

Responding to an article published in the newspaper often results in getting published yourself. Here is an excellent example:

[We need to do better with access to healthcare](#)

Posted: Thursday, August 13, 2015 4:08 pm

Editor, The Messenger:

An Aug. 8 article discusses the acute increases of Hepatitis and heroin abuse in Ohio and much of this country. I believe that if we had universal single-payer healthcare this crisis could be addressed and prevented. If every Ohioan had access to doctors, medications, and counseling treatment, we would not have seen Franklin County cases of Hepatitis C go from zero to skyrocketing to 1,369 in one decade. We would not have so many people unable to get prescribed medications going for heroin off the street and having one affected person spreading illness to an average of 20 others.

The leading drug for Hepatitis C, Harvoni, costs \$1,300 per pill! It is an outrage that our federal legislators have prevented negotiations on drug prices and companies are making obscene profits from illnesses — often paid by tax dollars. A Single-Payer system could do for all of us what the Veteran's Administration now does and saves 40 percent with medication negotiations. We are the only industrialized country that does not have some form of universal Single-Payer health care. We spend nearly twice the amount of money on healthcare, still leave 30,000 with no access, and rank 37th internationally.

The Affordable Care Act and the Medicaid Expansion are "baby steps" of inclusion. It is good that 16,000 more people have access to health care. It is good that local providers have expanded capacity to serve more people and are doing that.

However, until we have healthcare access for all Ohioans with a system that focuses on wellness and conservatively investing healthcare dollars into actual healthcare, we have a system that serves insurance company investors over the investment in people of Ohio. Some of the people in need of access, and ill, are the hard working people who are harvesting and preparing our food.

Anyone interested in joining in efforts to see currently proposed legislation implemented in Ohio by 2025, please join me for a State Council meeting in Columbus on Saturday, Aug. 29 or future local projects.

Arlene Sheak

Volunteer Region 3 Coordinator of Single Payer Action Network

March 30, 2015

To the Editor:

On March 26, 2015, the U.S. House of Representatives passed H.R. 2, the “Medicare Access and CHIP Reauthorization Act of 2015,” the “doc fix” bill, in a bipartisan vote of 392 – 37. It appears likely the Senate will also pass some version of this bill that will continue the assault on our traditional Medicare program. Medicare turns 50 years old this year and has proven to be crucial with respect to ensuring our seniors have access to health care from the physicians of their choice. Traditional Medicare is a fiscally conservative program with administrative costs averaging below 5% as opposed to the 20% charged by many private health care plans – including Medicare Advantage Plans. (In these plans, the government pays private insurance companies a premium over the cost of traditional Medicare to administer the program to subscribers -- generally with significant co-pays and deductibles and restrictions on what doctors a patient can see; i.e. penalties when seeing someone “out of network.”)

Our government can’t afford to throw money away subsidizing the profits of private insurance companies while many go without insurance or struggle with high co-pays and deductibles. H.R. 2 increases the paperwork and bureaucracy required of physicians who serve those with traditional Medicare – making it more likely that doctors will want to opt out of serving those patients. The bill imposes a deductible that can’t be covered by Medigap insurance – making such insurance less desirable to those choosing between a Medicare Advantage plan and Medigap insurance, whose customers remain in traditional Medicare. Additionally, the bill will undermine popular support for Medicare by charging higher premiums to higher income seniors. Many of the representatives voting yes see this as a step towards “entitlement reform.”

“Entitlement reform” is code for charging average seniors more while our tax monies are squandered paying for the profits and waste created by subsidizing private insurance companies. No one who calls themselves a fiscal conservative should want to go down this road. Urge Senators Brown and Portman to vote “NO”!

Marcia Hartman

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Letter to the Editor of the Columbus Dispatch

Date: Sunday, March 8, 2015

Subject: Healthcare: Employees' share of cost keeps rising

I welcomed The Columbus Dispatch, "Employees' share of cost keeps rising," 3-8-2015. It named well the costs of the Affordable Care Act (ACA) that are increasing both for companies and individuals. While I applaud the ACA for eliminating preexisting conditions, lifetime spending caps, and gaining access to health care for millions of people, costs of the program are not addressed. Companies and individuals are now experiencing these rising costs in increased premiums, copays, and deductibles.

