



Missourians for Single Payer Health Care

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

President's Message: Why Not Medicaid?

We are asked why Missourians for Single Payer does not advocate for Medicaid. When we champion a health program, we address the essential components of quality, equitability, cost and access. In creating a separate health program solely for the poor, such a program will be inherently inferior. It is not ethical to allocate health care based on socioeconomic class.

Glib politicians use the terms Medicare and Medicaid interchangeably. Don't be fooled! Medicare and Medicaid, both created in 1965 under Title XIX of the Social Security Act, are vastly different in scope and principle. Medicaid is health insurance for low-income people in the states, territories and the District of Columbia. The Federal government establishes guidelines and provides matching funds. Each state administers Medicaid programs differently, with wide variations.

When Medicaid began, public hospitals and clinics in Saint Louis gave excellent care to those with or without health insurance. Medicaid, with few restrictions on inpatient stays, particularly for psychiatric stays, was a welcome third party payer. Hospital care for the uninsured (charity care) was reimbursed by Federal dollars.

By the 1990's private insurers competed to serve as Medicaid HMOs. Tax dollars, earmarked for health care for the poor, were paid directly to corporate insurers, the millionaire middlemen who ration and deny care. Profits were gained through capitation, whereby HMOs were paid in advance for the number of enrollees. HMOs had narrow networks of providers, specialists, hospitals and pharmacies. Insurers maximized profits by limiting care, capping inpatient days and shrinking reimbursements. Non-profit hospitals embraced a "lean, mean" business model. Public hospitals, including psychiatric hospitals, were eliminated.

Traditional Missouri Medicaid was abolished, reimagined as MO HealthNet. Most doctors cannot afford to accept Medicaid patients, as the reimbursements are woefully inadequate. With a small pool of providers, it can be daunting to find a doctor or schedule an appointment. Emergency care cannot be denied, however. Lacking access to timely care, the poor use emergency departments as de facto clinics, or for serious complications from untreated illness.

The Affordable Care Act of 2010, for people under age 65, included a mandate to buy for-profit health insurance. The ACA enticed states with extra funds, subsidized by robbing



from Medicare, to expand Medicaid to those in families with incomes below 133 percent of the Federal Poverty Level. Missouri turned down the expansion.

Under the ACA, the Federal government cut funds to hospitals for the uninsured. As hospitals cannot afford to provide unreimbursed charity care, they joined forces with insurers to promote mandatory insurance and Medicaid expansion to pay for inpatient and emergency care.

With universal Medicare, there would be no unreimbursed care. Hospitals and physicians would be reimbursed fairly and promptly. Hospitals in urban, rural and depressed neighborhoods would again thrive. Hospitals would compete on quality and reputation, and operate on a caring model, rather than a gouging one. Billing would be simplified. Debt collectors would be out of the health care business.

On the basis of these four principles; quality, equitability, cost and access, Missourians for Single Payer will continue to champion the simple and ethical solution: HR 676, National Improved Medicare for All.

---Mimi Signor, RN

The Summit

“The Summit” is the theme of the MoSP annual members’ planning meeting on Thursday, November 15. Please come to brainstorm fresh ideas for the future! Dues paying members are encouraged to lead discussions, and plan programs, films and actions for 2019. We will begin planning a “summit meeting” of organizations which have made single payer a priority. Advocates from health care, labor, faith based organizations and others will be asked to join us in unity at the Summit.

Members may pay dues to Mary Jane Schutzius, MoSP treasurer, that evening. Volunteers who are willing to serve on the MoSP Board of Directors, or join ad hoc committees, contact us. If everyone does a little, no one needs to do a lot.

---Mimi Signor, RN

Health Insurance: Not the Answer



Terry Flowers

From a friend: “When you are experiencing severe lower back pain (again) but you’re too afraid to go to the hospital due to the fact you can’t afford another possible \$1,000 bill because your “insurance” may not cover it even when it claims ‘in network.’”

I empathize with my good friend as I have seen and heard of many in similar circumstances. We live in what is arguably the richest nation in the world, yet we don't seem to have the willingness to provide quality health care to our entire population. Every other developed nation in the world does so at a fraction of the cost that we pay.

