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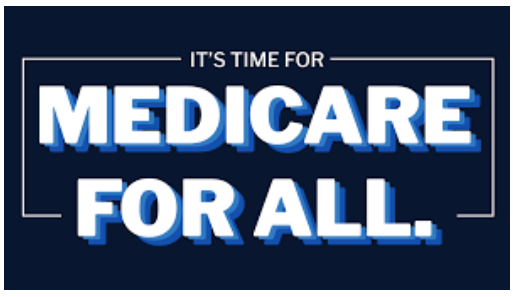
The SNaHP-Shot

An independent, patient and worker-focused healthcare newsletter

Students for a National Health Program

Issue #1



Opinion: Be Bold

BY EDWARD SI
EASTERN VIRGINIA MEDICAL SCHOOL

Medical students across the nation are taught about the healthcare disparities that plague us. It is a step in the right direction, but I think we can do better. By most developed nations' standards, America has failed in delivering quality healthcare that is accessible to a substantial amount of its people, leading to tens of thousands of deaths and even more bankruptcy every year. If we future physicians are indeed the future of healthcare in this country, then we cannot be afraid to have dialogue about ways we can truly ameliorate the unnecessary suffering our countrymen, and future patients, will be undergoing.

Yes, this discussion will at times be political but with the health of the American people on the line, we cannot afford to not keep silent. If it is not apparent enough, medicine and healthcare are well within the realms of politics. Take, for instance, the recent Supreme Court ruling on Roe v. Wade that severely restricted access to abortion in many states, or the heated political battle regarding masking and vaccines in a pandemic that has killed an excess of one million Americans. Consider the fact that the AMA, an organization that claims to be the voice of American physicians, spent $19,490,000 on total lobbying expenditures in 2021. If they had their way roughly sixty years ago we would not have Medicare. There is also current CMMI director Liz Fowler who has rotated between executive positions in giant, for-profit health insurance companies and government positions with her current government post as CMMI director, hellbent on privatizing Medicare. Are we willing to let these organizations, solely interested in profit, speak on your behalf while you ignore the politics of healthcare and stay silent? If that is the case, you have everything to lose and they have everything to gain.

So, be bold and do what is right. I made an oath and as much as it seems more like a virtue-signaling ritual than what it actually is, I would like to imagine it meant something. Act like your patients depend on it, because they do. If anyone is uncomfortable with the idea of getting political or does not want you to speak, then cite the above examples because the idea that medicine and political discourse are mutually exclusive is nonsense. There is no good reason not to have this conversation. In fact, not holding this conversation will be doing you and your patients a gigantic disservice in becoming a well-informed physician, ready to take on our crumbling infrastructure. Gone are the previous generation of physicians who failed to be informed and allowed the private take-over of medicine. Advocacy should include looking out for the financial health of your patients and those of the entire nation. I will leave you with a quote from Dr. MLK Jr. the day before he was assassinated: "Somewhere I read of the freedom of speech…Somewhere I read that the greatness of America is the right to protest for right."

News

Medicare for All Bill

BY YUSUF CIFTCI, JOHNS HOPKINS SOM

On May 17, 2023, Senator Bernie Sanders (I-VT) and Representatives Pramila Jayapal (D-WA) and Debbie Dingel (D-MI) introduced the Medicare for All Act of 2023. This important bill continues efforts to implement universal healthcare coverage in the United States, a fundamental human right for every person. Our current health insurance system, consisting of large, privatized companies along with government funded options, is catastrophically failing. This is evidenced by the 85 million people who are uninsured and underinsured in the United States, along with the tremendously high amounts of national healthcare spending. This important piece of legislation intends to significantly transform the healthcare and health insurance landscape.

The Medicare for All Act expands Medicare coverage to include primary care, dental, vision, mental health, and other services. Additionally, this legislations includes provisions to reduce bureaucratic inefficiencies and provide coverage for the most vulnerable of society. Therefore, the Medicare for All Act is an important step toward achieving better health outcomes and achieving the ideal of healthcare was a human right.

