

the Keystone

Put People First PA
Official Membership
Newsletter

Putpeoplefirstpa.org

Spring/Summer 2016

Solidarity From Flint to Pennsylvania

By Zachary Hershman

The lead poisoning crisis in Flint, Michigan, has been in the national news, but a lot of people can still remember a time when Flint was one of the most important cities in the

American economy. It was the home of General Motors, which is still one of the leading car manufacturers in the world, and it was the birthplace of the United Auto Workers, who helped unionize the

automobile industry and win better wages and working conditions for hundreds of thousands of people around the country.

Today, Flint is almost bankrupt. GM has closed almost all the factories in the city. Without jobs in manufacturing, or investment from the state of Michigan, today over 42% of Flint's majority-black population is living in poverty. When the city government finally ran out of money after the financial crash, Flint decided to stop paying for water from the Detroit system, and so they switched to the Flint River, where GM used to dump toxic waste. Over 9,000 children under age six -- virtually the entire young population of Flint -- and tens of thousands of adults have been exposed to lead poisoning, which leaves permanent effects on the brain.

City officials denied it at first, but leaked emails proved the State gov't. knew the water was contaminated over a year ago. The Governor and the City government made the decision to bury that information and put people at risk, just to save a little money. If it wasn't for everyday people who recognized that something was wrong and raised the alarm, the issue would have never gotten national attention. Women like Claire McClinton,

(continued on pg 2)



Put People First! organizers from across PA come together

Meet Carla Christopher

Carla Christopher, our incoming PPF South Central PA Field Organizer, comes to us from Food and Water Watch – Maryland, where she helped recruit and train their canvass team. Currently based in York, PA, Carla attended Columbia

University in the City of New York where she studied Psychology and Education. After working in the nonprofit sector for a decade, specializing in case management for women and members of traditionally marginalized communities, Carla began a career of both education and activism, wanting to get to the roots of the community challenges she serviced. Today, Carla is a fearless Poet-Activist who absolutely believes that creating space for individual expression can rebirth a community, empower a population and change the world! Carla is former Poet Laureate of York, Pennsylvania (2011 – 2013) and was the 2014 Arts and Cultural Community Liaison for the City of York, where she has twice received the key to the city for her community empowerment and education initiatives. As an activist and community educator, Carla is the founder of Equality Fest, a ground-breaking, multi-thousand attendee arts and culture

festival in celebration of Marriage Equality. She has designed diversity programming for multiple school districts and libraries throughout Pennsylvania and has been a keynote speaker and workshop facilitator for dozens of regional organization and nonprofit chapters and educational institutions. She is also a frequent trainer on Activism and Organizing Skills, results-oriented public speaking and communication skills, promoting community engagement and event planning/marketing/development. Carla serves/has served on several executive boards including co-director of York Progressives, Education Chair for the York Y.W.C.A. Racial Justice Committee, the South Central PA Region A.C.L.U., the Capitol Region Stonewall Democrats, and the York Chapter of the N.A.A.C.P.. She is incredibly excited to use her connections and energy to spread the vital message of healthcare as a human right!



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Mental Reality!

By Javier Cotal, PPF York Organizing Committee

*Quiet the noises in my head, for
my neighbors are sleeping.*

*Stay away people that I see, for
your company is not required.*

Mute the voices in my ears!!

The discussion is not needed.

*I live in my cocoon trying to avoid
the stares and the whispers by
the ignorant and uninformed.*

*The whole time remaining
hostage with bandages that halt
the blood oozing from my cracked
skin, the residue of my search
for freedom from the insects that
overwhelm my every cell.*

*I understand that the insects are
not visible to you, but do you have
to live with what I do?*

*The insects are as real to me as
the noises, the voices and the
people that are not there!!*

*I do have to wonder why any of it
matters to you.*

*Did you stand by my side when
I asked for your help or did you
follow the leader fearing what
would be said??*

*Does anyone hear me or is my
need to be heard part of my
delusions?*

*I need lithium to travel through
my bloodstream and Prozac to
silence it all.*

Oh wait!!

