Health Care Access and Health Agency

Essential questions:
Who has the right to health care?
What is health?
What creates a healthy community for everyone?
What level of care is necessary in order for people to experience an adequate quality of life?

Part 1: Access to Health Care

Californians for Health Security Petition 1994

Yes for California Health Security Act 1994
Die In for Affordable Health Care 2017

Sunday, June 4, 12 to 1 P.M.

Die-In for Affordable Health Care for All

NYC Location: TBA

For the NYC location and updates, see the #GOBK Facebook Event page: http://bit.ly/2r41waw

Because TrumpCare Will Kill Us

#GetOrganizedBK  Safety-Net Defense Group
What is this about? From heritage.org (http://www.heritage.org/health-care-reform/report/californias-single-payer-health-care-initiative-costlybait-and-switch), on January 1994, we read: "Proposition 186, the California Health Security Act" would expand insurance coverage to California residents by creating a single-payer system much like the one currently in place in Canada. A state-run health care system, with an elected Health Commissioner exercising oversight and control over virtually the entire system, would be financed by new payroll taxes on California employers and workers and a new surtax on tobacco products.”

This act was voted on for the state of California in a November 1994 referendum, but it did not pass.

What is "single-payer health care"?
- Single-payer health care involves all citizens paying towards a state-run health care fund through their taxes, to cover health care for all residents regardless of their income and participation in the workforce.

1. What is one advantage of single-payer health care?
2. What is one disadvantage of single-payer health care?

3. What is a die-in?

4. Infer why a die-in might be organized to raise awareness about health care.

5. Who do you think deserves access to health care that is offered by the government?

Part 2: Prisons and Policing

We Need Bigger Solutions than prisons
Black Panther, 14 June 1969, America’s Greatest Health Problem is Fascist Pig Brutality
“The Invisibility of Women Prisoners’ Resistance”, Vikki Law (excerpt)
THE INVISIBILITY OF
WOMEN PRISONERS' RESISTANCE

vikki law
male felon omits the growing number of women imprisoned under the various mandatory sentencing laws passed within the past few decades. Because women do not fit the media stereotype, the public chooses to overlook them rather than grapple with the seeming paradoxes inherent in women prisoners, who, by virtue of their incarceration, have somehow defied the societal norm of femininity. This is compounded by the seeming contradiction of prisoners as mothers, as women with reproductive rights (or even the ability to reproduce), and as women in general. Women prisoners and their differing needs and concerns complicate the public perception of prisons and prisoners. However, prison authorities have been slow to recognize these differences and thus accord them the same, if not worse, treatment as their male counterparts.

Medical Care

One pressing issue for women prisoners is the lack of or poor medical care they receive. While all prisoners face poor medical care, prison administrations often ignore or neglect the particular health care needs of women prisoners. That the majority of lawsuits filed by or on behalf of women in prison are for inadequate medical services testifies to the importance placed on health care and treatment. A 1990 study by the American Correctional Association indicated that six percent of women entered prison while pregnant. Even prison wardens agree that several of the particular needs of pregnant women "have yet to be dealt with in any of the facilities," including adequate resources to deal with false labors, premature births and miscarriages; lack of maternity clothing; the requirement that pregnant inmates wear belly chains when transported to the hospital; and the lack of a separate area for mother and baby. Pregnant women are also not provided with the proper diet or vitamin supplements, given the opportunity to exercise or taught breathing and birthing techniques. The director of Legal Services for Prisoners with Children, Ellen Barry, accused the prison system of a "shocking disregard of basic humanity that I saw reflected in the type of treatment to which pregnant women were subjected." One horrifying example is that of a twenty-year-old woman who was almost five months pregnant when incarcerated. Soon after, she began experiencing vaginal bleeding, cramping and severe pain. She requested medical assistance numerous times over a three-week period, but there was no obstetrician on contract with the prison. She was finally seen by the chief medical officer, an orthopedist, who diagnosed her without examining her physically or running any laboratory tests, and given Flagyl, a drug that can induce labor. The next day, the woman went into labor. Her son lived approximately two hours.