Please consider the following actions to support the Medicare for All Act of 2023:

- Contact your Representatives and Senators using the message form which can be found HERE, or call the Capitol switchboard at (202) 224-3121. Demand that they sign on to these bills to ensure that their constituents can freely access the care that they deserve.
- Schedule an in-person meeting with your representative and with each of your senators—or with a health policy staffer at their district office; this is a crucial part of building relationships with your legislators.
- Write an op-ed or letter to the editor supporting the Medicare for All Act.

AMA Resolution to Neutralize Anti-Single Payer Language

BY EDWARD SI, EASTERN VIRGINIA MEDICAL SCHOOL

Support Our Resolution to Neutralize Anti-single-payer Language in the AMA.

In 2019, courageous SNaHP members organized and protested at the AMA annual meeting in Chicago. Despite our best efforts, we narrowly lost the push to pass a resolution to neutralize anti-single-payer language in the AMA in a 53-47 vote. Four years later and after a devastating pandemic, we have reinvigorated our base to finish what we started.

Earlier this year, SNaHP members led by Donald Bourne wrote and submitted a similar resolution to the AMA Medical Student Section (MSS). The resolution received 63 written testimonies of which the grand majority were in favor of the resolution. Only two submitted testimonies were against the resolution.

If you are also an AMA member, please sign up for AMA MSS annual meeting on June 7-9 in-person in Chicago or virtually. Come and show support for this very important campaign so that the MSS can endorse the resolution and send it to the AMA House of Delegates.

Sign-up here!

Congratulations and welcome to our 2023 SNaHP Exec Board!

Ryan Parnell
Donald Bourne
Edward Si
Michael Massey
Robertha Barnes
James Waters
Yosha Singh

And everyone else who has joined a leadership committee with SNaHP for the upcoming year!

Between the incoming leadership group we have 21 medical schools in 17 states represented!

Healthcare News

BY SCOTTY KILLIAN

PANCREATIC CANCER VACCINE SHOWS SMALL PROMISE IN NEW TRIAL (NYT)

> Pancreatic cancer vaccine shows incredible results in small initial clinical trial, yet will Americans ever be able to afford it?

RESIDENT DOCTORS STRIKE AT ELMHURST ENDS AFTER 3 DAYS (NYT)

> Unionization guarantees that members can sit at the table with their bosses to create a contract. This contract can include pay increases, better call coverage, hazard pay, family leave, or really whatever you and your colleagues advocate for. However, United States laws around unionization heavily favor the bosses, meaning contract negotiations can take months and even years. Therefore unions sometimes withhold their labor in the form of a strike to remind everyone involved who actually creates economic value. This is exactly what happened at Elmhurst in New York, where residents went on strike for better wages. After 3 days the bosses caved, and found another "last best contract" that included more of the resident's requests. Congratulations to those residents, and to anyone else reading this: go demand some of your added value, they cannot function without us.

LOMA LINDA RESIDENTS CAN HOST UNION VOTE (SPECTRUM)

> On the other side of the country the National Labor Relationships Board (NLRB) approved union vote for Loma Linda residents. In order to unionize 30% of workers must sign a petition to hold a union vote. This happened at Loma Linda, but as often is the case with unionization the bosses didn't like that. The University arguments boiled down to a religious exemption to unionization and that their residents are students, not workers. With the NLRB supporting the residents they can now hold their union vote and if 50% of residents vote yes the union passes and the University is forced to join residents at the table for contract negotiations.

Upcoming SNaHP Events

PROTECTING OUR CHILDREN FROM UPCOMING "MEDICAID UNWINDING" PEDIATRICIAN WEBINAR

June 21st, 9PM est. PNHP is convening a panel of pediatrician leaders to talk about the implications of this Medicaid unwinding. Speakers include Dr. Rhea Boyd, Dr. Marian Earls, Dr. Jane Oski, and PNHP president Dr. Phil Verhoef. Moderated by PNHP national board member Dr. Sanjeev Sriram. Register Here!

