



LAUNCHING A MEDICARE FOR ALL CAMPAIGN

A DSA ORGANIZING GUIDE



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DEMOCRATIC SOCIALISTS OF AMERICA

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For more information, contact the national campaign committee at m4a@dsausa.org. Be sure to check out our Medicare for All website at medicareforall.dsausa.org, where you can find an online version of this booklet, links to editable versions of campaign materials, more “how-to”s, reports from chapters from around the country, and more!

ABOUT DSA

Democratic Socialists for Medicare for All is a campaign organized and paid for by the Democratic Socialists of America (DSA). DSA is the largest and fastest growing socialist organization in the United States. We are a member-funded, member-run, and democratically accountable organization that fights for a political agenda that puts working people at the center. We believe that if we are to take on the enormous power of our political elite and their billionaire donors we need an organization that truly represents the needs, aspirations and desires of the working-class majority.

We are organized into over 300 local groups across the country that organize and agitate for social reforms in our schools and neighborhoods, at the ballot-box and in our workplaces.

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PREFACE

What follows is a collection of resources created for chapters of the Democratic Socialists of America organizing around Medicare for All. These resources were created by DSA members from around the country who have organized these events, actions, and canvasses in their own chapters over the last year. Here we aim to articulate why Medicare for All is our top national priority, to provide a framework for thinking about organizing and leadership development, and to offer “how-to” guides for a variety of political tactics. We have tried to identify best practices and to create a guide that will be maximally helpful to chapters who want to launch a Medicare for All campaign, but we recognize that there is no one way to organize an event and that there will always be room for improvement.

In fact, we hope that this organizing guide is just a starting point: on our website at medicareforall.dsausa.org you can find an online version of this organizing guide with links to editable versions of all campaign documents, but there’s

also a blog with reports from chapters around the country on their actions, even more “how-to” guides on getting your City Council to endorse Medicare for All, coalition building, strategically fighting for Medicaid expansion in your state, and more!

There is no one way to get your campaign off the ground, and the actions you choose will largely depend on local factors. To figure out how to launch your Medicare for All campaign, you’ll need to assess what’s happening in your community, what kind of resources you have in terms of money and people, who your most important constituency outside of your membership is, and how you can reach out to working-class people and their organizations. Also, think about more practical concerns: Is there someone in the state legislature or city council who might be willing to support Medicare for All, Medicaid expansion, or paid sick days? What other organizations are working on this or related issues? Are there large community events coming up you could table at?

How does our chapter reach people who are not already politically engaged in order to build a mass movement capable of taking on the monied interests who profit off of our inhumane healthcare system?

And above all, ask yourselves: **How does our chapter reach people who are not already politically engaged in order to build a mass movement capable of taking on the monied interests who profit off of our inhumane healthcare system?** Our movement will only be won by having hard conversations with people outside of our circles and getting them engaged in struggles that will benefit the vast majority of Americans.

DSA’s Medicare for All Steering Committee is here to help your chapter develop the tools to join in the fight for universal healthcare. Feel free to reach out to us at any time at m4a@dsausa.org.

Solidarity!

1



SOCIALISM AND MEDICARE FOR ALL

HEALTH IS SOCIAL

Health outcomes in the United States are abysmal. We have the highest maternal mortality rates, infant mortality rates, rates of chronic and preventable disease, and heart disease rates of any rich country in the world. But our exceptionally poor health is not due to any unique biological defects in the American people, nor is it related to some kind of amorphous American culture of unhealthiness. For instance, we manage to have lower rates of smoking than Italy, France, and the U.K., yet still have lower life-expectancies than all of these countries.

Americans' unhealthiness isn't a product of something intrinsically wrong with us. It's a product of something wrong with our larger social and political systems.

Our health is a social issue. It is linked to our jobs, our environment, our access to basic social needs and ultimately to the politics that shape our daily lives. Consider the health effects of chronic injuries and long-term exposure to dangerous chemicals in the places we work, or the asthma, lead poisoning, and cancers caused by exposures to unregulated environmental carcinogens and pollutants in the places we live. Think of the

diseases caused by restricted access to healthy and affordable food, or the tragic "diseases of despair" such as opioid and alcohol addiction, suicide, and gun violence. Even our ability to avoid asbestos poisoning or safely deliver a child depends on housing stock, federal interest rates and rent prices.

Each of these so-called health "crises" stems from the brutal and deteriorating social conditions of life for American workers. They are inescapably and fundamentally political.

Beyond these "upstream factors," the soaring cost of healthcare explains more than any other single factor why so many Americans are so unhealthy. Even if you manage to avoid dangerous working conditions or environmental hazards, maintaining your health depends on your access to health insurance. And with nearly 30 million uninsured and an additional 30 million underinsured, many Americans are effectively locked out of getting needed medications or regular check-ups. Even if you're lucky enough to have health insurance, avoiding bankruptcy court depends on whether or not that insurance is good enough to cover the medical services you need and your ability to pay exorbitant monthly premiums.

Americans' unhealthiness isn't a product of something intrinsically wrong with us. It's a product of something wrong with our larger social and political systems.

If you are a part of the working-class majority in this country, your health depends largely on whether or not you can afford to pay the high costs of healthcare.

All of this means that for most people, most of the time, our health depends less on our personal choices, culture, lifestyle, or biology. Instead, our health is determined by social conditions — working conditions, housing conditions, the education and healthcare systems. And in the U.S., these conditions are shaped by the marriage of corporate interests and political elites.

HEALTHCARE IS A BUSINESS

The healthcare system in America — a profit-driven, limited-coverage, patchwork, employer-based, multi-payer model — is a nightmare for working people.

The problem is straightforward: it is not profitable to insure sick people. The profit motive in healthcare creates a vicious cycle of smaller health returns for the sick and greater costs overall. Since insurance companies know that the sick are not profitable “consumers” of health insurance, they seek to restrict coverage; they do this through coercing sick people into dropping their plans

or pushing more costs onto the sick themselves. But the results of restricting coverage is a smaller “risk pool”: each insurer is trying to cover fewer people and shove more costs onto the insured in an effort to maximize their profits and minimize their risks. As a result, healthcare costs have skyrocketed.

Despite productivity growth, technological innovation, and the mandate included in the Affordable Care Act, these costs continue to rise while wages stagnate. The U.S. spends more on healthcare per capita than any other rich country, despite the fact that our system covers fewer of its residents. Since 1999, health insurance premiums have increased by a staggering 213%. And those high costs are increasingly pushed onto workers.

Without commensurate wage increases, it is workers, not CEOs or investors, who shoulder the burden of every insurance premium increase. Employers today pay less proportionately into their workers' health insurance than in any period since the introduction of employer-sponsored healthcare in the decade after World War II.

What's worse is that much of these high costs are artificially imposed from above. Health

insurance companies and hospitals inflate their costs by expanding their organizations with billions of dollars of bureaucratic waste, hiring more claims and billings managers (managers who are trained to restrict coverage), and paying their CEOs obscene salaries (an average health insurance executive makes \$20 million per year). Roughly 30% of all healthcare costs in the country are administrative. By comparison, the government-run Medicare system only spends 3% of its revenue on administration.

These high costs and burdensome fees have led to windfall profits in the healthcare industry — profits that have not trickled down to healthcare workers or their patients.

Despite the titanic earnings of the medical-industrial complex, healthcare providers — nurses, care workers, physicians, and support staff — are increasingly squeezed. The working conditions in hospitals, clinics, and nursing homes are increasingly precarious, over-populated, and unsafe while wages in the healthcare industry stagnate.

This exploitative model of healthcare is driven by profit for the few and not the needs of the millions. The beneficiaries of our system are not the sick or

the healthcare providers — they are the owners and operators of major health insurance firms, big pharmaceutical corporations, and giant hospital groups. The CEO of Centene, a healthcare corporation, makes nearly \$80,000 a day. Yet the vast majority of workers emptying your sick partner's bedpan, giving your grandmother a sponge-bath, or helping you walk down the hallway after surgery — in other words those who actually provide healthcare — don't make that kind of money in a year.

