

PFANHP-PNHP November Forum: Single Payer – Everyone Has a Role to Play

November 16, 2021

7:00-8:40

ANA DJORDEJVIC: Good evening, everyone. Welcome. Thank you so much for being here. We will give others a few minutes to join us, so thanks so much for your patience. We will get started shortly. Since everyone is muted, feel free to use the chat to say hi, introduce yourselves. You are welcome to use your name, pronouns, titles, affiliations, location, and any other details you would like the rest of the folks to know.

Closed captioning is going to be available. You can find it in the Zoom toolbar and the link on your screen. Just to let you know, the recording and transcript of this forum will be emailed to everyone who RSVPed after the forum. Thanks so much for being here.

Since you are early, take advantage of this moment to grab a glass of water, make some tea, maybe an extra blanket. We will get started in just a second.

If you haven't walked away to get a blanket or glass of water, Betty just launched a poll for us. Let us know who is in the room, who is with us tonight.

As you are filling out the polls and introducing yourselves in the chat, I want to go over a few logistics. Just so everybody knows, we are recording this session. We will share the recording and a follow-up email.

Zoom meetings often will have folks using different technology. No one is able to call in from a landline, use a Zoom app on an iPhone, tablet, or computer, and it means your experience will vary. All participants are muted. Please use the chat and introduce yourself to ask questions and

share comments. If you can't find the chat, just so you know in the toolbar at the bottom of your screen you will find a chat bubble function.

The word Chat is actually in it. You can click it and a panel opens up on the right side. You have a box on the right where you can type in your messages.

So we invite everyone to please type your name, pronouns, location, titles, affiliations, and any other messages you have. We are going to have a Q&A discussion at the end of the evening, so please type your questions into the chat. You can also email questions to us.

pnhpquestions@gmail.com. That is also been posted in the chat as we speak.

Your microphone will be muted throughout the program. If you have questions or comments, type them in the chat. One way we encourage everyone to engage is by using the reaction button, the little smiley face you find at the bottom of your screen. You can give us a heart, smiley face, thumbs up, applause. We love to learn your reactions.

You can access the closed captioning by finding the closed captioning icon in your Zoom toolbar. Please feel free to amplify this forum and messages on social media. Please feel free to take screenshots or post on social media about things you learned tonight. Please make sure you tag PN PH New York Metro so we can share too.

I wanted to start tonight with a land acknowledgment. We recognize people are perhaps joining this forum from all over, we think it is important to not knowledge that the land on which we are based in New York is the occupied and unceded territory of the Wappinger Lenape, Canarsie, and Matinecock peoples.

With recognition must come unwavering commitment to decolonized the spaces we share as well as our hearts, minds, and politics as well to challenge the conditions we have been socialized to accept and pursue collective liberation. So welcome, welcome, welcome members, supporters of Single Payer Guaranteed Universal Healthcare. My name is Ana Djordejvic.

I am a board member of PNHP NY Metro. When I am not organizing, I am an adjunct professor. a shout out to all my lovely students who I see have joined the Zoom call tonight despite having had a three-hour lecture yesterday.

I am also a labor educator at the New York State Nurses Association, the state's largest RN union. Nurses have gone through some really tough times these last 18 months. Thank you for joining us tonight. Tonight is a very special for them.

Even when PNHP board members aren't planning these educational forms, we are working on figuring out ways to advance our mission to advocate, mobilize, and mobilize for the New York Health Act on the state level and improve advanced Medicare-for-All on the national level.

We had a six hour Zoom retreat recently where we figured out a strategy for how to do so in the coming year. We came up with four areas into which we intend to put all of our time and energy.

So overall, the purpose of this forum, the presentations you are going to hear as well as the breakout rooms in which we are going to do some organizing work, and we are calling it Single Payer - Everyone Has a Role to Play, it is to inform our community of supporters about the work we are focused on and how you can join us by applying all of your talents, gifts, strengths, interests, skill sets, because it is going to take all of us.

We are going to hear from five speakers. We are going to hear short presentations about seven minutes each on the four topics we have chosen to focus on our efforts in the coming year.

Betty Kolod is going to talk to us about the New York Health Act in the advocacy we can do around pushing this statewide single-payer bill. Steve Auerbach is going to tell us about how to do healthcare worker outreach. Daniel Lugassy and Cheryl and Donald Moore are going to talk to us about national issues and how to organize on a national level.

My friends, colleagues and fellow PNHP board members, I am thrilled to be here with you today. Thank you for joining us. I will hand it over to Betty now.

BETTY KOLOD: Thank you so much. Good evening, everyone. My name is Betty Kolod. And tonight. I will bring you up to speed on the activities of the PNHP New York Metro Board Legislative Advocacy Working Group and opportunities for you to get more involved. New York is poised to become the first state in the US to enact universal single-payer health care system, and the Legislative Accuracy Working Group is our committee to pass the bill that will cover physical, dental, vision and long-term care through a progressive tax with no co-pays and no deductibles.

We have a packed agenda for the year, as we are closer than ever to passing the New York Health Act and opposition is ramping up accordingly. I will focus on three priority areas we would love to get you involved in, whether you are available sporadically or on an ongoing basis.

