

## TRANSCRIPT

# "PUBLIC HEALTH IN A POPULIST MOMENT"

*A conversation with Jonathan Cohen, Chloë Cooney, Gregg Gonsalves, Naa Hammond, and Ronald Martin*

*Moderator: Elisabeth Rosenthal*

*Recorded March 28, 2017*

\* \* \*TRANSCRIBER'S NOTE: QUIETER SPEAKERS FRQUENTLY DIFFICULT TO HEAR.\* \* \*

### **ANNOUNCER:**

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### **KEN ZIMMERMAN:**

Good evening, everybody. Thanks for coming tonight. I'm Ken Zimmerman. I'm the director of U.S. programs here at OSF. And in conjunction-- with the public health program and women's rights program, it's a pleasure to greet you all for a topic that could not be more topical. Public Health In A Populist Moment.

And I'll just say that-- (NOISE) I oversee the program that does-- most of the grant making here at OSF in the United States. And I think what we've (NOISE) seen (?), frankly, in the past several weeks about (?) (COUGH) the ways in which people have started to realize the significance of their rights essentially being taken away, especially around an issue that's fundamental as their healthcare is something in which, as this nation tries to respond to something close to the unimaginable-- has resonance in a very powerful way. (COUGH)

(UNINTEL PHRASE) exactly where it goes (INAUDIBLE PHRASE) presentation today and-- glad to be able to simply introduce the moderator, which is what I'm about to do. (LAUGHTER) So-- Elisabeth Rosenthal, goes by Libby. Thanks for having us. She's

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the editor in chief of the Kaiser Health News. Before joining Kaiser she spent 22 years as a correspondent for the *New York Times*, where she authored the prizewinning healthcare reporting series, *Paying Till It Hurts*.

She's a graduate of Stanford University and Harvard Medical School. (UNINTEL PHRASE) practice emergency medicine before converting to journalism. Her book, *An American Sickness: How Healthcare Became A Business, How You Can Take It Back*, will be published in April. Libby, take it away.

## **ELISABETH ROSENTHAL:**

Thanks (INAUDIBLE). Thank you, everyone, for coming. And for coming out in what I hear is (UNINTEL) rain (?). So-- I-- I'm really excited to be back in New York-- talking about this (INAUDIBLE PHRASE). So--

(OFF-MIC CONVERSATION)

## **ELISABETH ROSENTHAL:**

So-- basically what we're gonna to begin with is we're each gonna say-- five minutes or so about what interests us on this particular topic. And then-- we'll have a moderated discussion on this (INAUDIBLE PHRASE) bunch of my questions. And then for the last half hour, 40 minutes or so, I'll turn it over to your questions.

So-- (NOISE) I figured-- let me introduce our panel here. It's great because everyone is coming to this discussion from a slightly different perspective. And-- we're gonna hear lots of-- different concerns and hopes and aspirations for this-- unusual moment in time. So first on my left is-- Jonathan Cohen. He's the director of the Open Society Public Health Program.

He joined the-- the Open Society in-- 2006 as the inaugural director of the Law and Health Initiative supporting legal strategies to safeguard the health of socially excluded (?) people. (INAUDIBLE PHRASE). He previously worked as a researcher with the HIV AIDS and Human Rights Programs and Human Rights Watch. (COUGH) And he holds degrees from Yale, the University of Cambridge, and the University of (INAUDIBLE PHRASE). So thank you for having me and for (INAUDIBLE PHRASE).

On my right is-- Chloe Cooney, who is the director of global advocacy at (?) Planned Parenthood Federation of America, where she launched and now leads Planned Parenthood's advocacy for U.S. leadership on international reproductive health (INAUDIBLE PHRASE). Quite a guest-- at the moment.

Chloe was previously a vice president-- with the Endeavor Group, and has also worked with the global business coalition on HIV AIDS, tuberculosis, and malaria and (INAUDIBLE PHRASE) industry. She's a graduate of Barnard College and-- is the wife of one of my (LAUGHTER) colleagues at Kaiser Health (UNINTEL). So-- and it's

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the first time I've met her (?). (LAUGH)

Okay-- so let's go-- Naa Hammond, who is there is-- is a program officer at the (UNINTEL) fund, which supports (UNINTEL) for reproductive justice in the U.S. She previously worked in research and communicates with funders (?) for LGB-- sorry, LGBTQ issues and FIERCE, a New York City based organization that builds the leadership and power of LGBTQ youth of color.

She's also worked with Queers for Economic Justice, (NOISE) Sylvia Rivera law project, and the Urban Justice Center. She's a graduate of NYU. And-- and an advisory board member of the Third Wave Fund. I'm gonna move to the very end there (INAUDIBLE PHRASE) Ronald Martin is a law enforcement safety advocate with the North Carolina Arm Reduction Coalition.

He's a former detective sergeant at the New York City Police Department. We were saying we-- we are always New Yorkers no matter how-- how long we've gone-- long we've not been here for. He super-- there he supervised narcotics teams that advised the mayor's office and worked with a range of law enforcement agencies. As a harm reduction advocate, he educates North Carolina police officers-- needle stick and overdose prevention measures, and advocates for more dialogue between law enforcement and people who use drugs to (INAUDIBLE PHRASE) communities.

As you all probably know-- North Carolina is a state that did not expand (INAUDIBLE PHRASE) Mark Meadows' (?) home state. So (INAUDIBLE PHRASE). And-- finally, Gregg Gonsalves is a research scholar at Yale Law School and assistant professional of Epidemiology at the Yale School of Public Health, and co-director of Yale's Global Health partnership. He's been a leading HIV AIDS activist for more than 20 years-- organizing with (UNINTEL), the Treatment Action Group, Gay Men's Health Crisis, and the AIDS and Rights Alliance for Southern Africa. And he was previously an Open Society fellow and-- received his Ph.D. from Yale in 2016 (INAUDIBLE PHRASE).

So I'm gonna start us off-- just, kind of, giving an overview of why this panel means so much to me. Why I was so interested, even though-- my book publishers say, "Don't go talk anywhere two weeks before your books (INAUDIBLE PHRASE)." (LAUGHTER) This one I-- I had to go to. (COUGH) So-- (INAUDIBLE PHRASE). (LAUGHTER)

Anyway-- this is a really important issue to me, as a former *Times* reporter and now someone that-- editor in chief of *Kaiser Health News*. I've been sitting in Washington, D.C. for the last-- six weeks since inauguration, (INAUDIBLE PHRASE). (LAUGHTER) And-- and I think what-- (COUGH) sitting in D.C., our office is between the White House and Congress (INAUDIBLE PHRASE)-- tank (?).

Here we are. You know, here we are in a place where no one had anticipated. The GOP (UNINTEL) health plan went down in flames. (APPLAUSE) (LAUGHTER) Congressman-- Ryan-- says the ACA is the law of the land for the foreseeable future. Although-- they tried to, kind of, backtrack from that today. But we'll see. And so I-- you know, as I said to my staff in D.C., now we all have the chance to, kind of, reset

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and rethink.

And maybe move forward in-- in some ways that a week ago seemed a little more like the sky is falling and wouldn't be possible. 'Cause I think one of the things we learned from the experience, or I learned from the experience of-- of the last election is that populism matters, that what people think on the ground and what their experience-- on the ground, (COUGH) and particularly with something like healthcare, which is such a personal issue, matters to everyone.

And politicians manage to turn that into a right versus left issue. But it's-- it's-- it's a much more intimate issue than that. And I think what we've seen is in the campaign-- the-- the Trump-- candidacy, and President Trump managed to harness that populism-- in ways that people didn't really understand to-- to get the votes he needed to become president.

But now I think what we're seeing in these town hall meetings, which I think really helped upset the hopes of the GOP in getting any of their bills passed, is that a lot of those same people are realizing, "Hey, you know, this promise and what he was talking about really affects me. I-- I-- I'm gonna lose my healthcare. Or I'm gonna have my premiums or my deductibles are going up."

So I think we've both seen how right wing populism could be, or-- populism which is kind of, I wanna say, party neutral on the ground-- can be harnessed for-- (COUGH) ways that are not entirely honest, or can be harnessed for the good. And-- and-- I think that's really an important force to recognize. And I think it-- to me, one of the lessons of this election, this last election, was nobody is-- the-- the-- the Democrats in particular weren't paying enough attention to that.

So anyway, here we are talking about how populism has affected different parts of our healthcare-- system. I have been-- my own story, I was at the *New York Times* for 22 years. I came to the *New York Times*, (NOISE) ironically, from-- from practicing as, sort of-- emergency medicine doctor and being a freelance writer (INAUDIBLE PHRASE). Sorry. Cover the-- effort at-- the Clinton effort at health-- health reform.

My assumption when I came to the *Times* to do that was that that would happen in-- in a couple of years or a year and that I would go back to being a doctor. Of course, some-- a lot of things happened and I never did. So-- I think, you know, one of the messages for me is that we all really need to think of how healthcare-- healthcare-- is a populist issue and is an issue for every person.

Part of the reason it hasn't been expressed that way is because most of us and most people we know open bills at their-- in their living room. They're frustrated. They're angry. They get turned away from a treatment program. They can't get the medicines they need. And they do their best to solve that individually. And if they do, you know, they may or may not succeed.

If they don't, they feel bad about themselves. (UNINTEL PHRASE) often that are very frustrated and get sick. If they do, they think, "Wow, that was a nightmare to have to do all that stuff," and move on with their lives. But they-- they have really no way to, kind of, we-- we haven't found a good way to harness that into a populist (COUGH)

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(UNINTEL) movement, which is, I think, what's really sorely lacking in-- this country right now.

You know, there's a natural coalition. As I said, it's not left or right. It's people who-- for whom this-- current health system and public health system isn't working very well. And when the Clinton health (UNINTEL) plan was being proposed, I-- I thought that was-- having worked in emergency rooms, I thought that was a subset of Americans.

Now, I don't think the system is working very well for anyone. And I think that's-- that makes it pretty ripe for a kind of populist change. Anyway-- but more on that-- from our panelists (UNINTEL PHRASE). So, to me, healthcare should be inherently a grassroots issue, which it, kind of, hasn't been. I mean, except for groups like A-- ACT UP.

When-- when-- HIV AIDS first became an issue, ACT UP did an amazing job of turning health and public health into a public issue. But, you know, most (UNINTEL) groups are so diverse and, you know, everyone has their own disease. And they-- and we have to figured out how to-- to, kind of, unify. It's as if the condo owners don't work with the co-op owners don't work with the renters, you know?

Everyone focuses on, "I have migraines." Or, "I have diabetes." Or, "I have--" and-- and they don't see what you unifies them all, which is-- a health and public health system that doesn't work very well (INAUDIBLE PHRASE). So-- I think, you know, now that we're at this juncture where we're not sure really if-- the ACA will stay or will go-- I'm doing a little so-- soapboxing here, I think it's really important for us all to keep our eyes on ways in which it is being-- kind of, I call it, death by a thousand cuts. (NOISE)

It's being-- unraveled-- in ways that-- (UNINTEL PHRASE) be a regulatory measures. Or be it (?) not filling positions. Or non-enforcement. I think that's a big issue. You know, will the Republicans now say, "We're gonna try and make this work, or we're gonna try and make sure it doesn't work"?