Insurance is of little use if we cannot afford our copays and/or deductibles. Financial barriers should not exist for individuals and families. Everyone should be able to access a health care providers when the need arises without fear of financial ruin. Support #HR676 #NIMA

---Terry Flowers, RPH, Independence, MO



Single Payer in Southeast Missouri



Linda Sanders

Cape County Democratic Central Committee will host a Banquet August 25th for their candidates. Charles Jaco, a single payer advocate, will be Keynote Speaker. Kathy Ellis, a candidate for Congress in District 8 and advocate of Medicare for All, will also speak before her supporters.

--Linda Sanders, Jackson, MO

Healthcare Now & Labor Campaign for Single Payer



Pamella Gronemeyer, MD

Healthcare Now and The Labor Campaign for Single Payer held an inspiring conference in Minneapolis on the weekend of June 23rd. The Minnesota Nurses Association made us all feel welcome. Holly Miller, the new head of National Nurses United (NNU) discussed their campaign to educate and agitate for Improved Medicare for All. Keith Ellison, current Congressional sponsor for HR 676, gave the keynote address emphasizing the need and opportunity to move forward for quality healthcare for all. Congressman Ellison reminded us of the late Minnesota Senator Paul Wellstone, an early and ardent supporter of Medicare for All.

All Americans need health care. That requires a fair, equitable solution for all. There are 122 Congressional cosponsors on HR 676, and 17 senators have signed onto Senator Sanders's senate bill. Three gubernatorial candidates in Maryland, California, and Minnesota support Medicare for All. To achieve Medicare for All, we

must spread the word by holding monthly meetings in all Congressional districts. We must go door to door and phone bank to talk to everybody about Single Payer. We must get out of our comfort zones and not just preach to the choir. We must explain Medicare for All one on one to convince people. It will become law if we work hard enough.

We had an excellent presentation on the business need for Single Payer. We discussed how to frame our conversations. Remember healthcare is a human need. Americans consider healthcare their main worry. Many people don't accept that healthcare is a human right and feel that this must be earned and/or purchased. The key selling points are that Single Payer provides an equitable, fair answer to a human need, the need for healthcare. It will provide cost savings and quality care with choice of doctors and hospitals. Dental and vision care will be included. Single Payer will alleviate the worries and eliminate obstacles created by insurers over preexisting conditions. There will be no preexisting conditions.

The meeting ended with additional tips by Holly Miller of NNU and Becky Bond, a staffer for Senator Sanders's 2016 presidential campaign on how to spread the message. Spread the word and think outside the box. We can achieve Improved Medicare for All! Start a revolution! People new to politics and organizing make the best revolutionaries.

--Pamella Gronemeyer, MD, Glen Carbon, IL



Lessons in Non-Violent Civil Disobedience



*Carol Paris, MD,
President, PNHP*

Yesterday morning, August 3, I heard loud banging on my door at 5AM. Three Nashville Metro police officers, in 2 cruisers, had been dispatched to pick me up for failure to appear for booking on July 24 for a charge of criminal trespassing. You may remember this was an act of non-violent

civil disobedience at the Governor's office in support of the 4th week of action of the Poor People's Campaign, which focused, in part, on the PPC's support of Single Payer Medicare for All.

I had been informed by email that the charges had been dismissed for me and 9 other people. We were told we did not have to appear for booking on July 24. I was handcuffed, put in a patrol car and spent the next 4 hours going through the booking process. No one cared that I was telling them the charges had been dismissed. Everyone was "just doin' our job, ma'am." What did I learn from this experience? Get it in writing and carry the documentation with you.

I am grateful for this experience. I felt compassion for the cynical sheriffs who don't believe anything an inmate says (often for reasons of safety) and for the inmates, most of whom (thankfully, not including me) appeared to be drug-addicted and otherwise multiply disadvantaged, disenfranchised human beings who no doubt use lying as a survival strategy.

I also acknowledge that, even when being wrongfully arrested, I experienced white privilege. I got an ROR - Released on Own Recognizance and didn't have to post any bail. What if I were black? Bet I would have gotten an ROR? No bail? I doubt it.