CLASS POLITICS AND POWER

It's easy to see why health insurance companies insist that the system is working. For them, it is. Every health insurance premium taken out of a worker's paycheck represents an instant and direct transfer of wealth from the bottom to the top. Healthcare premiums are little more than a regular tax on workers to line the pockets of health industry oligarchs.

Of course, all these added expenses — the exorbitant salaries of health insurance CEOs, the bloated administrative costs, and the rising costs of pharmaceuticals — are also

borne by large employers who pay into their employees' health insurance plans. Yet corporate executives beyond the health insurance industry are dead set against any form of public health insurance.

Why? **Because for them it is not simply about their bottom line, it's about class power.** Our financial and business elite are against any reform that limits or regulates their power, especially those that lessen workers' dependence on the market and waged work.

While major employers and the corporate class care about their profit margins, they are also aware that the current system chains employees to their jobs. Employer-dictated healthcare helps create a pliant, captive workforce that is less willing to strike or walk off the job, even as working conditions worsen and wages remain static, for fear of losing its healthcare. Insurance companies directly benefit from the high costs of healthcare, but employers stomach paying rising premiums so long as it gives them a bargaining chip against their workers.

Further, large employers do have a plan to reduce their healthcare costs. The corporate class already shirks healthcare cost increases by shifting the

burden onto workers, and in the long run they plan on replacing the existing employer-sponsored system altogether. Our bosses would prefer something even more backward: a system where workers are given vouchers to "shop" for their insurance on the market. Such a system would relieve employers of their responsibility to protect their workforce and atomize workers further such that they are pitted against each other on the market.

Finally, it's important to remember that the ruling elite look out for their own. In their eyes, any social benefit that comes at the expense of profit sets a dangerous precedent. Removing healthcare from the market challenges their power to manage their workers and affirms the state's right to decommodify social goods and services. **Every corporate executive, financial baron, tech guru, and industry titan knows that if we were to socialize health insurance, their industry could be next.**

For now, major executives will tolerate the high costs of health insurance in order to maintain their dominant position in the class struggle. Unfortunately for them, the majority of American workers cannot tolerate these costs, and the demand for a new system of social health insurance — Medicare for All — has become increasingly popular.

A LEADING WORKING-CLASS DEMAND

Medicare for All is a simple concept. It means the establishment of a **single, public, universal health insurance system**, managed by the federal government, where everyone, **regardless of their employment or immigration status**, will have insurance.

It means **comprehensive care**: all services provided by a medical professional will be covered. It means **free, on demand, unlimited care at the point of**

Roughly 30% of all healthcare costs in the country are administrative, while Medicare only spends 3% of its revenue on administration.

service, paid for not on the backs of the sick but through taxes on the rich. That means **no fees, no co-pays, and no deductibles**. And it means the establishment of a **jobs program** to replace the existing jobs lost if the private health insurance system were abolished.

Medicare for All represents the leading edge of a renewed egalitarian and even democratic socialist mood among the American working class. The

table for union workers, so they would be in a better position to bargain for wage increases and better working conditions rather than protecting an increasingly flimsy and expensive healthcare package. The support for Medicare for All among nurses and support staff is also borne out of their own experience as caregivers in a fractured and broken health system and their desire for a more rational and just alternative.

Every corporate executive, financial baron, tech guru, and industry titan knows that if we were to socialize health insurance, *their* industry could be next.

demand has won the support of the labor movement: the AFL-CIO endorsed the call at its most recent convention, and National Nurses United, alongside a variety of independent nurses unions around the country, are enthusiastic supporters.

This is largely because the realization of Medicare for All would put more monthly take-home pay back in workers' pockets. The program would also take healthcare off the bargaining

For democratic socialists, the fight for Medicare for All means even more.

First, Medicare for All represents a core demand of democratic socialist politics. The call for socialized health insurance epitomizes an oppositional working-class politics and speaks to the immediate needs of most Americans. The idea itself challenges the rule of capital, the political elite, and the profit motive.

Its popularity has exposed the contradictions in the Democratic Party: polling suggests that 70-80 percent of registered Democrats support the demand, yet party leaders like Nancy Pelosi consistently mock single-payer advocates. Ideologically, advocating for Medicare for All opens space for socialists and progressives to speak to a frustrated electorate tired of the politics of the billionaire class.

In other words, the demand alone affords us the unique opportunity to carve out a real democratic socialist politics nationally — and, in the process, expose both the weakness of market liberalism and the lunacy of reactionary alternatives.

Second, campaigning for Medicare for All offers us the ability to build a mass constituency for democratic socialist politics and durable ties between our organization and a broad working-class base.

The institutions of the working class and the left have been destroyed over the past forty years of defeat. As a result, the newly reborn democratic socialist movement is isolated from the mass base we need to realize any progressive reforms. Campaigning for positive programmatic demands like Medicare for All can have the galvanizing potential to

unify the working-class majority and integrate our organization with that popular base.

Through campaigning for Medicare for All, we can also avoid the charity approach to politics so often associated with non-profit activism. Instead, we aim to build bonds of solidarity and legitimacy as a democratic organization committed to the needs and interests of our own members, connecting them to the desires and aspirations of the majority of Americans.

Finally, the realization of Medicare for All would, for the first time in the history of the United States, establish a universal social program.

It would mean the appropriation and socialization of one-fifth of domestic GDP. It would signal a decisive turn away from market-dependence and toward social freedom — not only in the realm of health but in all spheres of life. As a result, it would build the capacities of individual workers to organize and strike.

And, of course, the realization of Medicare for All would make this country a much healthier and more egalitarian place. By virtue of the dramatic improvement most people would see in their health and day-to-day lives, the program would generate a

Medicare for All represents a transformative demand: a demand that not only builds working-class unity but swings the political pendulum towards working-class power.

built-in constituency among the electorate: those who benefit from the new system would soon become enthusiastic and vocal defenders of it.

In this way, Medicare for All represents a transformative demand: a demand that not only builds working-class unity but swings the political pendulum towards working-class power.

THE ROAD AHEAD

All of this points to why Medicare for All has been the lasting legacy of Bernie Sanders's Presidential platform and why the call has become the leading demand of progressives around the country. Nevertheless, most of our political elite stubbornly oppose the program. In many cases these politicians are simply the puppets of health insurance companies; in other cases they are feckless frauds. And it would be a mistake to assume that even those high-ranking Democrats that currently support Medicare for All will fight for its passage.

We shouldn't expect the political, financial, and business elite to warm up to our ideas or invite us to the table. But we can force them to carry out our demands.

In order to get politicians to buck their donors and side with

the majority they are supposed to represent, we have to threaten them with a mass, popularly-based political movement. In the absence of a workers' party and amidst the weakening of union power, it is crucial that we use this opportunity to bring that movement together. The scale and breadth of the movement we need cannot be built overnight, and it will not be convened through high-profile press conferences, celebrity stunt activism, or quixotic electoral bids.

The movement we need to achieve Medicare for All will only be built through connecting with millions of people across the country, in their neighborhoods, town halls and workplaces. It will only be built through the painstaking process of person-to-person organizing. It will be galvanized with the knowledge that there are no guarantees of victory or even short-term success. And it will be organized with the certainty that when we win, it will mean much more than the achievement of Medicare for All. It will mean establishing a piece of real democratic socialism and the beginning of a new working-class movement for the 21st century.

The rest of this manual explains how democratic socialists can begin to develop a genuine movement to realize Medicare for All. The fight is going to be long,

in many ways inglorious, and grueling. But it's a fight we need to wage — and one that we intend to win.

2



ORGANIZING AND LEADERSHIP DEVELOPMENT

WHAT IS ORGANIZING?

Organizing means many different things to different people. Some associate it with unfurling banners and occupying parks. Others think it's about mobilizing as many people as possible to marches and protests. Still others believe that it's about knocking on doors and gathering signatures. While these tactics can be a part of a successful organizing strategy, they all point to something more basic: the need for competent, trustworthy people who can do the work of bringing in ever greater numbers

around a common goal, giving people a sense of their own power to improve society, and leading the working class into conflict with capital — in this case, the private health insurance industry.

