

# Medical Advocacy is such a SNaHP!

by Nirupama Devanathan

*In no uncertain terms, 2020 brought collective suffering. COVID-19 fractured communities that were already fragile, scattering shards that cut the very fabric of our society, leading to the demise of small business, or perpetually overworking the under protected essential service workers, healthcare workers, and educators.*

*The public turned to scientists and physicians, hoping that medical knowledge and evidence-based approaches that inform the beneficence of a therapeutic intervention could become the salve that would begin to heal the US and the world. Indeed, civic engagement affirms the role of physicians in informing the attainment of positive health outcomes in all of our neighborhoods.*

*But political participation can be challenging, when the vortex of political polarization distorts each and every position as co-opting into the argument of “my team” versus “your team,” reducing physicians to defend political ideology over the virtues of a given policy position.*

*So how do physicians in-training even begin engaging with public policy? Nirupama Devanathan sat down with Maddie Birch and Joey Ballard, the newly-elected Presidents of Students for a National Health Program (SNaHP), to take a deep dive on civic engagement, policymaking, and advocacy in medicine.*

Note: Interview edited for brevity and clarity.

ND: Can you tell me a little about SNaHP? What motivated you to join this organization and run for office?

MB: SNaHP is a student branch for Students for a National Healthcare Program. Our goal is to advocate for policies that promote universal healthcare in a non-partisan manner. The main goal of being a physician is to help our patients. But sometimes, that is not possible a system that actively harms our patients, which is one of the ways that I can help.

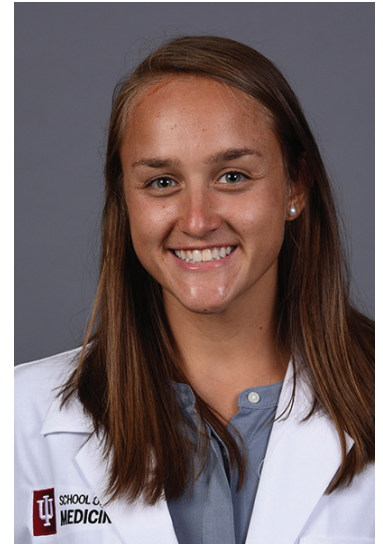
JB: My early interests align with the mission of this organization. Throughout my time at Wabash College, I worked at a Montgomery County Free clinic. Even before joining SNaHP, I have been thinking systemically about the healthcare system and why we might even need free clinics in the first place. In fact, SNaHP's mission serves to address

healthcare disparities that we've discussed throughout this year in our classes, like Foundations of Clinical Practice (FCP I). Every issue is exacerbated by lack of access, and a single payer system would help us address so many of these disparities in a meaningful way.

ND: What does civic engagement mean to you? How might your experiences in this organization impact your work with patients in the future?

MB: Civic engagement is finding ways in which a future healthcare provider can contribute to society. One thing we have been doing in SNaHP is promoting voter registration outreach programs along with patient panels and physician advocacy panels. Additionally, we partnered with Student National Medical Association (SNMA) to host the Black History Month Speaker series. All these programs have been important to me, because being part of SNaHP will help me better advocate for my patients in the future, which is vital to me—and I hope it will help me be a better physician!

JB: I'd also add that civic engagement and advocacy does not look like one thing for everyone! Some of those advocacy panels were a really great thing to show the diversity of ways to get involved in advocacy. It could be at the local level



Madeline Birch, MS2



Joey Ballard, MS2

focusing on mutual aid and policy advocacy, all the way up to the national level. It is important for students to see that those options exist and know that they are needed at all levels of policymaking.

ND: Is civic engagement exclusive to policy then?

JB: The advocacy work of this organization began in the 1980s and was not exclusive to policy. Advocacy work is also part of civic engagement, to help in getting closer to the goal through many strategies and making people aware.

ND: How would you address a colleague or a patient who may be “on the other side of the aisle” from a particular policy you are proposing? What type of dialogue do you think is needed?

MB: I’ve had a little experience with talking to my family members about universal healthcare. It is better to address concerns by listening to their concerns and understand the reasons why they may be opposed. With a colleague, it is also important to understand their fears and wonder if they believe it [universal healthcare] could harm their patients. In fact, Dr. Ed Weisbart had a panel about how to engage with the policy position of universal healthcare with those who may value fiscal conservatism, through emphasizing the financial implications of the plan to allow participation from both sides. For a patient, I would explain how a specific policy may affect them and their families. I believe that healthcare is a human right, and as future physicians, we want to do the best for our patients.

JB: It is important to keep these discussions focused on the policy and not focused on the identity politics or polarization. Framing policies as what aligns with our missions as physicians can be important. Especially with a colleague, we want to call back on the oath that we have taken and examine if what we are advocating for is truly aligned with the best needs of our patients.

ND: Knowing that many medical students may be uncomfortable with policy, how might your organization, SNaHP, offer collaborative approaches?

JB: The biggest issue with getting involved is knowing where to start, and that’s where our programs in the past have been helpful, to help show the avenues you can go down. We believe connecting with mentors is important so students can see role models, but it is also critical that the organization itself gets students motivated, so that we can build off each other’s energy and enthusiasm and address some of that hesitation.

