

ART WARMOTH

(INTRO): This is a general perspective that we very rarely get of the health care crisis at Sonoma State University. We're going to have interesting things from a group of graduating undergraduates who are going to talk to us about business and economic impact of HIV-AIDS. We're going to have a very interesting talk from an economics professor about wine coolers that drinking wine coolers increases ___ amount of implications not just for the wine industry but for alcohol consumption.

Good afternoon. I'm happy to be here. I'm in the unenviable position of being committed to being two places at the same time, which is why I'm going to have to leave this presentation after I give my talk. But actually I think there's a certain appropriateness to the fact that I'm both in this session and then Skip invited me to be in the session with Academics as Stakeholders in the Health Care Crisis, which is a more open-ended discussion that's going on over in the ___ bridge. Because I think part of what I see and what I'll be talking about is kind of a general framework that has to do with the fact that I think we're in a situation where it's important to create more effective bridges between the scholarly and research community and the communities of people who are more involved in dealing in a practical way with health care issues. And I think it's actually even though it's not been as well attended as we might like, and in fact, it seems like this year's conference is somewhat smaller than last year's conference, nevertheless I think it's a good model to be including these papers and presentations in this conference because not only do we have an opportunity to listen to one another but also we have an opportunity to disseminate this information at least through the Web site for the Health Care Crisis Project and elsewhere, depending on what individuals may choose.

Actually, I think as faculty at Sonoma State University, we're basically wearing three important hats in the health care crisis and one of the things, not only like President Ford do we need to walk and chew gum at the same time, we actually learn how to do three things at the same time. And those three things are how to be a researcher of course, how to be an educator, and also how to be a health care consumer. And we wear all three of these roles and I think, as I will suggest, because we are in a crisis in education at this point that's part of a larger crisis, the more we can integrate these three roles in our personal lives and in our professional lives, the more effective I think we will be as individuals and the university will become as an institution in terms of being useful in relation to what's going on in the health care crisis.

We're all of course very aware that Sonoma State is being severely impacted by the California state budget crisis. And we're also very aware that we're not alone in terms of public services that are being severely impacted by the crisis that's coming down on us. So I'm going to talk about some of the, basically what I'm presenting is kind of a very general conceptual framework for thinking about some of these issues. So this is not the same kind of research paper as the other papers that are being presented but I think hopefully you'll find it useful in giving some sense of context to some of the stuff that you're doing. I'm going to talk first about what I'm calling the micro problems that are created by the health care crisis and then I will talk a little bit about what I think are the macro problems that are the context that's driving the micro crisis, and then look at some solutions and general and specific roles for Sonoma State University folks.

Basically, and I'm looking at this from somewhat specifically from an economic impact perspective and I think there are really two major impacts that we can anticipate from the budget cuts that are coming down. One is that it's just going to have a recessionary impact on the economy because it's going to suck a whole bunch of liquidity out of the economy that we've been counting on for the last few years and this is going to be particularly acute in counties like Sonoma that are so heavily dependent on government employment and government services. Not only do we have obviously the county services but also Sonoma State which are direct human services and other kinds of services, but we also have Sonoma State University and Sonoma State Hospital, our developmental center I guess it is now. So there's going to be, we're already seeing people are being told they're not going to be hired next year. There's increase in unemployment in the faculty and there is going to be more unemployment elsewhere in the community, as well as the general loss of liquidity in the economy. The money that these folks would have spent to purchase goods and services in the market will simply not be there. And so those goods and services won't be sold. But there's also a crisis in the production of public goods and services. That is not only are we not going to have liquidity in jobs, we're not going to have specific services. And what I've suggested in the outline here is that I think there is kind of a triage hierarchy that we can be looking at because some of these cuts are going to have a more immediate impact than others. They're all going to affect the quality of life in Sonoma County and in the state of California, but some of them are going to have a more immediate impact than others. And I think in some ways health and mental health services are at the top of the triage hierarchy because the reality is that if we cut health services, some people are just going to die. And my suggestion would be that people who are in that situation, we ought to bus them to Sacramento so they could die on the steps of the Capitol rather than in some hole in the wall in Sonoma County. And mental health services in particular also is a critical area. People don't necessarily die, sometimes – not real often but sometimes they kill somebody or themselves or get into various kinds of problems that create major social costs. And we're already seeing some of that because some of the outlying services have been cut back.