Inviting you to attend in person in virtual advocacy events, ringing in your friends, colleagues, and professional organizations to grow the movement, and participating in the production of

tools for lobbying. In a few minutes you will have the opportunity to express your interest in the actions that appeal to you most.

Let's dig into each of these categories.

In terms of upcoming events, we are in the midst of a statewide Pass New York Health Week of Action to kickoff the campaign this legislative session. There are in person canvassing events, a digital day of action for social media on Thursday, and a huge rally speak out and canvas on Saturday. More details will be at the end of the form.

Later in the month and into January we will have more events virtually downstate and into Albany to push Senate Democrats to advocate for the bill. Next, health worker voices are essential to this movement. We are called Physicians for a National Health Program, but we partner with PAs, nurses, pharmacists, social workers, occupational therapists, and all health workers to ensure you and your colleagues are well informed about the New York Health Act and that your voices are heard.

Let us know and we will work with you and your colleagues to escalate single-payer advocacy. Steve will talk more about this next.

And we want you to lend your voice to the campaign so we can hear your healthcare stories. As health workers, we experience the daily harm and injustice in this healthcare system, and legislators and constituents need to hear our stories too. This year more than ever we want to work with you to hone your personal and professional experiences into stories to deploy in advocacy. Whether you share with your friends were on Twitter,

write a letter to the editor, speak at an event, give testimony, we want to equip you to use your stories to show why we need this bill and just how passionate we are about achieving a single-payer system.

Finally, we know many of you are masters of literature search. If you have time, why not put your skills to use research and policy questions or compiling stats on what is wrong with our current system and how the New York Health Act will fix it. Creating toolkits and handouts like this gorgeous one we see here on the right.

And once we passed the New York Health Act, we will need to implement it. If that kind of research interest you, let us know and we can set you up with a narrowly focused question to look into solo or as part of a team.

Thank you so much for all you are already doing in the single-payer movement. If any of this work interest you, feel free to join the LAWG listserv, drop in on a meeting, or reach out to me. Finally, to get a sense of where interest lies, we are going to have another poll.

As you are filling out that poll, if you have any questions, we do have a minute or two. So feel free to put any questions about legislative advocacy to pass the New York Health Act into the chat.

Alright, this is fantastic. Thank you so much. I still see some activity, so we will wait to display the results.

And if you are shy about putting your question in the chat now or think of any questions later, we are going to have an opportunity to chat in a breakout group. So I will see you later in the breakout group if you are interested. Alright, so let's end the poll.

As you can see here, there is a lot of interest in attending in-person or virtual events. Good to see there is a nice spread between the other types of actions. Thanks, everyone.

OK. So now I will pass it on to Doctor Steve Auerbach will talk more about health worker outreach.

STEVE AUERBACH: Hi, folks. Thank you all for being here. I guess I have my national background from my earlier Zoom. Let me switch to my New York State background. There we go. Always organizing, always selling. Thank you.

I am here to present on the healthcare worker outreach working group. And to the retreat. We considered what our charge was to increase support for the New York Health Act as well as national single payer among professionals and also their organizations and institutions.

We do this by education, and obviously the classic example of this is the infamous single-payer talks given by PNHP for many years that we often give at grand Rounds or conference settings, but we give them for different audiences as well. Talking is good, education is good, outreach is good. It doesn't matter unless there is also advocacy.

I am not sure, did the slides just blur for everyone? We want to go from that to organize from the above into actively passing the New York Health Act. The time for talk is over, the time for passage of legislation is now, if not yesterday. As well as national single-payer. We have also

been getting more involved as a nationwide and local movement in some parallel activities around things like the horrors of increased privatization of Medicare and Medicaid.

The inappropriate misallocation of funds in New York and so forth. We are going to do this by actions, including developing specific actionable priorities as a working group, creating tools to empower folks. I am going to drop some links in here for examples of things that folks should be able to access and download to start participating already in this.

And our goal is that everybody will have the tools and some sense of what priorities are and some templates to be able to do outreach with their colleagues if they are a healthcare provider, or perhaps as a patient when they see healthcare providers, to say, hey, by the way... So that is to help enable everybody to do the work.

And then of course, those of us in the workgroup to be doing it individually as the most active members because we have chosen to be part of this workgroup as well as a group.

So given the name of the organization, Physicians for a National Health Program, if you look at that, it has some literal meaning. We would suggest that healthcare worker outreach is a primary function of what the organization and its board in general membership should be engaged in.

Obviously, the goal from there is to then go back and pass the New York Health Act, so there is obviously overlap between what the groups do, but we welcome to have more clinicians from the boards and general membership and all of you here tonight and all of your friends, family, mentors and students to get involved with our working group.

We recommit ourselves to have better internal communication, regular meetings to get a little more concrete on doing the specific work, and as we move forward to both figure out better what has worked, what hasn't worked, and what to do different. We would suggest that as a minimal goal for all board members and all others, frankly, is to have no missed opportunities.

We in pediatrics adopted the no missed opportunities for vaccinations years and years ago, and I would like to bring that forward to no missed opportunities. Every contact with somebody is a chance to get them to sign up. So go ahead and do so.

