



Missourians for Single Payer Health Care

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President's message: Stop. Look. Listen.



Stop. Look. Listen. Cultivate mutual understanding; find commonalities. Ask questions, then listen. Ask, "Why do you feel that way?" Communication is paramount, but if the prime intent is only to persuade or impress, the rhetoric will fail to reach its target.

We Single Payer advocates generally are single minded, uncompromising and believe that second best is second rate. If we stop, look and listen to others with respect and civility, we may gain insight into their points of view. If we ask, "Why do you feel that way?" in turn, others may ask the same question of us, and real communication begins to be possible.

Simultaneous pro-Trump protests and anti-Trump protests abound in our Capitol. In Forest Park in St. Louis, there are both pro- and anti- Confederate Memorial protests. Posters with great slogans and signs with clever zingers galvanize the like-minded, but will not sway the opinions of others. One cannot convince another against his will.

As web companies tailor services to our personal tastes, the unintended consequence is that we get trapped in a "filter bubble" and don't get information that challenges or broadens our worldview.

Those on each side of any issue are certain that right is on their side. The danger in self-righteousness lies in the aggressive defense of a point of view. Violent speech and actions will not win hearts and minds. Instead, stop, look and listen.

—Mimi Signor, RN

Support MoSP while shopping
If you shop on Amazon through their Smile program, Amazon will make a charitable donation to Missourians for Single Payer Health Care, a non profit advocacy organization. Go to <http://smile.amazon.com/ch/43-1661372> to make your purchases and Amazon will donate a percentage to MoSP.

MoSP Summer movie nights are July 20 and August 17.
Movies will be announced on the website: www.mosp.us

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Medicare is the solution to our health care woes *(condensed)*

Guest commentary from the Kansas City Star May 17, 2017, by Ed Weisbart

I applaud The Kansas City Star for addressing complex health policy issues through many recent columns. There is a simpler and more robust solution hiding in plain sight: HR 676, the Expanded & Improved Medicare for All Act. The bill calls for improving the known problems with Medicare and providing it to all Americans.

Medicare is a remarkably successful public health program, with American seniors having nearly the longest life expectancy of any industrialized nation. (American life expectancy ranks near the bottom until we reach the age of Medicare eligibility.)

Medicare is also remarkably efficient. Traditional Medicare reports an overhead of 1.4 percent. By comparison, Aetna, Anthem and United each report overheads greater than 18 percent.

There are at least 25 studies at both state and federal levels demonstrating that the savings of a Medicare-for-all strategy would match or outweigh any additional costs. Economists estimate that anyone earning less than \$500,000 per year would save more by eliminating health care premiums, co-pays and deductibles than any small increase in the taxes needed to fund this.

Despite market solutions, our health care costs are roughly double those in any other industrialized nation. About 750,000 of us travel overseas every year for health care because our “free market” has phenomenally higher prices than their universal programs.

More than 1 million Americans currently have GoFundMe accounts to pay for their surgery, chemotherapy and other medical expenses. Health care is the most common driver of American bankruptcy.

Why has our free market failed? Perhaps because health care cannot be solved by the free market. The largest health care expenses happen when we are ill, desperate and vulnerable. At those moments, we are the least able to shop around. That’s not how a free market works.

I consider myself a fiscal conservative and a proud American patriot. For both reasons, I find it disturbing when I hear people say the United States is unable to develop a health care system that performs as well as the rest of the modern world. We have already built that solution: Medicare. Improve it, and give it to us all.

We are Americans. We pride ourselves on our innovations and know-how. We are just allowing ourselves to be misled by those who gain from our neglect.

Ed Weisbart, M.D., is chair of Physicians for a National Health Program — Missouri chapter.



Ed is interviewed in Kansas City

“A man who is not courageous enough to take risks will never accomplish anything in life.”

—*Muhammad Ali*

MoSP Southeast: Cape Girardeau

Health care advocates met at the Operating Engineers Local 513 Building in Cape Girardeau May 21 to plan programs, actions and events to achieve the goal of health care for all. Mimi Signor informed us of many things we can use in the Cape area when we talk about Single Payer. We learned a lot since we had new materials. She loaned us movies and I am in the process of watching them. My goal is to seek out clubs of younger people to present to. We have a SEMO group that comes to our Democratic Central Committee.

