



## *It's Time to Add Your Voice*

### **PNHPWW December 21st Meeting/Monthly Report**

**Introductions** – Don Mitchell welcomed 31 participants, including many new people

**Coordinator's Report** – David McLanahan

Email list – 582. November web site unique visitors - 301

**PNHPWW Board Report** – Don

- **2012 PNHPWW Board elections** - January 18<sup>th</sup> meeting. Short Bios of nominees, suggested by the Board, will be sent before the end of the year.

**PNHP National News**

- More than 2,400 doctors, nurses and health advocates [sign letter to HHS Secretary Kathleen Sibelius denouncing](#) Institute of Medicine's health coverage recommendations on coverage vs. cost.
- PNHP [Statement in support of Occupy Wall Street](#)

**Recent Activities and Events**

- Occupy Seattle "Get Money Out of Politics Working Group activities - Don

**Future Activities and Events**

- Jan 16<sup>th</sup> - Martin Luther King program and march – contact [Kathleen Randall, Jim Squire](#)
- Jan 18<sup>th</sup> - PNHPWW January Monthly Meeting
- Jan 20<sup>th</sup> – Birthdate of Supreme Court "Citizens United" OWS Get Money Out of Politics WG demonstration in front of Federal District Court, 8<sup>th</sup> Ave & Stewart
- Jan 21<sup>th</sup> - Event to support constitutional amendment to overturn "Citizens United" details TBA
- PNHPWW Annual Public Meeting – late Feb - early March

**Healthcare for the 99%: How PNHP can support the Occupy movements**  
**The PNHP NYC Metro Chapter experience**

**Steven Auerbach, MD, MPH, FAAP** – active in organizing health care support for Occupy Wall Street (Skyped in from New York City). Steve started by describing ways in which our society is becoming more unjust. Conditions are getting worse for the great majority of Americans. Measurably worse since the early 1970's– wage stagnation, "hollowing out" of the middle class, wealth and income inequality, shifting of the tax burden to the middle class,

deregulation and lack of oversight and accountability, corporate control of our politics. This is not just true of the US, but also of the rest of the developed world as per OECD reports.

What are doctors doing with the Occupy movements? Isn't that a paradox as they are mostly in the upper 1-2%? Upper middle class doctors are part of the 1-2%. That's OK. However, unlike most of the 1% (or 0.1%) they are paid for their work, not for their stock options or dividends – and that makes a difference. They go to work every day earn their income. Actually, in reality, doctors are closer to the working class. And, the work is becoming more and more stressful.

The question is, do we identify with those “above us” – many of whom we went to school with or live near, kids may go to the same schools? Or, do we identify with most of our patients?

As far as starting to work within the Occupy movements, Steve's mantra is “just show up,” that's the first step. Get to know the General Assembly and its culture and mechanics. Set up working groups, meet with others.

Many people drawn to health issues are other health workers who have been more focused on health disparities/social determinants of health rather than the financing side. There was a destructive split within our forces during the single payer/public option wars. We need to take this opportunity to heal old wounds. At OWS we realized very quickly, that we are in the same battle, all in it together.

Regarding our status as health care professionals within OWS – we should expect no privileges or special status for being docs. But we have been welcomed to contribute as equals, join in on rallies, teach-ins, speak-outs.

“White Coat presence” is important. Steve recommends docs always wear a white coat, bring signs, stand on the street corner with a 10 second elevator speech at the ready.

## Q&A

Q. Describe how the health care work group in OWS got started and what's going on.

A. Two aspects of health care support. First, the direct care support for people needing medical attention, either because of underlying medical conditions or injury during protest actions or psychological problems for some when being arrested, spending time in jail.

HC workers with experience in hospitals and emergency rooms got together with “street medics,” who have their own culture and ways of doing things. The emphasis is to have a medical presence and emergency equipment at three or more locations around the periphery whenever there is an Occupy action. White coats work in threes & fours. OWS in NYC has funds for medical care.

This is nothing new. Medical presence has been a component of mass movement and demonstrations going back over the last century. Steve referred to a book by Matt Anderson, documenting the history of medical presence.

Second, a working group has focused on health policy activism. But not focused on any specific reform, such as HR676.

Reach out, be open to everyone – docs, nurses, labor, street people. They have set up a OWS web page, listserve to coordinate, keep in touch.