Oh, this seems to not, it is not necessarily my most revised slides. So one of our major activities has been – these are not my revised slides. OK. One of our recent activities has been to do proactive outreach to residency programs.

We generated a list of all the residency programs in New York State, who their official points of contact are, and then doing emails and phone calls to them. It is a letter phone calls for a 15% yield, and on the other hand we have done 25 of these and the last two years compared to zero in the prior years before we started this.

We want to do more targeted outreach with our colleagues and faculty members, but also looking at what might be low hanging fruit, such as clinicians in health and hospitals and other public entities in federally qualified health centers, National Service core sites. First of all, we think clinicians in general at these institutions may be more likely to be supportive, and they provide a way and for us to reach folks like dentists and surgeons who haven't been as much part of our movement and have not been engaged with us. But the dentist and surgeons at

those institutions may be more sympathetic to single-payer and then in turn provide us a way into their professional organizations.

We absolutely want to engage in the endorsement resolution campaign. Shout out to our colleagues who have been carrying the torch I'm trying to do outreach with the Medical Society of the State of New York, the statewide general Doctor AMA affiliate for many years. Some of us have worked with the State Academy of Pediatrics in State Academy of Family Practice, which are both endorsing the act, but we want to engage in more endorsement resolutions for OB/GYN, for internal medicine, at the state level for the New York Health Act. We look forward to working with you on that. Again, this is part of a PNHP wide national medical society resolutions campaign for which there are existing tools and recent victories, including the Pennsylvania medical Society.

We want to work on targeted outreach. It is kind of parallel to both medical society resolutions, but also just the idea that there are certain organizations by the nature of who they are that may be more sympathetic to single-payer on the one hand, and then on the other hand, we need to do more with them and address in ally ship what their issues are. We would like to establish better ongoing relationships with organizations like the National Medical Association, the National Hispanic Medical Association. I should also mention the American Dental Association. So we have direct targeted individual outreach as well. We have various lists of physicians that have been in contact with us and other healthcare professionals. We would like to help reengage with them. We have the folks that have been involved. I have been making outreach to some of our upstate colleagues in Buffalo, Rochester, and Syracuse, who have been

involved either historically in single-payer activities or involved because they are the faculty advisors to their chapters. We have potential outreach to hospital administrators through their organizations and they have created a subgroup of safety hospitals realizing that the overall group was not as supportive of their needs.

We would like to invite nurse midwives, nurse practitioners, physician assistants, social workers, mental health counselors, clinical psychologists, folks from all the other independent practitioner categories. If you are on this call, please join our working group and help us reach out to your professional colleagues in your disciplines because you know how to do it. The next slide is my end. I pass it to my colleague Doctor Saumya Kasliwal.

SAUMYA KASLIWAL: There was a question for you in the chat. How do we convince unions to back the bill?

STEVE AUERBACH: First of all, it is a misnomer that unions don't back the bill. Many unions do back the bill. Starting with our colleagues at (unknown term). In addition, CIR, the leading union for interns and residents, mostly in public sector hospitals, also has endorsed single-payer. So 1199 Healthcare Workers Union has nominally endorsed it as well.

But yes, we absolutely need to work with our union colleagues. One thing that has come up with union organizing is it needs to come from within the union. So my group is the healthcare workers outreach, so we would work with CIR and Doctors Council and other unions representing healthcare workers. In terms of the municipal unions, the public service unions that have gotten lots of publicity for their objection,

there are separate working groups working on that. Not mine. I will defer to later for that discussion. But we do have individuals working with those folks because they are members or retired members of those groups. I think that is critical.

And now, Daniel Lugassy.

DANIEL LUGASSY: Thank you so much. My name is Daniel Lugassy. He/him/is. I am an emergency medical physician and toxicologist working in New York City. I am both excited to see so many participants in this Zoom. Over 100 people. Thank you all for sharing your time with us tonight.

It is my 20th year with PNHP. That is both exciting and sometimes frustrating because we have not won single payer Medicare for all yet.

I am going to share some of our activities and goals and aims not only for the past couple years but for moving forward this year. I think it probably goes without saying how pervasive racism is within our society in the United States. Again, often I am embarrassed to say that many of the ills we see in society, racism, ableism, homophobia, xenophobia, all play out within the healthcare world.

And in many different ways in systemic, institutional, and interpersonal ways. I think everyone here probably understands that not only is racing a public health crisis, It is also so deeply connected to so many different aspects of society. Whether housing, recess policing and racist murders, racial violence that we are seeing right now as our country is in the grips of several legal cases going on right now.

So several of us in PNHP in the New York Metro Chapter recognized a few years back that we need to do a better job in centering the voices of many different folks that don't really look like us and often addressing racism within anti-racism approach.

When we look across the nation, just simply access to healthcare. It is Black, Indigenous and People of Color that make up almost 60% of the uninsured across the nation. And we often don't have to look too far from our own city. This is a study from a few years back from several of our PNHP colleagues. They looked at the racial and ethnic mix of folks coming to academic medical centers and public hospitals in Boston and New York City.

It is really straightforward. Essentially, when you look at New York City, 50% of Black patients would have to switch from public hospitals to private hospitals to balance the racial disparities within the city amongst these hospitals. This is medical apartheid. Hopefully it is a term many of you have heard already. I often say if you were privileged to have two working eyes and going into our different hospitals, it is so clearly apparent just by a quick glance.

