

## Outline of talk, June 19, 2013 to Physicians for a National Health Program (PNHP) Seattle

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Thanks for inviting me! I will raise a few points about social movements and how to move forward based on my years as an activist. I am looking forward to a good discussion.

Starting Point--Quality Health Care is a central human necessity and should be available to all-nationally **and globally.**

Important not only for itself but what I call a non-reformist reform, a term originally used by Andre Gorz, in his book, *Strategy for Labor*.

Idea is that social movements should make demands that 1) improve people's lives, 2) show the limits of the current economic system, capitalism, 3) cannot fully be met within the existing economic system; 4) Undermine the existing system, 5) build consciousness and understanding of the need for fundamental or revolutionary transformation of our existing society; and 6) build capacity and institutions for further struggle.

Central is not only what one demands but how one organizes, explains and builds for it.

Example civil rights and black liberation/black power movement of 1960's—Demands-- end of segregation, end of racism, end of poverty, end police brutality; self-determination, community control; end ideology of white supremacy of white as superior, black as inferior, etc.

Fits idea of non-reformist reforms, Racism so integrally linked into past and present that it can't be fully ended- but important advances can and were made; e.g., affirmative action but not ending of poverty; ending of legal segregation but not substantive racial equality; challenges by many groups of capitalism, changed consciousness—black is beautiful, growing anti-capitalist ideology, but limited building of institutions for further struggle—major repression and internal errors. Hard to maintain movements—they burst forward and decline.

Note: also that gains are never permanent, can be turned back—affirmative action hardly exists today; huge growth of black and Latino/a prison population,

Health care for all can be struggled for as a non-reformist reform—let me explain this using the six aspects of non-reformist reforms that are stated above.

1) Quality health care for all and health as a human right are apparent-- meets a strong and central human need.

2) Limits of capitalism, system based on profit, growing commodification of life—inequality is inherent, profits go to a few, labor is sold through a market, particularly vicious global capitalism today—neoliberalism--worship of the market, deregulation, privatization, financialization— austerity- reforms possible of universal health meaning health care in an unjust system with racial inequality structured into it which further affect negatively health of Blacks, Native people, the undocumented. Similarly health and safety of workers is not a central consideration in a capitalist society nor is pollution of air, water, land, etc. Regulation can help, so can taxes, good health care system but need to transform both economic system and healthcare.

3. So while single payer or some kind of national health care system is possible, it will be never secure, it is affected negatively by larger society—e.g., attraction of high paid luxury medicine for a few thus reducing supply of doctors for those who need it. Continual attempts to return a health care system where profits are limited or eliminated to a system for profit –to one where maximum profits can be made of insurance companies, pharmaceuticals, doctors, hospitals, financiers.

4. Undermine capitalism--2 and 3. Single payer and/or a health care system not based on profit can reduce profits, raise social wage if employers, wealthy pay for it, and crack legitimacy of capitalist system by showing how a system not based on profits and corporate capitalism can work better than a market driven one.

5) Build understanding of health care as a right; how a system where human needs are prioritized could provide quality health care for all—and educating not by slogans but by popular education—developing understanding, not primarily by using advertising techniques.

6) Build capacity for further struggle, e.g., free clinics, groups that are long-lasting with vision and strategy, publications, groups throughout country, medical workers with consciousness with consciousness and skills that continue to work for better and quality healthcare for all.

Before I talk more about social movements, and answer the questions, PNHP member, Marti Schmidt sent me, let me add how I think about reform and revolution, where by revolution—I mean transformation to a desirable society—mine would be participatory socialism, see for example the recent book, Of the People, by the People by Robin Hahnel. It puts forward a workable vision of a non-market, participatory planned society where human need are at the center and where equality, self-management, sustainability, solidarity, meaningful work, and diversity are maximized. Also, see the website, <http://www.zcommunications.org/znet>

In other words, we need to connect reform and revolution!