I doubt I will get an apology from Glenn Funk, the District Attorney who dropped the ball and didn't

file the paperwork. I am, however, glad, that our PPC attorneys were able to prevent (we hope) the other nine from going through the unpleasant and more importantly, wasteful process of being wrongfully arrested. I interfaced with no less than 12 members of the Police/Sheriff/Magistrate's departments in the 4 hours it took to achieve my release. And I am learning that this is not an unusual event. If it were, I would gladly chalk it up to "the cost of doing business"...in this case my choice to engage in non-violent civil disobedience. But it is NOT unusual and for this reason, I plan to pursue it further. Why? Because I don't want tax dollars wasted. Come on, DA's office and Metro Police. YOUR failure to communicate costs the taxpayers of Davidson County money. Shame on you.

There is a sign at the entrance to the jail that reads: "THERE IS A \$3.00 CO-PAY FOR MEDICAL CARE. They have healthcare staff at all times, to assess each inmate so they know if you are on prescription medicine or illicit drugs. They don't want to be responsible if someone goes in to withdrawal on their watch. No charge for that. But if I'd developed an acute abdomen,



Carol Paris, June 18, day of arrest

or had signs of stroke or hypertensive crisis, I guess they would have just let me suffer if I didn't have the 3 bucks! I couldn't resist pointing out to my healthcare interviewer that the reason I engage in civil disobedience is in support of Single Payer Medicare for All. I don't think ANYONE should have a \$3 co-pay or any co-pay for needed medical care. The irony just made me chuckle. Wish I could have gotten a picture but my phone was, of course, confiscated!

---Carol Paris, MD

President, Physicians for a National Health Program

www.pnhp.org



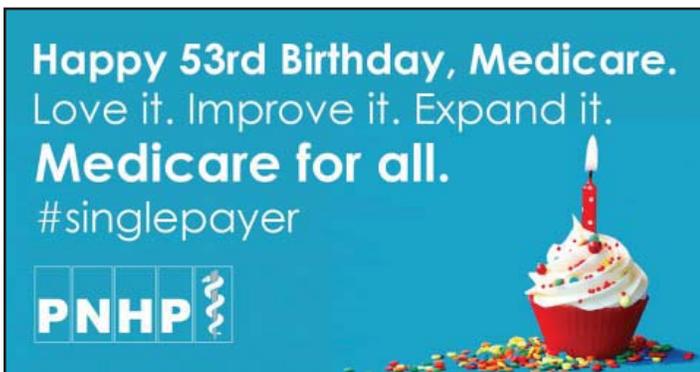
Medical bills Account for One in Three GoFundMe Campaigns

Medical fundraisers now account for 1 in 3 campaigns on the online fundraising website GoFundMe. Crowdfunding websites report that medical expenses rank as their largest single category of appeals. Underinsured people are nearly as likely to report problems paying their medical bills as people who don't have any insurance. They also report not getting needed health-care at rates nearly as high as the uninsured.

In a civilized country, crowdfunding for direct medical expenses should be unnecessary. Yet public appeals by families or individuals for help paying basic medical bills are on the rise in the United States.



Carol Paris at medical students' rally



LETTERS TO THE EDITOR, ST. LOUIS POST-DISPATCH

Aug 3, 2018

Government's purpose is at the heart of health care issue



Virginia Gilbert

The problem of providing health care gets at the core issue of our nation's dysfunction: The nature and purpose of our government.

At the heart of the issue is the economist's view that people are "costs" or commodities or sources of profit —

not human beings. The Founding Fathers were not perfect in their declaration that "all men are created equal" — leaving out women and slaves, for instance. But they envisioned a government based on certain principles, including:

- The "Laws of Nature and of Nature's God entitle" the independent United States to a "separate and equal station" among nations.
- All "men" (which has evolved into all people) "are endowed by their Creator with certain unalienable Rights that among these are Life, Liberty and the pursuit of Happiness."
- Governments "derive their just power from the consent of the governed."
- A government created by the "Right of the People" should be founded "on such principles and [organization of] powers ... most likely to affect their Safety and Happiness."

This Declaration does not accept a hierarchy that values some people above others. It does not put money above life, safety or happiness.

"Profit" is not mentioned anywhere in the Declaration. It's not in the Constitution. It's not in the Ten Commandments. It's not part of Jesus' teachings. It's not part of Paul's letters, which make up much of the New

Testament. The only time the Old Testament prophets mention profit-seeking is to condemn it.