Organizing can be compared to another term: **mobilizing**. If organizing brings together ever greater numbers of ordinary people to act together as one force, develop their capacities, and systematically grow their power, mobilizing (or activism) is about engaging people already politically inclined to participate in short-term actions that, while occasionally appearing powerful

Our work should not be aimed at the small group of people who already identify as political activists; it should be aimed at the vast majority of *ordinary, working-class people*.

of working people, organizing them around a shared goal and shared vision of class struggle, and compelling them to take concrete collective action.

by their numbers or size, do little to sustain a long term project, appeal to a base with real social force, or develop the capacities of those involved.

We can think of **organizing** as the project of growing our numbers, building our shared sense of solidarity, orienting each other

Organizing, unlike mobilizing, engages people who would not ordinarily consider themselves political actors, people who

Every task you
do personally
is a leadership
development
opportunity
missed, a
member left
unorganized,
and a loss
of potential
valuable time for
our collective
project.

might have thought that politics only means voting. Organizing shows people that they can effect change on issues that are materially relevant to their day-to-day lives, develops their abilities and confidence, and helps them engage and develop others.

If our goal is to build a mass political movement that can win Medicare for All and continue to fight for transformative change, then **organizing is the path forward**. In order to both expand DSA and embed our goals in a mass social base, and in order to strengthen our own internal capabilities, every project we carry out, every event we hold, and every conversation we have should engage, develop, and support the capacities and confidence of our comrades. **Our work should not be aimed at the small group of people who already identify as political activists; it should be aimed at the vast majority of ordinary, working-class people.** This is the social base that can be activated by a knock on the door or a conversation that shows them that they can and should be involved in the shared struggle for a better society.

Unfortunately, though most organizers see leadership development and the recruitment

of unorganized people as their goal, they sometimes fail to prioritize this goal because it is no easy task. As a result, they find themselves in situations where work is piling up, and the same individuals take on more and more tasks. They make hundreds of phone calls, put together countless events, and very rapidly burn themselves out.

An organizer's success should not be measured by the number of hours they personally put in, but rather by the number of ordinary people they are able to bring in, develop, train, and support to further extend the work of organizing themselves. Of course, there are some tasks that are more suited to experienced socialist organizers: tasks that require expertise, confidentiality, and the ability to delegate. Nonetheless, keep in mind that **every task you do personally is a leadership development opportunity missed, a member left unorganized, and a loss of potential valuable time for our collective project.**

THE QUALITIES OF A GOOD ORGANIZER

Many people believe that good organizers are people who are charismatic, extroverted, and

great public speakers. While these qualities might be to a person's benefit as an organizer, two simple qualities are key to their success as an organizer: **1) commitment** and **2) curiosity**.

People who have one of these traits but lack the other make poor leaders. The combination of the two is essential. If a person is **committed** to fighting for socialism, always willing to do the work, even if it's seemingly menial tasks like making calls or picking up snacks, and is also constantly approaching their activism with **curiosity**, asking questions and learning from their mistakes, they can be great organizers.

When you're trying to figure out who is a leader in your own Medicare for All campaign, keep in mind that **people who self-identify as leaders aren't always actual leaders**. Leaders show their commitment and curiosity in their *work*, not in their words.

THE ORGANIZING CYCLE

Someone's leadership capacity can only be demonstrated through experience. That's why the biggest tool we have as organizers is to repeat a simple process that most of us probably

do naturally. There are four simple steps to what can be called the “organizing cycle”:

1. Making the Ask
2. Building In Support
3. Debriefing
4. Repeating

1. MAKING THE ASK

Ideally, you should begin the organizing cycle after having a one-on-one conversation with a person where you begin to develop a trusting relationship and learn what their self-interest is, i.e., their personal stake in the fight to win Medicare for All. This isn't always possible, as you may have to make an ask of someone out of the blue, having just met them.

Once you're ready to make an ask of a person and begin the cycle, here are things to keep in mind:

- *Only make an ask of a person if you think they can successfully complete it.*
- *Never take back an ask once you've made it.*
- *Make sure the person knows that you are there to support them and that they can reach out to you for support when they need it.*

You should always strive to make an ask that is appropriate to

the person. Some asks will be simple, like “Come to this event.” Others will be more involved or complicated, like “Organize the next event.”

2. BUILDING IN SUPPORT

For projects that are not very involved, you can simply schedule an intermediate check-in, if needed. For example, you could say, “Let's get on the phone after you make the first round of calls to make sure you're ready to make the second round.” If you have communicated to the person that you are there if they need further support, they should reach out if they encounter problems.

For more involved projects, you'll need to go a little further to support the person and set them up to succeed. Agree upon goals and a timeline collaboratively with the person. You can do this immediately after making the ask, or, if time doesn't allow for it, schedule another meeting to do so.

A. SETTING GOALS

- *Precisely describe the project to them and ask if they understand it. Clarify if they don't.*
- *Ask them what they think the goals of the project are. Get them to throw out as many relevant*

goals as possible and share any that you have.

- *Once you've stated all the goals, have the person repeat them back so that you know you're on the same page.*

B. SETTING A TIMELINE

- *Make a detailed timeline for the project that lays out every task involved in completing it. Be as granular as possible without being redundant.*
- *With a project that culminates in a big event or goal, it can be helpful to start from the end date and work backwards. For instance, if you're planning a phonebank on January 1st, put “Phonebank on January 1st” as the last item and write down all the things that need to happen before then to pull it off, like “Create a script,” “Distribute call lists,” etc.*
- *Once you've listed all of the tasks, put them into chronological*

order, and, again working backwards, decide on a deadline for each one. Then assign each task to a person (if multiple people are working on the project).

- *Finally, build check-ins into your timeline, especially before critical deadlines. This way, the person will expect that you will check in with them, and you can make sure everything is on track without micromanaging.*

3. DEBRIEFING

Your goal should be to debrief with every person you are working with after every project and task they take on. This won't always be possible, but debriefing is where much of your work in the prior steps will come to fruition. Taking the time to talk through how a project went will give you valuable information about the person that helps you determine if they embody the two core traits of a successful

By tying an organizer's everyday work to a larger critique of capitalism, they will learn to think about their organizing work within the broader framework of anti-capitalist struggle.

leader, how the process went, what was learned, and what an appropriate next ask would be.

- *Once the project is complete, schedule a debrief with everyone involved to talk about what went well and what people want to do differently the next time.*
- *Pay special attention to signs that the person is committed and/or curious. Are they asking lots of good questions? Do they seem to have learned from mistakes they made or solved problems that arose over the course of the project? Do they seem excited to take on another substantial project?*

4. REPEATING

Repeat steps 1–3 with as many people as possible. Your goals should always be to **1) identify/test leaders** and **2) accomplish the work** that is most important for the organization.

As potential leaders succeed with asks, you can increase the commitment and difficulty of the asks you make. For instance, someone might start out as a canvasser, be asked to be a canvass captain, and, after demonstrating skill as a captain, be asked to help lead campaign activities like organizing trainings, canvasses, or educational events. Always

be thinking about what level of ask is right for the person at that point in time, taking into consideration their capacity, skill set/expertise, and your goals in developing them as a leader.

And since we want to be developing ourselves and others into capable socialist organizers, it is important that leadership development always be paired with political education. Encourage your leaders to attend reading groups and socialist night school sessions. If they go, ask them how the events went before you get into your conversations about organizing work. Share socialist readings about Medicare for All (see our website for some suggestions) and ask them what they thought. **By tying an organizer's everyday work to a larger critique of capitalism, they will learn to think about their organizing work within the broader framework of anti-capitalist struggle.**

TRAINING LEADERS TO DEVELOP OTHERS

Application of the above steps will secure people committed to our fight for socialism and willing to put the needs of the collective before their own. As your testing brings these people

to the surface, it is essential that you focus your energy on them, especially to help them develop others. Here's how to do it.