I think about my own journey the last 20 years of working on single-payer and Medicare-for-All. I don't know if folks have heard of Doctor Montague Cobb. Doctor Cobb was a leader and past president of the National Medical Association, which many of you know as the Black professional organization that was formed because it segregated itself from the AMA.

It segregated the physicians of color from joining the AMA. I think what was so fascinating that I didn't learn may be until 10 years into my single-payer work and certainly didn't learn any medical school training that Doctor Cobb was the only leader of a medical association to testify in favor of Medicare and Medicaid in 1964.

Now, much of that surrounded the issue of desegregating our society, which meant for physicians desegregating hospitals, but I think as we look with an anti-racist approach moving forward, we have to recognize any of the pieces of history that have been left behind and whitewashed.

So some of the things that the New York Metro Chapter working group have worked on, our goals are to create a single-payer movement by and for people most impacted by the failures of the current system. This includes people of color and incorporating those folks will be integral to winning and implementing the vision of a just and equitable system.

We know that Medicare-for-All will not remove racism from the healthcare system. But for us, we feel that it is the first critical step in gaining equal access for all. We know that once we get there we are going to have to ensure that no one is left behind. Even if they have full access to all services.

It is not only PNHP New York Metro chapters internal approach, but the national organization and Student for a National Health Program recognize that we must have an anti-racist approach and all the work we do, whether it is organizing, advocacy, and recruitment.

Some of the brief highlights we have done in the last few years, our anti-racism group has worked on community agreements, so the ways we run meetings internally. We helped organize a January 2021 PNHP form on the tragic and quite frankly racist death of Doctor Susan Moore. We helped draft a statement against anti-Asian hate we have been seeing. We have done some internal trainings and education on racism and police violence

and how that is connected to this public health crisis of racism. As well as our board has gone through anti-racism training with a group called Boundless Awareness. So what do we charge ourselves with this 2021-2022 goals? First, we would like to continue to have anti-racism in anti-oppression educational series. Not only to better the members of the PNHP board, but to also support and collaborate with ideas for our forums.

Many of you I see have led forms, been part of forums. Second, thinking about coalition building. How do we organize with groups that represent and advocate for Black, Indigenous, People of Color, LGBTQ+, disability community, and other oppressed and marginalized people. How do we continue to message in our organizing and in our public facing message for the New York Health Act and the greater Medicare-for-All movement, how do we continue to help make that connection for people? We have often said and you heard me say that racism and capitalism are probably our two biggest obstacles, and we know they work and coition with each other. That is something we're going to have to overcome. It is our job to continue connecting the fight against racism with the fight for Medicare-for-All.

So at this point, I am going to pass it along to, I am blinking how I pass it along to right now.

Sorry about that. I think Cheryl. Yes, thank you all so much. I am passing it on to Cheryl, correct?

SPEAKER: So there is a lot happening on the national scene now. Actually, not happening, talking about it, but not happening. That is why we have a lot of work ahead of us. We noted that Build Back Better does include some healthcare reform, although it is a very small amount of reform, it is better than nothing. We don't know what is going to happen with that.

We also have HR 1976, which is the 2020 when Medicare-for-All bill, which was developed and initially discussed in March of this year, and she is hoping to get it to the floor of Congress once a Build Back Better is completed.

Medicare Advantage - (Multiple Speakers)

I am just wondering what the other skills are.

SPEAKER: Please mute yourself.

SPEAKER: OK. When traditional Medicare was formed, it became very popular because as Daniel Lugassy mentioned, it meant people of all races, etc., who paid taxes in the United States were offered healthcare. It desegregated the hospitals.

But under the George Bush administration, Medicare Advantage was formed, which is a privatization of our public nonprofit Medicare system. It has become a major problem in terms of how Medicare is actually able to serve everybody and not just the private sector, which is benefiting economically from this entity.

More important at the present time is a new plan which is called the Direct Contracting Entities. This is similar but actually a little more deceptive than Medicare Advantage and something PNHP is taking great interest in in terms of understanding and trying not to promote further privatization of our Medicare system.

So what did the Biden-Harris plan want to do in Build Back Better? They wanted to expand Medicare to include dental, vision, and hearing. Unfortunately, dental was not going to take place until 2028 with 20% co-pay, and unfortunately, vision and hearing, you really had to be

Helen Keller to be able to get glasses or hearing aids under the plan. It was at least a start and the right direction.

They want to lower prescription drug prices allowing Medicare to negotiate with pharmaceutical companies, something George Bush had put into his plan that Medicare is not allowed to negotiate with big Pharma. They want to cap out of pocket expenses for prescription drugs, and very importantly, they want to be able to offer healthcare to people in those states who were not willing to expand Medicaid under the Affordable Care Act.

They want to add \$200 billion of subsidies for people to be able to get healthcare under the ACA and lower the health insurance premiums through tax credits. We are eagerly awaiting to find out how any of these plans for healthcare reform will actually become reality.

