

AIMM:

Advocacy in Medicine

NYC CONFERENCE 2018

SEPTEMBER 23rd @ NYAM

KEYNOTE SPEAKERS:

Kamini Doobay, MD

Demetre Daskalakis, MD, MPH

Abdul El-Sayed, MD, PhD

FUNDING PARTNERS:

NYC Department of Health Center for Health Equity

SUNY Downstate College of Medicine

NYU School of Medicine

Weill Cornell Medical College

CUNY School of Medicine

Event Summary

With nearly 200 attendees, we are thrilled with how the AIM Conference came together. It was empowering, engaging, and beyond what we expected. Watching so many students from various medical schools come together around one shared interest —Advocacy in Medicine— was incredibly rewarding and inspiring. Students had the opportunity to hear from leaders in the field of activism ranging from residents, nurses, and attendings, to public health officials. In the afternoon, we hosted workshops to teach tangible skills and address common areas of physician advocacy.

Take a look at this [short video](#) that highlights the day we had! Our event was also covered by Vice so check out this [article](#).

Thanks again for all everyone to attended and supported this event. We look forward to hosting a conference next year and hope to see you there!

Thank You to Our Funding Partners

NYC Department of Health Center for Health Equity
SUNY Downstate College of Medicine
NYU School of Medicine
Weill Cornell Medical College
CUNY School of Medicine
Department of Health Equity

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Civil Disobedience Workshop

Jochen Buck (*Professor of Pharmacology, Weill Cornell Medicine Associate Director, Tri-Institutional MD-PhD Program*)

Nneoma Adaku (*3rd Year MD-PhD Student, Weill Cornell/Rockefeller/Sloan Kettering Tri-Institutional MD-PhD Program*)

TAKE HOME POINT

As current and future health professionals, we are in a much more privileged and secure position than most individuals who perform civil disobedience work. We should therefore not let the fear of career consequences hold us back.

BARRIERS: Meeting with elected officials can be intimidating and time consuming. Many students and physicians report feeling unqualified to talk about legislation.

ORGANIZATIONS OF INTEREST: These organizations support or participate in health-related civil disobedience work

ACT UP

- ACT UP — the AIDS Coalition To Unleash Power — is a diverse, non-partisan group of individuals, united in anger and committed to direct action to end the AIDS crisis
- They meet with government officials, distribute the latest medical information, and protest and demonstrate



ADAPT

- ADAPT is a national grass-roots community that organizes disability rights activists to engage in nonviolent direct action, including civil disobedience, to assure the civil and human rights of people with disabilities to live in freedom.



National Lawyers Guild

- The National Lawyers Guild is the nation's oldest and largest progressive bar association and was the first one in the US to be racially integrated
- Their mission is to use law for the people, uniting lawyers, law students, legal workers, and jailhouse lawyers to function as an effective force in the service of the people by valuing human rights over property interests



National Physicians Alliance

- The National Physicians Alliance seeks to create a caring and just society that improves the health of patients and communities
- Through education and advocacy, they bring together physicians across all specialties who share their values of service, integrity, and putting patients first



New York State Nurses Association

- The New York State Nurses Association is a union of 42,000 frontline nurses standing together for strength at work, practice, safe staffing, and healthcare for all
- They are New York's largest union and professional association for registered nurses



Poor People's Campaign

RESOURCES:

See ACT UP's thorough [civil disobedience training manual](#) which highlights many of the concepts that were discussed in the workshop (planning an action, affinity groups, the consensus model, etc.)