*Healthcare does not cover me
and to live I can't afford.*

*I am aware that I'll be labeled
crazy, but what else am I to do if
what I need just to cope is more
than a buck or two??*

(continued from pg1)

who comes from a family of autoworkers and formed the Flint Democracy Defense League, and Nayyirah Shariff, of Flint Rising, built a grassroots network of residents, pursued city and state government representatives, and conducted their own independent surveys and tests. Gradually, they raised awareness, while recruiting people to appear at hearings and make the case in public that a health crisis was occurring.

Now the National Guard has intervened, donations are coming in, and the hashtag #JusticeForFlint has gone viral, but people without the cash or required documentation are still having trouble getting clean water.

Flint was a wake-up call, but I see the same pattern of abandonment and neglect in Flint happening all over Pennsylvania. Some towns, like Dimock

in the Northeast, have undrinkable water because of contamination from natural gas drilling. The State government helped them sell their land to the gas companies, but now that all the jobs have all left and unemployment has gone up, these towns are being hit by a wave of heroin and opiate use. Same with the mill towns, the old coal mines, and the steel towns, reaching all the way through Central PA past Pittsburgh. In Philadelphia where I live, they stopped investing in most working-class neighborhoods a long time ago, and now they're selling off the schools in predominantly black sections of the city. Recently we learned that 18 cities in Pennsylvania have higher reported levels of lead exposure than Flint -- not from lead pipes, but from lead paint and antiquated infrastructure. Everywhere we look, they work us until the industry leaves, then they sell off what they can, and leave us to deal with the consequences. I think the struggles in Flint and the ones here at home show the importance of working at a statewide level. And it points to other tools we have in our toolbox: local organizing, knocking on doors, public hearings, visiting legislators. We raise the profile of the issue and take action together. Together, we in Put People First can help residents understand the health crises happening in our own communities in Pennsylvania, and how it affects our daily lives. That's why our Fayette Health Justice Campaign is so important, in part because it shows that all of our members are tied together, from one side of the state to the other. There are so many ignored, excluded, undocumented, neglected or abandoned working-class communities in this state. We can bring all of them together to ease our burdens, win healthcare for one another, and take control of a political system that puts profit before the human rights of its people.



In February, Philly Queer Brunch (a monthly potluck for queer and trans people and their friends in Philadelphia) raised money for Put People First! Together at the Brunch, we made a collage representing our Healthcare Dreams: everything we want and need from our healthcare system and providers. Our dreams included culturally competent doctors, access to fresh and healthy food and water, acceptance of LGBTQ kids, accessibility, feeling empowered by our healthcare providers, and the time and space to tell our stories and nurture ourselves.

- Maddie Taterka

Fighting for Dignity in Senior Life

By Danelle Morrow

Senior Life is a company that claims to offer comprehensive healthcare and support to low-income seniors living at home. The first time a representative visited my mother's home, they said they could provide her with everything she would need in her old age. It sounded wonderful, like finding a beautiful timeshare. But once you get there, you realize your timeshare has an infestation of cockroaches.

Upon her admission to the Senior Life program, my mother and I were invited to a meeting with my mother's brand new medical team. This was when the trouble started. They told us she was healthy and there was no need for pain management; however, day in and day out, I watched my mother deteriorate in agonizing pain.

Though the staff at Senior Life insisted there was no need, I eventually decided we needed to take her to the emergency room, where several tests revealed my mother needed to have her left lung drained of fluid. The procedure was excruciatingly painful. The pain management team in the hospital worked very closely with my mother, but when she was released from the hospital, her

doctor from Senior Life immediately cut the dosage by more than half.

The following Monday, the team from Senior Life came to the house to check on her. They explained that they lowered the pain medication because she only had one kidney. I could understand this, and I felt like they cared about her health. Still, I hated to see her in so much pain.