This shouldn't have come as a surprise. Massachusetts (MA) has the prototype of the ACA, adopted in 2006. "MA had everything going for it – an already high rate of insurance, a large fund to provide for the uninsured, and a Medicaid waiver. But the state now spends more per capita on health care than any other state in the union (in 2009, about \$9,278 per person, compared with a national average of \$6,815). Health spending now consumes over half the state budget, at the expense of nearly every other state function – including education, public safety, human services, and infrastructure." ("What are the barriers to real health reform", Marcia Angell, M.D., Physicians for a National Health Program (PNHP.org - Articles of Interest, 2-23-15)

T.R. Reid made a documentary for PBS, "Sick Around the World", which aired in 2008. He visited 5 countries, and examined their health care systems. They were all different. Three with insurance models, (Japan, Germany, and Switzerland); a single payer system, (Taiwan) and a socialistic model, like the Veterans Administration (United Kingdom). All of these systems had two things in common: 1) they provided health care to all their residents; 2) they controlled costs.

The other factor was that these health care systems were highly regulated by their governments. The medical, diagnostic, and pharmaceutical providers; and insurers (where they existed), are highly regulated. As a result, these countries provide health care for about half of what the USA spends, measured either by GDP or per capita spending. They all have better health care outcomes. No one goes bankrupt as a result of an illness or accident.

Reid said in his documentary that he wasn't supporting any specific country's plan, but that we should look at what they are doing well, and weave it into our own system. We still have not measured our health care system, by learning what works in other nations, and implementing it.

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The following letter was published on Sunday, September 25, 2005 in the *Athens Messenger* under the headline **Better Health Care Possible** and in the bi-weekly *Athens NEWS* on Thursday, September 22, 2005 under the headline **Join the effort to get single-payer health care on the election ballot:**

There are now well over 45 million American citizens with no health insurance. The majority of these are employed adults—many at several part time jobs. With Ohio spending \$70 billion a year on health care, which includes \$11 billion on administrative costs, there **is** a way to cost-shift and cover everyone in Ohio with no co-pays and no-deductibles. This means that payment would be received for every person medically served. A single-payer plan that maintains our private doctors, hospitals, and health care providers is a solution to our current health care crisis.

If this topic interests readers, please join members of Southeast Ohio Single Payer Action Network (SEOSPAN) on Tuesday, September 27, from 6:30 p.m.-8 p.m. at the Appalachian Community Visiting Nurses Conference Room. There will be 6 p.m. pot luck and everyone is welcome. An initiative petition will be available for signatures or to take for gathering signatures.

For more information, call 740-592-1879 or contact seospan@yahoo.com.

Arlene Sheak
Athens

The following three letters were written in response to an editorial which appeared in The Cleveland Plain Dealer on June 14, 2005:

Leave it to The Plain Dealer to seize on a provincial Canadian judicial decision as justification of the United State's bloated, wasteful, unethical, tottering, anachronistic market based health care non-system (June 14). Most bizarre was the editorial's weird assertion, by way of arguing the inferiority of Canada's single-payer system, that "life is unfair."

Did The Plain Dealer come to this conclusion by recognizing that sickness and death befall everyone, without regard to station or means? Or that the demand for health care is universal and essentially limitless, while the resources to meet the demand are finite? No, those are realities that might argue for precisely the kind of social insurance system founded on an ethic of social solidarity and shared responsibility that Canada has maintained for more than 30 years.

In a fascinating twist of logic, The Plain Dealer concludes that life is unfair because "health care is a commodity bought and sold on the market" and "those with means have more options than those without" — as if this were a fact of life, rather than the disgraceful idiosyncrasy of an American system that spends more per capita on health care than any other country on the planet, while having the distinction of being the only industrialized nation that does not ensure health care to all its citizens.

Mark Moran
Lakewood

The editorial "Canada's health problems" is doubly insulting and offends both logically and ethically. It closes by suggesting three lessons from Canada's system of national health care.