And I think that's something we really have to-- keep our eyes on. Because I think one thing that the ACA did, whether it stays or it goes, is that it changed the-- the Americans' notion of who's responsible for (NOISE) health and what we owe people. And so (NOISE) I think that's-- that was the-- the Republicans-- the hardest thing about that bill is people feel like now it is our responsibility to make sure people are healthy.

We didn't do it very well, perhaps, for some people under the ACA. But it is our responsibility. And that's a hard thing to go back on. You know, especially I was noticing-- I don't know, you probably saw the article in the *Times*, I think it was yesterday, about how Medicaid, once a, kind of, niche program, now covers-- under the expansion, now covers 70 million Americans.

So-- that's a-- (COUGH) (UNINTEL PHRASE). (NOISE) I don't think a lot of those people understood-- a-- U.S. pres-- presidential election, what was at stake for their insurance. So-- we're gonna move on with the panel. (NOISE) I-- I think populism,

real populism, is-- is really good for healthcare. (UNINTEL) populism is not.

And I think that's our challenge going forward, is how does the populism we see from the right, which is powerful but-- (NOISE) not always honestly-- corralled and directed-- what are-- (UNINTEL PHRASE) how do you deal with that in your particular area? And how do you harness that populism that's, kind of, (NOISE) party neutral and growing up in response to the-- to Republican (COUGH) efforts to repeal the ACA in constant ways (?).

I always like (NOISE) to-- to-- and I wanna end this introduction with-- something I-- the most interesting factoid I've learned when I was researching my book. It was-- surveys in Canada about who was the most popular Canadian in history. And I, of course, thought it was gonna be, like-- Wayne Gretzky or-- or-- or Justin Bieber. And it was actually the physician who started Canada's national health program.

So-- I know-- but I think-- but I think whoever gets a health program done for the U.S., a public health system that really serves patients will be equally popular. So there we go. I wanna try to turn it over to each of our panelists. Jonathan first, about-- what you do and how you see this-- the-- the populism brewing out there affecting it.

## JONATHAN COHEN:

Well, Libby, thank you very much. And thank you everyone. Welcome to the Open Society Foundations. And thank you, especially, Libby, for describing a brand of populism that many of us can get behind. I think I am going to focus on the populism coming from the right.

I think it's a very important phenomenon to try to describe-- and understand. And-- (NOISE) I'm glad that Pat sent for the driver (?). (LAUGHTER) I-- I wanna begin-- my-- my discussion of this with an observation that-- (COUGH) is not very optimistic, nor I think is it very original. (NOISE) Which is that (NOISE) all over the world we are seeing-- ordinary (MIC NOISE) people-- often in a great deal of economic and social distress embracing poli-- policies and politicians who are plainly bad for their health.

And we can dismiss this as kind of reckless voting behavior or we can attempt to really try to understand what's going on. (NOISE) I know that we will talk later in the panel about the epidemic of opioid dependence in the United States, but I think it's such a wonderful example of that.

Whereby, (NOISE) you know, we see that the very polices that would help communities address this epidemic, whether it's an expansion of Medicaid and drug treatment-- greater regulation of industry, curbing of strike hard law enforcement approaches, are precisely those polices that the president elect-- rails against. Even though, in many cases, those policies poll well.

And the same is true outside the United States. Right? So that we saw during the



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Brexit campaign-- a number of people from the (COUGH) "Leave" camp making this claim that 350 million pounds a week in European Union dues-- would be spent on the National Health Service. Once-- Britain voted to leave. And this claim had immense popular appeal.

But, in fact, many of its most strident proponents were people who would sooner privatize the NHS than actually protect it or strengthen it. We have a third extremely dramatic example now-- in the Philippines-- where the very communities who would benefit-- benefit from evidence based-- approaches to drug treatment-- and who are seeing more mass murders in that country-- than occurred during the-- the Marcos era-- are claiming that President Duterte, who is overseeing this murderous drug war, is actually making them safer. And-- and rallying behind him.

So it's-- you know, it's this kind of chronic-- pattern of people voting, getting behind politicians who-- who plainly are not acting in their best interests when it comes to health. And-- and it's true that-- that one can look at that and see an opportunity. Right? You can look at that optimistically and say, "All right, well what we need to do-- is offer those communities a more progressive alternative." Harm reductions programs for communities hit by opioid dependence-- (NOISE) strengthening the national health service, drug treatment in the Philippines. And hope that that will help them see that they're being sold a bill of goods by these right wing populists.

And, indeed, that insight undermines-- (NOISE) much of what we're up to in the public health program. And-- the U.S. programs and-- Washington office of the Open Society Foundations is trying to, kind of, capitalize on that insight and offer people a more progressive alternative that might even drive a wedge between them and the populist politicians that they supported.

And I think we have reason enough to believe that. Often, as you've-- you've given a great example from Canada, politicians who've embraced a real pro health populism have become national heroes. Not-- not just, you know, elected president, but true national heroes. We've seen that in-- in my native Canada. We've seen it in the U.K. We've seen it in Germany. We've seen it in South Africa, we've seen it in Thailand, in Mexico, in Brazil.

Universal health coverage: it's a winning populist strategy, right? I-- I think that my-- my optimism stops there. (LAUGHTER) And I-- I-- (COUGH) I-- the reason for that-- although that is a lotta reason for optimism, granted, is that I-- what I fear is that right wing populists are actually tapping into something much deeper and much more elemental than what can be addressed through alternative policy prescriptions.

And that it's not going to be as easy-- as offering these communities-- progressive alternatives. And here is where I think we really have to unpack what populism is and what is on offer-- from these right wing politicians. And I-- 'cause I don't think it's just a set of policies.

In fact, it's not a set of policies. And it's certainly not a coherent set of policies. What it is, first of all, I think, is a profoundly-- anti-elitist stance. And this purported concern for so-called "Ordinary people." So that, for example, the Brexit vote can be

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cast by U.K.-- as a victory for real people. Right? As though the 48% of people who vote against it are not real people, right?

And, of course, these real people, these ordinary people, these decent folk are often contrasted with minority populations whose causes in this analysis become elite causes, politically correct causes, but not, kind of, ordinary causes. So to the extent that kind of populism translates into health policy, it could certainly translate into very exclusionary health policy.

I think the other thing that-- that populists are offering to people is-- is this, kind of, us-and-them stance, right? I mean, they're-- they're offering an enemy. They're offering a deep hostility to political procedures-- to the establishment, to intellectuals. They are provoking. They're offering conflict. And, of course, you know, translated into health policy, I think that conflictual us-and-them mentality is the opposite of what we need in health. It's the opposite of the social compact, right? Of the idea of solidarity. Of-- of looking out for each other. And it's also incredibly politically risky.

Because, in a way, if you set up this us-and-them battle as a populist, you can't lose. Right? So when Trumpcare tanks, as it did on Friday, if you're Donald Trump you can just say, "Well, it's a conspiracy against me. It's elites keeping the ordinary people down and so on and so forth." And it kinda gives you an excuse for your policy failures.

I think a third thing that-- that populists-- right wing populists are offering people-- is-- is-- is frankly a-- profoundly-- anti-pluralistic idea that this, kind of, monolithic will of the people ought to prevail over liberal institutions like the courts, the media, NGOs. And I think that's partly why we're so concerned about populism at the Open Society Foundation.

I'm convinced that if you took all of our strategies, which we're writing now, and put them in a word cloud, populism (LAUGHTER) would just appear everywhere. And it-- it's b-- I think it's because it is, at its core, a deeply anti-pluralist idea. It goes against this idea of listening to multiple points of view and staking out a compromise.

So that whatever you might think of Obamacare-- as health policy, and I think many of us were not such great fans of it, what you can at least say is that it was a product of democratic deliberation. It was a compromise between multiple points of view. And I think populism limits this possibility of compromise. I think it's antithetical-- to this idea of-- of compromise. Or even to rational discourse in the first place.

And then, finally-- and Jonathan White-- has made this argument, I think that most dangerously, what-- what populists are offering people-- is a sense of agency. And a sense of control in a deeply turbulent world, where people feel profoundly powerless. You know, powerless in the face of globalization. Power-- powerless in the face of-- of neoliberalism, right?

Powerless in the face of the austerity policies that were passed in Europe in response to the economic crisis. So that the the motto of the Brexit referendum or the "Leave" camp could be take back control. Right? So what-- what we are offering you is



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control. Never mind whether it is claimed that your E.U. dues could be diverted back into the N.H.S. makes any sense at all.

Never mind that that European Un-- Union actually-- can have, you know, policies like disease surveillance that are good for public health-- for public. What we're offering you is a sense of agency. A sense of control. A conflict. An enemy. And I guess-- you know, not to start us off on too dire a note, but I-- I'm a little bit concerned that alternative policy prescriptions may not be a match for that particular offer.

And I am also concerned that that particular offer, and that stance, that conflictual us-and-them mentality is, in many ways, even worse for public health than the policies-- that go along with it. Because they are-- they're ultimately bad for democracy. Right? And here I am making an assumption that democracy is good for health. And that is something that is debatable. (LAUGHTER) And maybe we should debate it. But I'm concerned about democracy. And-- that's-- yeah. That's how I think now about the-- the connection between public health and populism.

## **ELISABETH ROSENTHAL:**

Okay. Well-- that's dark. (LAUGHTER) But-- perhaps--  
(OVERTALK)

## **ELISABETH ROSENTHAL:**

--realistic and-- we'll be talking a lot more about that. Okay. Chloe, you're-- you're on-- to talk about--  
(OVERTALK)

## **CHLOË COONEY:**

I'll try and be a little less--

## **ELISABETH ROSENTHAL:**

--the--

## **CHLOË COONEY:**

--dark. (LAUGHTER)  
(OVERTALK)

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**CHLOË COONEY:**

--at the bright side-- (LAUGHTER)  
(OVERTALK)

**ELISABETH ROSENTHAL:**

--really easy to be-- positive-- (COUGH)  
(OVERTALK)

**CHLOË COONEY:**

Well, I--  
(OVERTALK)

**CHLOË COONEY:**

I come to you today with some optimism. Yeah, more optimism than I thought I was gonna come to you today with-- when-- when we started planning this conversation. So-- and I-- I guess I'm gonna think about populism is just the purest form of-- of the word. And which is to say I-- my thought for you here is that if this were all about true populism, we would not be defunding Planned Parenthood.

And we would not be debating restricting reproductive rights in the U.S. or globally. In fact, we'd be doing the opposite. So-- I wanna talk about, sort of, (COUGH) two examples of that. One in the domestic context. Planned Parenthood fight. And then one in a global context to, sort of, play that out.

In the U.S. context, though-- just to-- to state the obvious here, defunding Planned Parenthood is highly unpopular. (COUGH) (UNINTEL PHRASE) terrible idea. And recent polling-- really backs that up. The Kaiser Family Foundation just came out with a poll, about two weeks ago, I think, that found 75% of Americans-- support federal funding for Planned Parenthood.

And as I always like to point out, this isn't, like, a-- an issue people haven't heard of. Like, this is-- people have heard of it. They've thought about it. And they-- they have concluded they support federal funding for Planned Parenthood. And that figure includes 57% of Republican women. So this is also spreading-- across partisan lines. And that's-- and that's just one of many (COUGH) polls like that. This is a pretty steady figure that, if anything, we've seen-- increase support over the years. So-- so defunding Planned Parenthood, which was a provision of the-- healthcare repeal is not a popular idea and it's not pop-- it's not reflective of a populist mission project.