A. Approach one of your leaders

and tell them why you think they would be good at developing other leaders. Ask them if they would like to work with you to learn how to do so. If they say yes, set a meeting.

B. During this meeting:

- *Go through the content of this document, using your own experience as much as possible to illustrate the steps involved and soliciting feedback to make sure they understand what the steps are and why they are important.*
- *Have them talk about people they've encountered in their organizing that they want to test and develop, then encourage them to set up meetings with the people they identify.*
- *Set a recurring meeting for the two of you (every 1–2 weeks) during which you talk about their leadership development work, solve problems, and decide on next steps for the people they are developing.*

C. Throughout this process,

be sure to offer support and to encourage your leader to solicit support when needed.

It is only by growing our ranks by bringing ordinary people into the struggle for Medicare for All that we can build a mass movement capable of challenging the rule of capital over our health and our entire lives.

LEADERSHIP DEVELOPMENT ENGINES

Personally developing pathways to leadership for each new person is an extremely labor-intensive process, and your work will always benefit from designing systems to facilitate this process for as many people as possible. We call such systems **leadership development engines**.

These are repeatable, mass organizing programs that can bring in a number of people with no political or organizing experience whatsoever, increase the organizing capacities and political confidence of all of them, and also identify and develop as organizers those who stand out. In other words, leadership development engines are tools to systematize all of the above leadership development steps, taking out much of the intellectual labor an organizer is required to do when developing new people. By systematizing a process, an organizer no longer has to think “What is the next ask?” or “How do I support the person in accomplishing it?”

A good example here is a canvassing program composed of **organizers, canvass captains, and canvassers**. The organizers are the people who put together the entire event, train the

captains, and support them as they do their work. The captains are responsible for recruiting, training, and supporting canvassers, and the canvassers are responsible for knocking on doors.

Another good example is a membership drive that’s organized through similar roles. For instance, if you want to call every member of your chapter and ask them to renew their dues, you could identify a few **organizers** who are responsible for producing materials, figuring out the logistics of the drive, and recruiting initial **membership captains**. These captains would then be tasked with holding **phonebanks** and recruiting **phonebankers** who would make renewal calls.

Such a structure does a few things:

- *It creates a series of roles, each with a different level of difficulty/commitment but all of which can be held by multiple people simultaneously. While you may have just one or two organizers for a membership drive, you could have many more membership captains and even more phonebankers.*
- *It builds in opportunities for new organizers to be identified, tested, and developed at every level. Canvassers can get one-on-*

one time with canvass captains, who can assess their commitment and curiosity; organizers can do the same with canvass captains, and each role can identify people who should be asked to take on a more substantial role at the next canvass. In other words, with each canvass you do, canvass captains can identify canvassers who will be good future canvass captains, and organizers can identify canvass captains who can organize the next canvass.

- *It lays out a clear structure of asks, complete with defined responsibilities and training requirements. That means fifteen phonebankers can go on to be membership captains for not much more effort than it would take to train one phonebanker to do so.*

These examples are specific, but you can design all sorts of other organizing programs that accomplish the same goals. The best part about leadership development engines is that they typically produce much more than they require. For instance, people who are trained as canvass captains will often jump at the opportunity to do all kinds of other projects and fill other important roles, from planning fundraisers to holding phonebanks, dramatically increasing the capacity of the organization.

In addition to producing organizers and leaders, they also produce more active *members*. **It is only by growing our ranks by bringing ordinary people into the struggle for Medicare for All that we can build a mass movement capable of challenging the rule of capital over our health and our entire lives.**

3



RUNNING A MEDICARE FOR ALL CANVASS

WHY CANVASS FOR MEDICARE FOR ALL?

Canvassing is a foundational organizing skill. It builds needed relationships with neighbors and coalition partners as well as the capacity of the organizers in our chapters. Speaking with our neighbors allows us to take abstract political demands and translate them into concrete material concerns to build a real mass political base. By connecting with ordinary people in a shared struggle against capital, the fight for Medicare for All unites the working class and becomes a winnable demand.

Our canvassing goal should be to have **high-value conversations**. In other words, we don't just want people's signatures in support of universal healthcare — we want them to think hard about the inadequacies of our current healthcare system, how it personally affects them, and how they might join in the fight for Medicare for All.

To do so, we can't be in a hurry to move on to the next door. Thus, in a 2-hour canvassing block, aim to have each canvassing pair knock on 25–50 doors. Cut turf appropriately (see step #8), so that your canvassing teams don't feel pressured to cover more ground than they need to.

To avoid lonesomeness and build solidarity, it's a good idea to canvass in pairs rather than by oneself. The paired structure can be especially helpful to onboard new people, as inexperienced canvassers can be paired with more experienced ones.

Below is a brief rundown of what is involved in planning a canvass. You can find more details in Appendices A–E (*Medicare for All Call Script*, *Captains Training Agenda*, *Canvass Logistics*, *Medicare for All Rap*, *Medicare for All Rap Breakdown*), but you may also reach out to our national organizing team for assistance in getting your canvassing operation up and running at m4a@dsausa.org.

HOW TO RUN A CANVASS

1. SET A LOCATION & TIME (at least 4 weeks prior to canvass):

Find a location that will serve as your home base for the day of the kickoff canvass. This is the space where you'll hold the rap training and debrief, and where you can send people in case they need anything while canvassing. As for the time, Saturdays and Sundays between 12 pm and 4 pm tend to work best. Provided that the weather is nice, public parks can make good meeting spots, since they tend to be both free and in the middle of neighborhoods.

2. ASSIGN ROLES

(once you've set the date/time for the kickoff canvass): A canvass has multiple moving parts, and you'll want specific people in charge of certain tasks. Some people might take on multiple responsibilities, and some of your captains (step #5) might take some of these. Regardless, you want to make sure that each role has a name to it. These roles include:

- **General Logistics Coordinator:** Responsible for location scouting, day-of logistics, and coordinating with everyone listed below.
- **Communications Coordinator:** Responsible for phonebanking and media/social media hype.
- **Rap Trainer(s):** Responsible for running the 1½ hour welcome and rap training at the beginning of the canvass. It's helpful to have

two people take the lead on this.

- **Materials Coordinator:** Responsible for preparing canvasser clipboards.
- **Turf Coordinator:** Responsible for establishing the required number of turfs and cutting/printing them.
- **Food/Water Coordinator:** Responsible for arranging food/water the day of the canvass.
- **Data Manager:** Responsible for post-canvass data entry and management.

3. PHONEBANK YOUR MEMBERSHIP

(once you've set the date/time for the kickoff canvass): You can do this in shifts, with multiple people each calling in their free time, or in one huge push, using the **Medicare for All Call Script** (Appendix A). On these calls, you should have

We don't just want people's signatures in support of universal healthcare — we want them to think about the inadequacies of our current healthcare system, how it personally affects them, and how they might join in the fight for Medicare for All.

2 asks: 1) *Come out to the kickoff canvass*, and 2) *Come out and learn to canvass so you can teach others*. You shouldn't make the second ask of just anybody, but of people who demonstrate a serious interest, have prior experience, or who you think would be good. As with digital communications (step #4), make sure to lead by framing Medicare for All as the solution to our inhumane healthcare system before making the ask to come canvass.

4. HYPE THE KICKOFF CANVASS

through your announcement lists and social media (once you've set the date/time for the kickoff canvass).

5. RUN A PILOT CANVASS AND IDENTIFY CAPTAINS

(2-3 weeks before the kickoff canvass): To pull off a full canvass, you'll need a team of trained organizers who can support other members. The pilot canvass is designed to identify these people, give them experience in the field, and build excitement about your new canvassing program. You'll need to do the general prep for the pilot canvass that you'll do for the kickoff canvass but on a smaller scale: set a meeting point/time, get the clipboards and materials ready (step #7), cut a small amount of turf for your pilot canvassers to cover (step #8), coordinate food (step #9), and then canvass (step #10). You

don't need to worry about media hype at this point. The goal of the pilot canvass is to do a test run of the larger canvass to work out the logistical kinks, but more importantly to identify captains for the kickoff canvass, so look carefully for people who stand out. Talk to as many people as you can and pay close attention during your debriefs, looking for people who might be leaders (see Section 2).