Public safety and basic social services – this is an area, and I kind of lumped them together because they're both related. Public safety includes the Fire Department and what not but it mainly includes the police departments, which are by far the largest component of city budgets. I've been looking at some city budgets and I was amazed to see that I think it's like around 40% of the Santa Rosa city budget is for police services. Plus the social services that help people who are suffering from poverty and are in marginalized social situations that we all know from sociological research that cutting the safety net for people that are poor leads to more social cost in terms of crime and domestic violence and so on and so forth. Education – we're all aware of what's going on in higher education and we're pretty much aware that all sectors of education are being affected, K-12 as well as higher education, graduate education, etc. This is obviously an area where the state is severely under-investing in services that are going to have both immediate and long-term negative social and financial consequences. Those three are basically services that are very labor-intensive and which tend to have the most urgent negative consequences on the quality of life, the most immediate negative consequences on the quality of life. The other that I've listed, transportation, various kinds of urban infrastructure, environmental management systems, they're not as labor-intensive. They're more capital-intensive and while they will certainly deteriorate, will not necessarily deteriorate as rapidly and with the same level of acute consequences that the labor-intensive human services are going to lead to.

But I think these micro problems are really driven by a large macro problem, and that is the impact of particularly the communications and information management technology revolution but secondarily other technological revolutions like genetic engineering and so forth. And I think we're in an interesting situation. It happens that my grandfather was the only member of his family that was born in California. And the reason that he was born in California and all of his siblings were born in Maine was because my great-grandmother caught one of the first trains that came west on the transcontinental railroad after they drove the golden spike in the period right after the Civil War. And so I had occasion to think, okay, that was really an industrial revolution of a tremendous order of magnitude. And it had actually some similar kinds of followup poetically and economically in terms of the Gilded Age and the robber barons and the whole exploitation of people and the economy by free market laissez-faire economics that led to the progressive movement which kind of got crystallized by Teddy Roosevelt and the reforms that flow out of that period. That revolution was basically based on the application of fossil fuel energy to transportation. And if you look at the historical trajectory of that revolution that began to get seriously underway right after the Civil War, that culminated today with air travel, space travel, having a person land on the moon. I'm sure my great-grandmother did not expect that within her children's lifetime they would see a person landing on the moon. I think we're in a similar revolution in terms of the implications of information processing and information management technology. And I don't think we can see all of where that's going to go, but I think it is going to lead to major restructuring in information-intensive industries like politics and government and financial services and education at all levels. Because these are the really information-intensive industries. And we're going to see changes on the order of magnitude that make going from crossing the country by train to landing a person on the moon look relatively trivial by comparison. Some of the things that are either symptoms or aspects of the fact that this revolution is coming down on us include the over-investment in production capacity for private goods and the under-investment in the production capacity for public goods. The fact that the information is bifurcating so that the rich are getting richer and the poor are getting poorer and the middle class is kind of dropping out of the equation. And the fact that all of this is leading to a lot of mistrust of government as an institution that can solve these problems. And I think a lot of the taxpayer revolt, so-called, and also in California the growing use of progressive political mechanisms like the initiative and the referendum that grew out of the progressive revolution that came out of the railroads, is because people expect a rising standard of living and they expect the political system to deliver it and it can't, it doesn't know how. And this is compounded in the US by the fact that the dominant political ideology has pretty much been taken over by free market fundamentalism whereas in Canada and other European countries they have a kind of a socialist side to it that ameliorates some of these. And then you get to polarization in the legislature and in politics compounded by a lack of understanding of the macrosystem revolution that's currently taking place.

Looking at solutions, basically I think there are two things we need to do. We need to look at creating short-term responses that will create some kind of a safety net in order to avoid a catastrophic deterioration in the quality of community life that we are on the verge of experiencing in areas such as health care, social services, education and so forth. But the interesting and in some ways more significant aspect of it – and it's hard to think about investment when you're in a state of crisis, those of you that are in economics and dealing with businesses probably have a pretty acute intuitive sense of the fact that people that are in the middle of layoffs don't want to invest and so on and so forth. I think, and I mentioned local

currency systems, I don't want to get into that because it's a whole area that either you know something about and you can see its relevance or it leads to so many questions that it would take the rest of the afternoon. But I think there is a concept that we're talking about which is that we need to look more critically at the whole area of the economics of public goods and services, which is something that some people are now coming to call the economics of the commons. Because it deals not only with public social goods and services but also with environmental issues. And from an economic point of view they're both part of our common heritage that we need to understand the economics of. There are basically three funding mechanisms that we have for investing in the commons. One is volunteerism and there are interesting increases in people getting interested in volunteering and therefore we need to look at the economics of how that energy can be more effectively directed, philanthropy foundations and so forth. They're increasingly getting interested in planning and becoming involved in the institutional design area, and then of course public policy. And that's where we get into big trouble because it's the fact that people who are in charge of public policy don't understand what's going on and don't know what to do about it that is creating the current budget crisis. But as Sonoma State University faculty, we have a number of resources that we can bring to bear and I think it's important to take these resources more out into the community so that we're giving the benefits of our resources to the surrounding community, not just to the students that are in our classes. And I think this is where being willing to wear the three hats of researcher, educator and consumer really comes home to roost, because I think if we're more useful to the community in helping the community figure out how to experience a better quality of life, then we're going to be recognized by the community as a major resource and they're going to be more willing to help us deal with our problems in terms of laying off lecturers and so forth.