Almost 40 years ago, I had dinner with Dorothy Healey, an inspirational organizer in Los Angeles. She told me that to transform, revolutionize this society, we need to organize around people's immediate needs with a long run vision of a different society. If we only advocate for reforms, even very important ones we will never get beyond them but if we only advocate for revolution, we will remain small and isolated. There is a need to combine reform and revolution--weakness of separating them. Whether we are organizing for a community clinic or for expanding Medicaid or for single payer universal health-care, we need to do this but also with a vision of a different society.

This is also the idea of non-reformist reforms.

**General point is to be bold and visionary and avoid short-cuts! :**

Here are my responses to Marti Schmidt's excellent questions! I will try to connect my analysis to the struggle for quality and accessible healthcare for all.

**1) What is a social movement and how is it different from a group like PNHP?**

"A social movement is a somewhat organized, non-institutionalized, and large collectivity that emerges to promote or resist social change in societal norms, institutions and values, operating primarily through persuasion and protests encountering opposition from those in power."

Note: this is different from organizations who are more structured, usually with formal membership.

Also—social movements are not primarily about specific demands or promoting specific policies although demands may emerge, e.g., in Occupy Movement, they didn't. In Vietnam anti-war movement which I was very involved in, many organizations such as Student Mobilization Committee, Women's International League for Peace and Freedom (WILPF), People's Coalition for Peace and Justice (PCPJ), Vietnam Vets Against the War (VVAW) peace groups, many, many other groups—often local--but movement was much, much larger than the total membership in these groups. Being part of a social movement is partly a question of identification with the movement: those who went to protests; also institutions such as underground newspapers, GI coffee houses, going to teach-Ins, stealing and burning draft files or one's draft card. It also includes groups such as SNCC, BPP, Puerto Rican Socialist Party (PRSP), Bread and Roses, a large socialist feminist group in Boston.

Movements and particularly uprisings emerge and decline but importance of movement infrastructure, groups that can bring skills, continuity, historical knowledge, specific knowledge, anti-oppression and global framework when there is upsurge of resistance, protests in a non-vanguardist manner-- to become part of movement rather than run them. There is strength and power in mixing spontaneity with ongoing groups that can share skills and ongoing history. Spontaneity and creativity at the beginning and during an uprising should be welcomed and is central but also need for organized groups to participate in struggle and help carry it forward and to prevent historical erasure of movements, to learn lessons so that we do not have to start over whenever there is an uprising or upsurge of resistance.

So PNHP, Alliance for Health Care need to see yourselves as part of a larger social movement for Health Justice, where people are coming into and out of. You play an important and essential role, possibly but not necessarily as a catalyst but with understanding that much larger social forces, mobilization are necessary for victory.

**2) Working theory of positive social change-** Primarily viewpoint that significant change comes from the bottom up, from mass movements. There is a lot of value in militant protest. Goals of movement are important but they are more general and often far reaching than specific legislative change and legal changes. Strategy is raising social cost of those in power. For example in a 1969 debate between major architect and executor of Vietnam policy, McGeorge Bundy, and Noam Chomsky debate on Vietnam, Bundy said the war was in “national interest” of U.S. but he now opposed it because more and more college educated young people were now turning against U.S. society and refusing to fill slots in the government and corporate bureaucracies, were becoming revolutionary. Bundy said that our economic and political system were losing its legitimacy with young people and therefore the war had to be ended. This was as an example of the social cost being raised to those in power. Social cost is much, much more than monetary costs, it is much more than breaking a few windows. It suggests the needs for diverse tactics, creating a fear of people in power that they and the system they rule are losing legitimacy although one must always consider how our actions, our militancy, our language is understood. (Note: The term national interest is usually used by those in power to hide their particular interests which usually are in opposition to working class and other oppressed people).

These are some other aspects of my working theory:

A) Alternatives, Popular Education and Resistance (fighting the power)—all three are central.