And I think it's also important to note what we mean by defunding Planned

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Parenthood, just to (UNINTEL PHRASE) it further, because it's a little bit of a misnomer when you talk about defunding Planned Parenthood. There's no line item in the federal budget for Planned Parenthood. There's nothing that they can just strike out and say, "Take that out," and then-- (COUGH)

The proposal (NOISE) which was included in the failed-- healthcare repeal bill would have excluded Planned Parenthood from participating in the Medicaid program. It would have-- blocked Planned Parenthood health centers from receiving reimbursements for delivery of healthcare to Medicaid patients.

And this is the height of irony, when you think back to the-- the conservative populist movement that we saw bubble up in-- in 2009 in the original Affordable Care Act debates and-- and since-- where we've heard so many times from opponents of the Affordable Care Act that the government should not tell Americans which doctors they can go to.

Which-- it doesn't, actually. But defunding Planned Parenthood would do that. So this is not because of populism. This is because of a far right political agenda that's exploiting broader voter anger to push a very unpopular agenda. And I think the reason I come with a little bit optimism is I think we really saw some accountability on that over the last several months. And when you talk about a patient movement, I think one of the pieces that's been so inspiring-- sitting at Planned Parenthood has been seeing our patients tell their stories. And actually on Friday I was just in the office of one-- member of Congress, a district office, who had-- had been undecided about the vote-- as patients told their stories.

Patients were-- constituents told their story one after another, some extremely personal and humbling, really putting it on the line. So-- so I think there is a patient movement underfoot. So my second, sort of, example is looking globally how-- not only are we not seeing a populist-- a true populist project under-- we're-- we're actually seeing the effort to combat them (?).

And that is-- to talk about the global gag rule. And this was one of the first things the president did in taking office. This-- who-- who here knows about the global gag rule? Ah, you guys are an above average-- (UNINTEL PHRASE) (LAUGHTER) I'm not surprised. But-- very good.

So the global gag r-- I'm gonna define it anyway, 'cause it always needs to be defined 'cause it-- it's one of the most mystifying policies. It's-- also known as the Mexico City policy. It's a policy that prohibits organizations from receiving foreign assistance if they use any bit of their own money to provide any services, information, education, referrals about abortions. So basically to talk about abortion. Or to advocate for the legalization of abortion in their own country.

So if they use any of their own resources to, essentially, participate in the democratic process of their own country. And this administration went even further. This is a policy that's been ping-ponging back and forth since Reagan. President Obama rescinded (COUGH) it-- in his first week in office. So we weren't surprised to see it come back in the first week.

What was noteworthy was the expansion of it. This president went-- so far as to expand it to all of global health, where it is-- it had been previously applying strictly to the family planning program, globally. So that represented, essentially, a 15-fold increase on the policy. And what's really (NOISE) noteworthy about it this time, as well, is that he signed the gag rule-- just two days after the historic women's marches around the world.

And it impa-- it's a policy-- it doesn't only impact women, but it-- impacts women the most. So here we were, I was in D.C.-- at a historic level of turnout. All around the country. Historic levels of turnout in every state. And then all around the world, historic levels of turnout-- for (NOISE) (UNINTEL PHRASE) people standing up.

And a common refrain was, "We will not be silenced." Yet silencing women is exactly what the global gag rule is trying to do. (NOISE) And they're doing it on our behalf, as Americans. They're representing the American people as they do it. So you know what? Don't take away their rights in my name. So I-- I think in the terms of this conversation, it's important to talk about the cost of this policy.

And I'm sure we'll talk more about it throughout this panel. But it is gonna be felt in public health terms. It's gonna be f-- felt in the public health of communities around the world. And not-- again, not just women. In the past, the primary impact of the global gag rule has been loss of access to contraception. Because primarily it's cut off-- the most qualified providers of family planning programs.

And that has, in turn, led to increased rates of unintended pregnancy, unsafe abortion, and in-- in many cases, increased maternal mortality. Now that we've seen the policy expanded, we're gonna-- we expect these impacts to be exacerbated that much greater, but also limiting access to HIV services, to Zika prevention, and-- and ef-- treatment efforts. Maternal and child health programs. (CLEARS THROAT) And so much more.

So it's really-- staggering and humbling when you think of the scope that we're-- we're anticipating. And I think that we'll-- we've seen a lot of efforts at the global level to start to stand up against it. But I-- I-- I don't think that we can assume we can stand up against all of it and replace what-- what is gonna be lost.

And the gag rule's only one piece. I think we're-- we've already seen a budget proposal that is gonna do enormous damage around the world. And we're anticipating-- a tax on UNFPA, the-- the U.N. Population Agency, which is the most vital source of contraceptive supplies around the world.

So we're seeing a lot of threats to human rights-- at all these levels. And while they're not popular, I think it is really important to talk about, and building on what you said, that popularity should not be the arbiter of human rights. So while we do-- we do have a patient movement, we do have-- the-- I think the idea of access to healthcare is popular (NOISE) in its intrinsic form, that also should be arbiter of-- of these rights for us.

So because I'm an advocate, I'll just quickly end on a call to action. (LAUGHTER) Which is sexual reproductive health and rights are human rights under threat, in the

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U.S. and around the world. And it's not because of populism. (CLEARS THROAT) And so this is a time for action. And I-- you know, stepping back, looking at last Friday, I-- you know, the takeaway for us is our voices mattered.

It did matter. Everything we have done has mattered. And we have to keep doing it. And we have to do it in and lock arms with-- you know, peers around the world. And I think one of the things that does give me some optimism is a rise of global movement-- for health and rights. So (INAUDIBLE PHRASE).

## **ELISABETH ROSENTHAL:**

Thank you. And now I'm gonna go a little bit-- I'm gonna-- I was gonna go in alphabetical order (LAUGHTER) but I'm gonna change things up a little because I thank Naa's focus is-- follows nicely (INAUDIBLE PHRASE). (LAUGHTER) Thanks.

## **NAA HAMMOND:**

Great. So, good evening, everyone. My name is Naa Hammond, and I'm a program officer with the Groundswell Fund. And for folks who are not familiar with the Groundswell Fund, we are the largest national funder of the U.S. reproductive justice movement. And we make grants and provide capacity building support to grassroots organizations that are led by women of color, low income women, and trans people.

So I'm actually really excited to join this conversation today because I actually do feel hopeful. And hopefully I can bring some of that into the conversation today. I am really excited that we are going to have a conversation about what it's going to take to defend healthcare as a human right for all people. Particularly people who are facing the highest-- health disparities based on race, class, gender, sexuality, and immigration status.

So these past few months have been very heavy for many communities. But they've also made-- it really clear that we are in a-- historic moment. How many people here have attended a march or a rally or knows someone who's done that? (UNINTEL PHRASE) video the entire room almost raised their (LAUGHTER) hands.

So from women's marches to No Ban, No Walls, No Raids actions, we are seeing millions of people take to the street and diverse communities come together to resist. This is actually representing one of the biggest base building opportunities that has ever presented itself to progressive movements. And really, we have the opportunity to think about what it's going to take to engage people long-term beyond just coming to an action in issue based work moving forward.

And I'm excited to talk about what does this mean for philanthropy. I'm going to assume that people here maybe work in philanthropy too. (LAUGHTER) And I think it's really important for us to realize that as much as we're in a political moment, we're also in a philanthropic moment. I think like many funders (?) in this room, you've probably been in many conversations with other funders, having really serious

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conversations over the past few months.

I've been in conversations where people have been asking, "Do we continue with business as usual?" Or, "What do we need to rethink about what we've been doing so that we can be relevant and responsive to the grantees of the movements that we care about?" (NOISE)

So as we're seeing rising right wing-- populism in the United States and growing attacks on the most vulnerable communities, including threats to public health through the shrinking of the-- efforts to shrink Medicaid, gutting the EPA and affordable housing, we as a sector really need to think carefully about what we do now. Because what we do is going to have lasting impact beyond the next four years, but really for decades.

And thankfully there's actually a lot that we can learn from intersectional movements, like the reproductive justice moment, that center a human rights framework and approach. So-- if you will indulge me, I will-- I wanna just share-- three lessons-- from social justice movements for this moment for funders. And I'll name them now, if we don't get to all of them I can talk a little bit more about them.

So the first is to fund organizing. The second one is to fund across issues and movements. And the third one is to fund work that challenges white supremacy. So I'll go into them a little bit now.

## **FEMALE VOICE (UNIDENTIFIED):**

(INAUDIBLE PHRASE).

## **FEMALE VOICE (UNIDENTIFIED):**

Okay. (LAUGHTER)

## **NAA HAMMOND:**

I think it's really important in this moment for us to be thinking about funding grassroots organizing for progressive change. As Fredrick Douglas-- said, power concedes nothing without a demand. It never did, and it never will. So with Republican control of the house, the senate, and the executive branch, this demand right now needs to come from the people.

And grassroots organizing is one way to harness that power of the people. And it, really, for-- anyone who's not familiar with grassroots organizing, it's just when ordinary people come together to gain skills and use our collective power to transform systems and conditions that shape our lives.

In this country, we really haven't been able to win any large scale social change without people exporting their people power. Whether it's women protesting and



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marching for the right to vote, or working people and labor unions winning us-- the right to have a weekend and labor protections, or more recent examples of p-- how the movement for black lives has really elevated a conversation about police violence and anti-black racism in the United States.

Power concedes nothing without a demand. Even in-- the gleeful-- defeat of the American Healthcare Act-- recently, what we saw was-- this was an issue that a lot of reproductive justice organizations that Groundswell supports took on and really mobilized their constituents to get involved, to attend a town hall, to call their elected officials.

And what we saw was hundreds of thousands of people in blue and purple and red states-- calling and demanding and showing up at town halls. And the result was that Democrats and moderate Republicans-- ultimately-- ultimately-- were able to s-- help this bill-- make sure that it did not get a vote.

And we cannot underestimate in this moment the importance of organization. The second thing that I was sharing is-- the imperative right now to fund across issues and movements. So the kind of mass based organizing that can bring enough people together to actually have the power to make any social change and actually reach hearts and minds of people who may not be-- well-versed in an issue.

It is the kind of organizing that cannot afford to be single issue focused. And moreover-- I (UNINTEL) we believe that it doesn't exist in one single sector. So for Groundswell we've been thinking about-- as a funder that cares about reproductive justice, that we are not gonna be able to defend reproductive justice in the current climate by just funding organizations that focus on reproductive justice.

Communities that we fund are in the fight of their lifetime. And the only thing that will really change that outcome is grassroots organizing that works. That reaches across issues and that stands in solidarity with other movements. So that means that when there are attacks on immigrants, on Muslims, on working people, on women, on LGBT people, that nobody is standing alone.

And we, as funders, we create the conditions to ensure that organizations can actually stand up with each other. And lastly I'll just share around funding work that directly challenges white supremacy. So after the election-- we heard a lot of efforts to explain what happened. And why there was a right wing backlash. Many people blamed the economy, which is a convenient-- scapegoat. Except for the inconvenient fact that Black, Latino, and Native American people, three of the groups that are hardest hit by the economic situation, all voted against Trump. A lot of people blamed gender oppression and sexism, but this doesn't explain why 52% of white women voted for Trump.