The things we can offer are education skills, our ability as educators, our ability as researchers, and also a lot of experience that we have in terms of planning and management of complex systems. Just because the administration around here doesn't get it doesn't mean that we don't have a lot of people around here who do, and who are very skilled, and particularly people at the Dean's level and people who are running departments and so on and so forth. There's a lot of high quality expertise in the planning and management and administration area that could be shared more effectively with the community. And so since my motto for the day is, it's time to not just research it but also go do it, I will conclude on that note and excuse myself and go to the other more action-oriented group, but I'll stick around here for a couple of minutes if people have questions.

Q: How do you see yourself getting more involved in the community through the three hats?

Actually I'm also a director of a nonprofit that's taking on that outside of the university structure because I don't think the university administration is really set up to support it. But a lot of what I'm doing is working with various nonprofits to get them more involved in more effective planning and management and I've actually had a number of students who have gotten involved in internships and so on, and have come to take leadership roles in community agencies. I think that in some ways the area where we're probably most reticent about getting involved has to do with our role as consumers. We're willing to let CFA and PERS figure out our health care benefits and negotiate them as part of the contract. We don't really get involved in that. And we're very reluctant to respond to the fact that most of the students and the families really want us to help their kids get a better job, which actually means having a more rewarding lifestyle.

And we want to have a more rewarding lifestyle. We want to have adequate health insurance, child care resources, etc. And because of the nature of the information revolution, in the old days we could be kind of elitist and say, well, we're preserving this intellectual high ground. But what's happening because of the information revolution is that people just need to get more sophisticated. So we don't need to sell out our intellectual values. In fact, we need to share our intellectual values and skills more broadly and more democratically in order to achieve the goal of having a better quality of life.

ACADEMIC DISCUSSION GROUP

(INFORMAL CONVERSATION – ART W. & 2 UNIDENTIFIED SPEAKERS)

(NOTE: new paragraph indicates different speaker)

Organic foods are not even available. A lot of times the closest place to get food is going to be gas station that's microwavable or something. So it's those sorts of things. It's understanding the larger system of economic inequities, social inequities, and being able to understand individuals within those. Unless we can look at broader health planning, we can look at broad patterns because we need those. But to have those in the absence of the nuance stuff, the broader health plans are not going to be effective. They just aren't. The other piece that I would add into this, what I know from what I've seen that works is something known as participatory action research, where you have the so-called target population is themselves active in identifying the research priorities and the data collection in the analysis of the data and the evaluation. You have huge buy-in, you have things designed that are culturally appropriate, and appropriate for economics, sex, gender, sexuality, ability, age, etc. And you then are also developing infrastructure from within the community so then you get away from that –

The other thing I was saying that might be worth putting on tape here is that I think it seems pretty clear to me that the health care crisis is really just part of the crisis that's affecting all the human services, public services. I think that crisis is really driven by the impact of information management technology that's creating all kinds of new expectations for all the institutions, especially those that are information intensive, like education, health care, politics, economics. And I think one of the reasons we're in kind of gridlock around this budget is that we're all feeling these impacts. There's a mass political culture that expects improvement in the quality of life. And that's a lot of the motivation behind the taxpayer revolt. Why should we give you more taxes if you're just going to use it to improve somebody else's quality of life, not mine? And so we have this gridlock because normally the institutions know how to deliver in this new context because the new context is so strange and unusual in relation to our history. I'm getting a lot of mileage out of my great-grandmother.

There's a lot of talk about how the population as a whole in this country is really split, I mean almost 50-50, on a lot of different things. There's people who want more services and other people who want less, or at least less for them.

Less for somebody else – not less for them. Everybody wants their own social services.

I guess what I'm saying is that the health care crisis is really just an isolated part of a much larger overview; it affects basically all of the things that are going on.

Right, and I think that crisis has to do with among other things, kind of jumping out of – there was actually an article in the Chronicle the other day that said that they're actually finding differences in the brain physiology in Democrats and Republicans.

Well, I could have told you that a long time ago.