—Here is an example from Ocean Beach, San Diego where I lived in 1970's. In 1971, we began a food coop to show alternatives to profit system. We also thought we could use the coop membership to house protesters who were coming to San Diego for the protests we were organizing for the announced Republican Party Convention in August 1972 where Nixon would be nominated for his second term. We also picketed Safeway every Friday because of their anti-United Farmworker (UFW) buying policy. This was the resistance part. For the popular education part, we set up monthly house meetings with UFW farmworkers to discuss their campaign and learn about it and to support it. So the idea is to combine alternatives, resistance and popular education, not just one of them. With regards to resistance, it includes demanding resources from those in power but where we struggle to control how the resources are used. For example, in early 2009, I spoke at an anarchist sponsored forum on health where I suggested that we demand resources from the state to build community and worker – controlled health clinics, where we do outreach and education around health care and society. Among some anarchists, there is a resistance to make demands for resources from the state but it is our tax money—they are right to worry about the possibilities of cooption but it doesn't have to happen.

B. Principled Unity—Put needs of most oppressed first, e.g., health care—in all our proposals, literature on health care, include healthcare for immigrants, documented and undocumented; also the health

needs and system for prisoners, quality healthcare for all. Unless one challenges racism in our movements, it gets reproduced over time, see book by Robert Allen, *Reluctant Reformers*. In developing our program always examine whether our demands, movements promote, race, gender and class equality. Make demands what you believe in and also what is principled, you may get less than you demand but it will push debate towards justice and equality; others groups may push for less. E.g. Obama care—you don't have to necessarily oppose Obamacare-- but not supporting it and instead advocating for what we believe in is also an option. Push, struggle for what you believe in, for what is right. It is good to have some immediate victories but don't forget about basic and central principles.

C. Need to link up with other movements—for many groups health care is not main issue, e.g. prisoners rights—join with them and include demand for health care for prisoners as part of movement. Similarly in living wage campaigns support them and bring the demands for universal quality healthcare into it as it is clearly connected to living wage. Similarly in supporting rights for transgender people we should support healthcare for transpeople as part of the meaning of universal health care. Similarly we should connect struggles for universal healthcare with the struggle of reproductive right. Go out and talk to and network with and join in coalitions with economic and social justice and labor and women's and community groups.

D. Importance of youth in social movements and social change,--youth and students always play central role in struggles for justice and liberation. I just taught a class: Popular Uprisings in the Years 1968 and 2011. We studied Mexico and France in 1968, Egypt, Greece and Spain in 2011 and U.S. in both years. Check out Turkey and Brazil right now. In all of these cases, energy, boldness, commitment, numbers, occupations come disproportionately from youth. They are often not sufficient to win by themselves but certainly youth are very necessary and usually the catalyst. Hard to make youth involvement central in health and health care movement as usually not main concern of many young people as they are often less worried about illness and disease. Still, major youth involvement including leadership is very important strategically. Think of culture of group such as PNHP, that it does not marginalize young people. Culture of group is also important that is inclusive around class, race, sexual orientation, gender, immigrant, language, etc.

E. Be inclusive—importance of movement that is not primarily of professionals but is truly inclusive along race, class, gender, also sexual orientation, etc. In addition, demands for quality health care should include alternative health and providers such as naturopaths, acupuncturists, chiropractors, etc. It broadens and deepens movement. ,

F. Mobilizing and Organizing. *I've Got the Light of Freedom* by Charles Payne is a great book about organizing in Deep South of U.S. in early 1960's. It contrasts an organizing versus a mobilizing strategy. Organizing is slowly building local capacity, movement building while mobilizing focuses on getting large numbers to act such as a protest, boycott, etc. Payne prefers the organizing model. To me, both are absolutely essential and can help the other one. Protest creates interest in the issue and makes more possible the building a movement; organizing creates a base for the resistance and mobilizations.

G. Bring a global perspective into organizing that we do. Our focus should be health-care for all with a U.S. focus but certainly we should support quality and universal health care globally and movements and societies that try to achieve this. Bringing examples from countries such as Cuba and Venezuela about health care and health are important in and for themselves but also to undermine U.S. interventionist policy against them. Connected to this we should bring a political economic analysis that situates health care and health because within a capitalist system that is fundamentally unequal and oppressive nationally and globally.