Dr. Patricia Garcia, an obstetrician and gynecologist at Northwestern University's Prentice Women's Hospital, has stated that shackling a laboring mother "compromises the ability to manipulate her legs into the proper position for necessary treatment. The mother and baby's health could be compromised if there were complications during delivery such as haemorrhage or decrease in fetal heart tones."
Let's Understand the Context

Read about the School to Prison Pipeline on the ACLU website (https://www.aclu.org/feature/school-prison-pipeline):

The "school to prison pipeline,"[is] a disturbing national trend wherein children are funneled out of public schools and into the juvenile and criminal justice systems. Many of these children have learning disabilities or histories of poverty, abuse, or neglect, and would benefit from additional educational and counseling services.
Instead, they are isolated, punished, and pushed out. “Zero-tolerance” policies criminalize minor infractions of school rules, while cops in schools lead to students being criminalized for behavior that should be handled inside the school. Students of color are especially vulnerable to push-out trends and the discriminatory application of discipline.

The Children’s Defense Fund’s 2007 Cradle to Prison Pipeline Report shows that an African American young man has a 1 in 3 chance of spending time in prison during his lifetime; a Hispanic young man has a 1 in 6 chance. A white young man, meanwhile, has a 1 in 17 likelihood of incarceration throughout his lifetime. Black children are three times more likely to be born into poverty than their white counterparts, and four times more likely to be born into extreme poverty where average daily funds are less than $1.25 per day, according to The World Bank. Success becomes more and more unobtainable due to disparate educational opportunities, systemic neglect and abuse, and the difficulty of breaking the cycle of poverty, which unfortunately often results in future incarceration.

Read an excerpt from the “Medical Care” section of Vikki Law’s pamphlet:
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6. In the first poster, what connection is depicted between poverty and health? What connection is depicted between health and prison?
7. How do prisons and police play a role in the health of people who are living freely in the world?

8. How do prisons and police play a role in the health of people who are locked up in jail?

9. What health services and supports do you think should be provided to someone who is in jail?

10. What problems specific to women's health does Vikki Law mention?

Part 3: Developmental Disabilities

Button from the Committee to Free Sharon Kowalski
Let's Understand the Context:

We can read about Ed Roberts on Encyclopedia Britannica (https://www.britannica.com/biography/Ed-Roberts):

Ed Roberts was an American disability rights activist who is considered the founder of the independent-living movement. Roberts contracted polio at age 14 and was paralyzed from the neck down. Requiring an iron lung or a respirator to breathe, he attended high school in California by telephone before attending in person in his senior year. Early on, Roberts encountered obstacles as a result of his disability. Because he had not completed physical education and driver education courses, his high school refused to let him graduate, but the decision was reversed after his mother petitioned the school board for his diploma. In 1962, after two years of attending a local college, he was accepted to the University of California, Berkeley, but the university, which had been unaware of his disability when he applied, refused to admit him on the grounds that his iron lung would not fit in a dormitory room. Roberts challenged the administration and ultimately was admitted. While at Berkeley, he worked with the university to develop the Physically Disabled Students Program, a program run by and for disabled students to provide wheelchair repair, attendant referral, peer
counseling, and other services that would enable them to live in the community. Roberts earned a bachelor’s degree in political science in 1964 and a master’s degree in political science two years later. In 1972 Roberts and other members of the Physically Disabled Students Program came together in Berkeley to found the Center for Independent Living, an advocacy group that fought for changes that would give people with disabilities access to community life. The group’s first success was its campaign to persuade the city of Berkeley to install curb cuts, permitting wheelchair access.

Sharon Kowalski was a woman who was left brain-damaged and quadriplegic after a car accident. Her partner, Karen Thompson, fought for guardianship of Sharon Kowalski; Sharon’s parents claimed that their daughter had never told her she was a lesbian. The resulting court case highlighted the issues that gay and lesbian couples face when defending their rights in the face of serious health issues.

11. What rights to health care do you think that people with developmental issues deserve, whether they face these developmental issues as a result of birth or from an event in their life?