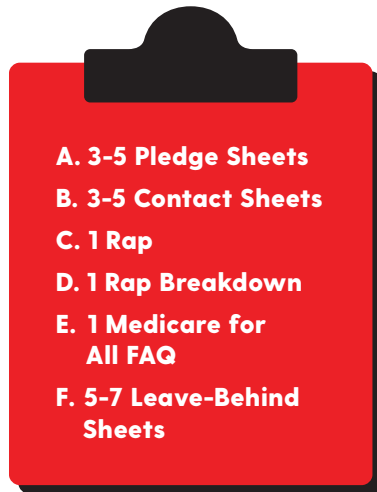
6. ORGANIZE A CAPTAINS TRAINING

(after the pilot canvass): The Captains Training, which you can run following the **Captains Training Agenda** (Appendix B), is for the people identified at the pilot canvass. Your goal is to get captains comfortable with the rap, and make sure they understand logistics for the kickoff canvass and what their responsibilities for the day are.

7. BUY CLIPBOARDS, PENS, AND PRINT/COLLATE ALL THE MATERIALS

(a few days before the canvass): Since you'll need a whole bunch of clipboards and pens, buy in bulk. You'll need to get canvasser clipboards ready a few days before the pilot canvass (step #5) and then again a few days before the kickoff canvass (step #10). For both events, take your best guess as to how many people are going to show up to canvass and try

to have one clipboard ready per canvasser. Each clipboard should have, in this order:



Canvassing materials are available on our website at medicareforall.dsasusa.org in easily editable form. Feel free to modify to your own chapter's needs.

8. CUT TURF

(a few days before the canvass):

You should expect each canvassing pair to knock on 25-50 doors in two hours. If you're assigning 5 canvassing pairs to a captain, you should thus cut out an area of turf that includes 125-250 houses/apartments per captain. Google's "My Maps" is a helpful way of doing so, and it allows you to keep track of where you've been. Print out each turf so that captains can give their canvassers maps (zooming in so that you can see buildings is

helpful) and direct them down particular streets. When selecting the location in which you'll be canvassing, be conscious of the demographics. We are trying to build a working-class political movement, which means we should be talking to people in working-class neighborhoods.

9. COORDINATE FOOD

(a few days before the canvass):

You'll want to have snacks and water on hand for your canvassers. Everyone likes snacks.

10. CANVASS!

The roughly four-hour canvass is composed of the following time blocks. See **Canvass Logistics** (*Appendix C*) for more details:

A. 1.25 hours: Welcome and Rap Training.

Two individuals should be in charge of leading the rap training, which should include:

- Welcome and what is DSA/socialism? (*10 minutes*)
- Introduction to Medicare for All and why it's important for us to work on (*10 minutes*)
- Explanation of the **Rap** (*Appendix D*) and **Rap Breakdown** (*Appendix E*) and example role play (*15 minutes*)
- Breakout into assigned canvassing groups and practice role play (*25 minutes*)

- Debrief and head out to turfs (*15 minutes*)

B. 2 hours: Canvassing!

Be sure to give your canvassers phone numbers to call in case issues arise.

C. 30 minutes: Debrief.

Canvassers return to talk about what went well and what didn't, particularly moving and difficult encounters, etc. Pass a hat around to collect donations to cover snacks, water, materials, etc. and explain that any extra money will go to your DSA chapter.

11. DATA ENTRY

(a few days after the canvass):

Follow-up communications are critical to building power and are dependent on clean and well-organized data. You'll always want to know a) who your canvassers were and b) who amongst those that were canvassed support your campaign.

Canvasser Sign-ins: As people arrive at the canvass, have them sign-in. Google forms are helpful (be sure to get email addresses and phone numbers).

CANVASSER DATA COLLECTION:

Pledge Sheets: When canvassers are knocking on doors, they should have community members write their own information on the pledge. Signatures add

weight, and stacks of pledges can be a display of organizing power. Hold on to them after the canvass.

Contact Sheets: During the canvass, canvassers should transcribe information from the Pledge Sheet to the Contact Sheet. Take notes on the interaction, and record any good healthcare stories.

Consolidation: After the canvass, captains should consolidate all of their team's contact sheet data into a digital format. Google Sheets work really well for this step. Be sure to centralize the data at this point so you can easily set up emails or phonebanks.

More details on data practices, including data sheets you can use for your canvassing operation, are available on our website at medicareforall.dsasusa.org.

12. DEBRIEF

(a few days after the canvass):

Debrief with the captains to review the kickoff canvass and plan for the next one. Debriefers should also identify what worked and what didn't, and plan future actions accordingly. Captains should be identifying at least two people who could step into the role of captain at the new canvass. This will increase your capacity the next go-round.

13. REPEAT!

4



HOLDING AN EDUCATIONAL EVENT ABOUT MEDICARE FOR ALL

HOLDING AN EDUCATIONAL EVENT ABOUT MEDICARE FOR ALL

WHY HOLD AN EDUCATIONAL EVENT?

An educational event serves a number of purposes for building both your chapter and a movement around Medicare for All. Externally, an educational event can attract members of your community that may not be in your usual social or political circles but who have material needs that our political program can speak to. Many people have been misinformed about the supposedly negative consequences of a national health plan, which they have heard is a fiscal impossibility or will result in rationing of care. An educational event will not only correct some of these misconceptions but also strengthen and invigorate Medicare for All supporters by giving them solid talking points and a vision for moving forward. An educational event is also a public service, places your chapter in the local discussion when it comes to Medicare for All, and allows you to build relationships with coalition partners in your area.

Internally, an educational event can help sharpen the strategic political thinking of your membership and those who want to get involved in the campaign

for Medicare for All. A universal healthcare system is not a new idea, but the possibility to achieve this demand has re-emerged. If DSA is to be a successful part of capitalizing on this moment to make real change, we need to learn from the lessons of the past and continue to build our understanding of our political system, the challenges of creating a political movement, and the larger system of capitalism. An educational event can help do that.

Such an event should ultimately result in a solid ask of the attendees. Once you have put Medicare for All into a real, material context, explained our goals, and agitated and excited your audience, you should be ready to ask them to take action.

GROUNDWORK

VISION

Come up with a solid vision for your event. After you decide on what your organizational capacity is and what the other organizations you may want to team up with are, discuss this vision with your coalition partners. Explain to them what role they can serve, offering clear guidelines about what is involved and how the event will benefit their cause.

STRATEGY

Approach your vision for the event strategically. If your goal is to attract coalition partners from unions and other political grassroots groups, it is important to use this event to bring them into a powerful political bloc capable of winning this demand. If, on the other hand, you want to move your audience from a place of political inaction and apathy to being ready and excited to take action, they need to be armed with both talking points and the ability to speak to the ideas that brought us to the system we have today. Education around Medicare for All should both agitate towards political action and also connect the lived needs and political aspirations of advocates and attendees to a broader critique of capitalism.

COMMUNICATION

Set up a centralized repository for communication and information. Make sure that all members of the team know how the group should keep in touch and where to find important documents.

VENUE

When choosing a venue for an educational event, it is important to keep three things in mind: size, location, and accessibility.

- **Using services such as Eventbrite can help you**

guess the attendance to determine the size of the space you need. Be sure to keep in mind the event's program: if the event will have breakout sessions or classes, book the required rooms.

- **The event's location can act as a hidden "organizer" in itself, as can the venue's role in surrounding communities or groups.** By holding the event at a union hall, for example, the event could spread through the union's network, and likewise for community centers and their neighborhoods. One key objective of any Medicare for All event will be to reach communities that are either underserved by medical facilities, have a high rate of uninsured people, or have a low rate of political participation. It is not a coincidence that the communities that share those characteristics are also working-class and communities of color. By holding your Medicare for All educational event, you will be potentially adding them to your coalition to fight for healthcare in their community. Your venue may require you to get event insurance. If your chapter

cannot afford insurance, talk to a local union or non-profit to see if some arrangement can be made.