H. Limits although not irrelevance of lobbying, working within Democratic Party. To me, key is outside pressure, movements outside the mainstream institutions. I remember Noam Chomsky saying without a mass movement in the streets, doves will be hawks; with militant protests, even hawks will be doves—some truth to it. Doves were liberals who wanted to end Vietnam War or at least negotiate seriously with those fighting U.S. Hawks were those who wanted to escalate U.S. aggression. I am not saying Democrats and Republicans are identical but that this difference should not be our focus nor the belief that persuasive arguments or lobbying alone will make Democrats or liberals our allies. We need a political party of a new type, one rooted in Social Movements, that is visionary, maybe Syriza in Greece is a start. My point here is emphasis is on building power from below, on grass roots social movements and challenging those in power rather than playing an insider game.

**Health care and health as a human right—need to make it a real grass roots movement, e.g., if you decide on an initiative—do it as a movement like the civil rights movement, not as a top down, consultant driven , TV based campaign.**

**3. Why people change?** Life experience, exposed to alternative explanation, getting involved, when we set good examples.

A. Student of mine at Evergreen in late 1990's—very critical of me and my anti-capitalist, anti bank perspective. He went to work for a major bank after graduating from Evergreen, ended up in executive position. He wrote me in 2008 during financial crisis, saying he had resigned from his high-paying position. He said banks were even more profit-driven and ruthless than I had said but he wasn't ready to hear what I said when a student and it criticized what he wanted to do. **The point is don't be afraid to speak up—often we plant seeds that germinate later.**

B. When people see that their problems are not personal, e.g., women's consciousness raising groups in late 1960's, 1970's. In 1984-1987, I lived in Pittsburgh and taught there. I remember in a class on unemployment I connected with some of my students who were laid off steelworkers when I said causes of their unemployment was not their fault nor were their wages were too high but rather because U.S. Steel could make more profits by disinvesting in steel and reinvesting in oil and real estate and that steelworker unemployment was not a concern of the Reagan administration.

Also when we explain, talk with people, communicate--**Be simple in our explanations but not simplistic**—I get this from Howard Zinn. In explaining unemployment I didn't want to imitate the conspiracy theory of the Lyndon LaRouche people.

Also link up issues with other issues--people's concerns, e.g., in above case combine health care with movement for employment.

C. **Moral**—appeal not just not just to self-interest but also interests of all. For example after the September 11<sup>th</sup>, 1973 military coup against the democratic government of Salvador Allende in Chile, I made presentations about this coup, why we should oppose it and U.S. complicity to a group of Chicano construction workers in San Diego. Some friends said unless I appealed to these workers self-interest there would be little interest. They were incorrect. There was incredible interest as the identification between these workers and Chileans became real. Empathy is a strong human trait. So let us bring empathy and a moral position into our campaigns, movements for health as a human right.

D. Also, active involvement in Social Movement, activist groups often leads to qualitative and transformative changes in people. So in our groups, welcome and include new people. People stay involved when they feel by attending and participating they learn; maybe more importantly that their involvement matters, that they have an effect on the world, that they can do something that causes some change in the world around them; and that the group provides some community. We should support our members. Community is important but cliquishness is to be avoided.

E. People judge us, our groups by our **actions** and our persistence much more than our words! Do we put our bodies on the line, are we consistently out there in the struggle, or are we mainly talk? Setting a good example is important. **I cannot overemphasize the importance of what we do in as groups and individuals in order to gain membership and trust from those we are trying to involve.**

#### **4) Cautions and suggestions based on life - for individuals and for movements.**

A. Caution -- Arrogance—particularly class arrogance as destructive. The slogan that “You are either part of the Solution or Part of the Problem” leads to errors in how we approach people. Many people are neither part of the solution nor part of the problem; they are just surviving. It is necessary that we like and respect people we are trying to reach, not act morally superior to them. Assume people's intelligence. At the same time we need to be honest and not opportunist as we challenge others and ourselves. In talking with people, I usually first tell them where I agree with them; then try to figure out why they think and believe what they do; and only then, then challenge them honestly and directly but not in a patronizing way. Remember we changed, so can others.