My mother went for a PET scan, and after, a nurse called to ask her to come to Senior Life, where they requested to speak with her alone. I left, and when I returned, my mother looked at me and said, "Danelle, it's cancer." I was stunned. She told me they did not know anything about its stage or type – just that there was a small spot on her lung about the size of a pencil eraser. (continued on page

When my mother had to go back to the hospital a few weeks later, it became clear that Senior Life was giving her entirely inadequate care. An oncologist informed us that my mother's cancer diagnosis was terminal stage-four lung cancer. I asked the oncologist where the report came from, as we had not been

told this yet, and he told me that it was the same report that was sent to Senior Life. This infuriated me: they knew this the entire time and failed to tell us the severity of the situation.

When she was released to come home, Senior Life continued to provide poor care. I contacted Senior Life and requested help with personal care for my mother. Nobody ever came, so it fell on my husband and children to give her the care she needed, as I worked full time.

My mother became more fragile. Soon it was apparent that she was not in her right mind. One morning, I woke up to find her outside on our neighbor's porch, yelling for help. I immediately called the ambulance. She told the EMTs it was 1946 and I was her mother. My heart broke; I knew it was almost over. She was taken to the hospital and admitted to the palliative unit. Again, Senior Life was upset that an ambulance was called, and after about 10 days, they attempted to send her home. I told the social worker at the hospital that we needed to find a facility for her, as we could not give her the care she needed. Senior Life first refused this option, so the social



Danelle with her mother, Marie, on her wedding day.

my gift from God – don't ever be scared." She wanted to go outside, so I the nurses helped me put her in her wheelchair. It was the beginning of fall. She was dazzled by the colors of the leaves and the cool breeze. There was a covered wooden bridge and a trail that led into a lightly wooded area. We stopped on the bridge to watch the stream. After a short while, she looked at me and smiled and said, "OK, I'm ready." I took her back inside, we watched Dr. Phil, and went back to her room. The next day, I got the call at 7:03 PM that she had passed.

It was such a mix of emotions, I was so relieved that she didn't hurt anymore, yet such a sense of loss overwhelmed me – 37 years old, having never spent a day without my mother, I was completely lost. January 27th would have been her 70th birthday. I honor her by promising to never give up trying to help others. I have a plant that was hers – a praying hands plant. I have been spending a lot of time with it. I will be separating it this spring and making many smaller plants out of this one, which I plan on delivering to the cancer research center, for all patients to have, in her honor, with prayers.

Today, I still have not heard a single word from Senior Life – not a sympathy card, not a phone call, nothing. I remember on one of my final visits, the doctor was walking down the hallway whistling. My mother and I looked up and made eye contact with him. He stopped dead in his tracks and didn't say a word, just turned around and silently walked back the other way. I feel the doctor owes me and my mother an apology. But now that this is not possible, I will fight against this kind of treatment – or lackthereof – for all other families, in the attempt to keep them from the pain we suffered.

worker did an evaluation and determined she was no longer independent in any way and needed more care. I hated putting her into a facility, but it just wasn't safe for her at home anymore.

The last time I saw my mother, she was at ease with death. She told me about dreams she had, depicting her walking through fields with Jesus. She told me, "Baby you were always my angel,

mother and I looked up and made eye contact with him. He stopped dead in his tracks and didn't say a word, just turned around and silently walked back the other way. I feel the doctor owes me and my mother an apology. But now that this is not possible, I will fight against this kind of treatment – or lackthereof – for all other families, in the attempt to keep them from the pain we suffered.