Q. Seen many injuries? We have had several in Seattle.

A. Lots of lacerations, broken arms & ribs, pepper spray, mental health issues.

Q. How do Occupy and October/2011 work together?

A. They started independently and have some coordination. Doesn't know if there are other Oct/2011's outside of Wash. DC. Steve is just now setting up a listserve for all those medical people working with the various occupy movements across the country (see below).

Q. How do you see things rolling out for Occupy for the next few months and around the elections? A. There may be a sense of "hiatus" now that it's winter & the holidays, but that isn't true. There will likely be lots of actions over the next few months.

Around the election there will be splits, as always, between those who believe that we must support the lesser of two evils and those who believe we must have a new party on the left. Steve says, personally, he's a "have-my-cake-and-eat-it-too" guy. You can do both - support people voting and left ideology. The exact message may be different in different settings. His preference would be to primary from the left, eventually taking over the Democratic Party.

Rocky Anderson and his new Justice Party? Legitimate arguments for this approach. It's OK that different people have different opinions; we shouldn't allow this to separate us. He just doesn't know the correct answer.

Q. Comment on what's coming down with P-PACA?

A. Some elements could be good, but it's becoming much less valuable as it's being chipped away – for instance, the IOM's recommendation to trim the benefits to fit whatever the budget is, rather than focusing on the benefits that are needed. It really represents a massive increase in corporatism of medicine, a for-profit disaster.

We need to position ourselves for what happens when P-PACA fails. There will be people who will argue that the failure was due do to too much corporate medicine and those who will argue that the failure was because there was not enough.

Q. How do we find ways to keep our foot in the door, while P-PACA appears to have some good things?

A. Stay positive, but we don't need to dilute the message that we need health care reform & this isn't it.

Q. What action issues can physicians work on?

A. Help the fight in Vermont. It's being positioned as a single payer plan and it's success or failure will be attributed to or blamed on single payer. The battle is just beginning, will get very fierce and we need to win it.

Q. How can we get Occupy to focus its message more? Project its message out, more clearly and focused. If not, people will say "so what."

A. We need to recognize that Occupy is doing something right. For whatever reason, it has been able to change the conversation while, despite all our prior efforts, we have not.

Also, we are all part of Occupy. Your voice counts too, if you make yourself part of the process. Say whatever you want. Speak your mind, but let others speak too.

There are lots of specific lists of what Occupy is about on the Internet ([see links in the attached "suggestions"](#)) – basically, about inequality and corporate control, unfair taxes and poor access to needed services.

Occupy will not endorse specific candidates as a movement, but we as individuals are free to do our own things.

During the conversation, Steve highly recommended the book "[Winner Take All Politics](#)" by Hacker and Pierson about how Washington made the rich richer and turned its back on the middle class.

### **Discussion after Skype**

We focused on how can health care activists can move forward with Occupy in Seattle. "Let's set up a health care work group in Occupy Seattle." Actually, there is a OS Health Working Group that met a week ago and now has nine members. Kathleen Randall described it as in the "talking" stage, where people are expressing themselves about their experiences with the system. Later comes the "planning stage." She hopes they will look at city, county and state issues on how we deliver health care.

The first goal is to reach out and invite OS people into the working group. This meeting tonight was such an effort and several people at the meeting expressed interest. Hope to get on the OS calendar announcing regularly scheduled meetings. The next meeting may be the first Sunday after New Year's. Stay tuned. Anyone interested in joining the OS Health Care Working Group should contact Kathleen at <mailto:Kathleen.Randall@overlakehospital.org>

Also, here's the [link for the list serve](#) that Steve Auerbach mentioned and is helping put together for activists working with Occupy movements across the country to share experiences and strategies. The Google Group description is "We are health activists & healthcare workers who are actively participating in our local Occupy & related movements. We support the broader fight for social, economic & political justice; health (social determinants; disparities) & universal public insurance healthcare access for all (single payer)."

During the meeting there was discussion of attachments to PNHPWW email blasts. Some too long for everyone to be able to open them. So, we will put a place on the PNHPWW website for information, articles, slideshows, etc. pertinent to the meeting.

Submitted by  
David McLanahan  
Coordinator, PNHPWW

Next PNHPWW Monthly Meeting – Wednesday, 7PM, January 18<sup>th</sup>, Swedish/Cherry Hill  
Campus Conference Center Auditorium. Program TBA

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