I think there are two parts to that. One is that nobody really knows what to do about economics. And the United States is peculiarly invested in free market fundamentalism like no other industrial country is. The other part is that it has to do with temperamental feelings about change. And as the rate of change gets speeded up because of technology, the society gets polarized between the people who thrive on that and the people who want to resist it tooth and nail. Let me tell you my great-grandmother story because this is my metaphor for how to get some sense on the magnitude of what I think is the social, cultural and economic revolution. Because my grandfather was the only one of his siblings that was born in California. The rest of his siblings were born in Maine and the reason that was possible was because my great-grandmother was on one of the first trains to come west after they drove the golden spike. So okay, so she was really kind of in the forefront of the revolution that had to do with applying fossil fuels to transportation. And I'm sure she didn't have the foggiest idea that her children would actually see the beginnings of space travel. And their grandchildren would see people doing what we're doing. I think the order of magnitude of change is being driven by the information, management, technology revolution, genetic engineering and so forth. It's on the same order of magnitude.

That's a real interesting analogy, Art. It's a real interesting analogy.

So the pace and the magnitude of change in society –

It's driven by technology. The rate of change that's being driven by the technology is so monumental that none of us really know how to cope. Which is why I think we need more faculty seminars and less faculty preaching. I think we all need to go back to school and become a learning organization to figure out how to deal with this. And we can invite students into that process and they'll get a lot out of it. We don't need to continue to kind of hold onto our particular piece of expertise and pass that on. It's not that we can't do that but I think we need to do that and really also pooling our ignorance and having conversations like this where people from different disciplines get together and say, okay, this is the way it looks like from my discipline, how does it look like from your discipline? And certainly in health care –

It's already interdisciplinary to start with.

Interdisciplinary and I think that's one of things that that's become or was emphasized to me, reemphasized by a lot of the presentation we had this morning, is the degree to which health care is really a social sciences problem, as much as if not more than a medical problem.

It is.

Because if that's what the community wants, let's get out there and –

A question that I've always puzzled about. Let me just say – it seems like California has always been one of the 5 or 6 states that has been one of the fore leaders of change. I come from looking at it, as I can see, that one of the reasons that there's so much change in the United States and that we seem to be more comfortable with it than a lot of other societies is the fact that we were the melting pot, if you will, or at least we have so many different contributing factors that somehow have to mingle and get along together to a certain degree. Because we don't have total chaos. That it somehow has provided us with a means of looking at things in, if you will, a cultural interdisciplinary way. And I think that we've become leaders in technology and

different changes and stuff like this because of that. California is a microcosm of that because people that have come here have come from other places which for the last 100 or 200 years have been a part of – I mean the people in Maine or the people in Florida or the people in Missouri even, have lived there for a hundred or so years. And so consequently, when they came here, there wasn't a big California native population. So what we have is again another culture mixing. And it seems to me that that – we're talking about interdisciplinary in approaches to things – that one of the reasons that I think California might be more likely to change or to be acceptable to change quicker than the rest of the country is that we have, again, this mixing, a more recent mixing of all these other cultural things from within the United States, as well as outpourings from Asia and other places they come here from. And I'll make the other point that one of the other countries that's been successful to a great extent in being able to arrive and clearly outstrip the other areas of this has been Israel, which has been everybody poured into Israel from Africa, from Asia, from Europe, from America, from everywhere. So it just seems to me that there's something about a model of having people from all different perspectives move together into a geographical area that is somehow more likely to be willing to change faster. It's just an observation.

I don't know if it's more likely to be willing or more likely to have change thrust upon it whether it wants it or not – which is I think where we are. Those are the perspectives that get brought together to confront social issues. I think that's definitely enhanced it. I also think that the corollary of that is the kind of thing that Tom I think was saying this morning, is that solutions are going to come from the grassroots level. They're not going to come from the state government or the federal government or something like that. And so in essence I think Sonoma County because of its diversity and high level of education and progressive attitudes and so forth is a terrific laboratory for this, figuring out some solutions.

This is a really interesting question. I asked a friend of mine when I first moved out here, I asked him something very similar to that and instead of willingness to change it was more – what is it that this is an area that is more subject to _____, what is that about? And we came up with something kind of similar in that it's been a place where there's been a lot of mixing, where it's had a history, yes, in native indigenous here and there. Asian culture...

More culturally diverse.

And from Spain and being a port of entry. It's interesting. We've talked on some of these questions, we've gone on and on. Tell us your ideas.

I agree with what both of you said. We are dealing with an incredibly complex problem and I think what we've done is we approached it from the medical scientific standpoint. What can we bring from the medical model that everybody goes to school and there should be some standards as to what doctors are educated from and it's grown out of that. The other thing that's happened is from an economic standpoint. In the 1960s before you had Medicare and Medicaid, there really wasn't much in the way of – I mean there was some insurance but a lot of people weren't insured. And you didn't have the money pouring into it to create the need for technology that was the explosion in the '70s and '80s with more and more technology, more and more new medications coming in like seven years, almost that everything that was prescribed seven years earlier was not being prescribed anymore. I mean 90% of it wasn't being prescribed because

there were new medications for them. That's all very expensive to create that kind of a thing. So what we did was with the fascination that we had for Dr. Marcus Welby – I had sociology professors that were medical sociology type people that said as a culture we expect to have our medical problems solved in the half an hour that it took Marcus Welby to be able to do it. And it could be done, you could cure any kind of a system. And I think there's something to that effect that people want to take a pill and be well. They don't want to have to go down to the gym and exercise or have to go on a diet for extended periods of time.