AMA STUDENT SECTION MEETING - JUNE 9-10, CHICAGO, IL.

We are looking for SNaHP members to prepare to provide oral testimony in support of our resolution and a small rebuttal team at the AMA Medical Student section meeting!

Sign up here! (if you're an AMA member)

SAVE THE DATE! SNAHP SUMMIT AND PNHP ANNUAL MEETING

November 10-12.

Crowne Plaza Midtown. Atlanta, GA

Get Involved

Become a SNaHP Member!

PNHP

DSA Health Workers Collective

National Nurses United

Healthcare NOW

CIR

Opinion: Public Safety and Health Insurance

BY SEBASTIAN MENDEZ AND KAITLYN SBROLLINI
RENAISSANCE SOM AT STONY BROOK UNIVERSITY

Position: Expanding health insurance has demonstrated the potential to attenuate the human and financial costs of criminal behavior; to reap these benefits this nationwide, we should consider Medicare for All as a solution in the crime debate.

The extent to which anxieties surrounding crime have been brewing has become abundantly clear over the last several years. In my role as a physician-in-training, worried patients have gone out of their way to tell me how concerned they are for their safety. Consider how much fear a Vietnam war veteran must have had to tell me he's been avoiding visiting his family in the city due to the threat of violence.

He's not alone: in 2022, Pew Research[1] determined that 61% of registered voters nationwide considered violent crime to be "very important" when considering who to vote for congressionally. In response to these concerns, President Biden recently proposed allocating billions of dollars to police budgets nationwide via the Safer America Plan[2], another addition to his long history of tough-on-crime policies[3]. Even the liberally-minded NYC electorate went so far as to elect a former police captain and former Republican as their mayor in Eric Adams, whose campaign was spurred by a disproportionate abundance of crime reporting in comparison to actual crime rates[4].

Is the issue really that we aren't infusing enough money into police budgets? The amount spent on American police and prisons combined was an estimated $277 billion[5] in 2021, whereas Russia spent less than a quarter of this amount on their military that same year. Despite our extraordinary investments and good intentions, having well-financed police forces and prisons is not associated with the presence of crime[6]. So the question remains for constituents and policy makers alike: how is it that we can mobilize our hard-earned tax-payer money to make our communities safer? One of the most powerful answers missing on both sides of the political aisle is promoting universal health insurance coverage as a means of reducing crime.

What evidence do we have that this could prevent crime? It turns out that the last decade has presented health policy researchers the opportunity to measure the effects of public insurance expansion on crime and recidivism. The expansion of Medicaid eligibility criteria afforded by the Affordable Care Act benefited a demographic known to disproportionately contribute to crime, that of low-income, childless adults[7],[8]. Providing insurance coverage to this group increases their likelihood of attaining employment and financial earnings which has the potential to reduce the rate of both property[9] and violent crimes[10]. We also see that the security of Medicaid coverage in comparison to less secure forms of insurance coverage, such as those tied to employment, improved treatment outcomes among justice-involved individuals. State-sponsored investigations into the treatment of opioid use disorder emphasized the fact that having stable Medicaid coverage maximizes the possible reduction in recidivism in this population because it encourages long-term methadone treatment[11]. Another group of researchers also found that, of these individuals, those with depression or substance use disorder received treatment more frequently if they were covered by Medicaid as opposed to a private insurance plan[12].

It's safe to say that preventing these sorts of crimes saves us money in the long run given the many tangible[13] and intangible costs incurred by victims, perpetrators, their friends and family, and state actors. For one, expanding insurance coverage while achieving modest reductions in crime will augment communities financial and sociocultural economies by enabling more people to participate within it. Expanding the privilege of insurance will dissuade criminal behavior just as many other forms of public assistance (e.g., universal income, SNAP benefits) have been shown to have similar effects both domestically and abroad[14],[15]. A continued reliance on incarceration which isolates vulnerable or desperate individuals will exacerbate these individuals' underlying motivations for engaging in whatever the law considers to be a crime. To this end, incarceration has been found to paradoxically encourage criminal recidivism in some communities, especially those with high prison density.