Curriculum Reform Workshop

Michael Luke (*MS4 at Donald and Barbara Zucker School of Medicine at Hofstra/Northwell*)

Dr. Aaron Fox, MD MS (*Associate Professor at Albert Einstein College of Medicine/Montefiore Medical Center*)

BENEFITS:

For Students

Improve patient care
Enhance professionalism
Support public health
Understand health systems
Diversify your career
Fight burnout

For Institutions

Fulfill LCME Standards:
Societal Problems
Cultural Competence
Health Disparities
Communication Skills
Inter-professional Skills

Articles Referenced

Gruen, JAMA 2006
Earnest, Acad Med 2010
Mou, NEJM 2011
Croft, Acad Med 2012
Mitesh, NEJM 2011
Riegelman, Acad Med 2006

BARRIERS: Time, fear of being politically isolating or controversial, limited faculty leaders with experience, buy-in from administration, funding or sponsorship, competing priorities in medical education, poor recognition of importance, opportunity cost of proving importance

AVENUES: Grand rounds, track programs, participating in resident curricula, dedicated training in pre-clinical years, PBL cases with social components, communication sessions, electives, extracurricular

STEP 1: Determine your goals

- Who is your audience? (First exposure students, self-selected students, interdisciplinary, etc.)
- Will this be elective or mandatory?
- What is your focus area? (Policy, lobbying, social determinants, community outreach, disparities, etc.)
- What do you want your learners to take from this?

STEP 2: Assess your resources

- Precedents at your institution
- Successful models from other institutions
- Existing curricular avenues to tap into
- Faculty and administrative allies
- Current activism movements

STEP 3: Address the logistics

- Who will need to approve this curriculum?
- What are the deadlines and timelines involved?
- Who will conduct the curriculum?
- How will you evaluate proficiency?
- How can this be made sustainable?

STEP 4: Design your unique curriculum

RESOURCES:

- Explore [MedEd Portal](#) for existing curricular models
- Free [Online Advocacy Course](#) via Society of Teachers for Family Medicine
- Sign up for the [Research-based Health Activism Elective](#) at Einstein/Montefiore
- Attend [Beyond Flexner Alliance Conference](#)

“If medical schools and residency programs are serious about burnout, they have to teach us about collective action – teach us to ask, ‘What can *we* do?’”
- *To Fight Burnout, Organize*
(Eisenstein, NEJM 2018)

Lobbying Workshop

Emilie George (*MS4 at Weill Cornell Medical College*)

Dr. Daniel Lugassy (*Assistant Professor, Department of Emergency Medicine, NYU*)

Dr. Oliver Fein (*Professor, Clinical Healthcare Policy and Research, Weill Cornell Medical College*)

Dr. Steve Auerbach (*Board Member, Physicians for a National Health Program NY Metro Chapter*)

Bob Lederer (*Executive Director, Physicians for a National Health Program NY Metro Chapter*)

WHAT IS LOBBYING? Lobbying involves meeting with elected representatives to discuss an issue of importance to you or your organization or allies and often times asking a legislator to take a stance on particular legislation. Grassroots lobbying is people power – a way to make your voice heard by your elected representatives.

BARRIERS: Meeting with elected officials can be intimidating and time consuming. Many students and physicians report feeling unqualified to talk about legislation.

KEYS FOR SUCCESS: Preparation is important for lobbying! It's also helpful to attend an organized lobby day with a team of experienced advocates for your first lobby visit.

STEP 1: Know Your Issue

- Who is your audience? (First exposure students, self-selected students, interdisciplinary, etc.)
- Will this be elective or mandatory?
- What is your focus area? (Policy, lobbying, social determinants, community outreach, disparities, etc.)
- What do you want your learners to take from this?
- When is the best time to lobby your legislator – are there upcoming votes or deadlines to consider?

STEP 2: Know Your Legislator

- Where does your legislator stand on this issue?
- What issues are most important to the legislator?
- What committees do they sit on or chair?
- Who are your legislator's constituents?

“Grassroots lobbying is simply citizen participation in government. The key to successful grassroots lobbying efforts is assembling people who share common goals and concerns.”