Actually this might be an anthropological approach. Because I think that to say that people don't want that – how people go about making lifestyle decisions, my suspicion is that if most people who thought they had enough money and security that they didn't have to work 80 hours a week would be quite happy getting enough exercise and eating a Mediterranean diet. Mediterraneans certainly do fine on a Mediterranean diet so it's not that there's something in the nature that predisposes us to want fast food. So that rethinking some of our basic categories about what's cheap and what's expensive and what it's worth and what is leisure and what's investment and what's security and so forth. This is essentially being driven by the fact that we're moving from an industrial manufacturing energy-intensive, industrial society model to something else. And we haven't rethought a whole bunch of political and economic institutions that need to adjust to the implications of that new technological foundation for society.

I think that's true as well. We are in such a flux of change.

It seems to me we're all coming out of the industrial health insurance model that says technology is expensive and therefore health care is getting expensive and therefore we can't afford it, as though – actually in reality technology is getting cheap. This thing is cheap – all kinds of technology if you amortize the ___ costs over a period of time become incredibly cheap. So the question is if technology in the long run costs practically nothing, then the main thing you would worry about is how we distribute human resources. And the whole industrial model is to try to drive down the cost of human resources and replace them by technology, etc., etc. And then you've got this huge unemployment problem and that's why we're having a jobless recovery is because all the money is going into investment in technology and outsourcing and what not and you've got a bunch of people who stand around wondering what to do. There's no reason why they couldn't be involved in improving the quality of our health, however that's defined in terms of mental health, physical health, quality of community life, etc. The question is not where do the resources have to come from someplace else in order to pay for this. The question is how do we restructure the surplus of human resources we've got here in the ground so that they're actually producing wealth and well-being. And that's a fairly fundamental, it involves fundamentally thinking of political and social and economic institutions. So there's plenty of work for our social scientists to be doing. We just need to be able to afford to live in Sonoma County in order to do it. That's one of the basic problems. And I think actually, fighting the social problems like health care and gangs and all that stuff, when we begin to get some kind of a conceptual handle on those, then we've got to be dealing with problems like land use and environmental issues and what not. And that's going to be an even bigger crisis, particularly in places that are desirable to live like Sonoma County, than health care. Health care is all over California and all over the country but there are an awful lot of people who would love to move to Sonoma County if they could afford it.

I think one of the other things I was wondering, how much would impact on the deterioration of the human ability to stay well is caused by the knowledge that there's really no safety net anymore. Or very little safety net. People think, oh my God, if I get fired from this job or I lose this job, I will have no health care for myself and my family. Not only that, I won't be able to get it again, because either the kid has something wrong or the adult does.

And a parallel to that, when they're wondering for African Americans for a while they were circulating this idea that African Americans have higher rates or higher incidence or prevalence rates of high blood pressure and it was thought well, you know, that maybe there was some sort of selective advantage that occurred at some point. And there was all of this sort of postulating. And some pretty clever researchers came along, and I cannot remember for the life of me the design of the study, but it was well done. And they were able to demonstrate, oh, this is what it was. And it was they looked at blood pressure rates of African Americans that were in studies where they were always the minority and where they were exposed to racist incidents on a regular basis, and they were the ones that had much higher blood pressure. And they controlled for all of the other things – age, socioeconomic status, diet. It was very well done. So by that, you're absolutely right, is that degree of uncertainty. And then you look at the current socioeconomic or sociopolitical stuff going on where this administration is fanning fear of that. It's just mind-boggling. Something that I keep coming back to and this is of course not something that can be changed, but to me I feel is a causative element. And I keep toying with how could you address that. And you can't. But when you were talking, Art, about that people are uncomfortable with redistribution of resources, it's fine if my social services remain intact but by God not those people over there. And you were getting at some of that too. I just keep wanting to go back to this idea of the work ethic and the individualism in America. And I look at so much of what's going on in health care issues and stemming from those to very interwoven ideologies, and the sense of even how we prescribe preventive stuff, it often gets into this very moralized domain. If you eat right, you will be healthy, and if you're not eating right, well, you're lacking good self-control. So it slips into that more moralized domain. When you have those kinds of things going on, coupled with the sense of I'm working hard so therefore why the hell should my tax dollars go to help this person over here, to me that's all a piece of the same thing. And it makes it more difficult to talk about a nationalized health plan, it makes it more difficult to talk about – to step back away from this kind of dogged persistence, what you were saying of the idealized perfectly healthy person. And I guess I just keep feeling how could we step back away – and of course we can't but I guess I just throw it out just to recognize it as an element here.

