

Uvee Hayes, classic blues vocalist and recording artist

The last musical set began with **Ms. Uvee Hayes,** vocalist, recording artist of rhythm and blues and soul music. Ms. Hayes sang some familiar songs, as well as a requested song, ***Party, Party, Party.*** Her recordings can be found at StreetSide Records in the U City Loop. The finale by the **Spys Band** was rocking and fun, including a combination of two Little Richard songs, ***Lucille*** and ***Good Golly, Miss Molly.***

Medicare for All would end fighting over ACA

St. Louis Post-Dispatch, Letters, July 2, 2015

Pamella Gronemeyer, MD

As a physician, I felt compelled to write a letter concerning the King v. Burwell case decision announced last week. The Supreme Court upheld the right for citizens of all states to benefit from the federal subsidies.

While Chief Justice John Roberts did not state that health care is a human right, he did state that the purpose of the Affordable Care Act was "passed to strengthen insurance markets, not destroy them."

This decision magnifies the poor decision made by many states, including Missouri, to not accept the Medicaid option. By refusing to take the federal subsidy, the states leave a large number of people who earn salaries around the poverty level not eligible for either subsidies or Medicaid. The first thing that should happen is these states should reconsider the health and welfare of their citizens rather than the gamesmanship of politics and accept the Medicaid expansion.

The King v. Burwell decision does not mean that many physicians, nurses, health care workers, labor unions and average Americans will stop working for Medicare for All, a single-payer health care system, which would insure that all Americans would receive health care (not just insurance coverage) from birth until death.

The ACA is incredibly complex and still relies on a multitude of third-party payers providing a variety of plans with a mélange of different, unequal benefits. There will still be 24 million uninsured people in the United States if every state accepted the Medicaid option. Single-payer would slash the administrative bloat in our private-insurance-based system and would allow us to pay for health care, not insurance. It is the only way that we can curb the still rising costs of health care.

The legality of the Medicare system has already been tested. It will be 50 years old this year. Currently Medicare covers the 20 percent of the population who require 80 percent of the cost of health care in the United States. Medicare for All would put an end to the efforts that will still be ongoing by some politicians to destroy or repeal the ACA legislatively.

—-*Pamella Gronemeyer, M.D.*

Advocacy Partners: Ethical Society and MoSP

Norm Eisenberg

For the past several years the Ethical Society of St. Louis has demonstrated considerable support for MoSP. First came the tradition of Health Care Sunday, in which one of the main 11:00 a.m. programs in April was devoted to a half-hour address pertaining to reform of the American health care insurance system. For the past two Aprils, the Society has instead turned over to MoSP the opportunity to present a full hour of programming at the "9:45 Forum" on three Sundays. These presentations take place in a more intimate setting involving time for questions and discussion.

During April 2015, participants in the health care Forums included Dr. Arthur Gale, MD, on the power of Medicare to lower prices, the pitfalls in Medicare Advantage plans (Part C), and how hospital mergers

increase medical costs; Dr. Mark S. Krasnoff, MD, on "Separate and Unequal: How Universal Health Care Would Reduce Racial Disparities"; and MoSP president Mimi Signor and retired R.N. Brenda Reid, leading a discussion on "What's a Life Worth? Inequality in Health Care," concerning socioeconomic barriers to health care.

Beginning this fall, the Ethical Society will somewhat modify its scheduling for the 9:45 Forum to consist of periodic presentations by the Society's constituent groups concerning their activities, as well as by outside groups (like MoSP) with which the Society has a relationship.

Look for future issues of this newsletter to describe opportunities in which MoSP may work with the Ethical Society during the coming year.

—Norm Eisenberg, 9:45 Forum Committee

Pathways to a Healthier Missouri

Renee St. Vrain

Recently I attended the Missouri Public Health Annual Conference, *Creating Pathways to a Healthier Missouri*, presented by the MO Association of Local Public Health Agencies, MO Association of Local Boards of Health, the MO Institute for Community Health and the Missouri Department of Health and Senior Services. Speakers included LaMar Hasbrouck, MD, MPH and Thomas McAuliffe. Dr. Hasbrouck is the Executive Director to the National Association of County and City Health Officials. Thomas McAuliffe is the Director of Health Policy at the MO Foundation for Health.

Dr. Hasbrouck discussed challenges facing the U.S. public health system. He spoke about population health using data and stories as well as the importance of capacity-building and a voice for advocacy. He talked about how the health ecosystem has shifted from volume-based to value-based, meaning outpatient. Dr. Hasbrouck spoke of a social contract and the importance of control of the narrative to "make the value case." He said that we must "prioritize the use of data to renew the social contract."

As a community health nurse, I work with low-income people at a food pantry that serves the 63118 zip code. According to a report by the City Health Department, this area has a 29% poverty rate. I asked Dr. Hasbrouck, "How do I improve health outcomes with the constraint of poverty?" His response was in relation to "control of the narrative." With the complexities of poverty, health and the health system, I am uncertain how to achieve better health outcomes.

Thomas McAuliffe, an impassioned speaker, discussed *Policy Developments in Health Care Access*. He addressed changes to public health and health care since the passage of the Affordable Care Act. He said that the U.S. spends more on health care and gets poorer outcomes. McAuliffe said that the ACA is really about population health. He noted how hospital re-admissions have decreased, although my understanding is that hospitals will not readmit a patient within 30 days of discharge. As a nurse, I work with low-income people who may only have Medicaid. Many doctors do accept Medicaid. I asked Mr. McAuliffe that when the day comes that all states have Medicaid Expansion, how will that help? He said, "That is one of the dirty secrets of the ACA".

People tell me that I am doing public health where I work. I did not see the concerns in my job addressed at the conference. The emphasis at the conference seemed to be on the behavioral change of people and health in all policies. Will that really be enough?

—-Renee St. Vrain, RN

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