And while the majority of women of color and men of color-- voted for his opponent. At some point, we need to talk about the centrality of race and specifically white supremacy. And the role that it played in this election. And how white supremacy is operating under the current administration's executive orders, appointees, and decisions. And we cannot afford to ignore white supremacy anymore.

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But we can't dismantle white supremacy if the majority of organizations that we are funding are white led. Organizations that have little track record of standing in solidarity with communities in color, organizations that lack a racial justice analysis and that are afraid to talk about white supremacy or race.

For funders, this means that we may need to take a good luck at our knee jerk reactions. It can be tempting, as progressive funders, to move resources away from grassroots organizations, to double down on big national organizations that are often white led. These organizations offer the allure of scale and impact.

And while I'm not suggesting that we-- not fund national organizations, they have a very important role to play in our movements, we also have to redefine what we mean by scale and impact in this time. And-- and I mean here-- in this current climate because of-- the way things are at the federal level-- ch-- progressive change is gonna be harder in the coming years. But there are opportunities at the local and state level to move progressive change. And it is important to support organizations that have been organizing in these contexts for a very long time. For Groundswell, we've seen a lot of-- of these organizations are led by people of color, specifically for us women of color and transgender people.

And-- nothing is-- okay, so national organizations p-- play a critical role in the moment, but they really can't reach-- some of the communities that these local organizations can play. So for-- for us we really feel that organizations that are best poised to bring together diverse movements to organization and ensure wins that we can see in the next few years are the ones that are already working at the intersections and that are already being led by those who are most impacted.

## **ELISABETH ROSENTHAL:**

Thank you. Thank you, and I'm not keeping our speakers to-- I'm not keeping everyone to time (INAUDIBLE PHRASE) because things are interesting. So-- (LAUGHTER) I'll make sure everyone gets to-- to ask questions and I'll (INAUDIBLE PHRASE).

(OFF-MIC CONVERSATION)

## **ELISABETH ROSENTHAL:**

Gregg, can you pick up from there please?

## **GREGG GONSALVES:**

Yes, and-- and I think I'm gonna reflect one thing you just said. So I-- three points I wanna make. One is-- I think we misrecognize the current moment as, sort of, a populist moment. I think we have to think about the-- the continuity of what-- what

is occurring (?).

And that for 30 years, as (UNINTEL PHRASE) we made a cult of (UNINTEL) self-interest. Who here is about 50 years old? You-- if you remember Reagan and Thatcher, the idea that greed is good. And that this-- the-- the attacks on the welfare state began 30 years ago when I was graduating high school.

And so the idea that we're-- we're-- we're-- we're seeing a-- new assault on the, sort of, structures that tie us together as brothers and sisters-- is absolutely false. And the idea that-- we've been making, sort of-- inexorable progress for the past 30 years is also another myth we have to, sort of, disabuse ourselves of.

If you look at the-- the structures of inequality that (UNINTEL) risen through both Democratic and Republican administrations, (INAUDIBLE PHRASE). It's interesting, I had dinner with s-- somebody who-- many p-- people in this room know, (UNINTEL PHRASE) and we had a small dinner. We were talking and I was saying, you know, "Deborah, I feel like I'm in the middle of an ocean. I don't know what to do. I'm just-- I'm just terrified about what's happening and I'm just growing (?).

"And I don't know where the shore is." And she looked at me and she said, "Don't-- don't you have any clue? (UNINTEL) that's-- that's the, sort of, path that I (UNINTEL)-- I've been treading for the past 50, 60 years. And that struggle has never been-- over or-- or anywhere near completion for-- for communities of color."

And, you know, if we think everything was different before Trump was elected, think about Ferguson and-- and the-- the police violence that we saw over the past two years on our national TV. So let's-- let's not paint this in the populist moment that Trump represents. Let's take it as a, sort of, a capitulation of-- progressive ideals which basically started with Regan and Thatcher-- and led us to Bill Clinton and welfare reform, (NOISE) (UNINTEL PHRASE) think of that?

Glass Steagall. I mean, all of the-- what we-- what we-- what was wrought in November was the culmination of 30 years of work. Right? (SIGH) The other thing is-- for all this talk about populism and the left populism and progressive ideals, we-- we love-- we love to be technocrats (?). Right? We-- for all our smacking down Donald Trump as-- the know nothing president and (UNINTEL PHRASE) know anything about health or the environment-- we (UNINTEL) perhaps too much faith in him.

And this leads me (?) to the conversation about investing in people. We have-- we-- I teach a class up in-- New Haven, and we (UNINTEL PHRASE) various products. From drug pricing to Zika and reproductive rights-- to maternal health among the (UNINTEL PHRASE). We had (?) a young man named Julio Lopez from (UNINTEL), Connecticut come and talk to our students today.

And he said to a bunch of Yale students, "The first thing I wanna teach you, that you don't know shit." (LAUGHTER) All right? So if you're gonna work with communities, you're gonna have to give up the cult of expertise that you-- you were trained-- you're all highly trained professionals that know better than the-- the person on the ground who (INAUDIBLE PHRASE).

And if we're gonna do that, that means reorganizing philanthropy (?), right? I-- I don't always have-- well, (UNINTEL PHRASE) came to me in 2000 and said, "Oh, all this stuff you do with ACT UP and Tag (?), come do it in eastern Europe and, you know, and-- and unmoored, sort of, the-- the-- the work we did for more honed (?) in New York.

And-- and, sort of, exported around the world. It's time to come home (?). Okay? It's time to come home. And it means that OSF's work on health, which is largely international, needs to come home. I work on health, right? What am I teaching about right now? About emergency room visits in Detroit, Michigan. Post-executive order.

I don't know what-- I don't know what the answer's gonna be, but I'm-- I'm curious to know-- if Arab-American and Muslim-Americans are having (UNINTEL PHRASE) outcome (NOISE) based on the (UNINTEL PHRASE) discrimination associated with this executive order and (INAUDIBLE PHRASE). Immigration health. We know, from immigration rates way before Trump, that when immigration enforcement actions rise, healthcare visits go down. Well (?) baby visits-- dialysis, anything you can think of, right? Substance use. You know, I was talking to people in-- who (UNINTEL PHRASE) audience, we wanna do a lead (?) program in New Haven. You know, who knows if it's gonna be good or bad?

But guess what? You're planning to get a DOJ clearance. So we could pilot a LEAD program in New Haven. Guess what? New Haven's a sanctuary city. So we are now ineligible for (NOISE) any of these DOJ clearances (?). So I-- I've been trying to figure out how to-- make sense of what's happening over the past two months.

And part of it is everything old is new again. And it's interesting, you know, we're having a civil disobedience training in New Haven in a couple weeks and who are the people who are (?) coming to do it? (UNINTEL PHRASE) some of the groups that have appeared in New York for the past few-- few months.

It's a bunch of old ACT UP people. And some new ones. But the point is is that we need to go back to our roots. And community organizing and civil disobedience and civil resistance. And-- and stop being the experts. (NOISE) Investing in, sort of, more policy papers and more think tanks and more workshops. And for philanthropists, I think it's very difficult to say that you're gonna give money to (UNINTEL) Connecticut, right?

You're working in Bridgeport with undocumented immigrants. And this is a long term commitment they're making. You're not gonna get, you know-- a deliverable at the end of six months. Or at the end of three-- end of a year. You're gonna get a long term commitment to communities (NOISE) across the country.

And so that's where I-- that's where, sort of, the past few months to-- led me, is that think of it as a continuous, sort of, way the structural violence has been going on for 30 years and it's many different communities. (UNINTEL PHRASE). Two is stop investing in cult of expertise delinked from working with communities. Expertise has a role in-- in-- in contact and being informed about what-- what communities

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(UNINTEL PHRASE) having around them. (NOISE)

But it does-- does no good as, sort of, an abstract theoretical-- notion. And coming from university, it's hard to say. (LAUGHTER) People don't wanna hear that. And the other thing is you-- you-- you're gonna have to-- I mean, it's gonna be a culture shift for people at OSF and other philanthropies to, sort of, say-- we're gonna have to do things differently and-- and-- and take some of the work we've pioneered around the world in open societies and helping marginalized populations and bring it home. You know, so that's where (INAUDIBLE PHRASE).

## **ELISABETH ROSENTHAL:**

Thank you. And-- last but not least, (INAUDIBLE PHRASE).

## **RONALD MARTIN:**

Hi, how are you?

(OVERTALK)

## **RONALD MARTIN:**

First (UNINTEL PHRASE) do is I wanna thank-- OSF for putting me on such a wonderful event. I'm a little bit more on the informal side, so bear with me. So at some point in time when you want to ask questions later on, if you wanna, like, just redirect something and, like, just channel a little-- little bit more directly at me, I-- that would be fine.

I'm gonna start by saying that like any form of traveling to a different location and I just came to New York City just recently, I have have to tell you, my timeline was just a little bit behind. So I don't think I realized at this one particular moment that I was actually sitting in New York City.

And it didn't hit me until Elizabeth mentioned about North Carolina being one of those many states that hasn't passed Medicaid expansion. And then it just became totally aware to me that I'm in a place right now (NOISE) where you-- you may not recognize the situation that we're actually enduring in the-- the regional south at this (SLURS) particular point in time.

So I'm going to, as a tribute to Broadway live shows, and I'm going to go totally off script. So that's why I may need refocusing. I'm basically just gonna now just say things that are more so just off the cuff of my head. First thing I'd like to start is my background was a little bit ea-- earlier, I'm a retired detective sergeant from New York City Police Department.

My last few years I worked primarily with-- organized crime control unit bureaus and doing narcotic operations. Why bring this up? Simply because I'm doing advocacy

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right now that revolves (SLURS) slowly around harm reduction models and techniques and basically around-- overdose prevention-- the opioid crisis that we're looking at.

As far as talking about populist components, I'm not going to do it because I exist in a red state. So my state had a multitude of counties that is one of the contributing reasons as to why the administration that we have right now exists. So the populist-- populist movement actually exists very, very strongly in North Carolina. But I'm going to make a counterargument. Lemme just show you why as to how things can change. 'Cause we do do effective advocacy in North Carolina, in a red state, and I think significantly important.

The organization I work with is called North Carolina Harm Reduction Coalition. It is a grassroots advocacy-- services development, project development, coalition building-- unit that basically addresses people that are vulnerable to-- drug use, sex workers-- gender discrimination-- people in LGBTQ (?) community.

So basically we're heavily involved. The most important thing that you need to know about harm reduction is the fact that we are attempting to improve health, promote health-- through a very, very dignified means by meeting people where they're at.

In other words, we don't ask people to basically say, "Well, at any particular point in time, if you're doing something that's more so illegal (NOISE) or something that's a risk behavior," we wanna mitigate the risk. We wanna lower the negative consequences by saying, "Well, we don't expect you to stop doing what you're doing, but what can we do as a means to basically just minimizing those risk factors?"

Which mean (UNINTEL) things like condom distribution or-- establishing syringe exchange programs and the like. Which is what I wanna get to. North Carolina. Over the last few years, what we've done is we've actually enacted three major, major, major laws. One of them is something which is called a decriminalization of (UNINTEL PHRASE)-- decriminalization of syringes. Which basically means that if you're in possession of a syringe-- you won't be prosecuted for that particular offense if you let the officer know that you have this.