- National Court Reporters

STEP 3: Know Your Ask

- An “ask” is a specific outcome you want from the legislator
- Often times the “ask” will be to vote for or against a specific piece of legislation
- If your legislator is staunchly opposed, you may adjust your goal by asking them to host a town hall or listening event
- If legislators are already in support of your cause, ask them to be more vocal, be an ally in recruiting other legislators, or host a public event in support

STEP 4: Assign Roles

- Meeting facilitator: begins the conversation, ensures that the
- Share a personal story: often the most effective tool in swaying legislators
- Make the “ask”: clearly make the ask of your legislator or staff member
- Take notes: write down important points, agreements, and items to follow-up on
- Follow up: send a thank you note, summarize the discussion of the meeting and provide additional information

RESOURCES:

- PNHP Guide to Meeting with Legislators: <http://www.pnhp.org/action/how-to-meet-with-legislators>
- Center for Health and Gender Equity Lobbying Guide: [http://genderhealth.org/files/uploads/change/Tools for Advocacy/The Lobbying Process.pdf](http://genderhealth.org/files/uploads/change/Tools%20for%20Advocacy/The%20Lobbying%20Process.pdf)

Media Communications Workshop

Dr. Richard E. Greene, MD (*Associate Professor, Director of Health Disparities Education, NYU School of Medicine*)

Sandra Goldlust (*MS2 at NYU School of Medicine*)

STEP 1: Determine your passion

- What issue do you want to use the media to draw attention to?
- Who is your audience?
- Why is this issue important to you?
- What is your responsibility as a physician?
 - Model of Physician Responsibility in Relation to Influences on Health (Gruen, R.L., S.D. Pearson, and T.A. Brennan, *Physician-citizens--public roles and professional obligations*. *Jama*, 2004. **291**(1): p. 94-8.)

STEP 2: Find partners

- Partnering with organizations (medical or community)
- Remember: We are not the story.
- Your institution's media office is a good place to start!

STEP 3: Change hearts & minds

- Social media and online presence
 - PrEP Advocacy on Twitter: Dr. Demetre Daskalakis, @DrDemetre
 - HIV Prevention Website: Damon L. Jacobs, <http://damonljacobs.com/media/>
- Academic: Publish in academic journals, speak at conferences, engage your institution
- Using academic work to access the media
 - *New England Journal of Medicine: Dealing with Racist Patients* (Paul-Emile et al, 2016)
 - *The Wall Street Journal: How Doctors Deal with Racist Patients* (Reddy, 2018)
- Great example: U.S. Medical School Racial Justice Report Card (White Coats for Black Lives)

STEP 4: Craft your message

- Make a strong, brief statement
- 3 points to back it up
- Avoid the "Inverted Pyramid"

Organizing an Action Workshop

André Belarmino *(MS4 at Weill Cornell Medical College)*

Dr. Jeremy Wiygul, MD *(Assistant Professor of Clinical Urology at Weill Cornell Medical College)*

Dr. Andrew Goldstein, MD, MPH *(Assistant Professor of Medicine at NYU and Founder of Progressive Doctors)*

5 KEY PRACTICES OF ORGANIZING:

STEP 1: Telling a story

- We tell stories in organizing to communicate our values and to motivate people to act
- The Public Narrative Framework: The story of self, the story of now, the story of us
 - A Story of Self communicates the values that have called you to leadership
 - Story of Us communicates the values shared by those in action
 - Story of Now communicates an urgent challenge to those values that demand action now

STEP 2: Building Relationships

- Relationships are rooted in shared values, they are long term, created by mutual commitment and involve consistent attention and work
- The 1:1 meeting is a key tool for establishing and maintaining relationships
- A “hard ask” is an effective way to ask for a commitment to establish a relationship
 - Ask in concise, plain, and specific language
 - Never apologize for asking: organizing is an opportunity, not a favor
 - Don’t ask them to commit to something general and convey urgency

STEP 3: Structuring Teams

- Teams are critical to organizing
- Effective teams require shared purpose, interdependent roles, and explicit norms
- Snowflake model
 - No one person or group holds all the power
 - Responsibility is shared in a sustainable way, and structure aims to create mutual accountability
 - The snowflake model is based above all on enabling others
- The “ladder of engagement” can help us effectively and gradually guide a supporter into becoming a leader

“Organizing is leadership that enables people to turn the resources they have into the power they need to make the change they want.” Marshall Ganz