B. Suggestion! We need to think of ourselves as long distance runners for social change not sprinters although occasionally we need to sprint (e.g., in the middle of an action), importance of persistence, continuity in what we do. Avoid burn-out by consciously being a marathon runner, taking care of ourselves as we work for change.

C. Suggestion-- Be bold and willingness to take risks, one never knows response—a bold action may spark a movement. e.g., SDS march in Washington, DC in April 1965 when many peace groups said calling for immediate withdrawal for Vietnam was too radical, that turnout would be very small-it was maybe 20,000. Also Egypt, January, 2011; Turkey, June 2013 started with a few people calling for a protest-resonated with hundreds of thousands. Take a chance but also be somewhat prepared.

D. Dangers of becoming isolated-- reach out, go to where people are, door to door—don't expect people to come to us.

E. Honesty about group, individual. Honest appraisal of activities, willingness to be self-critical and learn. Be accountable! Be supportive of other activists but also honest, criticize them with idea of building unity and growth —Big egos, individualism, racism, sexism, need to be challenged but with idea of building unity and the group. Also be self-critical.

### 5) Organizational Structures and Leadership

Among young people, e.g., in the Occupy Movement- huge emphasis on horizontal leadership, non-hierarchical structures, direct and participatory democracy; social change as both a process and outcome. Very different from groups such as unions, traditional left parties! There is a strong belief in consensus as an absolute. It is important to involve many voices, the intelligence of all of us; to challenge hierarchy and top down organization.

On the other hand, danger of endless meeting, see pamphlet by Jo Freeman, *"The Tyranny of Structuralness"* —an informal leadership that is still male and privileged and not accountable.

Decision making depends on type of group and decision—small group that is cohesive —consensus makes sense. Maybe modified consensus if group is larger. Keep discussing if major differences. Eventually 2/3 or some number less than 100% to decide..

Leadership to me is sharing skills, experience. It is sharing Information, contacts, experience, teaching others how to effectively do tasks and responsibilities such as speaking, facilitating, organizing a campaign. One suggestion is to combine experienced and less experienced for example in giving a talk on health —to not have a static approach who is best today but create a structure so others can speak best tomorrow by not always using who is best today-- train many for long run and growth of movement. Rotation of leadership is desirable.

**Build inclusive and representative leadership.** Build local leadership, **youth**-non-traditional.

Leadership for "Health as a Human Right" —make central although not only those who lack good health care. There is a very **important role for medical doctors and health professionals as leaders and members.** Include people practicing non-western medicine in leadership and membership. Doctors are respected and have a lot of important knowledge so their integral involvement is very important but so are those who suffer most directly from our current health system.



Many types of leadership, speaking, researching, community organizing, building coalitions, doing actions, organizing a campaign, keeping a group going. Use people's skills and what they do best but dynamically, they can be developed--encourage development of new leadership, skills.

**6) How to avoid Cooption of a movement?—Difficult but can be limited!**

A. Danger of trying to be too respectable; to gain support and praise from those in power; to never alienate anyone all are formulas for cooption.

B. To accept any gains, even if they don't help and improve the lives of those most in need also is a recipe for cooption. Do not allow leadership to makes deals with those in power behind closed doors—much better to have membership involved in all aspects of negotiations, decision-making when they occur.

**Be transparent and democratic**, if there is leadership, it should be open to criticism and to recall.

C. To accept the priorities of the funders causes groups to become co-opted and separated from their base. They instead become accountable to those who have money. Be willing to risk funding! To never risk destruction of an organization because of possible repression or fear of repression will lead to cooption although risks to the survival of a group must be acknowledged and taken seriously.

D. Occasionally alliances with powerful corporations or Democratic Party are necessary but with understanding that their interests are fundamentally opposed to ours. So tactical and temporary alliances may be the right thing to do but not strategic and long run alliances with those in power!

**Be Visionary and act accordingly!!**

Power to the People!

Thank You,

Peter Bohmer

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