We've been involved with basically implementation, passing of laws for the (UNINTEL PHRASE) laws. Which basically means that if there is an overdose victim, which, once again, is a public health issue, there's an overdose victim, basically the caller that's making that call to save that life won't be prosecuted for that particular offense. Neither will the victim of that particular overdose be prosecuted.

We have implemented naloxone (UNINTEL PHRASE)-- used by first responders and primarily what we actually stressed and emphasized was the use of naloxone (UNINTEL PHRASE) by law enforcement personnel. For those of you that don't know what naloxone is, basically it's an opioid (UNINTEL) that basically reverts the effect of an overdose. (NOISE) Is the nother-- number one symptom of an overdose is basically respiratory (UNINTEL). Naloxone (COUGH) basically return the ability to breathe for that particular individual. (COUGH)

And then more recently in this past year what we-- the law we passed was syringe



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exchange. Now, I'm rattling this off 'cause I kinda w-- want you to feel this stew at the same time. Little carrots, little beef, little potatoes. (LAUGHTER) And I want you to understand that I'm saying that this is taking place in this red state. All right?

So the question is is, once again, (COUGH) (UNINTEL PHRASE) populist conversation and say, "Well, if this is the population of people, and if the-- if the-- the-- the motives and the objectives are about the people, and the people voted for an administration that says, 'We're about the people,' well then how is it that we're moving through with these conversations and getting it through?"

Now, I have a phenomenal executive director whose name is Robert Childs. That's-- that's (UNINTEL PHRASE). (LAUGHTER) You know, it's a-- that was a joke. He'll appreciate that. (LAUGHTER) And he does a phenomenal job of actually just redirecting purpose and direction as far as where we're going as far as this opioid crisis and where it actually stands.

Now, what's significant about the south, which is entirely different from being in New York, is-- is the southern region commonly (?) represents the epicenter of the HIV AIDS virus. Nine of the top ten states in the country are in the southern region states. Coincidentally, if you just follow-- just read any particular data trail, you will also see that most of those states do not have Medicaid expansion.

So once again we have a problem and we're not taking care of the problem. Now, what harm reduction does is it doesn't immediately eliminate the problem, but it starts to promote health issues, and it starts to create dialogues with people within those communities with those vulnerabilities and problems where these issues can now be addressed a little bit-- a little bit better. Now, a significant thing here, I think this is the tricky thing, if someone was to ask me why, how do you do this? So I'm gonna avoid that question for later on. So I'm saving it. I'm gonna take more time to say-- (LAUGHTER)

(OVERTALK)

## RONALD MARTIN:

But I (UNINTEL PHRASE). What we've done is-- is we've absolutely recognized the importance of how we create advocacy strategies. And one of the most important (COUGH) things, and I'm hopefully not going to offend anyone in the room, and I do have to say this before I-- I will preface this by saying that the objective, the result that you get sometimes can be more important than the means in which you go after that particular result, okay?

So what we've done is we've created very, very, very conservative partnerships. Very, very, very Republican partnerships. Now, once again, (COUGH) we're looking at the administration that we have, and these are technically that we're partnering with. All right. So when we promote advocacy opportunities, we're gonna use a language, or our values where we may say-- say things like, "Pro-law-enforcement," or, "Pro-life," or, "Cost savings."

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Things that are much more along the lines of, like, more conservative way of thinking. You know, it's important when you do lobbying, legislative efforts, that you're-- whoever's sponsoring your bill matters. The person that's sponsoring your bill is very important. Our sponsors, our champions, have been very, very Republican, conservative sponsors. Now, I'm gonna stop there to say the question there will be, "Well, why?" And this is where-- and I know we're gonna talk a little bit more on it, but this is where the conversation and where a lot of what we're talking about right now is going to be handled, whether we choose to handle it or we don't, because the opioid crisis in our country right now is very, very real.

The problem that we have right now is real. So there are gonna be decisions that are ultimately gonna be made whether we choose to actually cognitively make it along legislative lines or community lines, or whatever, they're gonna have to be done. I can tell you the conversation I had earlier today out at the senate office of West Virginia, and Washington, D.C., where basically it is acknowledged in their office that something happened on Friday (?).

They also acknowledged that if there were a second-- if there was a second round of what happened on Friday, everything pertaining to the conservative side of the Republican Party and-- and the Freedom Caucus and the like, would be the dismissed point of view. The only view that's gonna significant moving forward is what the constituents need.

So when I heard that earlier, I said, "Well-- there's something to that." But then again, later this afternoon, something you probably know, in the state of Kansas, Medicaid expansion was just passed. Now, this more than likely probably gonna be vetoed by the governor.

But I think what we're seeing is we're startin' to see a move where people are basically right now, you know, "What is in our best interest? What exactly do we need? How exactly do we need to take care of ourselves? It is a good thing if hospitals are closing down?" All right? We have an opioid crisis where people are falling out in the street and dying. Dying.

So why are we doing these things that are basically working as an opposition to the main objective, which is basically making people better? Keeping people safe. Furthermore, the biggest thing that we do, and I've heard two comments about law enforcement, you know, whenever I hear commentary on Black Lives Matter, it just requires me needing a lot more time, 'cause it probably requires a lot more conversation so that there's a-- mutual balance that can be found somewhere.

You know, there's merit on the argument on both sides. But one of the conservative things that we do and Republican things we do, there actually is a means of getting this legislation passed for these harm reduction-- hard reductive measures that I mentioned is we ally with law enforcement. We basically take a public health argument of basically, "What is it like not only to remove a syringe off of (?) someone and make them safer because they're not usin' the drug?"

But the argument becomes, "Well, what happens if you're stuck by that syringe?" And

how exactly do we address this? So I can tell you that working with conversations with individuals in the LGBT community, and we actually (?) use a-- specific trans group, earlier today, and also just legislative (SLURS) means for problems that they having in Indiana, where the argument becomes where if at some particular point in time, legislatively, someone says, "Well, (CLEARS THROAT) we don't particularly agree what you're sayin'.

"We don't wanna do it, we don't wanna listen to these changes (?) you want. We don't want syringe exchange programs, we don't care about public health," well, the question is, the administration said that it does wanna support law enforcement. So let's change the argument. Let's change the discussion. Let's change the dialogue. And say, "Forget about the public health end of things. Let's hear from the public safety end."

"Basically, if you implement the syringe exchange programs, your needle sticks will go down by 66%. Is that something you would be interested in?" So there's various ways of actually-- even in these red states, even in populist environments, basically present arguments and discussions that are ultimately going to lead to getting (NOISE) you to where you wanna go.

I'm just gonna finally (?) close, only because I did hear it before. It's about a (UNINTEL) program. That's a travesty that-- basically that, you know, because of the DOJ, Department of Justice monies that you can't move forward with the lead program. Just to be specific on what a lead (NOISE) program is. A LEAD program is-- it stands for Law Enforcement Assisted Diversion Programs.

It's a pre-booking program that, in essence, rather than arresting someone on a low level, like, let's say, narcotic offense, or sex work offense, basically we did-- done is their redirecting. They're redirecting to a program where there is an intake process. The intake process will subsequently lead to some type of case work help. And the case work help may include anything from food to residential placement to drug rehab (COUGH) to job placement.

Whatever it is that brought them into the-- in-- in-- put them in the direction of the police. The program is designed, basically, to just basically circumvent (?). So we're not filling up our justice systems with arrests. In this particular instance, that was a perfect example (NOISE) where the government (UNINTEL) identify the safe zone location, monies can't go there, the LEAD program won't be in.

LEAD is moving rapidly through our country. We implemented the first one. My organization, North Carolina Harm Reduction, placed the first one in the state of North Carolina, which is the fourth in the country (UNINTEL PHRASE) North Carolina Police Department. Currently right now we're looking at Statesville P.D., we're looking at in Hannover County, which is-- Wilmington P.D.

So it's moving. Phil-- the city of Philadelphia's adapted it. City of Atlanta's adapted it. L.A.'s looking at it. It's moving. These are changes that are taking place in the country. So before we go total doom and gloom as far as the overall direction on where public health is going, and the moves that we're gonna make, and where this

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administration's gonna take us, some of the directions, especially since they failed in their attempt, some of the directions that they wanna take us in, they're not gonna be simply able to go. Because now the fight is a little bit easier because they've lost in the first battle.

## **ELISABETH ROSENTHAL:**

Great.

## **RONALD MARTIN:**

So...

## **ELISABETH ROSENTHAL:**

Thank you. Well, I-- I-- now I'm gonna, kind of, start some discussion here. And I'm gonna throw it open to questions. But-- my-- my big question to everyone, you know, I spent a bunch of years writing a series on healthcare costs. Then writing a book. And I heard from dozens-- (NOISE) thousands of people on the ground who were unhappy. Sometimes with public health, sometimes with their private health.

And their big question was-- especially given all we're talking about, the-- then every fifth (?) people on the ground (UNINTEL), "What can I do?" You know, what can I do? How can I get involved. One thing that really blew me away about the women's march was to see the diversity of groups that came together to-- to seek common ground. And one thing I don't see in healthcare is that kind of unifying force.

So my first challenge, and one thing after I wrote this book, and this will be next crusade, probably, I'm-- is-- to-- to start an online group called, like, "We The Patients" to let people get involved. Whether their (UNINTEL) disease is-- you know, whether they have mental health issues, whether-- and 'cause I think one of the reasons, look (?), there are, what, four big insurers in this country? And hundreds of disease groups, each of which works for their own-- their-- and-- and there's been a kind of divide and conquer philosophy that I think the pharmaceutical world has used very well.

You know, they ally with disease groups (NOISE) from their (UNINTEL). And-- and-- instead of people seeing themselves as having a common-- common issue, they see themselves as-- if you give money to my drug, you're not, you know-- it's-- or if you-- if you give money to their drug it's not gonna (INAUDIBLE PHRASE).

So I think my challenge to everyone on the panel is that, (NOISE) how do (NOISE) you get people involved? How do you-- you know, I can start my website. But-- (NOISE) you know, it has been a kind of top-down approach to healthcare. And I think b-- both Clinton health plan, the ACA, you know, I-- you hear it debated in

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Washington in these theoretical terms. Then you see how it plays out on the ground. And there's a pretty big divide there. (NOISE) Any takers? (NOISE)

## **GREGG GONSALVES:**

So we're working on drug pricing within our clinic. And we've been working with groups in (INAUDIBLE PHRASE). First of all, how do you get people involved? Go back to community organizing. There's just no other way around it. It just, you-- you don't get people involved by-- from a big national NGO or big state NGOs.

We have to be down to the grassroots. That being said, on drug pricing, it's very hard. But it's-- guess who funds most of the patient groups in the United States? (UNINTEL PHRASE) had articles where 80% of the (INAUDIBLE PHRASE) groups are funded by the drug companies. Maryland just passed a price gouging bill that-- that-- last week? The Connecticut bills went down in flames. And all of a sudden the language in the bills were-- sounded vaguely like somebody talking pharma (INAUDIBLE). No, seriously.