Well, I think the complexity you're talking about is real. I think free market fundamentalism is one of the big expressions of it. Calvinism and all that kind of stuff. It's an interesting – I guess the practical question is how do you take fairly deeply ingrained, unconscious cultural attitudes and doubts and tweak them in a new direction? And I guess it just occurred to me to bring it back to what I was saying about faculty seminars. Because I think that actually I can look at the way we behave as _____ to the dialogue. We act in terms of a lot of those individualistic comparative values.

But the whole structure is in there.

We may be able to critique them all over the place in terms of all the other cultural institutions that we're (END SIDE A) (SIDE B)... that educators, it was interesting, a bunch of free radical literature about bad education as being an acculturation process. I think that's a ____. We have researchers to take a more significant leadership role than we are taking.

Could I maybe overstep a little bit and jot up a little model that I've worked with before on some of this? What if we were to develop a model, and it just gets at so many of those pieces. Let's say this is kind of the _____ (inaudible because of noise in the room). If you had in the classroom say you had the community networks and several students, I'm putting in a ____ because everyone in this is going to become a student, and make this an open classroom. These folks are teaching these guys with experiences like what are the realities. These guys may be helping at research on the topic _____. And these guys are giving a critique to the students on why or not this doesn't work. And then the students and the community members would come together and hear these facts multiple times _____. These guys come together based on some of the research to start proposing, what would be effective things in this community on whatever this topic is. And health care is a ____ place to start. And so then you would pull in the faculty to begin to get some of their expertise and they would bring in another process. They would say, okay, we'll take one piece out of this topic and some of the community members go into that ____ it's not going to go well at all, so then you'd get a second ____ set of classes. And then some of these community members go into that as well as a new bunch of community members. So what you start doing is that you're starting to expand the topic out, you're building more and more off the topic, you're building more and more off the community, and the class develops a whole set of experts ranging from the community members to the people who are doing the research. Everyone's getting a chance to exchange and give input and to challenge and be shaped and mentor those next ways to go on this where you bring in a new bunch of folks to study different pieces of the same thing.

That virtually looks a lot like what I think we should do about general education.

So you'd continue to have this kind of mushroom out into different classes, right? This is where it gets really cool. I mean there's all sorts of things you can do. Then you start setting up mentoring programs where you have students who are in this very first bunch, like they got in in their sophomore year, and they go out to some of these other groups. Then you bring everyone back together in a variety of ways. You can bring it back together to come together to say, okay, now let's write three or four community-based grants. And all of those grants come filled into that, training in grant writing, training in how to do research, how to analyze, so the community members become owners of those projects.

You could also do articles _____

What you can also do as this continues to expand out is that then you get little pilot moneys to go and you try some of these in the community, and you involve both community members and students in the administration or the evaluation, and then when you have the data from the pilot trials, that's when you get a grant agent for your larger grants to start setting it up as a community model or CDC to set it up as a community model. You let things mushroom out. One of the big things to have in your _____ connect is to have some sort of net outcome and ____ for everyone involved in it.

_____ at least a couple of different types of community members who would get involved. Some are professional experts _____ their expertise, others would be community members who would come together as citizens who are committed to the issue.

It seems to me that the idea is fine and I like the idea of having it. There might then be several different experiments, if you will, on how to implement some of this stuff and make it work, and then measure. I mean have some kind of measurement tool. Out of that would come one or more successful ways of doing it, or more successful than the other ways of doing it, and I like the idea. I'm just thinking it seems to me that it would take some way of – unless it's going to be a kind of amorphous way of splitting off and coming back, it seems like there would need to be somebody who would be overseeing how the thing worked, how to make sure you're blending new people –

Experienced coordinators and facilitators and process people so you'd have an interesting dialectic between process and content. And you're also doing something which I think from an economic perspective could be described as upgrading the value of your __ capital. Because everybody from each of these areas that participates in this is going to become smarter and more effective in dealing with whatever the issue is than you're looking at now.

Exactly. And you would have faculty members being clinical investigators ___ NIH and PhD. But the program director would be ideally someone who has come through this process. One of the members of the so-called target population _____. And so you'd end up in the community then and you'd have people there who are developing critical reflection skills, developing ways to examine so it fits all the Bay Area stuff as well.

And the way you made it out, it doesn't look to me like we're anywhere in the area of _____ would be paid for ____ what they're doing so it's not a simple expensive population as a little bit of investment in figuring it out. But in terms of needing new money from Mars or wherever the new money is supposed to come from –

We were going to let out at 2:30. I see you're just making your notes on the board.