STEP 4: Strategizing

- We devise strategy by asking first, “who are our people and what is their problem?”
- Strategy is made up of “nested goals”
- A “theory of change” statement summarizes our strategy, and provides us with a strategic blueprint
 - If we do (TACTICS) then (STRATEGIC GOAL or CHANGE) because (REASON)

STEP 5: Acting

- For a tactic to be effective, it should be strategic, strengthen your organization, and develop individuals
- To effectively engage our people in action, we need their commitment and to use motivational engagement
- We are organizing (WHO) to (WHAT OUTCOME) through (HOW) by (WHEN)

RESOURCES:

- Marshal Ganz on [Organizing: People, Power, Change](#)

Abortion Access Workshop

Lisle Winston (MS4 at Weill Cornell Medicine)

Dr. Linda Prine, MD (Medical Director, Reproductive Health Access Project)

Odile Schalit, LMSW, MSc (Program Director, The Brigid Alliance)

HISTORICAL CONTEXT:

I. Courts

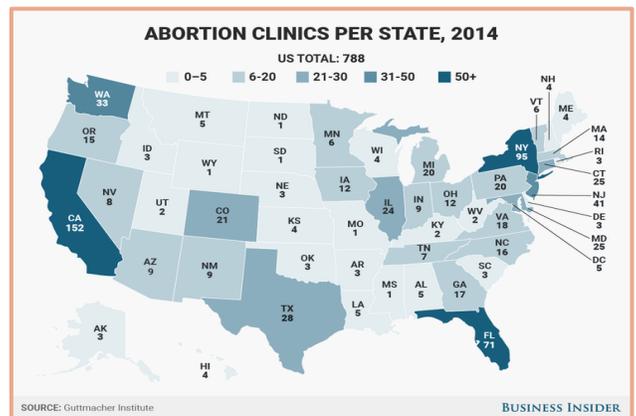
1. Roe v. Wade (1973)
 - o Patients seeking abortions have a right to privacy
 - o States may regulate abortions in the third trimester
2. Planned Parenthood v. Casey (1992)
 - o Trimester framework overturned in favor of abortion legalization until “fetal viability” (23-24 weeks)
 - o States may regulate abortions during any trimester as long as the regulation does not pose “undue burden”

II. Activism

- o After Roe v. Wade, activists pushed to create separate “Women’s Health Centers” instead of integrating the procedure into the existing primary care infrastructure in hopes of allowing women to feel more supported
- o Effect: unintended consequence of **separating abortion** in the public eye from other types of “more valuable” healthcare, leading to increased stigma

CURRENT BARRIERS TO CARE:

1. Hyde Amendment (1976, re-signed 1993)
 - o Prohibits use of federal funds to pay for an abortion
 - o Exceptions: life of mother, incest, rape
 - o Result: **Medicaid cannot be used to pay for an abortion**
2. TRAP (Targeted Regulation of Abortion Providers) laws, 2000s-present
 - o Single out medical practices where abortion is provided, imposing overly burdensome requirements
 - o States with TRAP laws have fewer abortion clinics
 - o Made possible by separation of abortion providers from other “mainstream” healthcare providers



ACTION ITEMS:

- o New York is less liberal on abortion than you might think! New York State’s penal code contains language criminalizing abortion, and if Roe is overturned this could be enforced
- o The [Reproductive Health Act \(RHA\)](#) would protect NY patients and providers by legalizing abortion and allowing NPs and PAs to perform abortions. Passed the State Assembly but blocked by Republicans in the State Senate
- o Look up your State Senator [here](#), and call their office to voice your support for a special session to pass the RHA, and/or fill out [this form](#)
- o Call Governor Andrew Cuomo at 518-474-8390 to ask him to call a special session to vote on the RHA

REFERENCES:

- o For more facts and to see the latest research on Abortion Access, check out the [Guttmacher Institute](#)
- o To follow the work of providers like Dr. Prine who are trying to bring abortion to a primary care setting and end the stigma surrounding abortion procedures, check out the [Reproductive Health Access Project](#)
- o To follow Odile Schalit’s work on traveling across state lines to get an abortion, check out [The Brigid Alliance](#)
- o For help with abortion education at your medical school, see if your school has a [Medical Students for Choice \(MSFC\)](#) chapter, or start one of your own
- o MSFC also offers [Abortion Training](#)

Criminal Justice Reform Workshop

Shean Hines *(MS2 at CUNY School of Medicine)*

Dr. Pamela Valera *(Assistant Professor in the School of Public Health at Rutgers University)*

Dr. Jasdeep Mangat *(Graduate of the Primary Care and Social Medicine residency at Montefiore and works at Rikers)*

MaryEllen Straebler *(Retired nurse practitioner at the regional medical unit at Fishkill Correctional Facility)*

KEY POINTS:

- Prisoners are constitutionally guaranteed healthcare, the quality of the care received depends on prison management and what kind of oversight occurs
- We need to have "dual loyalty" to patients and the correctional facility
- In these spaces, since healthcare providers come into the facility as guests, health is often put on the back burner particularly in situations that require a lock-down
- Correctional officers dislike making accommodations for the prisoner's health concerns which leads to access barriers for healthcare providers servicing these institutions
- Health concerns become more dire once released because of the lack of continued health care, which ultimately becomes a larger burden on many social systems
- Sometimes you must do smaller forms of advocacy or compassionate services, such as closing a curtain to give some privacy or shaking a prisoner's hand
- Advocate behind the scenes until you have the support of those in power and then bring about efforts of outward advocacy
- Establish sustainability in your efforts, because although you can make a difference while at a specific location, you need people to follow in your footsteps and for the programs to continue in your absence

RESOURCES:

- **Dr. Aaron Fox's Research based Health Research course at Albert Einstein**

Four-week elective will offer motivated 4th year medical students an opportunity to develop skills and knowledge in research methods, health policy, and advocacy. Learning experiences range from seminars with leading health policy experts to skill-building workshops with health care

activists. Each student is expected to develop a research proposal and advocacy plan that addresses a healthcare issue of his or her choosing. Following the course, projects are completed in the remaining academic year with ongoing mentorship.

"Simple acts like shaking-hands and closing a curtain can humanize incarcerated individuals."

- **The Beyond the Bars Fellowship:**

Offers students and community members an opportunity to develop a deeper understanding of mass incarceration and social change; and to collaborate with social justice organizers, activists, and academics to plan the annual Beyond the Bars Conference.

<http://centerforjustice.columbia.edu/beyond-the-bars-3/beyondthebars-fellowship/>

- **Center for Court Innovation**

Originally founded as a public/private partnership between the New York State Unified Court System and the Fund for the City of New York, the Center for Court Innovation creates operating programs to test new ideas and solve problems, performs original research to determine what works (and what doesn't), and provides expert assistance to justice reformers around the world.

<https://www.courtinnovation.org/programs>

Gun Violence Workshop

Michael Luke (MS4 at Donald and Barbara Zucker School of Medicine at Hofstra/Northwell)

Alex Irace (MS2 at Vagelos College of Physician and Surgeons at Columbia University)

Mattie Renn (MS2 at Vagelos College of Physician and Surgeons at Columbia University)

Dr. Jeffrey Oestreicher, MD (Pediatric EM Attending at Cohen Children's Medical Center)

GOAL: Arm healthcare students with resources to educate their patients on firearm safety and how to get involved with community, research and legislative initiatives to address the gun violence epidemic

KEY LANGUAGE:

- **Assault Weapons Ban** (Public Safety and Recreational Firearms Use Protection Act): Former 10-year prohibition on the manufacture for civilian use of certain semi-automatic firearms that were defined as assault weapons
- **Concealed Carry Reciprocity:** Legislation to require all US states to recognize concealed carry permits granted by other states
- **Dickey Amendment:** Passed in 1996, mandating that none of the funds made for injury prevention and control at the Centers for Disease Control and Prevention (CDC) be used to promote gun control
- **Red Flag Law** (Extreme Risk Protection Order, Gun Violence Restraining Orders, Risk Warrants, etc.): Legislation that permits police or family members to petition a state court to order the temporary removal of firearms from a person who may present a danger to others or themselves
- **Safe Storage Law:** Legislation that requires guns to be stored locked and unloaded when any person prohibited from possessing a gun is present in the gun owner's home
- **Universal Background Check:** Proposed legislation requiring firearm transactions to be recorded and passed through the National Instant Criminal Background Check System, closing the gun show loophole

ORGANIZATIONS:

Healthcare Professionals:

AAP Working Groups

AMSA Med Students for Gun Safety

Doctors4GunSafety

Scrubs Addressing the Firearm Epidemic

Educate patients & professionals:

Asking Saves Kids

Stop the Bleed

UC Davis Health's What You Can Do

Community:

Black Lives Matter

Day One

Gays Against Guns

Guns Down Life Up

Team ENOUGH

Med Out the Vote

When We All Vote

Moms Demand Action

Neighbors in Action

New Yorker Against Gun Violence

Stand Up to Violence

Get the evidence-based facts:

Brady Campaign

Everytown for Gun Safety

NY'S FIREARM SAFETY MILESTONES 2018:

- March 24: March for Our Lives
- June: Gun Violence Awareness Month
- June 21: National ASK Day
- September 17: Stand SAFE's National Action Day
- September 30: Concert Across America to End Gun Violence
- October 1-5: Columbia University's Gun Violence Action Week
- October 15: State Senate District 5 Candidate Forum on Children's Health Issue
- November 6: Midterm Election Day

#ENOUGH

#GUNSENSE

#NEVERAGAIN

Immigration & Refugee Health Workshop

Gunisha Kaur, M.D., M.A. (*Assistant Professor of Anesthesiology, Weill Cornell Medicine & Medical Director, Weill Cornell Center for Human Rights*)

Nneoma Adaku (*3rd Year MD-PhD Student, Weill Cornell/Rockefeller/Sloan Kettering Tri-Institutional MD-PhD Program*)

WORKSHOP HIGHLIGHTS:

- Barriers to quality care: underutilization of interpreters, limited access to insurance coverage, fear of deportation, pathologization of cultural norms
- Student action items: advocating for immigrant patient presentations and OSCEs, ensuring thorough social history taking and the use of phone interpreters, identifying immigrant health career mentors

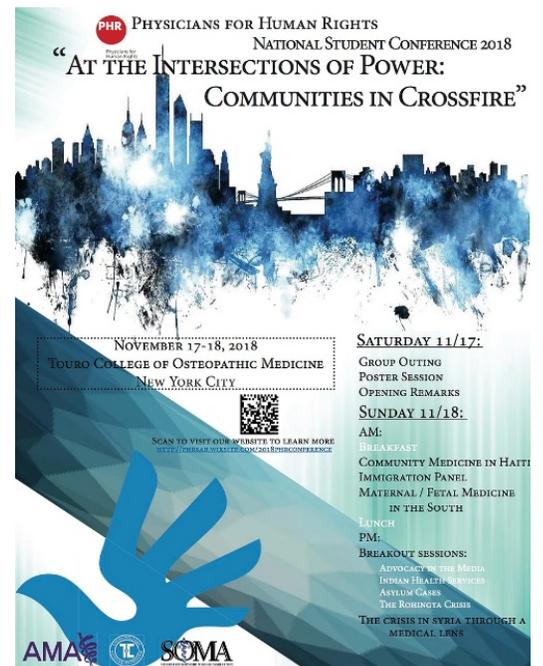
NEW YORK MEDICAL SCHOOL ASYLUM CLINICS:

Receive training on how to conduct an asylum evaluation, and potentially start a clinic at your own institution.