## **ELISABETH ROSENTHAL:**

No, I'm sure--  
(OVERTALK)

## **GREGG GONSALVES:**

And-- and-- and so--  
(OVERTALK)

## **GREGG GONSALVES:**

And-- and-- and, you know, I'm-- I'm talking at a school (UNINTEL)-- you know, the-- the (UNINTEL PHRASE) (NOISE) group that they-- you know, it's a little bit itchy about the idea of, like, (UNINTEL). I'm like, "What's the-- what-- what's the downside of, like-- of bringing people into, sort of, talk about these issues from-- from very-- personal perspectives?"

And I think there's a-- there's a reticence among people to do that, sort of, on-- on the ground work. Which (UNINTEL) North Carolina and other places, has been very successful. So I think (UNINTEL) gotta let go and give into the idea that we're (UNINTEL PHRASE) community organizing on all our issues across the issues (INAUDIBLE PHRASE).

(ELISABETH ROSENTHAL: UNINTEL)

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## NAA HAMMOND:

I'll just briefly share that-- in talking to our grantees after the election about-- what their main priorities were, a number of our grantees were really focused on the Affordable Care Act and defending it. Particularly talking to their bases and constituencies-- in local and-- state context to really get them active.

So, for example, Raising Womens' Voices is-- partnering with-- over 30 regional coordinator organizations that have connections to local-- communities and that actually are engaging people who are patients and were just people in the community to actually stand up and think about healthcare and actually take action. So I would agree with you that it really is about supporting c-- community organizing that's led by people at the grassroots who can really reach communities-- that the national organizations sometimes can't.

## CHLOË COONEY:

I'll just add, and I agree with that completely. And I think one of the reasons that we've had-- the-- you know, the (UNINTEL) and-- and-- and people speaking out in the Planned Parenthood battle, specifically, is that people know-- people have been to Planned Parenthood.

They know what it-- what they're talking about. And I think so much of healthcare debate can get so abstracted. And-- and-- distinct from people's lived experiences. And I-- and I think it's actually, again, to get to this-- discordance between, sort of, popular experience versus-- the policy makers pushing an agenda, you know, I-- I do think I've-- I've-- I've been with Planned Parenthood for almost seven years now.

I've been through many-- every-- you know, many a fight. And-- and each time I think I'm struck by the sense that those, sort of, pushing an agenda that would-- cut out women's healthcare from whatever, you know, equation you're talking about-- seem surprised by the reaction. And I think it's that-- they-- those are the same people who have not probably been to a Planned Parenthood and received healthcare.

But we know that millions and millions and millions of people across the country viscerally know that experience. And I guess, to me, that's what's missing in other aspects of healthcare conversation. Is, "How do you make-- how do you connect the dots when you're talking about programs that are named for the things at different levels?" And so on.

And so to take it to a very meta level, I-- I do think, you know, there's a-- there's a core democratic process aspect of this. And, you know, Greg, as you were talking, I was struggling a little bit, as you said, you know, the technocrat piece. I'm like, "No, but facts matter. And you need expertise." And-- and, you know, defend along (?). (LAUGH)

But I think-- I mean, and I think you-- you-- you said it well by-- you know, tech--



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technocrats absent community input is where you s-- really see that fall apart. And I think-- you know, at a meta level, we're really-- we are in an era where, you know, the idea that you-- you don't have pure fact is-- that-- that-- that-- that no fact can really be true, it makes a conversation about healthcare very, very difficult.

## ELISABETH ROSENTHAL:

But this is why I-- I-- I really think we need to get to patient experience. Because people may not know that the ACA is different than Obamacare. But they know what happened when, you know, their daughter had an unplanned pregnancy and couldn't find a provider to-- to-- I mean, (NOISE) people know their own experience, whether they're well-educated or not. (NOISE)

And what struck me as-- okay, I'm writing for the *New York Times* with my series, and it was mostly, you know, well-educated, well-insured. But the comments came from all these people who just knew it was someplace they could tell their story. And it was outside the firewall. So, you know, they could just comment. And we need stories.

And it was really wrenching. And-- and, you know, I felt like-- they felt like people weren't-- in Washington weren't listening to their-- their experience was. And all of this complicated stuff, you know, with the navigators and (UNINTEL), and they-- they just-- it was-- you know, their issues were so much more, kind of, on the ground, bread and butter. So-- (INAUDIBLE PHRASE).

## JONATHAN COHEN:

Yeah, thanks. And I-- I agree with so much of what's been said. And I-- I hope it doesn't sound pedantic to say that we need a popular movement for the right to health in this country. But not a populist movement for the right to health. And lemme explain what I mean by that.

I think-- I think Naa answered the question of what that movement needs to look like. It needs to be built on the foundations of community organizing. It needs to be built on patients' stories. It needs to be intersectional. It needs to be connected to racial justice. But I do think it needs to reject many of the features of this right wing populism, whether it's new or not, that we see.

I think it needs to-- as Chloe's saying, work through the democratic process. I think there is a role for technocrats. As much as I totally agree that we have overly romanticized evidence and it doesn't persuade people, I was thrilled when the Congressional Budget Office pointed out what-- (LAUGHTER) you know, long live the technocrat.

You know, we need 'em. They're part of our democracy. And I say this because we have seen examples of dictators-- advancing the right to health. And that's not what we want. I mean, the-- the architect of the famous 30 (UNINTEL PHRASE) in Thailand was the same architect of the spate of extrajudicial killings against people

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who use drugs. And was basically the Berlusconi of Asia. That is not what we want. We want the right to health in a democratic way.

### **ELISABETH ROSENTHAL:**

Jonathan, can I-- challenge your dark-- (LAUGHTER)  
(OVERTALK)

### **ELISABETH ROSENTHAL:**

Because I-- I-- I guess what I'm always thinking about, you know, I-- I feel like, in a weird way, (NOISE) we've let the Tea Party and what became of them hijack the term populism and turn it into a dirty word. Do you see-- an analogous but left wing progressive version of the Tea Party? Do you see potential for that emerging at this moment in time?

### **JONATHAN COHEN:**

Sure. And, by the way, I'm-- I'm loving the allegation of being dark. I've (LAUGHTER) never been called dark.  
(OVERTALK)

### **JONATHAN COHEN:**

It's so great for my cred. (LAUGHTER)  
(OVERTALK)

### **JONATHAN COHEN:**

Loving it. Sure. I mean, I think you saw it with Bernie Sanders. (NOISE) Absolutely. I'm-- I'm still not sure. And yeah, I think we can agree. I mean-- Trump, Brexit, Le Pen, Orban, I mean, they're-- they're giving populism a-- really bad name. But I also think that at the end of the day, populism is not a coherent ideology. It's a stance. It's, sort of, what you package your ideology in. And it can be dangerous on both ends of the spectrum.

### **NAA HAMMOND:**

Well, and I would just say, I do think the-- I would call those more white nationalism than-- than populism. And-- and that's where I-- I do just wanna-- you know, I think

how we're advocating in this moment has as much to do with-- and I think we've (NOISE) all reflected this point, how we fight back on the attacks we're seeing in the short term as it does laying out the vision of the world we see and wanna see.

And I do think, especially in a conversation of health work, couldn't be more true. We should reject a nationalist framework and really see ourselves as globally connected as we are. And I think health issues present-- such a perfect example of how we are globally connected. But (NOISE) (UNINTEL PHRASE) way.

## **ELISABETH ROSENTHAL:**

And how about nationally connected? I mean, this is a pretty-- divided country. We tend to view health here as, kind of, a silo from education and childcare and nutrition. You know-- there's a-- a wonderful book called the-- I think it's called *The American Healthcare Paradox*, about how-- if you look at our overall health spending, I think our overall health spending could be less if we viewed it as a, kind of, (UNINTEL).

All of these things-- feed into health and that's a bad word to use because I was about to say we're working on the implications of-- a story about the implications of (INAUDIBLE PHRASE). It's a big issue that (INAUDIBLE PHRASE). But we, in this country, see that as, you know, that's a different thing from (INAUDIBLE PHRASE).

## **CHLOË COONEY:**

Well, I-- (NOISE) And I would just say, I've been in-- every year I watch the series of debates in the appropriations committees in Congress where I hear member after mem-- member defend their cuts to family planning programs by saying they're supporting maternal health programs. So, (NOISE) I mean, yes, there's a disconnect. (LAUGH)

## **ELISABETH ROSENTHAL:**

And, Jonathan, maybe-- and maybe-- working in North Carolina too, maybe you have, Ronald, some insight into this. Why do people vote against their self-interest? (LAUGHTER) (SIGH)

## **RONALD MARTIN:**

That could be a very long answer. (LAUGHTER) But-- and I-- sometimes I hate to do it, but there's a elephant in every single room. In the corner of the room. And it's just a matter of what audience I'm around or how comfortable you're gonna be with the answer or whatever it's gonna be, but the answer is the answer.

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The dynamic of certain counties that I can travel to in North Carolina or in the south, where there are-- are multiple confederate flags, large flags flyin' in the back of trucks. The dynamic of small towns that I can enter into where, basically, just through, once again, every-- I-- I explained what my past was, so I can-- I can sense people. I can feel people. I know people are tellin' me that I've dared (?) using their words.

It's clear. It's clear. And to be very honest, and just to make it not so much of a political conversation, but just from my vantage point, just what is directed at me, just, really, just keeping it kinda real, you know, it was eight years, eight years of a black man in the office of the presidency of the United States.

And basically this was the first opportunity of total empowerment and just revitalization that our nation could have with people that felt just suppressed. And oppressed by the fact that an African-American was holding that particular office. Has an opportunity to speak now. Has an opportunity to say something. So at this point, any sensibility, any sense of rationale, any logical thinking goes totally, totally out the door.

If someone tells me tomorrow that the two kids that I have in my particular doublewide trailer is not gonna have the medical care, and I'm now gonna vote for someone who basically (NOISE) saying, "We're gonna take it away from you," does it make sense? Absolutely not. Absolutely not. What I'm saying, whatever feeling, whatever-- we're just coming to a true realization on whatever innate (NOISE) feelings of discomfort and fear that we're ultimately gonna have to face.

There's not-- no statistical numbers that are reflecting basically where Latino American numbers are going to be. Hispanic American numbers are going to be over the next 20, 30 years. There are fear factors that play in our United States of America. And the way they're implemented everywhere. You know, so if I had to say why, I mean, (NOISE) that's probably the weakest answer. But I can't dismiss it from what I truly feel.

## **ELISABETH ROSENTHAL:**

And do you feel if they knew--

## **RONALD MARTIN:**

I-- I know you got somethin'-- (LAUGHTER)  
(OVERTALK)

## **RONALD MARTIN:**

I know you got somethin' to say to that--

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(OVERTALK)

## RONALD MARTIN:

Really--

## ELISABETH ROSENTHAL:

And I wanna add one-- one little thing to the mix. If they knew that their two kids would lose health insurance by that, but do they know that? Did they understand the implications of the vote?

## RONALD MARTIN:

I mean, we-- we could play to socioeconomics and we could play to education and really say, "Do people really--" I mean, I've seen some interviews with some people that basically were supporters and-- and I really question, like, well, why-- why do we allow everyone to vote. You know, (LAUGHTER) for that matter.