Secondly, the vast majority of analyses agree that we stand to save billions[16] as a nation if we were to adopt a national health insurance program, that is, a single payer healthcare system. On top of these savings, it's worth noting that these analyses don't go as far as to consider the money we would save by reducing the prevalence of crime, which means we stand to save even more than these projections account for. How might expanding insurance coverage offset the costs of crime? Consider how one group of researchers reasoned that just a 10% increase in the substance use disorder treatment rate – a condition affecting one in seven Americans aged 12 or older[17] – would save at least $2.9 billion in crime-related costs in comparison to the $1.6 billion it would cost to care for these individuals[18]. Likewise, the same methadone treatment discussed earlier was estimated by New York State[19] to confer a $4 return for every dollar spent. Since there is no relationship[20] between imprisonment and population rates of drug use, we would do well to turn to a proven strategy which, while saving money, dismantles the barriers to receiving health care in this population as opposed to subjecting them to a correctional environment that abets drug use[21].

The desire for a national health insurance is not a new policy idea, but proponents of this egalitarian policy would do well to include the benefits of crime prevention in their conversations with constituents and politicians who have made crime a top priority. Our communities stand to benefit from a fiscally responsible yet compassionate legislation that addresses these concerns while granting security to millions of Americans and their families whose lives have been affected by substance use disorders, chronic conditions, mental illness, or debilitating injuries. By appreciating this perspective, perhaps those of us who share a vision for a national health insurance can encourage non-believers to imagine a safer, more secure reality by targeting both the debilitating effects of unaddressed health needs and crime.

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Editorial: Vaccinating Syracuse's Most Vulnerable

BY ELENA SITNIK AND ROBERTHA BARNES
SUNY UPSTATE NORTON COLLEGE OF MEDICINE

With the goal of vaccinating our community's most vulnerable members, a team of four medical students and community psychiatrist, Dr. Sunny Aslam, offered the COVID vaccine in homeless shelters, a free-meal distribution site, group homes, areas where unhomed individuals congregated outdoors, and knocked door-to-door in subsidized housing neighborhoods offering the vaccine throughout the summer of 2021 and early months of 2022. Our team traveled Syracuse by means of Dr. Aslam's private vehicle, approaching countless individuals with the question "have you had your COVID vaccine yet?" Anyone wishing to receive the vaccine could receive it right then - in the shelter cafeteria, on the front stoop of an apartment building, or sitting on a curb on the outskirts of a quiet parking lot. One of our students would retrieve the vaccine from our styrofoam cooler, while another used a smartphone for complete digital documentation. When folks had questions about the vaccine or were concerned about misinformation they had heard, we sat and talked with them, answering each of their questions and gently encouraging vaccination if they were ready. Some of these conversations would continue week after week, as we returned to the same shelters and street corners. Building a rapport with the community and gaining recognition, more people started accepting our offer. Folks who had originally been hesitant became our spokes-people telling their friends "I didn't feel too bad after my shot, you'll be alright, just do it!"

As we offered the vaccine, we heard numerous stories about the ways in which social determinants of health and access to affordable healthcare acted as barriers to vaccination. People shared challenges related to transportation, working hours, hesitancy based on misinformation, and concerns relating to co-morbidities. Through these conversations we witnessed firsthand how impactful community-based outreach can be, especially among populations who have mistrust in the medical community rooted in historic injustices. Our eyes were also further opened to the inequalities in healthcare access, which were exacerbated throughout the early stages of the COVID epidemic.