- Columbia P&S Human Rights Initiative
- Mount Sinai Human Rights Program
- Weill Cornell Center for Human Rights

UPCOMING EVENTS:

- New York Immigration Coalition Events Calendar
- 2018 Physicians for Human Rights National Student Conference
 - November 17-18, 2018
 - Touro College of Osteopathic Medicine



LGBTQ+ Health Workshop

Dr. Richard E. Greene, MD (*Associate Professor, Director of Health Disparities Education, NYU School of Medicine*)

Dr. Gal Mayer, MD (*President, GLMA: Health Professionals Advancing LGBTQ Equality*)

Sandra Goldlust (*MS2 at NYU School of Medicine*)

LEADING QUESTIONS:

- How can we develop health services that target the specific needs of the LGBTQ community?
- How can we further identify LGBTQ health disparities?
- How can we improve the relationship between the LGBTQ community and the medical community?
- How can we train the next generation of physicians to provide better care to the LGBTQ community?
- How can we increase awareness of LGBTQ health disparities among current physicians, and what tools can we provide them to improve the care they provide?

CURRICULUM REFORM:

- **Educating students**
 - Integrate LGBTQ +health topics throughout lectures rather than having LGBTQ+ specific lectures
 - Simulations (OSCEs) involving transgender actors or other members of LGBTQ+ patients to prepare students for working with the population at hand
 - Teach students to ask all patients for their preferred pronouns
- **Educating faculty**
 - Avenues for students to directly offer lecturer feedback
 - Faculty training on LGBTQ+ health issues prior to giving lectures
 - Medicine is a hierarchy – but don't be afraid to speak up!

ORGANIZATIONS:

- Weill Cornell Medicine Wellness Qlinic
 - Student-led clinic aimed at providing psychiatric and psychological services for members of the LGBTQ+ community
 - Connected with Columbia LGBTQ+ student-led clinic offering medical care for community members
 - Student connection: Matt Wickersham (*MD/PHD student at Weill Cornell*)
- Gays Against Guns
 - An inclusive direct-action group of LGBTQ people and their allies committed to nonviolently breaking the gun industry's chain of death—investors, manufacturers, the NRA and politicians who block safer gun laws
- GLMA: Health Professionals Advancing LGBTQ Equality
 - National organization committed to ensuring health equity for lesbian, gay, bisexual, transgender, queer (LGBTQ) and all sexual and gender minority (SGM) individuals, and equality for LGBTQ/SGM health professionals in their work and learning environments

Opioid Epidemic Workshop

Ashley Lewis (2nd year MD/PhD NYU School of Medicine)

Paul Frazel (2nd year MD/PhD NYU School of Medicine)

Dr. Lawrence Brown (MD CEO of START Treatment and Recovery Centers)

BACKGROUND:

- Uptake in overdose deaths due to opioids, including prescription and illicit
- Prescription opioids initiated current epidemic, then heroin and fentanyl have in recent years been leading cause of death
- Pharmaceutical Companies, such as Purdue Pharmaceuticals aka the Sackler family, marketed inappropriately high potency painkillers
- They often used misleading or fabricated science, corruption of approval agencies and infiltrating patient advocacy groups

WHAT YOU CAN DO:

- Advocate for Harm Reduction
 - Safe needle exchange, Safe injection Sites, Narcan/Naloxone
- Medically Assisted Treatment
 - START- MAT in conjunction with psychosocial and behavioral treatments
- Lobbying- NYC safe injection site laws
- Direct Action
 - Demand Big Pharma accountability, response from prestigious institutions

TAKEAWAYS:

- Advocate for policies that HELP people who use drugs and advocate for policies that DO target Big Pharma (not anti-opioid, but anti-Sackler)
- Pressure institutions on donor accountability

GET INVOLVED:

- Get involved with local groups advocating for better policies for people who use drugs
- Harm Reduction Coalition
 - Harm Reduction Coalition was founded in 1993 and incorporated in 1994 by a working group of needle exchange providers, advocates and drug users
- Vocal-NY (Voices of Community Activists & Leaders)
 - A statewide grassroots membership organization that builds power among low-income people affected by HIV/AIDS, the drug war, mass incarceration, and homelessness in order to create healthy and just communities

Segregated Care Workshop

Akila Pai (MS2, ISMMS, akila.pai@icahn.mssm.edu)

Conner Fox (MS3, ISMMS, rachel.wilkinson@icahn.mssm.edu)

Rachel Wilkinson (MS2, ISMMS, conner.fox@icahn.mssm.edu)

Academic hospitals in Manhattan divide most of their outpatient practices into separate clinics for commercially and publically insured patients. In New York City, approximately 80% of Medicaid enrollees are people of color. Because insurance status is a proxy for race in NYC, separating patients by insurance type is de facto racial segregation.