—Linda Sanders



Kim Keser, FNP; Roy Gunter, Labor Leader and Berniecrat with Linda Sanders

Southern Illinois for Progress

Southern Illinois for Progress works to educate people about single payer. We have a monthly booth at The Goshen Market in Edwardsville with single payer hand-outs. We showed the “It’s About Time” video at our April meeting. We participated in the March for Science and will March for Truth with info about

Medicare for All. We will celebrate Medicare’s birthday in July, and will attend the upcoming People’s Summit in Chicago.

—Pam Gronemeyer, MD



Pam Gronemeyer of PNHP and MoSP at April 8 rally



Pam Gronemeyer of PNHP and MoSP at April 8 rally

The Wisdom of Pope Francis

“Indifference and silence lead to complicity whenever we stand by as people are dying of suffocation, starvation, violence, and shipwreck. Whether large or small in scale, these are always tragedies, even when a single human life is lost.”

“The just distribution of the fruits of the earth and human labor is not mere philanthropy. It is a moral obligation.”

“A faith incapable of showing mercy to others isn’t faith. It’s just an ideology.”

“The Gospel calls us to be close to the poor and forgotten, and to give them real hope.”



April 8 rally crowd in St. Louis

Campaign for Guaranteed Health Care held Medicare for All April 8 Day of Action rallies in 29 states

St. Louis Actions



Mimi Signor, MoSP President

Campaign for Guaranteed Health Care held Medicare for All April 8 Day of Action rallies in 29 states. In St. Louis, MoSP and PNHP-MO demonstrated, including a “die in” with St. Louis

Workers’ Education Society, SEIU, NNU and other unions and groups at the intersection of Forest Park Parkway and Euclid by the Barnes/Washington U School of Medicine.

—*Mimi Signor, RN*



April 8 Die-in

MoSP West Actions



Panelists at the Medicare for All event

Kansas City Healthcare for All sponsored the April 8 Rally at Cancer Survivor Park in Kansas City, MO. A Medicare for All event was held in Lenexa, KS on

May 6. Just before Medicare’s Birthday on July 29 we are having a free screening of *Big Pharma: Market Failure* at the Pharaoh Cinema 4 in Independence, MO.

—*Terry Flowers, RPh*



State Representative Joe Adams, sponsor of the Missouri Universal Health Assurance Act



Panelists at the Medicare for All event



April 8 Day of Action in Kansas City



April 8 Day of Action in Kansas City

MoSP Mid-Missouri: Columbia Programs



First joint meeting in Columbia

MoSP and PNHP-MO members met jointly April 2 to plan programs. MoSP and PNHP-MO held an afternoon and an evening screening of the film, *Big Pharma: Market Failure* at

the Daniel Boone Regional Library in Columbia on May 18, co-sponsored with the League of Women Voters, the Missouri Rural Crisis Center, the MU Center for Health Policy, and Missouri Healthcare for All. Over the two screenings there were about 100 attendees with panelists and a discussion following each screening. The program was moderated by Dr. Jan Swaney, a retired local physician. Panelists at the first screening included the Rev. Wesley Knight, a local pastor and member of Missouri Faith Voices, Rhonda Perry, Program Director for the Missouri Rural Crisis Center, and Dr. Ed Weisbart, from PNHP. After the second screening, Dr. Joe Muscato, an oncologist, shared his concerns about the high cost of cancer drugs, and Wesley Knight and Ed Weisbart returned as panelists.

Panelists shared their personal stories about their struggle to obtain needed medication for themselves or their family members before the Affordable Care Act.



Big Pharma presentation, Columbia

Ed Weisbart gave an insider's analysis of how the pharmaceutical industry keeps drug prices artificially high by interfering with the drug marketplace. Lively discussions ensued with audience members who were outraged at the escalating cost of drugs and the high profit margins of the drug companies.

We will screen the film *Fix It* on July 20 at the Daniel Boone Regional Library at 4:00 p.m. and 7:00 p.m. We plan to take these films on the road to show in rural communities.