No, we've been making notes here.

Would you like an extra 10 minutes to finish up?

No, I think we've covered a lot of ground.

I think we should summarize what we've said.

What will be most helpful is if the list you come up with, even if it's not on the board, it could be in your notes –

I don't know what our list is supposed to look like.

What you got?

The group that's here is the group that's supposed to be here. I was asking a question when I sat in for a couple of minutes was – most primarily, what is the unique role or contribution –

That's what we really focused on.

General education.

I think that will do for the first session.

I think just one of the things that's lacking in your health system that I would see from my 30 years of looking at it, the idea of trying take and connect federal legislation, how to put together a system that's going to do what we want it to do in a manner that's going to be greatly efficient –

I don't want the folks to do anything except maybe get the pharmaceutical companies out of it. Because everything else can be done at the local level. And maybe in terms of your saying that group purchasing power may be even pharmaceuticals _____. I think it's this kind of restructuring that we're kind of talking about and I actually think there is an area that has to do with health education that is under research but it's a natural place for students to get involved. Because a lot of what a lot of people need are fairly basic life management skills. They're not really deeply disturbed, they just don't know. And I think finding ways to get students out in the community as part of the program _____. Grassroots level – that's a great place for junior and senior students to make a contribution, learn about the community, deal with basic psychological and sociological issues. So I think in terms of the university there's a particular potential role in community staffing an area that has to do with education, _____ and life management skills. It's woefully understaffed and it's not likely to be staffed by money in that everybody competing for every nickel that shows up, including highly qualified people. But if you get people to do it for academic credit, that doesn't mess up the money supply. It just mobilizes the labor _____.

This could work within a community for smaller studies or even like how to get particular groups more involved. The question would be, what would it take for this group to buy into a system where their health could improve, however that's defined? As an example. That might be something this could do. It might be something like how do we better get access for this particular group. So it seems like this is how do we restructure the entire health system – that's not what this is about, this model. Not necessarily. But what I'm saying though is that while this is ongoing, there also could be something at like a county level of this size which is not huge but still - that if we could come up with a system that the community could agree on would be both these are the elements of the system and here's what we want them to do, that we could do that here – in other words, create our own health system, design our own health system in the community, with some funding to implement it on a model basis. And have that same thing replicated in various parts of the country.

Actually I wonder, in some sense, replicating this model is kind of about replicating the parameters of the conversation. But when you were talking about getting the county to agree, I'm wondering, well, we actually have a population of faculty, students and staff at Sonoma State that actually is large enough and has enough resources to take over its own health care _____.

Wouldn't that be cool!

It would be very interesting – not only interesting but educational.

In other words, to design at the university a model that would work for the people in the university, but then could be offered to other people in the community.

And the reason being is for the reason we talked about before – having enough people to be able to afford to draw in resources they need to have the system function.

The point is that if the model works, other people are going to learn about it. And one of the things that they learn is that they need to create their own model in terms of their resources and they have in terms of network ability, the organization networks that they're involved in. And I think we're talking about, we've got plenty of ___ around here who don't get enough exercise and have all those stress symptoms, etc. We have students who are relatively young and healthy and haven't been thinking about their health issues who are probably actually just as not see their professors _____ related issues.

I think it upsets them.

So I think if we just created this. And then they're cutting back on health services because that's a fee to get more health services and it's like – we treated it as an issue that involves the whole university and say, okay, the faculty _____ the students have a lot of energy and resources that they might like to focus in the direction of health care issues and the faculty has a lot of expertise. They could put all of these resources together to make it work.

Art, this is a fantastic idea. The other thing that I found about our students is that the projects that I have – and this is entering freshmen, bless their hearts – the projects that they get invested in is when they feel that they're on the side of what is socially just. And when they have a couple of assignments they kind of build on each other and by the end of that last assignment, not for every student but so many of them, they start to invest in the class – and again, this is one of these huge lecture ones – but they start to invest in it because they feel like they are on the side of what is socially right. The students would love to be involved in something like this, particularly if we could do it in a way that avoided top-down sort of stuff, that we got them involved in the very beginning of generating the ideas.

So they felt they had an equal say in what's going on.

Absolutely. It would be a process not unlike that.