In addition, I mentioned initially that Washington representative Jayapal is hoping to have a number of committees to discuss the Medicare-for-All Act, the most detailed plan presented to Congress with 117 cosponsors. It means everybody who resides in United States will have healthcare,

And it is an extensive plan. It covers rehab, therapy, and to health issues, etc., many of the very important issues that aren't being taken care of under our present Medicare system and private insurance system.

It involves no co-pays or deductibles, which is important because many people do not get healthcare because the co-pays and deductibles are too high, and instead they end up presenting at a time where they are much more ill and unfortunately can have a much worse prognosis.

And very importantly, the bill requires Health and Human Services to be able to negotiate the astronomical and totally unreasonable price of drugs in this country.

Oh, what happened there? I don't know what happened to this slide. I can't even see it, if anyone else can. I will put on some glasses. OK. Anyway, I don't know what happened here, but basically, as I said, in 2003 George Bush, when he did develop Part D, which was Medicare would cover prescription drugs, he did this Medicare Advantage Plan, which is basically a private insurance plan that takes Medicare money from

the federal government and uses it under a private insurance plan to divvy out for healthcare.

And because these companies are all for-profit, they are taking taxpayer money and using it for their profits. How did they do it? They capitulated what kinds of therapies patients make it. For example, a patient may have just been diagnosed with a certain cancer. The doctor may want to operate and was told I want to get a PET scan. But the Medicare advantage

plan says they will not allow a PET scan prior to surgery. You can appeal it, which could be six months, a year, or whatever. They make money by capitulating what patients are able to spend.

In addition, it means they have many more diagnoses per patient. They get paid by the federal government per patient depending on the patient diagnosis. So a patient may have hypertension and mild diabetes, but they could say the patient has severe hypertension, diabetes out of control, and they often send nurses and other people to the home, and they order tests that are totally unnecessary in order to add more codes.

The more codes they add, the more money they get from Medicare, and yet the less care they are willing to give to the patient. Now, what about these Direct Contracting Entities? I

mentioned they are another privatization of Medicare, but whereas Medicare Advantage is a contract between the patient and the plan, the Direct Contracting Entities are a connection between the plan and the physician.

And what happens is they are luring physicians into plans by offering them a higher Medicare reimbursement, but they are also going to be making economically successful because they are also going to choose patients in the plan who are not as sick. They may be up coding, we do not know yet, because these Direct Contracting Entities have only been in effect since 2019.

So whether they are up coding and whether they are cherry picking, meaning they are picking patients not as ill so it will not cost them as much, we do not yet know, but we are very worried about what this newer form of Medicare privatization is going to do to the 58% of patients on traditional Medicare.

And when I say that, that is because 42% of all Medicare beneficiaries are now in Medicare advantage plans. Why? Because Medicare advantage is offering them situations like dental and vision, even if it is only a small amount. They do not have to get the 20% extra to pay for Medicare does not pay, and they hear that it is going to pay for their going to the health club.

So they have been getting patients into these privatization plans and with the new Direct Contracting Entities, we are worried. I hope the next slide is better.

So there are no 53 of these DCE's that are being tested in 43 states. And guess what? Who owns them? Wall Street investing firms. Six are owned by insurance companies, but believe it or not, that is 50% of the market. This is a gold mine for Wall Street. The stocks of these companies that are forming the DCE's are skyrocketing.

They are hugely profitable. We don't even know what is going to happen. We have a feeling the stocks are just going to skyrocket and Wall Street is going to bail out or sell to the insurance companies. They are a major threat to the survival of traditional Medicare. PNHP National is quite worried, and we actually have a petition which is going to be delivered to Health and Human Services on November 30 of this month.

We are asking everybody who is concerned and worried about privatization of Medicare to sign this petition so we can let HHS know that we do not want Medicare to be privatized so that Wall Street and insurance companies can take our taxpayer money and actually make huge, huge profits. United Healthcare has never made more money than they have made since the COVID pandemic began.

So what is the future of Medicare? It is worrisome because these private insurers and global equity firms are consuming our Medicare market. It is not saving money. How can the government think that a private insurance company and investment banking company on Wall Street is going to deliver healthcare to our seniors and people with disabilities and save money?

We know it is costing more. It is costing more because they are making huge profits from this privatization of Medicare. As we say, they limit choices, they limit services, and it is a huge step backward in the ethical delivery of healthcare and social and healthcare justice.

In addition, traditional Medicare gives you the freedom of choice because most physicians in this country take traditional Medicare, but because Medicare Advantage pays doctors and hospitals less, you actually have less choice and there is less transparency.

So what can we do? Well, the first thing I can ask everybody tonight to do is to sign this PNHP National petition that is going to be going to HHS on November 30 of this month, asking HHS to oppose these Direct Contracting Entities and the further privatization of Medicare.

We have almost 5000 signatures, and we want as many as we can before it is being delivered on November 30. We need to educate the public on what Medicare-for-All means, how it fights racism, increases choice, and improves the healthcare of our country, and how dangerous it is to be privatized.

In addition, national PNHP is now developing a pamphlet which is called How the Grinch Stole Medicare and a number of other pamphlets that will be given out to senior centers, various religious and social organizations to educate the public about what is happening to our traditional nonprofit Medicare system.