So-- but-- you know, that put aside, we're all American citizens. And it is a right. You know-- did they really know? One could say yes and no. But I'm just affirm, having been a victim of hate crimes, having been-- having witnessed hate crimes, you know, having defended people in the LGBT community, being a member of the state where my-- my legislative body governor snuck it in the middle of the night and passed the HB2 law.

You know-- watching the state go from blue to red over a series of this eight year period, which is a buildup of that resentment of that oval office, you know, when you see things like this and you live this life and-- and I can characteristically say I did not turn 25 yesterday. So I've had enough years to digest some of this stuff, it just plays to a notion that can hate can drive you to do the most foolish things that you would never, ever do.

## GREGG GONSALVES:

I-- I mean, I-- look-- (NOISE) did any of you read *Nixonland*? By Rick Perlstein. He talked about the expa-- so (UNINTEL PHRASE) great expansion of-- the American, sort of, welfare state, right? Medicaid and Medicare, everything we-- we prize (UNINTEL PHRASE) programs, came about in the '60s. And what was the-- the-- the tool that Nixon used to-- to go after it? It was the southern strategy. And it was pitting-- it was pitting social programs against--

(OVERTALK)

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## GREGG GONSALVES:

--racial resentment. And it's no coincidence that Donald Trump said, "I'm the law and order (?) president." This is the southern strategy coming back to bite us 40, 50 years later.

(OVERTALK)

## GREGG GONSALVES:

And so if (?) people are voting against their interests, we've conflated, sort of, the expansion of the welfare state with-- special privilege and special rights. And the fact that President Obama, the-- the greatest post-'60s expansion of the welfare state under-- under the ACA, and now-- is-- is no coincidence that-- that it's-- that a lot of the ire of the American right is directed at-- at the ACA. Which is also, sort of, a proxy for their feelings about race, which are 40-50 years old and are deeply embedded in American society. But read *Nixonland*. The story's there.

## ELISABETH ROSENTHAL:

Does that-- you wanna say one thing and then we're gonna throw it open to questions. So--

## NAA HAMMOND:

Sure, I'll just say one thing quickly. Just-- thinking about-- I think why do people vote against their self-interest, I think I've been thinking a lot about-- the power of progressive movements of the past few years. Particularly, I mean, Obama being in president, but-- being in The White House.

But also-- the strength of the movement for black lives, immigrant rights movements, LGBT pr-- gains that we've made. I think there actually was a backlash-- against people being really afraid of-- and the right using that to manipulate people-- to be afraid or to come out to vote.

But I also wanna-- emphasize the fact that-- there is very little focus on the communities that actually-- historically-- and traditionally vote-- for the Democrats. There was very little-- organizing to turn out the vote in communities of color. And what we saw is that those voters who are just, you know, absolutely-- able to vote in the interests of all people-- did not turn out at the-- at the high levels that they did-- (COUGH) in the last election.

So for Groundswell, we-- we really think about this a lot. And we have a voter engagement-- integrated voter engagement program that supports our reproductive justice grantees in actually building the voter engagement power to be able to not



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just turn out voters who are unlikely voters, particularly women of color-- and trans communities, but also to engage those voters.

Not just once a year, not just dropping in once a year-- and saying, "Hey, will you come out and vote," but actually organizing those people on the issues that they care about. We have a number of those grantees who do that work in the south. I-- I was gonna mention (UNINTEL PHRASE) Women With a Vision does that work in Louisiana. National Latina Institute for Reproductive Health-- organizes in Florida, Texas, and Virginia.

And West Virginia Free-- organizes in West Virginia. So they're able to organize in red states to really mobilize communities that are really-- very often-- ignored by traditional voter-- turnout efforts. And I think that's a really important thing for us to think about-- moving forward with elections.

## **ELISABETH ROSENTHAL:**

Okay, now I wanna make sure we get the audience sometime to ask questions. There's some mics there if people wanna go up to it. I just wanna point out one thing, which has-- which has been so striking in this election, is that during the election we at *Kaiser Health News* were looking for sound bites about health or public health in the debates. It wasn't talked about. It just didn't come up.

And I-- and-- and now that it's-- that the election is done, it's all over the place. So why-- you know, why isn't that an election-- a voting issue in our country? It wasn't at all. And I think-- that was the-- part of the-- the failure to have that public groundswell of people who were clearly suffering, all from health problems during the election. But the candidates (INAUDIBLE PHRASE). So anyone have questions?

## **MALE VOICE (UNIDENTIFIED):**

Hello. Yeah-- I'm a practicing dentist (INAUDIBLE PHRASE). As far as-- why people vote against self-interest, (INAUDIBLE PHRASE) if anyone wants to look up the best quote on that issue, you should look up what Johnson had to say. Anyway, my-- my question is (INAUDIBLE PHRASE) dentistry tends to be the stepchild in-- in the (INAUDIBLE PHRASE) discussion. And--

(OFF-MIC CONVERSATION)

## **MALE VOICE (UNIDENTIFIED):**

I've written about the importance of dentistry in general health and public health in general. Centering around education. And one of the prospects-- okay, Medicaid has a (INAUDIBLE PHRASE) but Medicare has none and the ACA has none. Very (INAUDIBLE PHRASE). So what are the prospects of incorporating-- some sort of--

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comprehensive medical care in Medicare and-- in the future-- of ACA as (INAUDIBLE PHRASE) single payer. That-- that failed not only because of the Republicans, because of the Blue Dog Democrats put a stop to single payer in the summer of 2009. So that's my question. What-- what-- what are the prospects for dentistry. Thank you.

## **JONATHAN COHEN:**

I mean, I-- I don't know the answer. I think it's an excellent question.

(OVERTALK)

## **JONATHAN COHEN:**

And I think it's absolutely time for that kind of visionary approach. I'm sorry, not optimistic. (LAUGHTER) You know-- you know, even Canada, where we have single payer healthcare, we joke that Medicare protects you from the neck (?) down. You know? So anything (NOISE) dentistry, eyes, nose, you're-- forget it. So-- even the precedents aren't very good. But I think, you know, I agree with those who think now's the time to-- to go for broke.

## **GREGG GONSALVES:**

But this also an economic justice (?) issue. Who read the Barbara Ehrenreich book about (UNINTEL PHRASE) people about-- not having teeth and being ashamed to go for job interviews?

(OVERTALK)

## **GREGG GONSALVES:**

I said (?) you can talk about it not as about getting a-- getting your cavities filled--

(OVERTALK)

## **GREGG GONSALVES:**

I think you can talk about it not just as about expanding health insurance (UNINTEL) dentistry, to say it's an economic justice issue, it's a racial justice issue, that's the way to do it, in my mind.

## **ELISABETH ROSENTHAL:**

And I think that's one of the things I was asking about. We have this narrow view of

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health. And, you know, gosh, if I-- if we're not gonna even include teeth and hearing aids or, you know, how are we gonna include education and, you know, feeding (?)? (INAUDIBLE PHRASE).

## **FEMALE VOICE (UNIDENTIFIED):**

So this was touched on a little bit, but-- I think more people felt ignored (UNINTEL PHRASE) election cycle. And so are there any programs that you're aware of? Or do you have any ideas for addressing that problem? Of people feeling like they've been ignored and locked out and that's what got us where we are now?

## **CHLOË COONEY:**

I-- I mean, I think-- I think that is, kind of, the heart of the matter, is folks not feeling like even with the change that they saw everything they needed to-- to see. And-- I-- I think this issue of bringing it local and starting-- and centering people at the heart of movements is the only way to address that.

If you think we've had a fundamentally-- broken political process in the last eight years, it's also made this. I mean, I think for me when I look-- at where we are, you know, in this sort of-- rise against elitism, you know, you-- you have a-- block of-- a political block that for seven years has railed against the healthcare bill and (UNINTEL) two months let it unravel and have no real proposal for-- for what to do next, right?

I mean, it's the heart of, sort of, something that is not working. And it-- it's not based on, you know, the-- the turn towards real people's lives (UNINTEL). So I-- I do think this move to-- to be local and-- and (UNINTEL PHRASE) (NOISE) is-- is the only way to move forward from that.

## **GREGG GONSALVES:**

But we've had a culture that there's the undeserving poor. Bill Clinton gave it-- started (INAUDIBLE PHRASE) no poverty, no-- Democrats and Republicans like in (?) no way to deal with the poor in (INAUDIBLE), right? And so if you're in West Virginia, or you're in Bridgeport, Connecticut, you're both left out. And it's both parties really have no agenda to-- to help.

## **ELISABETH ROSENTHAL:**

Yeah, and I think one of the things, if-- if there's a silver lining-- maybe that-- it's clear that none of this is gonna resolved in Washington. And a lot of it could be done at a state level. I mean, we're seeing-- a lot more experimentation with all kinds of--

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health plans, health programs, but part of what you're talking about in North Carolina. People are saying, "Well, this is clearly not-- you know, Washington isn't gonna take care of this. Particularly now." So-- I think this, kind of, local state-- hyper local approach could be really promising. (INAUDIBLE PHRASE).

### **MALE VOICE (UNIDENTIFIED):**

My question is-- so I think the bill last week, we saw the bill that, sort of, came at all of us in the health community. But I think in-- in the next round, in the next attempt down the road, what happens when-- they come at us and sort of use this divide and conquer-- tactic again? What happens when they cut deals for the elderly groups, or the, sorta, special disease populations?

I think this question's directed at funders who fund advocacy or who are looking to fund advocacy, but as well as the advocates themselves who, sort of, have to-- or take these sweet deals that are, sort of, (UNINTEL) with their members and, sort of, get these deals placed (INAUDIBLE PHRASE) turned down. But how do we resist down the road to-- to, sort of, come together?

### **ELISABETH ROSENTHAL:**

(UNINTEL PHRASE) anything-- (LAUGHTER)  
(OVERTALK)

### **ELISABETH ROSENTHAL:**

Not even my kids (INAUDIBLE PHRASE). (LAUGHTER)

### **JONATHAN COHEN:**

I-- there are a lotta funders in the room, so I invite any of them to respond. I think we're already seeing it. You know, certainly in the area of international development assistance, it's divide and conquer, right? It's pit this against that. HIV against reproductive health against migration against, you know.

So I-- and it-- absolutely has the potential to divide movements. And I think a funding strategy-- to address that. It involves compromise. And in some ways it butts up against this idea that funders often fetishize, which is this-- this notion of strategy, right? But that's not in our strategy to do that.

And wow, you know, it may not be in your strategy to fund environmental justice, but the fate of global health and environmental justice are inextricably linked from each other. So you fixate on your strategy at your peril. And-- and I say that with a great deal of humility as a funder that, (LAUGHTER) you know, has not-- (UNINTEL)

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bridges at all. And I think we have to be very honest with ourselves about it. So it is gonna involve a long process of getting out of silos that we probably don't have time to go through.

## **ELISABETH ROSENTHAL:**

And I mean, (INAUDIBLE) that was even-- even (INAUDIBLE PHRASE) you could argue with the Affordable Care Act. The big issue. You know, there was a deal with pharma, a deal with the hospitals. A deal-- so, you know, you pick off-- instead of really producing-- the best bill possible to get things through Congress, you-- you do a bunch of deals. And I think that's really a dangerous strategy for-- for those of us looking at (INAUDIBLE PHRASE).