—Margie Sable, DPH



First joint meeting in Columbia



Big Pharma presentation, Columbia



Big Pharma presentation, Columbia

Addiction Medicine in the 21st Century

Fred Rottnek, MD, MAHCM

(Adapted from a talk given to MoSP on April 20, 2017)



Fred Rottnek, April 20

People are dying in unprecedented numbers from opioid overdoses. The word opioid refers to natural opiates, like heroin and codeine, as well as synthetic opiates, such as hydrocodone and fentanyl. This epidemic is unusual among public health epidemics in that it is highly egalitarian; it affects people of every age and in every socioeconomic segment of society. Nearly all people who use heroin also use at least 1 other drug. As heroin use has increased, so have heroin-related overdose deaths. Between 2000 and 2015, the rate of heroin-related overdose deaths more than quadrupled, and more than 12,989 people died in 2015.

In Missouri, opioid-related deaths are highest in the eastern part of the state—including urban St. Louis as well as suburban and rural areas surrounding the city.

While the situation is grave, we also have tools to assist people in recovery from opioid addictions. Some of these tools, such as naloxone and methadone, have been around for decades, but they have been broadly adopted as tools for recovery. Other tools such as combination agents like buprenorphine/naloxone are newer agents that show great promise. All of these agents work best when combined with traditional talk therapy—psychosocial and behavioral therapy. And we don't yet know what length of treatment with these medication agents are most effective. But we do have evidence to show that these medication agents are important tools in saving lives and assisting recovery.

The Center for Disease Control and Prevention is one of our national leaders in educating our communities and our health care systems in means to reverse this epidemic.

What can MoSP do as advocates for the health of people throughout Missouri?

On a federal level, we can advocate to provide educational training and resources to health care providers so they can make informed decisions and ensure the appropriate prescribing of opioid painkillers. This includes:

1. Develop prescribing guidelines for chronic pain.
2. Support the use of prescription drug monitoring programs (electronic databases that track the dispensing of certain drugs) as a routine part of clinical practice.
3. We can increase access to substance abuse treatment services through the Affordable Care Act and expand use of Medication-Assisted Treatment (MAT).

On a state level, we can advocate to use prescription drug monitoring programs (While Saint Louis County has gone live with a PDMP, there is still no state-wide PDMP. Missouri is the only state in the country without one). Also we can expand access to and training for administering naloxone to reduce opioid overdose deaths and ensure that people have access to integrated prevention services, including access to sterile injection equipment from a reliable source, as allowed by local policy. We can help local jurisdictions to put these effective practices to work in communities where drug addiction is common.

At Saint Louis University School of Medicine, I am working with colleagues to accomplish several things.

1. Create a longitudinal four-year curriculum for medical student—Pain, Substance Abuse, and Addiction Medicine

2. Build an Addiction Medicine Fellowship—a one-year clinical fellowship for any physician who has completed a residency in which the fellow gain expertise in medication management, interprofessional care, and evidence-based approaches to prevention and recovery.

3. Implement Missouri’s Opioid State Targeted Response with partners across the state. The purpose of the Missouri Opioid STR project is to change the system of care for individuals with OUD in Missouri. Through comprehensive prevention efforts targeting opioid prescribers, treatment providers, and adolescents, we aim to reduce the initiation and negative consequences of opioid misuse. Through the development and implementation of a chronic disease management treatment model for OUD, we aim to increase access to evidence-based MAT options for uninsured individuals and improve transitions across healthcare settings. By expanding peer-led recovery services, we aim to provide individuals in all phases of drug use and recovery with the environmental and social support needed to achieve their recovery goals and thrive in their communities. To enhance the sustainability of project accomplishments, the Opioid STR administration and evaluation teams will work with state partners to strengthen existing collaborations, enact key policy changes, and demonstrate the effectiveness of protocols developed through the award.

It took decades for opioid use, abuse, and overdose to become a public health issue. It will not be fixed overnight. But help is available. Get help for substance abuse problems: **1-800-662-HELP**. For more information on MAT and naloxone, visit SAMHSA at: www.samhsa.gov.

Fred Rottnek, MD, MAHCM

Professor

Director of Community Medicine, Department of Family and Community Medicine
Saint Louis University School of Medicine



Donna & Larry Smith

Dream

By Donna Smith

I still dream,
Sometimes,
Of a home.
A home.
Something no one
And no healthcare
system
Could steal.
Then, I wake up.
Then I know my place.
Banished.

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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.