Interestingly, I think in Skip's class last year that was dealing with the health care crisis, where he had students essentially put together a couple of papers during the course of the semester, we brought in a lot of different people as lecturers and experts that were more than just what the faculty could come up with – not that they couldn't come in. In other words, they were bringing in real life experiences and real life stories about what was going on and what was wrong and how things might work. And they did some research on their own but it involved some of that other stuff. They came up with some very interesting ideas. Did you read some of the stuff he had? The students came up with some very interesting ideas about what they would like to see done as a project that they would be involved in. And some of them were more narrow than others but they were all something that you could tell they were genuinely interested in. And I

thought that they really had faced some quite different problems that they did a pretty good job of coming up with something that might be a solution for it. And if you could replicate that a thousand times within the university, it wouldn't take very much to then come back and get something. And students like to learn under those circumstances where it's something they're really involved in. But it challenges them also to go beyond – okay, the simplest assignment. To give them some responsibility and have them follow through with it. Everyone wouldn't necessarily but you'd still get a lot of good investigations and good ideas because they're new. Sometimes foolishly new but you know, sometimes that's some of the best breakthroughs where you come up with something like that. Okay, so we're going to restructure the way the education is taught at the university. That's the first thing we're going to do.

And then we're going to make the university -

More of a community resources.

And using a participatory method, design its own health care.

This could be done as a sophomore, junior GE block. 12 units a semester.

It sure could. And we could have, if the departments are willing to, where departments had senior capstone requirements, we could have their participation in this count toward the senior capstone, just as long as they were applying some other principles from within that discipline. Or if they're in a methods course, if they wanted to be using some – I could sure see ethnographic methods. Man, if I had students involved in that, it would be fine. I'm not going to find you an internship out in the community, you're going to do yours here on campus. So there's all sorts of – and I'm sure you guys – do you guys have a methods course in psych? So there's all sorts of possibility. This is exciting. So we're taking over the university, we're completely redoing it. Excellent! I have to say that I really thought I'd be sitting here just kind of listening to the same old stuff. I didn't think that I'd have a chance to talk about such fun ideas.

I think it was built on what you brought up. I mean you started the conversation with the thing and we just kind of went from there. But I think this would certainly address some of the things that you brought up as the efficiencies of the system and surely what the university could do that's unique.

I think we're going to move into an active phase and that's one of those things that I kind of like. Were you here last year?

No, I came in August so this is my first year.

But some of the stuff this morning was kind of a rehash of what they said before, last year. Tom was certainly a lot more apocalyptic about it – now is the time. But I think this is the third one of these actually, I think it's going to move into followup into some action.

I think it almost has to be because otherwise it's going to stall. There needs to be really some way in which we can begin – I mean we talked about what the problem was and how do we get a handle on that and who are the people who need to be involved in it, and then this year was to hopefully bring back some of the research that's been done on it, and from that get a clear picture

of what the possibilities are. And then the next phase really has to be, how do we begin some of these things? How do we begin to spread out into the community as an action thing. Because otherwise we're not going to have many more years of study with it, otherwise it will be pretty stale.

You're right. Just a logistic question that I have. Obviously this is super idealized. But when I think about some of this stuff, the little bit that I know of what's going on with some of the HIV-AIDS work, like there's a group called Positive Women and it's for HIV-positive women and they get together, they have their own study group going, they're already doing an awful lot of stuff. And I see a group like that being ideal to come in and be part of the classroom, as part of the teachers, part of the students and faculty obviously being part of teachers and students, and students being part of teachers and students. Would the university be at all open to having community members here as not necessarily registered members of the classroom, so that they don't have to pay, but as being here as participants in the classroom as kind of expected members of the class? Do you know what I mean, Art?

Actually, I've got a couple of people in the community now that are sitting in on my Psych 101 class, as volunteers and what they get is a parking permit. The main issue that I see if you are going to structure something like this, you really want people that are committed to the whole process.

Right, they'd have to submit applications.

It takes some development work to get it done. A wide spectrum of people committed to what you're doing.

That could be really cool.

These are people that, one woman is on a board that I'm a member of and the other man is somebody I worked with in the field of education in the '70s and the '80s and now he's in Sebastopol and retired so he just started coming to my class. And it really adds a terrific dimension because they're older people with more experience. So we have a range of older students and ___ the younger students. My wife has this metaphor about songs of innocence and songs of experience, and that's what I've really experienced in classes where there is this range of experience and where people are encouraged to say what's on their mind. It turns the whole perspective around ___ terrific dynamic.

They do. They don't even know what the boundaries of the discourse are. They don't know what are the pieces coming in so they don't come in already focused there and it's a really a point. Well, I guess we're done.

How are we going to write this up? Does he want us to put it on the internet?

I think we also circulate a fairly specific – maybe you and I could just get together and take our notes and come up with a rough draft proposal. _____ I think we'd get a lot of contacts based in the southwest _____

Is that southwest Santa Rosa? Is that where that is?

In fact a lot of my community development work is in that area because that's where a lot of the gang issues are.

We just need to get together and talk about that because I'm trying to develop some sites for students to be doing volunteer for some of this, to do some service, and I don't know Santa Rosa well.

Well, the southwest area is a good place to focus because there are a lot of interesting things going on.

END OF TAPE