- **Make sure your venue is ADA accessible.** Even if you think that the venue is in compliance with ADA, walk the place to make sure that bathrooms are accessible for everyone and that ADA entrances are clearly marked.

DATE AND TIME

Give yourself ample time to plan. You will need time to fundraise, build a program, get materials ready, and get the word out. Give yourself time to wait to hear back from people and deal with bumps in the road. Do regular check-ins with team members (see Section 2 on Leadership Development)

to make sure things are moving forward. Set a timeline with deadlines and goals.

When setting a time for the event, consider if you will be able to provide meals or snacks. Meals are costly and require a lot of labor, but do allow for flexibility with time and length of your program. If you are unable to provide food, keep this in mind when setting a time so that you do not lose attendees to hunger.

PUBLICITY

See Section 7 on "Publicizing Your Medicare for All Campaign" for general tips, but there are a few additional things to consider when putting on an educational event. The marketing for the event will communicate the important "When? Where? Who?"

WHAT ARE YOUR GOALS?

Do you want to educate attendees about the latest state and national legislation, diving deep into statistics and detail? Or should the event feature healthcare professionals who discuss how Medicare for All would improve both health outcomes and their ability to do their jobs? Should it be a venue where people can share their often painful and frustrating experiences in dealing with for-profit healthcare? Should speakers tie their experiences back to the idea that healthcare is fundamentally exploitative when commodified under capitalism? And finally, can you programmatically address how we force politicians, normally at the beck and call of members of the capitalist class, to listen to the demands of working people?

Giving everyday people the framework, facts, and knowledge they need to confidently talk to their family, friends, and coworkers about the necessity of Medicare for All.

Why? How?” questions, but it will also help shape the tone and focus of your event. Things as simple as shifting color schemes to red and black will subtly slide the tone towards a more explicit anti-capitalist stance. Of course, the speakers’ topics and marketing texts can achieve the same effect. DSA chapters will know what will work best for their local communities. As political detractors will smear Medicare for All supporters as “socialists” anyway, chapters have found it best to claim ownership of the issue and feature DSA logos and chapter names prominently in event documents.

PROGRAM & SPEAKERS

Developing an event requires you first to decide what you want to communicate and then to select who will be best at conveying it. There are many angles organizers can take, and these angles will determine your choices for speakers. Decide on your goals first, and then seek out speakers to accomplish those goals.

Ideally, the program will accommodate many angles but will be focused on one goal: **Giving everyday people the framework, facts, and knowledge they need to confidently talk to their family,**

friends, and coworkers about the necessity of Medicare for All.

When selecting speakers, occupational/political background as well as past articles and speeches can give you a sense of what they can most effectively and persuasively communicate. Healthcare workers and union leaders are often well placed to describe the current inadequacies of our system and how Medicare for All would fix them. Longtime political activists can speak to the challenges that confront us in this and other historical political fights. If you need help finding speakers for your event (policy experts, political thinkers, campaign organizers, union members, healthcare workers, etc.), feel free to email the national organizing team at m4a@dsausa.org.

The next task is to organize the event program so that the speakers can effectively communicate their points to the audience. A very simple and effective structure is to give each speaker 5-10 minutes as an introduction for themselves and their areas of focus, and then bring everyone back together for a 30-60 minute panel discussion.

Make sure the moderator understands their role (Are

they screening questions? Are they coming up with their own questions ahead of time before opening it up to the audience?). This basic structure allows speakers to connect each other’s ideas and highlight the interconnectedness of the issues addressed by Medicare for All. But you could also do one-on-one interviews, hold a roundtable, or offer a traditional academic talk: the format largely depends on the speakers you get. Events without components of listener participation tend to lend themselves to shorter time lengths, such as 1.5-2 hours.

When booking speakers, organizers shouldn’t be afraid of approaching big names or big organizations. They often have a budget set aside for travel, and if not, you can fundraise to pay for their costs. Speaker choice should also reflect the diverse and intersectional struggle for Medicare for All.

Depending on your venue and organizational capacity, it can also be helpful to create breakout sessions or classes. This would be especially useful in conjunction with a canvassing campaign, as it would allow attendees to learn more about Medicare for All and hone their pitches.

No matter which format you select, you will need to fill three key roles besides the speakers:

- One is the **MC**, to introduce speakers and keep the program flowing.
- The second is the **moderator** for the panels. The moderator should be well-versed in the topics around Medicare for All and able to ask probing questions. Journalists and media often make good moderators.
- Last is a **stage manager** who directs people when and where they should go. They will be in the front row with 10 and 5 minute queue cards to let the speakers know when their time is up.

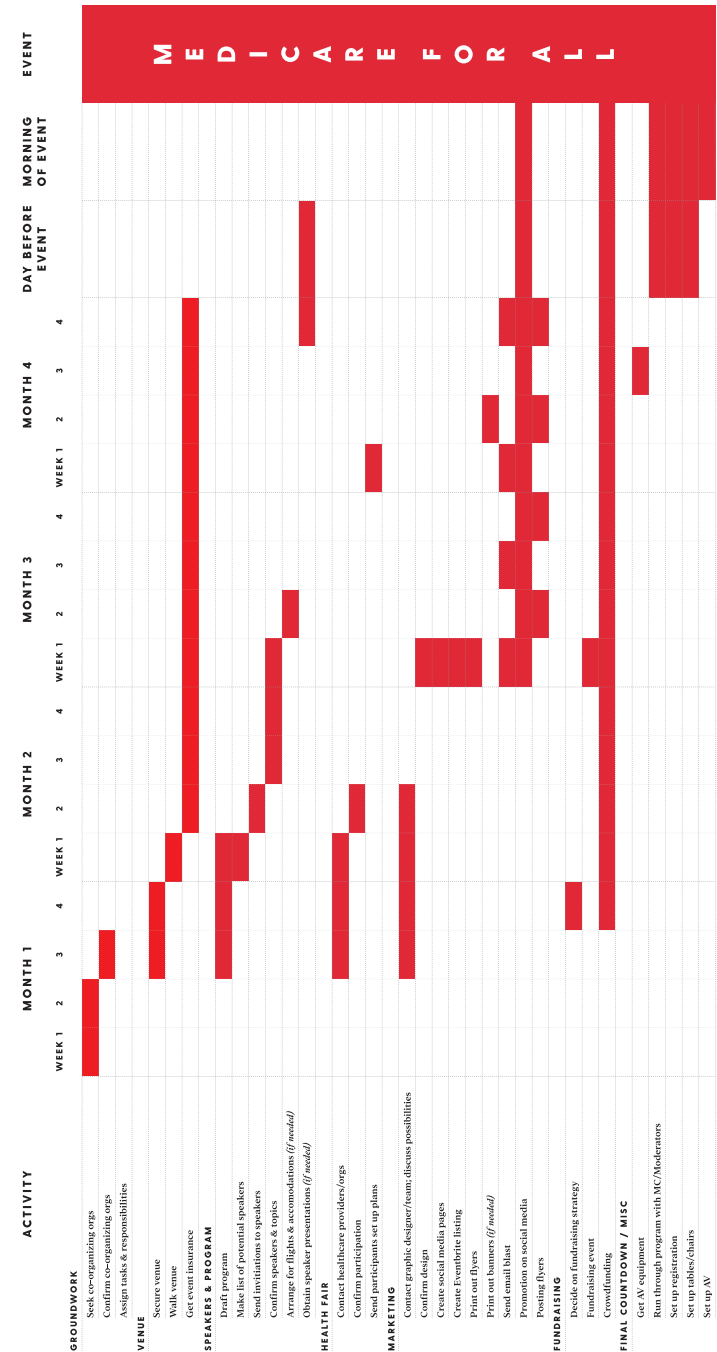
REGISTRATION & FOLLOW UP

An organized way for people to sign in is important to make this event an organizing tool. Electronic sign-ins are preferable to paper sign-ins because it means that you do not have to worry about the lists being lost or stolen. Data entry after the event will slow down your ability to follow up, and you will lose contacts to illegible handwriting. If you do use paper sign-ins, it is best to have people at the table taking the information verbally

rather than having attendees fill out the forms themselves.