Our mobile vaccine clinic was able to reach hundreds of individuals, vaccinating nearly 200 people, while initiating contact with representatives from the healthcare system for hundreds more. Providing this type of preventative healthcare to vulnerable communities served as a firm reminder that it will take continued deliberate effort to provide medical treatment to those who are often left out with our current system. To increase health equity, it is essential that healthcare access is expanded to support community-based health services and strategically work to repair mistrusting relationships between marginalized groups and the healthcare system. Implementing a single payer healthcare system would be a great first step to including everyone into affordable medical care.

Opinion: Honest Reflections From a Single Payer Advocate

BY JOEY BALLARD
INDIANA UNIVERSITY SCHOOL OF MEDICINE

Among activists, we tend to highlight our wins, and for good reason! The losses seem to pile up and the task we face as single payer advocates can seem insurmountable. However, I think it's worthwhile to hold space to reflect on our setbacks and talk about what this work is really like. As I start my last year in medical school, I've reflected over these past few years, and I want to share some of my most salient experiences with SNaHP and single payer advocacy.

During one of my first rotations, the attending physician I was with spoke to a patient about the risks and benefits of undergoing surgery for a hernia repair. After an extensive discussion, he asked if the patient had any concerns – his only one was how much it would cost. Obviously, there's a lot to unpack considering the patient's main concern was cost and not the risks of undergoing abdominal surgery. However, I want to highlight the physician's response. He said, "I really have no idea how much it'll cost." I acknowledge that it would be impossible to know how much it would cost for every patient given the number of different insurance plans, but he made no effort to give the patient any idea. He didn't let the patient know that CMS requires hospitals to provide price estimates, or that the patient may be eligible for financial assistance since we were at a nonprofit hospital, or that there are other resources like Healthcare Bluebook that gives fair price estimates based on a person's zip code. Instead, the physician was already thinking about his next patient and ready to move on with his day.

This encounter is illustrative of how out of touch physicians can be with their patients. We're all called to medicine to help people, but the patient doesn't cease to exist once they leave the clinic. Sure, he could fix the hernia, but would this actually worsen the patient's life? How much would his insurance cover? Would our "nonprofit" hospital sell off his debt to collectors, subjecting him to wage garnishment or making his credit score take a nosedive? It is utter insanity that our healthcare system punishes those who we are supposed to help, but this is the reality. It's contingent on us to learn how the system works and how we fit into it – how we actually facilitate this perverted transaction despite our best intentions. Treating healthcare as a commodity allows hospital executives to line their pockets by overcharging patients. It allows insurance companies to practice healthcare without a license and profit by withholding payment for medically necessary services. It drives our overall resources away from the people who need them most (look up the inverse care law for more on that).

Of course, this is overwhelming, and I understand (but could never excuse) why physicians who have practiced for so many years feel disillusioned and only focus on themselves. I feel like this mindset is reflected in my experiences with organized medicine. As far as I can tell, my state's medical society's only real priorities are physician compensation and scope creep. Those are the only topics it will take active steps in effecting change, otherwise you'll have to settle for taking a position of support in any resolution you bring up for consideration. And again, I recognize that there is limited time, money, and political capital, but it just feels wrong when the only things we (organized medicine) will fight for provide direct benefits to us. The healthcare system is intentionally complex, and the learning curve often prevents people from feeling like they can do anything. How audacious are we to dare to dream that the medical societies representing us would center the patient's perspective and take action to improve it above all else? It feels like that's what should be happening because it would actually help fulfill our shared goal that brought us to medicine.

Last year, I authored a resolution for my state's medical society that would "express support for universal access to comprehensive, affordable, high-quality health care through a single-payer national health program." Despite the authorship team spending months researching and citing relevant studies with statistics from our state, minds were already made up. Physician members spoke about everything from their experience with the VA to misconceptions about the ACA to justify their opposition. After hearing testimony during the first day of the convention, I found myself frustrated and even annoyed at what I had heard. We know that our healthcare system is failing. From limited access, prohibitive red tape, and ever-increasing prices, what more proof do we need? Given the demonstrated track record of failure, it didn't (and doesn't) make sense to me why continuing the status quo is an acceptable option. And again, I just felt there was such a disconnect from the patient experience. To me, the way our healthcare system fails patients is an emergency, but to them it was clear that this conversation was just a waste of time discussing the wish list of a bright-eyed medical student who didn't understand how the system works.

