

- Emphasize how everyone with private health insurance is effectively paying a private tax, essentially at the rate of northern European social democracies, but with worse outcomes
- Expose the contortions all of us have to undergo that severely abridge our personal freedom to maintain access to healthcare
- Highlight the outright avaricious greed of Pharma, Insurance, and certain high level providers that are stealing healthcare from us.

4. We should keep the idea of a march on Washington on the table, but not before 2020, when we will be needed to put pressure from below on either a neoliberal democratic administration (hello president Zuckerberg!), or support a left populist administration in their struggle against the neoliberal centrists in congress, or worst case scenario put pressure on a 2nd Trump administration with hopefully enough left populists in congress plus terrified self interested neoliberals to present a plan to Trump that is effectively "an offer he can't refuse"

I have never been so upset about the state of healthcare delivery in America, yet also so hopeful that our national healthcare nightmare will be resolved.

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The Coming Health Care Fight

By John Hieronymus



The Flawed Strategy of the March on Washington

Recently there has been much hay made about which direction DSA should go with our national healthcare strategy. A march on Washington within the next year was proposed by Momentum candidates for NPC, and then withdrawn after fierce criticism from the rank and file in favor of a "National Day of Action" with the caveat that Momentum really believes in their heart of hearts that the March is the absolute best strategy for winning Medicare for All and building socialism in our lifetimes. I have posted elsewhere, and will reiterate here, that this position is the result of an ahistorical and strategically flawed vision for how social change happens. Those who cling to such beliefs in the face of significant pushback from the rank and file membership show a startling myopia that should disqualify them anything more weighty than online exhortations.

My personal experience with the anti-globalization/antiwar mobilizations at the turn of the century, Occupy, and my observation of the Women's March on Washington has taught me one or two things about gathering a few hundred thousand folks at one spot to make a political point.

Effective mass mobilization is a result of, not the medium-term goal of, effective organizing. Much as I don't eat in order to shit, I do not organize to bring about a culminating cinematic event.

Effective mass mobilizations of the past were the outgrowth years of militant localized struggles, where organizers worked within the grassroots, cultivating militant actions, general awareness, and testing

We need to radically shift the narrative surrounding our health system and fixing it, while finding points of leverage that we have not noticed yet.

I have proposed within our working group some new tactics for the healthcare fight.

1. We need a Universal Healthcare pledge modeled on our favorite Leninist Grover Norquist's Tax policy pledge so we can begin to identify friends and allies, as well as our enemies. Every politician in Washington and at the state level must go on the record in favor or opposition to a policy proposal that has majority support in the US. Until we know where people stand how can we pressure anyone?
2. We need to encourage militant healthcare themed direct actions, record and publicize stories of how healthcare in America is failing all residents, we need to hold intensive education events for internal and external consumption, and we need to be showing up at town halls, calling politicians, and generally calling out those who don't support us while praising and supporting those who do. Key constituencies will be young doctors, nurses, nursing home assistants, labor orgs, the uninsured, and everyday people who are by all polling extremely anxious about the state of healthcare delivery in the United States.
3. Finally, on messaging, we need to invert the neo-liberal narritives that have surrounded these debates in the past.
 - Collect healthcare horror story videos to spread far and wide across social media

tactics that can be taken to other areas. Effective national organizers need to be able to travel to locals to give advice, support, and observe what works and what doesn't in order to take lessons learned to fights in other parts of the country. They also need to be honing messaging to build popular support.

Mass mobilizations without the effective incorporation of (or at least real threat of) militant direct action do not get the attention of elites. Until we have a vast base of angry people (much much larger than current DSA membership) who are willing to shut down the status quo, if even only temporarily, then the action will indeed be just a part of the fabric of every day life in DC. A mass mobilization set for a year from now will heavily depend on outside coalition partners who will bring with them their own expectations and goals and willingness to disrupt Washington DC. Already at our own local healthcare working group meetings the issue of conflicting militancy vs cultivating powerful individual allies has potentially curtailed more radical action. When groups like Planned Parenthood in California are actively working against our end goal of Single Payer at the state level, then we know we will have a big problem with such coalition partners. While recently social media has proven incredibly effective on getting people onto the street when the national political crisis feels acute, it is the face to face organizing, the "hard work" that builds movements. Much as a tree growing in sand blows over at the first strong gale, we must avoid the mistake of seeing huge crowds of people as a substantial, committed base of support.

must make healthcare decisions in the light of personal economics has made many of them ready to shift to new forms of healthcare delivery. To those who would resist us, to paraphrase Aneurin Bevan, we may have to "stuff their mouths with gold."