The rock upon which all U.S. government rests should be this: People before profit. Whether it's a subset of life, liberty or happiness, health care is one of those "unalienable rights" our country was founded upon. Tax-supported single-payer health care addresses this core value.

---*Virginia Gilbert, St. Louis*

Virginia Gilbert is a retired journalist and union leader, a seminary graduate and occasional preacher at Epiphany United Church of Christ in the Benton Park neighborhood of St. Louis.

Aug 14, 2018

German health care experience shows where U.S. is lacking



Joan Hogenmiller Wilson

It is widely known that the United States spends more on health care than any other developed country. Other countries provide universal health care for their residents. While politicians argue party positions, Americans continue to see the cost of private insurance premiums escalate, as well as their out-of-pocket expenses.

In May, I had my second opportunity to experience health care in Germany. While touring I fell on steps leading to the cathedral in Cologne and went to St. Joseph's Hospital in Rudesheim. I was seen by a doctor, and had X-rays, an EKG, blood tests, etc. My right ankle was broken and needed surgery, but because swelling prevented surgery for several days, we decided to have my injury stabilized and return home for treatment here.

I've been to Germany six times and had accidents there twice. Health care is excellent and less expensive than here. X-rays plus CD copies, all the tests, an injection to prevent blood clots with a second injection for

the flight home and a doctor's interim report cost 171 euros, which equaled \$204. Medicare is socialized medicine that older Americans are happy to have. Why don't Americans of all ages have the right to this health care?

---Joan Hogenmiller Wilson, Ste. Genevieve, Mo.

Joan Wilson is a retired English/German teacher who enjoys traveling the world.



Many Americans are Struggling in Good Economy

Despite a strong economy, 40 percent of American families struggled to meet at least one of their basic needs last year, including food, health care, housing or utilities. An Urban Institute survey of 7,600 adults found that the difficulties were most prevalent among adults with lower incomes or health issues, but people from all walks of life had similar hardships. The findings by the nonprofit research organization highlight the financial strains experienced by many Americans in an otherwise strong economy.

Food insecurity was the most common challenge: More than 23 percent of households struggled to feed their family at some point during the year. That was followed by problems paying a family medical bill, reported by about 18 percent. A similar percentage didn't seek care for a medical need because of the cost.

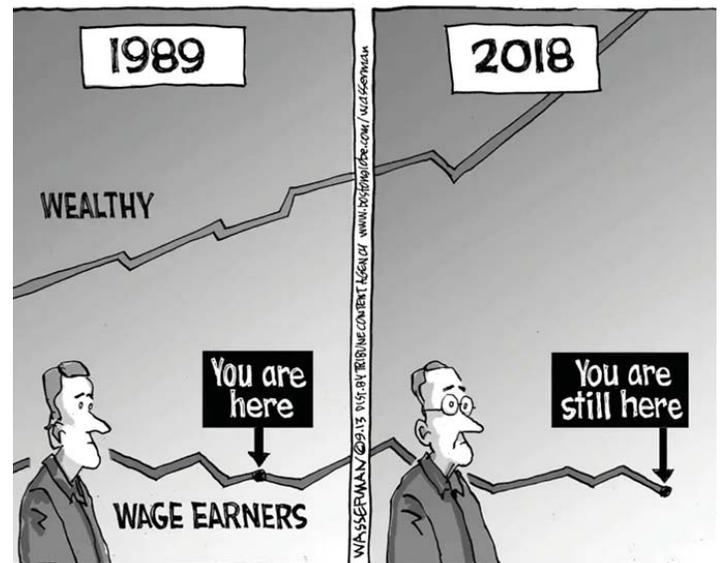
The average unemployment rate for 2017 was 4.4

percent. But having a job doesn't ensure families will be able to meet their basic needs. Among the households with at least one working adult, more than 30 percent reported hardship. 13 percent of families missed a utility bill payment at some point during the year. 10 percent of families either didn't pay the full amount of their rent or mortgage, or they paid it late.

Lawmakers are considering cuts to some safety-net programs, such as Medicaid, SNAP and housing assistance. The researchers said that lawmakers run the risk of increasing the rate of hardship if they reduce support services.

It is the first study on the subject by the DC-based organization, which looks at economic and social policy issues. The institute plans to conduct the study every year to track the well-being of families as the economy and safety net systems evolve.

---Sarah Skidmore Sell-AP (condensed)



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