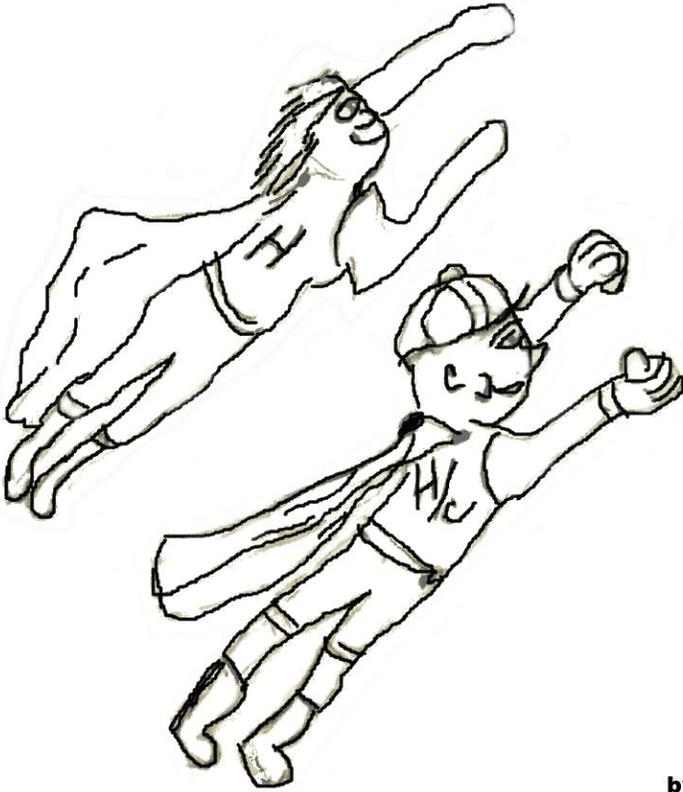
The Human Rights Principles

- 1. Universality**
- 2. Equity**
- 3. Transparency**
- 4. Accountability**
- 5. Participation**



PPF Philly General Meeting group

HEALTH CARE HEROES



by Ruth Scott

Turning the Tide to Single-Payer Healthcare

By Ben Palmquist and Nijmie Dzurinko

Over the course of his powerful presidential campaign, Bernie Sanders' renewed call for Medicare for All has brought healthcare back into the national spotlight. The current market-based healthcare system leaves millions of people without insurance. By treating our healthcare as a commodity rather than a fundamental right, it extracts enormous profits by using deductibles, co-insurance, out-of-network fees, and other tricks to restrict our access to needed care. The more that insurance companies restrict our care, the more money they make. It's a zero-sum game, and we're the pawns.

Universal, publicly financed healthcare – often called Medicare for All or single-payer – directly challenges blind market fanaticism. It recognizes that healthcare is a fundamental human right necessary to our ability to live dignified lives, and that there is never justification to deny anyone something so fundamental. It recognizes that putting a sticker price on healthcare

treatments inevitably denies poor people access to care, so healthcare must always be provided free at the point of service. And it recognizes that all of us in society are interdependent: We cannot keep ourselves healthy on our own, and we're all better off when we band together to make sure that all of us are as healthy as can be. Publicly financing healthcare, in other words, treats healthcare as a public good.

Even with the Affordable Care Act, as Sanders points out, 29 million people are still uninsured, and millions more who do have insurance still can't afford to get the care they need because of deductibles and other fees. Some 36,000 people die every year because they are barred access to care, and even families who manage to pull together enough cash to pay for care struggle immensely: medical debt is the cause of 62% of all bankruptcies. One of the great ironies of our healthcare system is that we pay vastly more for this broken healthcare system than any other country, and much more than we would if we financed universal healthcare as public good.

Some say single-payer is just not politically feasible. And it's true: if we're expecting any one candidate or elected official to be able to muster the political power needed to single-handedly topple

the insurance industry and change the political discourse, we're only setting ourselves up for disappointment once again. Winning universal, publicly financed healthcare is a huge political lift, but that's precisely why it matters.

The visionary members of the Vermont Workers' Center built a movement for healthcare in the Green Mountain State and have pushed far closer to winning universal healthcare than observers thought was possible. The Workers' Center and its fellow campaigns in the Healthcare Is a Human Right Collaborative (of which Put People First! PA is a member) are models for how movements can change what's politically possible by strategically organizing people in their communities who are directly impacted by the healthcare crisis, poverty, racism and other ills.