We at PNHP New York Metro are forming a study group so we can actually become experts on what these DCE's are really doing and how we can understand and actually allow people to have – we want to have a really firm understanding of it so we can educate the public in the best possible way.

There are protests that are being organized and other areas of this country specifically at these DCE centers, so let's organize a protest in New York because Perl Health is the organization that is opening up in Soho and are presently trying to lure physicians into the program.

Let's reach out to our elected officials and ask them to support national Medicare-for-All, the HR 1976 Bill, and also to prevent further privatization of Medicare. Let's all try to publish articles, it can be in local newspapers, college newspapers. Young people need to learn what is happening

in this country. We need to speak about these issues at your local social groups, religious organizations, wherever we can communicate to people and informed them that there is a Medicare-for-All bill, a way to actually promote healthcare justice in this country and fight against the private insurance companies and the Wall Street firms that are trying to privatize and actually reap tremendous economic benefit from our taxpayer money and our quest for healthcare justice.

And that's it.

DONALD MOORE: Bravo. Thank you, Cheryl.

SPEAKER: Sorry, I was supposed to say, Doctor Donald Moore, eager to hear about your experience. Everyone is. Sorry.

DONALD MOORE: Cheryl, that was awesome. Listen, while health justice advocates like Cheryl and Danny and everybody at PNHP have been advocating for an improved Medicare for all, guess what? The opposition have been effectively implementing Medicare Advantage for all.

Almost 1/4 of a million New York City retirees will be automatically enrolled in Medicare Advantage unless they opt out, and there is a healthy fee to opt out, almost \$200. Again we are on the defensive, just holding onto the gains that we earned more than 50 years ago.

It took us 50 years to get Medicare, and 50 years later it is almost gone. Progressives are partnering with like-minded organizations is not enough. One would think that Biden, Bill de Blasio, these administrations would not be the ones where Medicare would be privatized and traditional Medicare lost. Well, traditional Medicare is about to be lost.

The federal government continues to make Medicare Advantage more attractive. You heard Cheryl say all these things. They made Medicare Advantage more attractive because they have spending limits for the enrollee. Traditional Medicare does not. They give gym memberships, traditional Medicare does not. Why? Obviously it is because they want traditional Medicare to disappear. They want to privatize it so other people can make a lot of money. So what are you going to lose when you lose traditional Medicare? You are going to lose access, portability, meaning if I go to Florida, the doctors there won't take this emblem health that is being offered. There is going to be more health injustice. Danny pointed that out to you. The more you fragment the healthcare delivery system, the easier it is to take care of some patients in public hospitals and others in private hospitals.

What he Danny pointed out, we are talking about medical apartheid. And of course, it is going to cost more. Cheryl pointed that out. Medicare Advantage will always cost more because there is profit inherent in that and all the other things. So listen, what we need to be working on is Medicare, improved Medicare-for-All, not Medicare Advantage for all.

So where does the healthcare advocate come in? You can sit by and have this all happen. They started quite some time ago. I happened to go on the website for the New York City Office of Labor Relations, and they have been working on this for the last five years.

But fortunately, in the law or in the process there is an opportunity for people like you and me to actually give testimony, to actually approach the decision-makers and let them know our minds. So about 2 1/2 weeks ago, I went to City Hall because the Civil Service and Labor Committee of the City Council was having their hearings.

Of course, we also had a rally outside of City Hall on that particular day, supported strongly by PNHP, but what really happened at that rally is the advocates showed up. So the first two hours was listening to the people from labor leadership, listening to the city commissioners, and that is what the City Council did. But then they opened it up to people like me, people like you, and almost everybody in the room said the same thing.

We don't want this. Of course, there are a lot of lies. For example, labor leaders and city leadership said we spoke to the doctors, and as many of you have read, they say the doctors are going to take this. Well, you know, when they spoke to the doctors was the day before the hearing, and the doctors really don't want to. You have allies and a lot of places. There's very few things that PNHP and the Medical Society of the State of New York agree on.

One of the things we agree on is that we don't want Medicare Advantage for all patients. We don't like things like prior authorizations, we don't like speed bumps on the way to treat patients. Of course, again, the city couldn't just implement this without putting this through their Labor Relations office. And they did. They did a few days ago. Guess what happened? They invited the public to comment.

Over 200 individuals signed up to comment online and after five hours they shut it down after only 50 individuals actually gave testimony. And what I heard was that the testimony was overwhelmingly against Medicare Advantage. Medicare Advantage is really bad healthcare. It is bad healthcare. It is separating, breaking up Medicare into different fragments.

And the fragment, the Advantage fragment is really the disadvantage fragment. So what I have basically pointed out what Cheryl, Danny, and all the others, Steve, made the point that we are

in this for a good reason. But the question that I am bringing to you, or at least a position I am bringing to you is you don't just have to just sit there and accept all of this. There are lots of opportunities to let your voice be heard.

I got heard at the City Council. I know many of our members actually got heard when the Office of Labor Relations given opportunity for individuals to speak. And of course, the rallies that we have, all those things make a difference. I think there is still time to stop this process. I am going to stop here and hand it over to Saumya so we can proceed to our workshops that follow. Thank you.

