
Social Activism and Social Media

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The purpose of this poster is to record some observations and reflections about a successful social activism campaign conducted largely through social media. It is hoped that this case study may provide a resource for educators tasked with facilitating student exploration of social aspects of the participatory web.

Background

The Dunedin neurosurgical unit serves the widely distributed population of the lower South Island. A South Island-wide regionalised service was agreed by Health Boards but when this became plans for

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centralised service only in Christchurch, the Otago District Health Board objected and an impasse resulted.

A potential closure of Dunedin's neurosurgery service would see an estimated 185 acute transfers per annum to Christchurch. Thirty of these would be trauma head injuries and 42 multiple severe trauma: a "dangerous and deadly scenario of ferrying the brain-injured to Christchurch". Dunedin medical specialists predicted 5-10 "additional deaths" (later confirmed as "a reasonable estimate" by the NHB report).

The South Island neurosurgery problem was a peculiar issue in that it was not primarily about money, rather it was about fair access to services. The South Island has 24% of New Zealand's population, yet 57% of the landmass. Low population density is complicated by rurality, high visitor numbers – much involving high risk activities, and is exacerbated by the complicated geography and severe weather patterns.

Facebook

Health Board member Richard Thomson asked the author how social media might help provide a communication channel for people concerned about this process. A facebook page "Keep Neurosurgery in Dunedin" (KNIDFP) was established on the 19th July 2010. Ten days later it had reached 4200 members, and 11,315 by August 6th. The group reached 20,000 by the end of August, eventually reaching 22,000 in October.



KNIDFP became the focus for community and media interest. The posts on the page printed out total 247 pages. There is a mix of personal stories, argument from medical people and the community alike. Most posts are a sentence or two, perhaps 25% would count as a paragraph. Only one negative comment “go private”, and only two comments off topic. Postings are heartfelt and rational. There a great many stories of tragedy, heartbreak and hope.

The Otago Daily Times and the Southland Times began to cover the story along with local television and radio also, eventually switching into “campaign mode”. The ODT had front page coverage every day for more than a month. A march through Dunedin, ending in a “circle of support” for the Hospital was organised by KNIDFP and the NZ Nurses Organisation. 10,000 people marched in Dunedin, with more in Southland and regional centres. 55,741 signed the petition presented to parliament in support of retaining neurosurgery.

The newly formed National Health Board was tasked with resolving the issue of South Island Neurosurgery. The organisers of KNIDFP arranged for one of the panellists to visit Dunedin to explore community models and requirements. We lobbied for the panel to attend a

Town Hall meeting to hear community perspectives, and, most importantly – to reflect that understanding back to the community. The panel treated the posts on KNIDFP as submissions.

The findings of the Panel established “The South Island Neurosurgery Service” as a regional, distributed service with nodes in Christchurch and Dunedin. In addition to hospital services, the Dunedin branch has two academic positions.

Lessons for eActivism and eDemocracy

The strength of the KNIDFP was about building community. KNIDFP was a conversation, not a one-shot media release. Where people are telling their personal stories - living testament to the need to keep neurosurgery – they deserved the dignity and encouragement of a response. Many clinicians gave people detailed feedback on their questions. I think we can learn from this for eDemocracy. This new way of consulting is really about collaboration. It works best when everyone is part of the conversation.

The demographics are interesting: 81% female, 69% of these aged 35 +. Clearly this is the demographic one would expect for a health campaign, but we see that social media is working for this group. eDemocracy brings the potential for a broader and more active participation. This goes beyond online forms to engagement on the citizens’ terms. The Dunedin City Council is now trialling social-media-based consultation.

Resources

<http://www.moh.govt.nz/moh.nsf/indexmh/report-south-island-neurosurgery-expert-panel>

<http://computingforsustainability.wordpress.com/2010/11/10/a-truly-south-island-solution/>