Don't forget to have a solid ask you can make during the educational event. You may want to circulate a petition to be delivered to a local congressperson or have times and dates ready for canvassing. Consider your audience when developing your ask and adjust it accordingly. If you are speaking to your membership or other activists, you can ask for more involvement. Whatever you choose, you should follow up in the few days after the event so that you can put the energy created by the event into action. An email should be ready to be sent thanking people for their attendance and inviting them to get involved.

SAMPLE TIMELINE



5



SHOWING UP AT A TOWN HALL

SHOWING UP AT A TOWN HALL

This past September, DC DSA's Northern Virginia branch convinced Representative Don Beyer to sign on to HR 676, the Expanded and Improved Medicare for All Act. They voted to take on the campaign in June and then found out a month later about an open topic town hall with Representative Beyer, an opportunity they took advantage of. This is a tactic that can be replicated successfully elsewhere with proper planning and commitment.

WHY TARGET YOUR CONGRESS- PEOPLE?

Making your senator or representative sign on to the Senate (S 1804) or House (HR 676) bills for Medicare for All is not a silver bullet for making Medicare for All happen overnight, but it does accomplish several things:

- It builds momentum behind Medicare for All. Every Congressperson who signs on makes it closer to a reality.
- It builds your organization's capacity to plan actions and mobilize members.
- It builds your organization's notoriety in your area, especially if you reach out to media before the action.
- If successful, it boosts morale. DC's Northern Virginia branch was on top of the world when they realized they were successful.

HOW TO TARGET YOUR CONGRESS- PEOPLE

PICK A VULNERABLE TARGET

One of the most important factors in the Northern Virginia branch's success was that they picked a target who was vulnerable to pressure. Representative Beyer was one of the few members of the Congressional Progressive Caucus who hadn't yet signed on to HR 676, and this was an inconsistency — being a progressive but not a supporter of universal healthcare — that could be exploited.

RESEARCH PRESSURE POINTS

Once you pick a target, research their political positions, their media presence, their donors, their personal history, and any other possible things you might be able to use in applying pressure if escalation is needed beyond the town hall. If you can, watch videos of previous town halls to see how the target handles pressure and curveball

questions. Call their office to get their official position on Medicare for All.

COME UP WITH A STRATEGY

Make sure you have a plan beyond the town hall if it's not initially successful. Plan out your campaign and create an escalating ladder of actions to ratchet up the pressure on your congressperson as necessary. Even if the first action doesn't work, have a plan to keep up the momentum.

PREPARE FOR AN OPPORTUNITY

During congressional recesses, find out when your congressperson is having public meetings with constituents. Begin preparing materials and signs about Medicare for All. If the congressperson holds a public event that isn't necessarily an opportunity to confront them about Medicare for All, send members to take note about logistics (how early the doors open, how many mics there are, which of the congressperson's staff is in attendance, etc.) and on the congressperson's behavior (what happens when speakers get hostile, does the representative get short in responding to difficult questions, etc.). All of this reconnaissance

work will inform your strategy in preparation for the town hall action.

SEIZE THE OPPORTUNITY

If your congressperson announces an open constituent town hall, reach out to members of the press to let them know they might want to come out and cover the event. Prepare one of your tech-savvy members with a camera and video editing skills to create a video of the event and post it to social media. And call all of your members, especially the congressperson's constituents, to personally invite them to attend. You can send around a sign-up form to get an accurate headcount and coordinate a carpool for anybody who needs it. For people who can't attend, ask them to live tweet it and post about it on Facebook.

Before the town hall begins, schedule a preparatory meeting with your members near the town hall to go over the plan. Start with a short, inspirational speech on why you're doing what you're doing, then give a broad overview of the plan. Stress that the group should be firm but polite in tone, should stay focused on personal stories of how our broken medical system affects us all, and should end every statement by asking your congressperson to sign on to Medicare for All.

This is an opportunity to frame Medicare for All as a demand for working people, so prepare your members with facts and statistics that can combat common misperceptions about the current system: it is the most expensive but least effective system in the developed world, it forces people to stay in their jobs, and so forth. Check out the FAQ in Appendix F for more.

You should also arm your members with particularly embarrassing points about your congressperson's past record or donors. If the congressperson has received \$200,000 from BlueCross/BlueShield, someone could ask if that's the reason why they're not supporting Medicare for All. It makes for a nice shaming moment that exposes corporate corruption.

After you've gone over these basics, break up into small groups and have everyone write out a personal story about why they think Medicare for All is necessary. Have your members share their stories with the group and then workshop them so that they are not too long and hit the right notes. Have the groups pick the person with the best story and send them up to practice their delivery in front of the whole group. If they can work in pointed political arguments that reflect the congressperson's

lack of accountability to their constituents, all the better.

Before you head to the town hall, make sure that everyone gets pamphlets and signs to hold up. Try to arrive at the town hall at least 30 minutes prior so that you get the seats closest to the mics. Members who don't plan to speak at the event can hand out pamphlets and signs to non-member attendees of the event.

Once the event gets started, make sure your members are the first ones lined up in front of the mics. No matter what the congressperson hems and haws about, make sure every statement ends with "Will you sign on to Medicare for All?"

FOLLOW THROUGH

The first thing to do after the action is to prepare a press release and send it out to media contacts (see Section 7 on "Publicizing Your Medicare for All Campaign"), as well as post the press release on all of your social media accounts. Then ask your membership to call your congressperson either to thank them for signing on or to chide them for remaining ambivalent about or opposed to universal healthcare. Keep up the calls until your target changes their position or provides proof that they are indeed signed on.

6



DELIVERING A POLITICAL SPEECH ABOUT MEDICARE FOR ALL

DELIVERING A POLITICAL SPEECH ABOUT MEDICARE FOR ALL

So you've been asked to give a speech on Medicare for All. Very exciting! If you've never done it before, it can be a little intimidating, but it's very doable. First, ask yourself some questions:

WHO IS YOUR AUDIENCE?

Is it your DSA chapter? A community group? If so, what community? A women's group? A local high school or a college class? The audience will determine how you want to focus your talk. If it's a women's group, you may want to spend some time talking about reproductive justice as part of a universal healthcare program. If it's a high school group, remember that their insurance, if they have any, is paid for by their parents and so costs might not mean that much to them.

HOW BIG IS THE AUDIENCE?

Are you going to be sitting around a table or in someone's living room with 10-15 people? Is it going to be a workshop at a convention where anywhere from 20 to 100 people might attend? With a small group of people, you will probably want to keep it informal and have more give and take with the group. In a larger group, it might not be possible to have much Q&A.

WHAT'S THE FORMAT OF THE TALK?

Are you going to do a 15-minute presentation followed by Q&A, or will this be one item on a long agenda? Do you need to prepare a written talk or a slideshow? The length will obviously control what and how much you can say. If there will be a Q&A, then you'll need to be prepared to answer questions on a variety of topics.

Once you've gathered information, you can begin to prepare your notes or written remarks. Remember, writing a speech is not the same as writing a paper or an article, and while there are no set rules for how best to compose and deliver prepared remarks, try to avoid writing and delivering a word-for-word composition. You don't want to bore your audience by reading verbatim off a sheet of paper. It's also impossible in most cases to memorize a ten-minute monologue before you deliver it.

Instead, you should think of your speech as a series of small sound bites composed around an outline of major themes or topics. Each topic should have specific reminders or notes about facts or stories that you want to remember to hit.

Once you have decided on your major themes or topics, try to compose your speech in outline

form as if it were a story with an arc. You will need a beginning, middle, and an end. Play with your topics and move them around to see which sections make sense as compelling opening or closing notes. Your outline should have a basic rhythm, and each section should lead naturally to the next. Your final section should be what you want your audience to leave with.