Healthcare is a moral issue, and one that resonates deeply with people's values across party identification, race, age, and other lines of division. If you ask people to share their healthcare stories, genuinely listen, and help people connect their own experiences to the experiences of others and to a larger political and economic analysis, people are able to overcome the narratives that push each of us into private suffering, and they get angry. Then if you enable people to work together, support each other in taking on leadership roles, and engender a sense of solidarity and commitment to a common cause, you can channel that anger into powerful political action. This is long, hard work, but this is how movements grow.

Make no mistake: this is not just a fight about healthcare. It's a fight that's connected with workers' struggles, because healthcare is a fundamental right that should never depend on where we work, whether we're full-time or part-time, or who signs our employment contract. It's connected to our struggles for our rights to education, safe air and water, transportation, and participatory budgeting, because our public budgets are how we, as a society, collectively meet our shared needs. It's connected to the liberation of people of color, immigrants, women and transgender people, because inequitable access to healthcare is mutually reinforced by racial and gender inequities across every other sector of society. From these connections, opportunity grows: all social justice movements can include universal, publicly financed healthcare within their visions and their strategies. By building deep strategic partnerships with other movements, healthcare organizers can turn the tide.

Learning from the Mine Wars' Legacy

By Dan Jones

Pennsylvania has a long history of resistance to injustice, one that we should draw strength and wisdom from and be proud of. One of the most brutal chapters in that history is the fight of mining families and communities against the big mine-owners, their powerful backers on Wall Street, and their armed agents. It's a history that we share with all the other Appalachian coal-producing states, from West Virginia to Kentucky to Tennessee, on down to Alabama.

The violence against families in the mining regions of Appalachia during that period, from the end of the 1800s on through the Great Depression, was extreme and it was widespread. Hired gunmen assassinated the leaders, and at times even fired randomly from company trains into mining communities, killing children. At one point, the government even dropped bombs out of airplanes onto striking and marching miners. And all of that is beside the violence of mine collapse and explosion; the sexual violence committed against the women in the community by mining company "guards"; the hunger and debt that came with total economic dependence on the whims of the company; and the violence against democracy and dignity that happened when companies bought out the sheriffs and mayors and other officials of towns, counties, and states. That was what fear and hatred of regular people, organizing themselves and claiming their most basic rights, did do to those enjoying power and wealth.

At the Put People First Teams Retreat in January, we learned much more about this fight, thanks to John Wessel-McCoy of the Kairos Center. One of the main things he taught us was that despite all this violence and brutality, the long fight for justice for mining families was also powerfully creative: helping to shape leaders like Mother Jones and producing

fighting and teaching songs that are still sung today. The most famous of these is probably "Which Side Are You On?" written by Florence Reece after police chased her husband (a union organizer in the mines) out of town and terrorized her and her children at their home. In that song, Reese asks miners, other workers, and the nation at-large if they'll take the side of the miners with their families or the side of the company with their gunmen and their financiers. We're asking a similar kind of question today with our Healthcare is a Human Right campaign: will you take the side of the people who get sick and injured in this hard and unjust society, or the companies and the financial backers who make their profits off of that, every step of the way?

We also learned that a major part of the fight was a fight for unity among the mining families themselves. There were white workers who had been in the region for generations, and there were recent immigrants from the poorer nations of Europe, and there were Black workers brought up from the South as strike-breakers. The mine owners and managers, in their craftiness and cold-heartedness, set them all against each other. We learned about one coal operator, Justus Collins, who was born in Alabama and began his career in the South, supervising (largely Black) convict mine labor. When later he took up managing workers in the mines of

West Virginia, he openly advocated for a "judicious mixture" of races and nationalities, to prevent unionization. This divide-and-conquer strategy found some real success there -- as it has throughout U.S. history -- based as it was in a very real competition for jobs and survival and the history of promoting racial hatred. But it was also resisted, and miners came together across lines