Eventually, they did adopt the first half of my resolved clause, supporting universal access to comprehensive, affordable, high-quality healthcare – just leaving out the part of it being through a single-payer system, as if there is any other way to accomplish these goals. Overall, this was progress. I hope that we can use the existing policy to support additional resolutions with similar goals. Even though this came up short, I think medical students have the responsibility to keep pushing for change. We come into the healthcare system with a fresh set of eyes, able to see it for what it really is. We have to be the ones driving progress, even when physicians believe it is evidence of our naivety.

Through all of this, there have been times when I've found it difficult to keep up the fight. I felt this way after the Dobbs decision. A few days after the decision, I was speaking at an event for the League of Women Voters about single payer. I had spent months preparing my speech and planning what to say. However, I could only think about the Dobbs decision. I found myself struggling to justify spending so much time fighting for single payer and systemic change at a time when we are struggling to maintain abortion access. It was a sobering example of the challenges we face. Additionally, I must concede my own skepticism about single payer. Of course, I firmly believe this is the best approach to structure our healthcare system, but I question our government's ability to administer it. At the time I'm writing this, it's unclear whether our country will default on the national debt, raising questions about its ability to fulfill even the most basic tasks. With the filibuster and gerrymandering crippling Congress and the Supreme Court's unchecked power, calling the situation bleak would be an understatement. However, I'd still prefer to have elected officials run our system as opposed to executives driven by greed and profits.

As you can see, I've experienced my share of doubt and pessimism throughout this process. But I've also met people who keep me going and remind me why we're in this fight. From physician mentors who are retired and still trying to make a difference to incoming medical students ready to help in whatever way they can, these are the people that have helped keep me going. I wanted to share these thoughts to let you know that as a single payer advocate, feeling defeated is okay and even normal, but we're in this together, and this fight is worth it.

What is this newsletter?

We envision this as a way for SNAHP members, friends and like-minded people who are passionate about single-payer healthcare in the US to come together. We hope this newsletter will be a useful and exciting way to get news, commentary, and other content about health justice topics from a progressive perspective. We will try to create a space to openly talk about health justice issues without pressure to be politically neutral and provide individuals a low-barrier opportunity to publish their work on a national platform. Not to mention, we'll share SNaHP and PNHP updates and ways for readers to get involved.

Anyone and everyone are invited to submit something to be included in a future newsletter! Below is information about how to go about that and the details you'll want to know.

We encourage submissions on a wide range of topics, including but not limited to:

- Opinion Pieces
- News/Social Commentary
- Personal Stories and Experiences
- Editorials
- Informational Pieces
- Book Reviews

Please limit all written pieces to 1000 words (approximately 2 pages, single spaced). If you'd like to submit a finished piece of writing, poetry, visual art, musings or something else, please reach out! Additionally, we would love to hear if your SNaHP chapter has done anything similar in the past.

Please submit articles to the following google form: https://forms.gle/nTAiwNCAPmHRKmXKA

All submissions will have the opportunity to be revised and edited by the editorial team. Our aim here is not to censor but to provide support and curate the submissions we get for each issue to create a cohesive edition. Submissions past the deadline will be considered for future editions. Our editorial team can also be available to help people with the writing process. If you have an idea for something to submit, feel free to get in touch to discuss! You can reach the editorial team aciftci1@jhmi.edu and jloftus3@jhmi.edu.

We welcome contributions from all members of the SNaHP community, including students, educators, health care professionals, and activists. Your perspectives and experiences are invaluable in shaping our shared vision for a more equitable health care system.

Thank you for your support, and we look forward to reading your work!

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