SAUMYA KASLIWAL: Thank you so much, Doctor Moore. My name is Saumya. I am one of two of PNHP New York student fellows. I am a medical student at the Renaissance school of medicine at Stony Brook University. I would like to do the wrap up and summarize just what the different panelists and moderators spoke about

As we all remember, Betty who was in charge of the LAWG working group talked about the week of action and how multiple different types of healthcare workers can get involved in the passage of the New York Health Act. Doctor Steve Auerbach discussed how to empower others to educate their own communities and contacts about single-payer, as well as emphasizing how important it is to get everyone on the PNHP New York mailing list and creating inroads and communication specifically with professional societies. Doctor Daniel Lugassy highlighted the role of an anti-racist approach and building a single-payer system and covered the yearly goals of the working group, which included having anti-racism and anti-oppression educational series, coalition building,

and emphasizing the fact that racism is a public health crisis. Finally, Cheryl discussed the history of Medicare and Medicare-for-All as well as discussing the current Medicare-for-All act of 2020. They emphasize the dangers of the privatization of Medicare.

You can sign up for our working group listserv. The link to sign up should be in the chat. And then as they PNHP New York student fellow, one of my primary responsibilities is coordinating activities between the different SNAHP chapters. It stands for Students for a National Health Program. There are over 12 chapters at schools across the state. Some of the events we have been doing

I covered in the past. Just last night we had a statewide cross chapter documentary screening of Not Going Quietly, which is a documentary that I had to recommend. We also had an organizing call in October to coordinate events and decide on which direction the students wanted to focus on for the upcoming year.

We were also represented in the annual fall 2021 Student Empowerment Conference. And then in the future, we are focusing on specific events such as Cornell's talk on the pharmaceutical industry, led by Christopher Morton, and the students are actually working against the privatization of Medicare in New York City, especially since most chapters are located in New York City and New York City Schools.

We are also planning a storytelling training workshop that will empower medical students on telling their stories in the healthcare field and also how to highlight patient stories and empower patients to tell their own stories of things such as crowdfunding for the money to pay for medical bills, things like that.

And now, we will be moving on to the breakout room portion of tonight's talk. Oh, sorry, before that we will be talking about the different calls to action and upcoming events that we have.

So we have a petition opposing the Direct Contracting Entities. That has been posted in the chat. If you would like to sign the petition, please go ahead. We also have the Pass New York Health Week of Action, which is this week. There are many activities you can get involved in.

Please make sure to register. One of the activities next week that is also happening to the New York Health Act is there a call in day. We also have the Digital Day of Action, which is this Thursday from 11:00 to 1:00. We also have the rally to pass New York health, which is happening in person this Saturday. Lastly, we also have an event that is urging the New York City Comptroller Scott (Name) not to register the Medicare Advantage Plus contract.

Feel free to get involved in that by urging the comptroller not to support the Medicare Advantage Plus contract. Before we go to the resume breakout rooms, I want to give everyone a quick tutorial on how those work in case this might be your first time doing it. So in your toolbar on the bottom right side, you should see an icon that says breakout rooms. You should see something pop up that says join a breakout room.

If that doesn't work, on the toolbar, also at the bottom right side, you should see a button that says More. Feel free to click that and then click Breakout Rooms.

When you do see the list of breakout rooms, you can't just click the room. You would have to make sure to click Join, which is on the right-hand side of the room number. Again, make sure to click Join when you see the list of breakout rooms. In case you're having any technical

difficulties, some from PNHP New York will be in the main meeting in case you need help, but at this moment, feel free to join the different breakout rooms.

Also, just to be clear, for the different breakout rooms, you do have to hover over the number of people in the room. And once you hover over that number, a button to join will appear.

Please let us know in the chat if you are having any technical issues.

Each breakout room will have about 20 minutes for discussion. Some of you are not seeing any places to join a breakout room.

Is there any place to click More or any other place to click extra options?

ANA DJORDEJVIC: We can help put folks in the room, right? Maybe if you want to put in the chat which group you want to join, we can help distribute folks.

SAUMYA KASLIWAL: That is correct. Please let us know. We can help manually assign you.

SPEAKER: Can you list the groups? The anti-racism working group led by Doctor Daniel Lugassy, the New York Health Act led by Betty, the healthcare worker outreach led by Doctor Steve Auerbach, the national issues group led by Cheryl and Doctor Donald Moore.

SAUMYA KASLIWAL: in case this wasn't clear, at the end of your breakout room, that is the end of today's forum. So feel free to leave once your questions have been answered.

SPEAKER: Can you see that? Do you know who it is?

SPEAKER: Just give us one second. We will assign you.

SPEAKER: OK. Sure.

SPEAKER: I see your message in the chat. I am going to put you on group number one, national issues, and there you can connect with the person leading the charge on working on fighting the New York City plan to put retirees on the Medicare Advantage plan. You can work with her to figure that out. Is that OK?

SPEAKER: Sure thing.

SPEAKER: You can also enter on PNHP.org if you are unable to get in touch with Julie today. We can help with that.

SPEAKER: If anyone else needs a hand getting into a group and were unable to type in the chat, try on muting yourselves and we will try to put you in your rooms one at a time if possible.

SPEAKER: Can you hear me? Can you put me in national issues?