MB: A lot of students are wary of getting involved in things like advocacy, because they think they are not knowledgeable enough. You don’t have to be the biggest advocate in the

world to be involved or engaged. Also, we put on events that are not related to the specific policy that we advocate for (universal healthcare). We want to help get SNaHP out there and show that we care about a broad range of initiatives that ultimately seek to improve our patients’ lives. We want to welcome people of all political alignments and allow students to feel more comfortable to get their feet wet.

ND: What is the biggest challenge or barrier you personally have faced in becoming civically engaged?

MB: It is very overwhelming to know where to look and what to do to get involved, and on top of that, assessing what am I actually qualified for and capable of doing. Sometimes I fear not knowing enough, that I am not capable, or that I do not know enough to be advocating in this way.

With it being COVID times, everything is still virtual, and it is hard to know what I can be involved with that is safe. It has also made it harder to know that as things get better, how to transition to finding places to have hands-on experience with local organizations, whether that be advocating at the state house or meeting with other organizations. In general, COVID I think has sort of limited the amount of knowledge I have about ways to get involved from an in-person standpoint.

JB: I have to agree with everything Maddie has said. One of the things I have been thinking about to address some of the challenges of knowing where to start is connecting the SnaHP group to get more involved with Indiana’s Physicians for a National Healthcare Program chapter, as they are based in Bloomington. Having a chapter in our state is very fortunate, and they will be a valuable resource with which to connect.

ND: How might you respond to someone who tells you to “stay in your lane?” Do you think physicians have an obligation to participate in policy that may impact their patients indirectly?

MB: This is absolutely our lane. One thing that we will see as future physicians is how the healthcare system may harm our patients. The people who make these policies don’t necessarily have that insight of seeing the effects of their policies. Their only experience might be as a patient. I wish physicians were more involved in the making of policy, as advocacy is not exclusively about the funding of healthcare but also laws that are made about healthcare. As physicians, we are obligated to help our patients, and this cannot coexist with complacency.

JB: This kind of stuff is our lane, even if historically it hasn’t been thought of it that way. While we are obligated to follow whatever policies that are made, we also have the obligation to shape the policies that are put into place. I do think that physicians have a unique position to have experience with

medical knowledge and connect that with our patients based on our understanding of the system.

MB: For example, we saw this recently with a bill that was sent to Governor Holcomb's desk that was widely condemned by OB/GYN groups across the state that would have promoted "reversing" medically induced abortions, a policy that was not based on scientific evidence – which is infuriating in my opinion. That day, around 1 pm, one of our members had sent a letter to Gov Holcomb to not sign this piece of legislation, but we only had until 3 pm before our signatures were due. We had to come up with a way to solicit signatures without running the risk of modifications on the original Google document, and had to come up with a quick form. While we were able to get 60-70 additional signatures, it was chaotic to make sure everything was formatted correctly and avoid duplicated signatures.

JB: That whole experience underscores the need for us to be informed throughout the process and again, why policy is our lane. I hadn't known anything about this bill until that day, when everything had to be sent out. These last-minute experiences add to the time demands we have as medical students and physicians which underscores the fact that we need to be involved and intervene before our advocacy on bills gets to that breaking point.

MB: And how do you monitor what is being proposed? That is why we need to become even more involved in the legislative process!

ND: Have you had to do any type of "unlearning" or confront any of your own personal biases in policy?

MB: Rather than an unlearning process, for me it has been a learning process. I grew up in a rural community and have spent significant time learning about universal healthcare and how it will benefit this country.

JB: For me, it is the need to focus on policy itself and not get bogged down by identity politics to be able to work across the political spectrum. This is something I think I am trying to work through and be conscious about so that we can focus on getting our policy goals accomplished which is necessary in working across the country with different compositions of legislators. I also feel that this applies to our relationship with our future patients, who are going to have all sorts of opinions and values.

ND: How might medical students solicit feedback from community members whom the policies would impact the most?

MB: The premise of elected officials is that they represent their population. In a perfect world we would be able to provide more feedback to elected officials. It is hard because

our actual patient interaction is limited because of COVID, but one thing we have done is that we had a patient panel where we discussed insulin prices. We want to have open discussions to know what they would like to see done. It is frustrating because most people do not know what is being done from the legislative branch that can help or harm them. There is a lack of transparency between the government and the population—we need a "SparksNotes" version of bills so that people can get involved and find out what these bills are about.

JB: Everything we talked about underscores the need for that and policy change more broadly. As physicians, these changes are not something we can do ourselves, our voices can't (and shouldn't!) be the only ones. That points to needing community members and other medical professions represented in these policy discussions.

MB: Our chapter is limited because we are a group through the medical school, but not sure if there are other similar organizations within the nursing, physician assistant schools. We talk a lot about having an interdisciplinary approach, that would be a concrete example of doing that. That would be a stronger front than what we can do alone. How do you find that information? If you don't know anyone personally doing this kind of work, it can be hard to get involved. But, this has been one organization where I feel comfortable asking questions. We know that we aren't all experts and that is okay to say we don't know this.