"First, the disadvantages of putting government in charge of everyone's health care outweigh the advantages." Does this mean that the disadvantages of Canada's universal health care outweigh the advantages of every Canadian having health care coverage? The huge number of Americans without any health insurance might not agree.

"Second, because health care is a commodity . . . those with means have more options than those without." This neatly begs the question of whether or not health care should be bought and sold like a commodity. I think that the vast majority of Americans would say that health care should not be left to the marketplace but made available to all as a basic human right.

"Third, life isn't fair." This argument is reprehensible. Stating that "life isn't fair" is an observation, not a moral value. It is the business of civilized society to try to make life more fair, particularly in matters of life and death, and health care is exactly that.

As well as being morally bankrupt, this editorial is also rampantly illogical. Arguing that since Canada's public health system has problems, America should jettison the idea of universal health care is a false dilemma: It implies that the only options are a perfect system or none at all. It ignores the middle ground.

After a disabling Mack truck-auto accident in April 1982, when I was 34, I lost my ability to maintain insurability, for me and my family of four, because I suffered from a "pre-existing" condition (i.e., bipolar disorder). It wasn't until March 1985 that I qualified for Social Security Disability and could avail myself of Medicare. But my family still was not covered until 1986, when my wife took a job with health benefits.

I thank God every night for getting my family through those tenuous times. The Plain Dealer's editorial board is correct: "Life is not fair." But I don't wish upon anyone the angst that I went through. That's why I'm investigating the recently introduced House Bill 676 - U.S. National Health Insurance Act - by Rep. John Conyers Jr. of Michigan.

**G. Earl Flower
Lyndhurst**

The Plain Dealer's June 14 editorial on Canada's health care system attempts to use problems there as an argument for keeping the for-profit health care system we live under in the U.S. instead of replacing it with a single-payer system. The editorial fails to mention that the Big Three automakers are transferring good paying jobs to Canada because they cannot afford the astronomical costs of health care in this country (\$1500 per car and truck, according to GM). And by the way, the Big Three supports the Canadian single-payer system, as do Canadian unions.

The editorial states that health care is a commodity sold in the marketplace and those with means have more options to get needed care. Yes, that is an accurate description of how the system works. But is it fair? Is it moral? Is it right that 45 million Americans have no health care coverage (and the number is growing rapidly by the day)? That's okay, the editorial seems to say, because "life isn't fair." This from editorial writers who enjoy good medical coverage for themselves but are obviously indifferent to the plight of millions not similarly situated.

The single-payer health care system that many of us advocate for Ohio under the Health Care For All Ohioans Act is one in which every resident would have comprehensive medical coverage with the bills paid by a government-administered fund – a sort of Medicare for all. There would be no co-payments, no deductibles and no premiums. There would be no exclusions because of income, job status, pre-existing conditions or any other reason. Delivery of medical services would remain in private hands. Patients would have the right to select their own physicians.

The PD argues for a "two-tier" system, one tier presumably for the well-to-do and the other for the rest of us. Most single-payer plans, ours included, allow patients and doctors to go outside the system if they want to. But they must contribute to the plan's funding whether or not they use it.

The Canadian system undoubtedly has weaknesses that are the result of votes cast by legislators who failed to ensure that the system was adequately funded. You can have the best health care system in the world but if lawmakers abuse it, it won't work as well as it should. Buy a new car that drives perfectly but if you don't maintain it properly, you will surely have problems. Don't blame them on the car.

The U.S. is the richest country in the history of the world. We certainly can afford a health care system that guarantees quality medical coverage for all. We don't say, as the PD's editorial claims we do, "Let the government handle everyone's health care just like they do it in Canada." That has never been our position. We say Canada's problems will have to be solved by Canadians. Let us in the U.S. address the problems we have here with the more abundant resources available to us. Let us replace a health care system under which the U.S. population is either uninsured, underinsured or unsure of having coverage; a system that is collapsing due to runaway costs and the siphoning off of hundreds of billions in profits by the big health care insurance companies and the HMOs, money that should be used instead for patient care.

As for the role of government administering the health care system, a 2003 Pew poll found that 72% of Americans favored government-guaranteed health insurance for all (See Paul Krugman's column, New York Times, 6/13/05).

