



Workshop Descriptions

SNaHP Summit 2019 - Liberty and Health Care for All

Long Term Care: A Vital Piece of Single-Payer Legislation:

-Alec Feuerbach (M4, Mt. Sinai) and Michael Zingman (M3, Columbia)

Medicare has served many well since it was first introduced; however, the program leaves many middle and low-income people behind by not including long-term care services. Long-term care – or the services a person needs if illness, physical or cognitive disability, injury, or aging prevents them from performing everyday tasks – is an unaffordable challenge for many. In the United States, one year in a "semi-private" room in a nursing costs over 80,000 dollars and the cost of a home-aide for six hours a day costs nearly 45,000 dollars yearly. Because Medicare does not cover these services, families are forced to forgo needed support or "spend down" savings to qualify for Medicaid. The goal of this workshop is to understand why it is imperative that long-term care be treated as healthcare and – as it is in the House bill – included in single payer proposals. Participants will gain an understanding of difficulties patients face by working through case studies of patients that need long-term care in our current system. Then, they will discuss how long-term care is treated in various countries. Finally, the workshop will close with a consideration of current single payer proposals in the United States that do, or do not, improve long-term care coverage.

Activism for Harm Reduction and the Opioid Crisis:

-Paul Frazel and Helen Zhou

We will give a brief overview of the history and causes of the current US opioid crisis, and then discuss current activism around the opioid crisis including recent protests in the art world. We will then show how strategies for activism in the opioid crisis can be applied to the fight for single payer, as the two issues are intricately linked.

Advocating for Single-Payer: Policy, Public Opinion, and Messaging:

-Micah Johnson, Thomas Jackson, Taylor Cox, and Rex Tai

This is a workshop about building the knowledge and skills necessary to be an effective advocate for Medicare for All. We start by exploring public opinion of single payer: although a majority of Americans support Medicare for All, understanding of the policy is incomplete and opinions remain malleable to specific counterarguments. We then examine the key policy features of current Medicare for All legislation, with the goal of building a deeper understanding of the policy to inform advocacy and messaging. We then move into advocacy training. Workshop participants will practice how to have persuasive conversations with voters, healthcare providers, and political actors through a series of interactive exercises.



Building a Movement: Leveraging Your Skillset to Win Medicare for All:

-Ashley Duhon, Frances Gill, Ashley Lewis, and Rachel Madley

This workshop is designed to give chapters and individuals the skills needed to grow support for single payer healthcare at their institutions, within their local communities, and amongst the broader public. The workshop will cover three main tactics: 1) Base Building 2) Creating Community Coalitions, and 3) Direct Action and Civil Disobedience. During the base building segment, we will discuss concrete organizing techniques to increase membership of your SNaHP chapter (or start one!) and encourage more active participation among your classmates and faculty. Then, we will discuss how to create lasting connections with community organizations to fight for health justice. Lastly, this workshop will include a Direct Action and Civil Disobedience training, which will cover the basics skills needed to incorporate organized disruption into your chapter's overall strategy. This workshop will be beneficial to students at all stages of growing their chapters.

Segregation in Healthcare:

-Michael Danziger, Sofia Ahsanuddin, and Michelle Tong

“Segregation in healthcare” describes ways in which access and use of healthcare by a specific group (defined in terms of race, sex, gender identification, socioeconomic status, and demographics) is limited compared to others around them. While once legally codified, such segregation is now less overt, as the current-day practices are much more insidious and other confounding social factors provide plausible deniability. Indeed, segregation occurs largely through the proxies of ability to pay and access to care. Segregation-by-proxy occurs in many sectors and is so insidious it may deceive the most well-meaning individuals. This workshop will examine how segregation occurs within healthcare systems, using research compiled by New York City medical students as a starting point. We will examine the ways that hospitals and health policy promulgate segregation in healthcare and the potential role a single-payer system would play in dismantling this segregation. We also want to challenge participants to consider the ways in which both their institutions and local political policies and programs do (or do not) contribute to segregated care, and help build strategies for fighting these practices as medical students.