12. What is accessibility?
13. **Who do you think should be in charge of taking care of someone with developmental issues?**

14. **What basic rights to health care and accessibility do you think that everyone has, regardless of their physical and mental abilities?**

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**Part 4: Mental and Psychiatric Health**

**Flyer: “Forum -- May 1 -- Psychiatric Oppression”**
Poster: “To Hell With Their Profits -- Stop Forced Drugging of Psychiatric Inmates”
Let's Understand the Context:

Psychiatry is a profession that studies the treatment of mental illness. It generally involves diagnosis of mental disorders according to lists or manuals of criteria, and treatment through some combination of medicine and/or psychotherapy.

Let's read some of the text from Item 1, the poster for a forum about psychiatric
oppression, which describes the work of the Mental Patients Liberation Project: Founded in June 1971 by former “Mental Patients” having been subjected to brutalization in mental hospitals and by the psychiatric profession. At the first meeting of MPLP...a Bill of Rights was prepared, for, in almost every state of the union a “Mental Patient” has fewer rights than a murderer condemned to die or to life imprisonment. An activist group together for almost four years, MPLP has worked to abolish forced “treatment” and involuntary commitment and has helped free many people who have been put away against their will.

15. Whose profits do you think are referred to in Item 2? Who would make a profit from giving drugs to psychiatric inmates?

16. What rights do you think a mental patient should have while in care? While out of care?

17. What role do you think a community -- friends and family -- can or should play in providing health care for people with mental health issues?

Part 5: Addiction and Recovery
Links in this part:
https://abolitionistpaper.wordpress.com/2013/03/15/lincoln-detox-center-the-peoples-drug-program/
Item 2: Article: “Let Addiction Recovery Workers Practice Ear Acupuncture.” In
Let's Understand the Context:

We’ll read some of the text from Item 1, which is about the People’s Drug Program: In New York, heroin devastated most of Harlem and the South Bronx. Young people utilized heroin very publicly, snif fing heroin at dance halls or in school bathrooms, which led to shooting up intravenously. Because of the relationship the Black Panther Party and the Young Lords had, together we began looking at the heroin epidemic, the general health of our communities and the public health positions of institutions against our communities.

Months later on November 10, 1970, a group of the Young Lords, a South Bronx anti-drug coalition, and members of the Health Revolutionary Unity Movement (a mass organization of health workers) with the support of the Lincoln Collective took over the Nurses’ Residence building of Lincoln Hospital and established a drug treatment program called The People’s Drug Program, which became known as Lincoln Detox Center.

The police surrounded us and we said we weren’t leaving. By day two, the takeover had spread by word of mouth and we had hundreds of people lined up wanting to get treatment for addiction. About a month later, the administration had to come to terms with the fact that we weren’t leaving. They had been sitting on the proposal of some monies that had been earmarked for treatment that hadn’t been implemented. The money was brought and staff was hired from the very volunteers of the Lincoln Detox program we started.

Now let’s read from Item 2, which deals with acupuncture as a tool for addiction recovery:

I am an acupuncturist. I stick tiny needles in people to help them feel better. That might sound strange, but it works. Acupuncture can be a safe, cheap and effective tool to help people in all stages of addiction recovery. It can help soothe the symptoms of withdrawal, reduce cravings, and ease anxiety or trauma that can lead people to use drugs in the first place.

[Bill HB575] would allow people who work in recovery and mental health to get trained and certified to practice ear acupuncture. The protocol is a simple procedure that involves placing five tiny needles in specific points around the outer ear. NADA, or the National Acupuncture Detoxification Association, has trained more than 10,000 health professionals across the country in this practice. The NADA procedure dates back to the 1970s, when heroin addiction ravaged the South Bronx and people wanted a non-addictive alternative to methadone.
18. According to Item 1, what was a major problem in the Bronx in the 1970s?

19. How did the Young Lords and Black Panthers work together to deal with this problem?

20. In Item 2, what does the author suggest as a treatment for mental health and addiction recovery?

Wrap Up Questions for the Unit

21. What was most interesting to you?
22. **What questions do you still have about this topic?**

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23. **What would you want to learn more about?**

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