In summary, we in Ohio take from the Canadian system what works, and we add to it what is needed here in our state to make a single-payer system work most effectively to guarantee quality health care for all residents.

Jerry Gordon
University Heights

Letter to the Editor, letters@mariettatimes.com, May 12, 2005:

It's a common phenomenon: you get a cost of living raise, only to find that shortly afterwards, your out-of-pocket costs for health care go up. Or your employer explains that raises won't be coming at all, due to the rising cost of health insurance. Maybe you or someone you know is uninsured and face a medical crisis that could have been nipped in the bud if only we lived under a system where preventive care is more affordable.

Efforts are underway to change all this. A coalition of individuals and organizations in Ohio is working to reform the health insurance system by getting the Health Care For All Ohioans Act (HCFAOA) to the voters. SPAN Ohio (Single-Payer Action Network Ohio, www.spanohio.org) seeks health care reform in our state that guarantees every resident full and comprehensive coverage. A key component in covering all Ohioans is reducing sky-high administrative costs of the current system so that more cents per dollar go to health care and less to paperwork and CEO salaries. Endorsers includes faith and community groups, physicians, RNs, dozens of unions, three members of Congress, state legislators, the Cuyahoga County Board of Commissioners, and a number of city councils, including the Cleveland City Council.

An information meeting about the HCFAOA will take place at 1 p.m., Sunday, May 22nd, at the Unitarian Universalist Church, 232 3rd St., Marietta.

For more information, call the church office, 373-1238, or Lois Sevim McCutcheon, 740-732-4900.

Lois Sevim McCutcheon
Caldwell, Ohio

Submitted for publication in *Your Voice* feature of Cincinnati Enquirer:

Looming Healthcare Meltdown

Peter Bronson's concern with UAW and healthcare at GM and Ford is misplaced. It is not that those workers have too much; what they have is *what all people have in most other industrialized countries*: the equivalent of universal/single-payer healthcare. Canada has it; Europe has it. Many Third World countries have it; last year, Malaysia announced a universal/single-payer system for their people. The problem is that most of the rest of us don't have it, and the system that U.S. employers are forced to use in providing it is collapsing under the weight of inefficiency, corruption, extravagance and coddling by the current federal government. Single-payer health care which, by the way, Daimler-Chrysler supports, gets employers and insurance companies out of healthcare, covers everyone for less money, with no co-pays, no deductibles and one set of rules. Canada, a few years ago, was spending \$2,700 per year per person on healthcare at a time when the U.S. was spending \$4,800 per year per person. Complaints about inadequate funding and long waits for some elective procedures in some areas resulted in 2004 in increased Canadian federal funding for their system – democracy and public accountability worked! It all started in one province, and Canadians will not go back to privately financed healthcare... just ask 90% of them. We are being told by the people who proclaim America to be the true bastion of democracy, that democracy doesn't actually work: that "big government" in America can't provide decent healthcare financing the way every other modern society does it. What's behind this disconnect? Is it simply that insurance and drug companies have bought the politicians? Or is the Reagan/Bush/Clinton/Bush legacy - that government is bad (except when waging war) - so deeply burned into our psyche that now corporations with good health benefits are going broke or can't compete on the world's playing field, that

45 million people have no coverage and another 80 million have inadequate insurance for their medical needs, and that the rest of us are losing it limb by limb? This is a fundamental test of our democracy: can government be accountable on the leading issue of our time (right up there with the export of jobs). An initiative petition is now underway, The Health Care For All Ohioans Act, which would bring universal/single-payer health care to Ohio. It's funded in a way that would cost most people less than what they're paying now, would cost good companies with benefits less than what they pay now, would make the Wal-Marts pay their fair share, and would protect displaced insurance and provider personnel. Find out more at: www.SPANOhio.org (SPAN – Single-Payer Action Network). Sign the petition, grill your legislators, and help put Ohio on the cutting edge of health care reform. Help save America!

Robert Park is director of Cincinnati SPAN, member of American Federation of Government Employees Local 3840, delegate to the Cincinnati AFL-CIO, and a federal employee (CDC/NIOSH)