## **FEMALE VOICE (UNIDENTIFIED):**

I will say, just to, you know, play the role of a little bit of an optimist on-- on this panel-- (LAUGH) I-- I've seen less of that than I was worried about seeing so far. And I think it's because I-- what we're seeing (COUGH) almost-- people under-- shock-- of just the onslaught of what is coming down.

So I-- I do feel much more a sense of-- you know, (NOISE) impetus to work together to be-- to think collectively (UNINTEL) approach. You know, I think-- I-- I do think one of the challenges is-- in doing the advocacy, and then I'll speak on the global side, for instance, you know, all of international systems is completely on the line.

I mean, it is-- and, I mean, talk about an issue of populism. Like, this is something where-- the-- the people impacted by this and into the millions of people's lives, (NOISE) and it is life or death and (?) very near term consequences-- are-- have no vote in this process.

## **ELISABETH ROSENTHAL:**

Right.

## **FEMALE VOICE (UNIDENTIFIED):**

And it is very much driven through a nationalist lens that we should somehow-- you know, America First. And-- and we can, sort of, (NOISE) (UNINTEL PHRASE) think-tank (UNINTEL) talk about how it's all connected. But that, you know, this notion somehow that we're not part of a global community-- is-- is, I think, one of the-- the greatest fallacies we're dealing with.

And yet-- and yet, the way to do that is to preserve something called the 150 account. Well, that's really sexy. (LAUGHTER) That's gonna mobilize people to get out and

vote. (LAUGHTER) And lemme tell you about the 150. (LAUGHTER) But it's vital. 'Cause if we don't have that, it all collapses. And I think everyone in-- in-- who works across international systems understands, if we don't preserve that (UNINTEL PHRASE).

But the way we talk about the 150 account, and talk about our commitment in the space, is to talk about whose lives are saved by HIV programs. Women whose lives are saved by family clinic. You know, malaria prevention. I mean, you talk about the specifics. But you-- you're fighting for the whole. And I do think that's a challenge, and it has to be recalibrated at every juncture, but it is that-- that personal level that you can message. You just have to make sure the strategies and advocacy are fundamentally going to be aligned.

Now, we're only two months in. So I-- you know, let's see where we get on our-- you know, are we-- are we divided and conquered or not? But I-- I will say, it's been-- that's been less-- of a challenge than I thought-- it would. (UNINTEL PHRASE).

## **GREGG GONSALVES:**

So-- so one of the places, and (UNINTEL PHRASE). The place where, like, they've-- I see organizing happening that isn't, like, "This is my issue (UNINTEL PHRASE) North Carolina." And, to me, that's the most-- and this is pre-Trump. This is, like, we're doing this together. And we-- (NOISE) we stand-- if you're-- I'm an HIV activist. But if I cannot stand with people working on immigration, on reproductive rights, forget it. You're-- you're-- you're some sort of weird specialist and-- and you-- you--

So-- I don't know. The North Carolina example is inspiring in many ways. But mostly because it doesn't say we're working on an issue. We're-- we're taking the high ground and this is what's-- this is what good means. This is what social justice means. This is what the common good means.

## **ELISABETH ROSENTHAL:**

Any other questions?

## **NAA HAMMOND:**

Just one thing that (UNINTEL) I think-- after the election, Groundswell started reaching out consistently to our grantees to ask them, "What do you need? How can funders be supportive in this moment?" And-- we actually launched a rapid response fund before the election. And didn't actually realize how timely that was going to be.

And after the election we got a lot of requests from organizations wanting to meet with organizations in different movements and actually come together and develop strategy and move forward. So we were actually able to-- support-- native led



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organizations across the-- the U.S.-- that were organizing folks at Standing Rock, but also in different-- parts of-- of the U.S. And actually coming together to create a national strategy moving forward under the Trump administration.

And work with people in environmental justice, work with people who were doing-- work around-- healthcare access and other things. And actually had those conversations. So I think, as funders, we can reach out to our grantees and we can find out are there people that you-- you wish you could be talking to more? Can we resource you to do that so that you actually don't leave each other behind as you are making difficult decisions moving forward?

### **ELISABETH ROSENTHAL:**

I-- I-- I wonder, you know, if I would look to see (INAUDIBLE PHRASE) every community-- a community of-- a movement of people who cared about healthcare, patients, and every, you know, there are kind of these natural organizing structures in healthcare. Like (UNINTEL) your local hospital system.

And people-- (LAUGH) everyone who's involved in the same hospital system has the same issues, if not today then tomorrow. And those systems are all pretty similar in their defects. So there is, kind of, an organizing structure if-- we figure out how to technically use them. Yeah, civil society. That's what it's called, right? (LAUGHTER)

### **FEMALE VOICE (UNIDENTIFIED):**

There you go.

### **FEMALE VOICE (UNIDENTIFIED):**

Hi, my name is (UNINTEL PHRASE). And-- so I worked with the New York Muslim Voter And Information-- Club prior to-- when the 2016 elections happened. Registering over-- 100 Muslims. And one of the things is that, like, you discussed a lot today about healthcare and how-- the political systems that are intact, how they have a direct impact upon how it affects the dynamics of-- providing healthcare.

But it's just so difficult sometimes to even get people who are qualified-- to get registered to vote. And in addition to that, they're not really informed about what they're getting themselves into. They're not really aware of how it's more than just a Democratic and Republican party.

And-- other points that were made-- revolving around how we are not investing in these communities is very prevalent. Because-- for example, we-- I-- I was working with them, right? So I was (UNINTEL PHRASE). I'm expected to, like, recruit so many volunteers when, in reality, they would be (NOISE) doing the same work, you know, as me.

And-- and I know that other, you know, organizations-- were-- it's not people who have the language skills. For example, like, I speak Urdu. And I don't need training-- to be able to have a conversation like that. Or I don't need training-- to express my personality and s-- share-- you know, thoughts-- in having a conversation of how essential and critical it is for us to-- vote.

But, like, even me, I don't know every single thing about, like, the Green Party or the p-- like-- this is the first time I'm hearing about populism. (LAUGHTER) What's it called? And, you know, like-- (NOISE) you know, we're raised with-- the knowledge of only about, like, a Democratic and Republican-- party, so, like, what really can you do to be informed about, like, everything?

You know? And it's-- and-- and reaching, like, that. Because I feel like even I don't know. And I'm in, like, a position where you would say, "Yeah, like, you know, you-- you registered 100 voter-- 100 voters," or whatever it is. But, like, have I? Like, when I could have used the opportunity to really educate them and, you know-- do so much more. But there's not even, like, resources and, like, the infor-- information that I should be, like, knowing is not-- is not there-- out for me to--

(OVERTALK)

## **ELISABETH ROSENTHAL:**

And I think that's something that's useful to hear-- for us. I mean, I (UNINTEL PHRASE) for healthcare, you can read *Kaiser Health News*. (LAUGHTER) (UNINTEL PHRASE) online at-- but-- but-- I think, you know, what-- what were you-- or were you doing this through an organization? Or what would have-- you know, there are a bunch of funders up here. What would have helped you be more effective in that role?

(OVERTALK)

## **ELISABETH ROSENTHAL:**

'Cause that's what I--

(OVERTALK)

## **FEMALE VOICE (UNIDENTIFIED):**

So--

(OFF-MIC CONVERSATION)

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## FEMALE VOICE (UNIDENTIFIED):

So well I also, like, volunteer-- with the-- World Science Festival and (UNINTEL) it's an annual-- (NOISE) what's it called? Festival. So one of the things I do is, like, they have a very simple, like, handbook. Something so simple as a handbook where-- where even training people and investing them-- so they're-- they're educated, like, for example, all I got when, you know, I was hired is, like, "So you-- what you're gonna do is you're (UNINTEL PHRASE)"

By the way, like, I-- I respect this organization so much. But, you know-- (LAUGH) but it's just, like, you're having a conversation and there's not, like, educational components to really prepare me to-- think critically. (NOISE) Every single, like, question I would be asked on the spot is just because, like-- like, outta my own knowledge. You know? And I'm not being properly trained for that. So training people before they're actually on the-- you know, how do you say? Frontlines.

## ELISABETH ROSENTHAL:

Yes.

## FEMALE VOICE (UNIDENTIFIED):

In the frontline of-- getting people registered to vote. And not, like-- like, "I look like a (UNINTEL PHRASE), (LAUGH) so who would you vote for?" And I would be like, "(INAUDIBLE PHRASE)." And it's such a heavy, like, responsibility, you know? And I feel like I wasn't saying the right answer. Like, kind of, like, you know had a better discussion.

So handbooks, I think-- think is one. And then also-- like, not expecting everybody-- like, volunteer work is great. You know? But then I question, like, even me, like, although I know I can easily recruit people-- who would-- would be willing to volunteer just because they respect me a lot, I don't think it's fair that I'm getting registered-- people registered to vote, and I'm getting paid, and then I'm like, "Oh yeah, you go and do volunteer work." Like, what-- I'm not-- like, as a human-- we're equal. Like, we're-- it doesn't matter what their age is--

## ELISABETH ROSENTHAL:

Well, and I think, you know--  
(OVERTALK)

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**ELISABETH ROSENTHAL:**

--kind of grassroots health and organizing and focus that every-- you know, that-- Naa, you look like you're ready to say something--

**NAA HAMMOND:**

Yeah, I mean, I think that-- thank you for sharing-- your experience. (LAUGHTER)  
(OVERTALK)

**NAA HAMMOND:**

And I think, for me, this just really underlies, like, how important it is to be investing in-- particularly-- communities of color, that organizations-- women of color, that organizations are going out and talking to communities about voting, about other issues, right? And to invest in them not just to do that voter engagement-- work, but to do their ongoing work of training people, getting volunteers involved, and then giving them resources so they can actually staff up.

So that in the next election we're actually seeing record turnout of communities of color because we're actually reaching the people that are not being reached, right? And that is actually going to take resources. And those organizations need funding to do that. So I think that-- thank you for, just, bringing that to this room. It's such a great example of what's needed.

**ELISABETH ROSENTHAL:**

Yeah, and I think that's a perfect way-- I can talk about this forever, but to end our session and-- Melissa is-- going to come give us a-- goodbye message. (LAUGHTER)  
(OVERTALK)

**FEMALE VOICE (UNIDENTIFIED):**

That makes it sound much more interesting. (LAUGHTER)  
(OVERTALK)

**ELISABETH ROSENTHAL:**

She's going to send us all home with missions, right?  
(OVERTALK)

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**ELISABETH ROSENTHAL:**

What to do next.

(OVERTALK)

**FEMALE VOICE (UNIDENTIFIED):**

I just wanna say thank you to our wonderful speakers and our wonderful moderator. And-- and to all of you for coming out on this rainy night. I know it's been really heartening-- to-- to hear about-- strategies and-- and ways of moving forward. And at the risk of-- forcing a metaphor, I understand that actually the sun is supposed to come up tomorrow. (LAUGHTER) So--

(OVERTALK)

**FEMALE VOICE (UNIDENTIFIED):**

We can take that with us--

(OVERTALK)

**FEMALE VOICE (UNIDENTIFIED):**

--our dark vision. But no, really, thank you. And I think that these are the difficult issues that we need to be tangling with. And-- also Jonathan reminded me, do a little plug. This has been livestreamed, but it will also be available on the OSF website. So share it with your friends. (APPLAUSE)

\* \* \*END OF TRANSCRIPT\* \* \*