SPEAKER: Yes, can you say what your name is for me?

SPEAKER: Mary Ann.

SPEAKER: I will put you in there right now.

SPEAKER: OK. Thank you.

SPEAKER: I haven't seen Doctor Brown and a well. Which group are you joining, Mr. Brown?

SPEAKER: I just signed the petition. That is where I was.

SPEAKER: Good. Where can we take you to?

SPEAKER: I guess a breakout group.

SPEAKER: Which one?

SPEAKER: New York Health Act.

SPEAKER: You've got it.

SPEAKER: Thanks.

ANA DJORDEJVIC: Is Bob still with us? You can find Julie and Laura in national issues. They will share with you how to join those efforts.

I think we've already actually moved you to the group. Did you get a notice on your screen that says Join?

Hi, good to see you represented tonight.

SPEAKER: Is any group working on opposition to the New York Medicare Advantage Plus that is hitting the retirees?

ANA DJORDEJVIC: There is. The leader of that group is Julie. She is currently an breakout room number one with the national issues. I'm going to suggest we put you in that group. Maybe you can connect with Julie and Laura in that breakout. And then going forward you all can organize together. You know what, Bob? It looks like we moved you to group 1.

If you have a notice on your screen to join, are you able to tap it? OK. Super. Enjoy.

SPEAKER: I have assigned you. You should also have that pop up where it says Join Room.

SPEAKER: Thank you, Mandy.

ANA DJORDEJVIC: Judas, where would you like to go? William, where can we put you?

SPEAKER: Hold on one second. I am right here.

ANA DJORDEJVIC: Hi.

SPEAKER: Hi.

ANA DJORDEJVIC: Where would you like to go?

SPEAKER: I am pretty open to anything, wherever you need someone most.

ANA DJORDEJVIC: Healthcare worker outreach needs most.

SPEAKER: OK.

ANA DJORDEJVIC: We are sending you there.

SPEAKER: I see the box here. Let me click on Join.

ANA DJORDEJVIC: It will send you through cyberspace into a breakout. Robert? My student from Brooklyn College. Josephine, where would you like to go, Josephine? Carmelita, hi. Ellen? Is Judith frozen? Judith may be frozen. Nobody stands still that long. Judith, you are not frozen. I saw your computer move. Hi, Ellen. I know you are a big New York Health Act supporter. Should we send you into that group?

We can't hear you. You are muted.

SAUMYA KASLIWAL: Judith, I think you are on muted now.

ANA DJORDEJVIC: I am sending you to the New York Health Act group. Judith, there you are.
Where would you like to go, Judith? Ms. Jones, can you hear us?

SPEAKER: Yes, I can hear you.

ANA DJORDEJVIC: Where would you like to go, Judith? I am putting you in national issues because you will have more fun with them then here with us. Carmelita, Josephine, Joan, alright, I am just assigning people. I am going to put Carmelita in healthcare outreach, Sebastian, you are staying with us, right? Everyone else is assigned. Superduper. Thanks, everyone. We got that on tape.

SPEAKER: Perfect.

ANA DJORDEJVIC: We can cut, right?

MANDY STRENZ: Absolutely.

ANA DJORDEJVIC: We can also pause now.

MANDY STRENZ: At this point it is just entertaining. I did cut off the livestream.

ANA DJORDEJVIC: Judith, can you hear us?

MANDY STRENZ: I think everybody else has been assigned, but they may or may not have joined.

ANA DJORDEJVIC: So what happens? We don't all come back here. Is that what I heard them say?

MANDY STRENZ: We are going to give everyone two warnings and leave it open until 8:40, at which point that is our hard stop. I will give everyone another five minutes and let them know they will have 15 more minutes or they can leave whenever.

ANA DJORDEJVIC: Hello, Janet. Welcome. Thanks for being here. I want to let you know what is going on. The presentations took place. We had five wonderful speakers on issues of importance to PNHP New York Metro and we have breakout rooms to decide how each of us is going to contribute to those efforts. I am wondering if you would like to go to a breakout room, and if you have a particular penchant for issues around national organizing for enhanced and improved Medicare-for-All, the New York Health Act, organizing at a state level, working with the anti-racism group, or doing healthcare outreach. What would you like to do, Janet?

We can choose for you or you can hang out here with us. We can play some music.

I am just going to put Janet into the New York Health Act because she is better off learning a little bit about that.

MANDY STRENZ: It is exciting to see how many people are in national issues. hi John, how are you?

SPEAKER: I know I am late.

MANDY STRENZ: Everybody is and breakout rooms right now. Would you like to join one? We can put you in and you can get caught up. If you have something specific you would like to organize around.

SPEAKER: I am in New York City. I am a retiree. We are involved in the Medicare Advantage stuff.

MANDY STRENN: We will put you international issues group. Many of the people working against privatization of Medicare are in there. I will assign you there right now if that is alright with you. You should have gotten a pop up. You have to click Join Group or Room, I think.

Sebastian and Ana as well, if you guys want to join. (Music plays) Never mind, we do have the most fun room.

(Music plays)

ANA DJORDEVIC: Judith, we can hear you! Judith! Judith!

(Breakout Rooms)