Resources will have to be diverted from "healthcare cathedral" hospital construction to localized clinic systems in a big way. A national trauma care fund should be founded to build level one trauma care that everyone can reasonably access within the "Golden Hour," as well as similar programs for stroke and cardiac centers.

Pharma will have to be broken, either through rigorous anti-trust action, medicare negotiations, or outright nationalization. The generic manufacturers should be nationalized to ensure that no critically important drug is on shortage (when I brought in the list of over 100 drugs on shortage to our working group meeting people actually left kind of frightened).

This is only scraping the surface of fixing the actual delivery of care, not to mention the insanity of our insurance system.

But the problems are familiar to anyone paying attention or personally affected by a health problem.

The issue of the strategy to fix it all seems to be stuck grinding away stuck somewhere between first and second gear. This is what I want to meet with you about, or talk over the phone. I suspect that Healthcare reform strategy will be a very contentious issue given the tone that the online discussion has taken over the past weeks.

To the concrete conditions of our current political moment.

1. Barring a significant and radical shift in messaging the democrats will likely lose or fail to make significant gains in the house in 2018
2. The neoliberal wing of the party is already gearing up to fend off a left wing populist insurgency for 2020, and may be successful again
3. We could see a trump victory in 2020 which again without left-populist gains in Congress under whatever party or form, will result in the same legislative paralysis we see now.

We must remember that the mass demonstration is for two audiences, the powerful, whom we want to fear us, and our base, whom we want to hearten. An action now, when there is zero chance of single payer even coming up for debate won't even have the first audience. If we jump into Mass mobilization as a goal, as opposed to the logical end point of a nationwide campaign that has millions of adherents and politicians either actively friendly or afraid of the consequences of being seen to be in opposition to us will result in one of two outcomes: 1) a well attended event/march/rally, that results in nothing, which leads to despair or 2) a poorly attended event/march/rally that is ignored and is therefore actively harmful to our national organizing by publicly exposing our weakness.

A Healthcare Strategy to Win

I am an ICU nurse at University of Chicago working on my masters in nursing at Purdue University Northwest. I have worked in nursing homes, Long Term Rehab, Hospice, and Emergency rooms in

community and university settings. I have studied healthcare reform in school and on my own time and have been a single payer advocate for years. I work with my good friend Dr. Philip Voerhof who is an attending pulmonary critical care doc at U of C and on the national board of Physicians for a National Healthcare Policy, and we are working with to build a national strategy for radically restructuring healthcare in the United States to ensure equal access and health care justice.

I am super excited by the amount of energy that is being poured into Single payer advocacy, but many do not seem to grasp how complicated the problems of stitching together our fragmented system of healthcare fiefdoms is going to be.

I believe that no plan to fix healthcare in the US is going to work without a comprehensive plan to drastically expand the number of health care professionals, including primary care providers, general surgeons, Emergency Room docs, and Ob/Gyns available to the public. Nurse practitioners, nurse midwives and physicians assistants seem to be nowhere near this debate and we will need a way to ramp up education of MDs as well as these advanced practitioners while ensuring they are distributed and working throughout the vast swaths of under-served healthcare deserts throughout both rural and urban America. The same goes for other support professionals such as pharmacists, physical therapists, mental health professionals and technicians. Comprehensive funding for students will have to be brought on to break the chains of student debt that pulls MDs into high paying specialties and incentivizes revenue maximizing behavior. I work with young MD's fresh out of school and the bitterness about student debt and the crushing realities of caring for those who