Student-driven research at Mount Sinai Hospital showed that, relative to commercially-insured patients, those in the Medicaid clinics experience less continuity of care, longer wait times on hold while scheduling appointments, longer more distant next available appointments, and lower patient satisfaction. All of these factors impact health outcomes and serve to perpetuate racial and socioeconomic health disparities. It is critical that the next generation of physicians work together to dismantle systems that perpetuate such inequities.

ASK QUESTIONS:

- Learn about if and how segregation takes place in your institution
- Survey third- and fourth-year students
- Talk to deans, administrators, patient services reps

GENERATE DATA:

- Ask specific research questions
- Compare how patients with different insurance types receive care
- Possible points of interrogation: next available appts, time on hold, patient satisfaction, student observations or experiences, etc.

IDENTIFY TARGET CHANGES:

- What can we do with this data?
- What does your data show and how can that be changed?

DISTRIBUTE DATA:

- Make your voice heard
- Present to students, deans, administrators, surrounding community
- Public forums vs. private meetings – what purpose does each serve?
- Use these meetings to learn more, to find new questions to ask

BUILD MOMENTUM:

- A coalition of students in NYC is working on this together! See below.
- Recruit first and second years to get involved each year to maintain momentum
- Engage the surrounding community

RESOURCES:

- NYC Coalition to Dismantle Racism in the Healthcare System
 - Nyccoalitiontodismantleracism@gmail.com
 - Organization working to unite efforts to end racism in healthcare
- Students for a National Healthcare Program (SNaHP) - NYC Chapter
 - Alec.feuerbach@icahn.mssm.edu
 - Coordinating a segregated care working group to advance collaborative work between institutions

Single-Payer Healthcare Workshop

Michael Danziger (*MS3 SUNY Downstate*)

Christian Cayon (*MS3 Icahn School of Medicine*)

Emilie George (*MS4 Weill Cornell*)

Dr. Daniel Lugassy, MD (*Assistant Professor at NYU Langone School of Medicine*)

THE BASICS:

Single-payer vs multi-payer models of healthcare

- A question of simplicity; the economic viability follows the organizational simplicity

Misconceptions/Common counter arguments

- Quality of care, waiting times: the US is at the bottom of the list of developed countries in both categories
- "What happens to all the people who work in the insurance industry?"

Roadblocks:

- Vested interests/entrenched medical organizations

LEGISLATION:

HR 676/S 1804

- Funded using existing resources and additional taxes - economically robust as per Gerald Friedman (UMass Amherst) studies

New York Health Act

- Funded by state Medicare/Medicaid grants plus additional payroll taxes
- Has passed the state assembly 4 times and is currently 1 vote in the state senate away from reaching the governor's desk

Anti-single-payer movement

- Funded by: insurance, pharmaceutical, med tech, and hospital industries, among others
- Emergence is positive, as it means single-payer is seen as an existential threat; however, its financial backing is much stronger than that of the pro-single-payer movement
- Did it emerge too late to really sway public opinion the opposite way?

WHAT WE CAN DO:

- Single-payer must be a progressive litmus test: no one running as such should be permitted to not support it
- Participate in political efforts that promote single-payer: PNHP and DSA organize talks, canvassing events
- Getting involved at every level is important
- Educate our classmates: medical school curricula do not emphasize policy, so many students don't even know the difference between the models of healthcare allocation

ORGANIZATIONS:

- Physicians for a National Health Program/Students for a National Health Program
- Campaign for New York Health