PPF members discuss the Mine Wars' legacy at the January Teams Retreat

of race and national origin in order to win the human dignity that they shared. It didn't happen easily or universally, but it did happen. The "Redneck Army" (named for the red handkerchiefs worn by union supporters) that marched as part of the Battle of Blair Mountain in August of 1921 was multi-racial, and included both immigrant and U.S.-born fighters – white and black. If it was possible then, under those violent and divisive conditions, in a time of the Ku Klux Klan's greatest power, a time which the historian Rayford Logan famously called the "nadir" or the low-point of race-relations in the United States, it must be possible today: To unite those of us who are hurting the most with the way things are now, around what we have in common and strengthened by our differences, in order to make a better, more just and more sensible world for ourselves and our children.

Which Side Are You On?

A Song by Florence Patton Reece

Come all of you good workers
Good news to you I'll tell
Of how that good old union
Has come in here to dwell

Chorus:
Which side are you on?
Which side are you on?
Which side are you on?
Which side are you on?

My daddy was a miner
And I'm a miner's son
And I'll stick with the union
Till every battle's won

They say in Harlan County
There are no neutrals there
You'll either be a union man
Or a thug for J.H. Blair

Oh, workers can you stand it?
Oh, tell me how you can
Will you be a lousy scab
Or will you be a man?

Don't scab for the bosses
Don't listen to their lies
Us poor folks haven't got a chance
Unless we organize

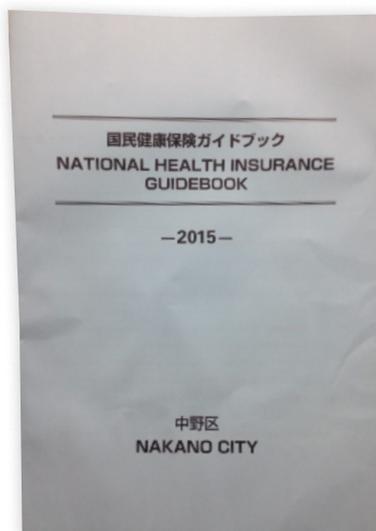


Put People First! Members from all across PA gathered in York last September for the third annual PPF Membership Assembly

Healthcare as Human Right: A Reality We Can Achieve

By Terrell Nowlin

When I told my friends and family about all of the exciting things that I came across while studying abroad in Japan, they were surprised to see me get excited over free health insurance.



I moved to Philadelphia a little over a year ago, leaving behind many things, including my health insurance, due to my family's lack of coverage in Philadelphia. I have had a couple of concerning health issues arise since coming to Philly, but I really did not have the chance to get them looked at because of the same reason so many Americans feel everyday: healthcare is not affordable, point blank. That's why it took me by surprise to learn that when I left the country for the first time to travel to Japan, I would

automatically be enrolled in a program called Kokumin-Kenkō-Hoken or "The National Health Insurance Program."

I became insured when I registered my local address with my ward office, which is comparable in many ways to going to a DMV or welfare office in the United States: equally bureaucratic, equally dull and equally time-consuming. However, after becoming a "registered alien," I was insured, setting me back a total of zero yen (Japanese currency). I received a booklet, in English, detailing the parameters of the program, including its limitations and coverage. I also received my personal insurance card.

The three times I went to the clinic or hospital in Japan, I was never billed or turned away. The doctors and nurses treated me with respect and dignity, not disregard and contempt. I was (and wasn't) surprised to find out that although there was occasionally a clear language barrier, that after countless gestures of showing "where it hurt" that I received some of the best medical treatment that I can remember.

Japan is an Island nation the size of California, with nearly four times the population of Canada. Somehow, they find a way to make sure that any human being that sets foot there has access to medical care. I was in Japan a total of three and a half months, but during that time I received more treatment than my year and a half in Philadelphia, and better treatment than my entire life in Pennsylvania.

Clearly, universal healthcare is a reality we can achieve, and one that is long overdue. Guaranteed healthcare as a right is the reality in many places all over the globe. We are working to make it a reality here at home too.

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