Now that you have your outline, you will want to flesh out your topics. Remember: facts, figures and personal stories can be compelling when used effectively, but don't rely too heavily on number crunching or you'll leave your audience spinning in a sea of statistics. Similarly, too much personal or anecdotal storytelling can obscure your political argument. You want to convince your audience of something, so a healthy balance of research, anecdote and argument will be most effective.

Your sentences should be short and simple — avoid jargon. Your goal should be to get a few ideas to really resonate with your audience. To this end,

repeating yourself and your major argument(s) is a useful technique. Another helpful tip is to “signpost” to your audience where your speech is going at the top of each section. Finally, keeping an audience engaged is not easy: you'll want to break up your speech with jokes, reprieves, and asides to hold their attention.

Now that you have your topics organized in an outline, you will want to practice your speech.

While you won't always have time to practice your prepared remarks, a few rehearsals go a long way. Try going over your outline out loud with a comrade or by yourself. Again, try not to read sentences directly from your outline, but speak on each of your topics in

a loud, clear, and conversational voice. Play with your delivery so that your jokes come across as natural and your conclusions have pathos.

When it's time to deliver your speech, you should be prepared. With your outline in hand, you can get up to the platform or podium and confidently hit your marks. Of course, an audience is intimidating, and you will likely

stumble, dry up, or forget sections of your talk. Don't sweat it. Your audience has no idea what you have on your outline, and so they can't tell if you are departing from it. In general, most novice public speakers speak too quickly, and they trip themselves up by racing through their notes. Pause. Take a breath. Compose yourself. Then restart. Make sure to give ample time between sections for applause and laughter. Take your time and try to relax.

Finally, if you are inspired by something that is not on your outline, follow your inspiration. Clarity, relatability, and audience engagement are what make a speech exciting. A joke or a story that hits you on the podium will be recognized as genuine moment of improvisation and will likely make your talk more compelling.

Be sure to end your speech by talking about what your audience can do to work for Medicare for All. There are many ideas in the rest of this booklet and on our website about actions that individuals and groups can undertake to support the goal of universal healthcare. Be sure to bring a sign-up sheet and brochures so that people can be included in chapter activities, be advised of events, and spread the word to their friends.

GOALS

Five key points define DSA's demands for a universal healthcare program:

1. A Universal Program:

Everyone will be covered by one healthcare system and have equal access to all medical services and treatments.

2. Comprehensive Coverage:

All services requiring a medical professional will be fully covered.

3. Free at the point of service:

All healthcare costs will be financed through tax contributions based on ability to pay — no out of pocket payments for services or treatments.

4. Coverage for all U.S.

residents: Non-citizens included.

5. Jobs: A jobs initiative and severance for those affected by the transition.

These five principles lay out a strong political vision for Medicare for All. Rather than making the long-term campaign about any single piece of legislation, the core of the campaign will be about a vision for healthcare. By seeking comprehensive coverage, we implicitly include abortion, transition surgeries/ drugs, mental health services, and coverage for all residents (including non-citizens).

SPECIFIC TALKING POINTS

Power Over Profit: The multi-payer, employer-based system is actually very expensive for employers, yet corporate executives are dead set against Medicare for All. Why? Because for them it is not simply about their bottom line; it's about class power.

Highest Health Costs, Worst Health Outcomes: Americans pay more for healthcare than any country in the world, yet we are not healthy. Our health outcomes are among the worst for rich countries. We have the highest infant and maternal mortality rates and the lowest life expectancy of rich countries. Our health insurance system is fat with administrative bloat: \$278 billion of wasted costs that do not go to our healthcare workers (doctors, nurses, and support staff) but to CEOs that make upwards of \$80,000 per day to administer the system.

Our health insurance system is fat with administrative bloat: \$278 billion of wasted costs that do not go to our healthcare workers, but to CEOs that make upwards of \$80,000 per day to administer the system.

Insurance Costs Rise Faster Than Wages:

The high cost of private health insurance is quickly outpacing wage growth. As employers have been steadily shifting them onto workers, these costs are a direct transfer of what little income workers make to insurance oligarchs. Socializing insurance will immediately free up monthly take-home pay for workers.

Dependency and Disproportionate Effects on Working-Class Women:

Women are disproportionately impacted by our profit-driven, multi-payer health insurance system. The U.S. has much higher maternal and infant mortality rates than the rest of the developed world, and working women are locked out of affordable reproductive care. Women are also more likely to provide unpaid care for sick or elderly family members without adequate health coverage. Socializing health insurance and repealing the Hyde Amendment

(which bars use of federal funds for abortion) would liberate working-class women from dependency on their or their partners' jobs while taking the greatest leap forward in reproductive healthcare in 45 years.

Solidarity and Class Struggle:

Our current system not only makes working people dependent, sick, and indebted, but it also pits them against each other, in private insurance markets and in means-tested health programs. A Medicare for All system would positively transform the lives of all kinds of working-class people, regardless of race, gender, immigration status, physical ability, or income. That's why we want to build a mass movement to fight to take insurance out of the profit-driven market: it will bring together millions under the banner of working-class solidarity, empower them to fight against the insurance companies, bosses, and banks who profit massively off our illness, labor, and debt, and prepare them for future battles in 21st-century class struggle.

For more talking points about Medicare for All, see the FAQ in Appendix F.

Socializing health insurance and repealing the Hyde Amendment (which bars use of federal funds for abortion) would liberate working-class women from dependency on their or their partners' jobs while taking the greatest leap forward in reproductive healthcare in 45 years.



PUBLICIZING YOUR MEDICARE FOR ALL CAMPAIGN

Your chapter has been doing amazing work around Medicare for All, everything from canvasses to political education. People need to know about it! This section will lay out a few best practices to get your chapter's communications plan up and running.

platforms, you are using a powerful tool to represent the organization. Familiarize yourself with DSA's national social media guidelines and adapt them for your chapter as necessary. You can find these guidelines on our website at medicareforall.dsausa.org.

SOCIAL MEDIA

There are a few things you will need:

- **Chapter-wide Twitter and Facebook Accounts:** This will be an important part of your communications effort.
- **Communications Team:** Having two to three people is ideal, since they can coordinate coverage and avoid any gaps in communication. These comrades will be responsible for managing the social media accounts and spreading the word.
- **Calendar:** Know what Medicare for All events your chapter has coming up. This way you can plan promotion ahead of time and not be caught off guard.
- **Best Practices:** Remember, your social media accounts are a reflection of your chapter and DSA as a whole. When posting to these

ROLES OF CHANNELS AND CONTENT

Facebook: Your chapter should use Facebook to promote all of your planned events. Videos, blog posts, upcoming events, and relevant news stories around Medicare for All can all go on Facebook.

Twitter: Twitter is where your team will do all of the the same promotional things they are doing on Facebook, but with the added touch of direct interaction with users. You should live-tweet events, immediately respond to healthcare-related breaking news, and encourage your followers to feed us their generated content for signal boosting (e.g. "Canvassing for #m4a today? Tweet us your best pics with #dsam4a").

Video Content: Social media is a video-first medium, meaning this is the type of content most likely to generate engagement and visibility. If you have

Our members
are one of the
most powerful
sources of
content
we have.

an upcoming event, be it an educational event with planned speakers or a Saturday afternoon canvass, consider making a high-quality video that can be shared across social media to help spread the word. Since DSA is a bottom-up organization, the national communications team will be relying on you to create a record of your amazing work.

User-Generated Content: Our members are one of the most powerful sources of content we have. Encourage them to send pictures and videos to their chapter's social channels, perhaps with a custom hashtag, which we can then signal boost. This adds an important human element and can encourage DSAers who have yet to get off the sidelines and join the fight.

TRADITIONAL MEDIA

Just as you shouldn't overestimate social media's ability to do your organizing work, you also shouldn't underestimate how many people get their news from traditional media outlets.

Writing Press Releases: You can increase the likelihood that local press will cover your town hall, protest, or canvass by sending out a press release. It should be between 200-500 words long. At the very top, you should

include the date and time of the upcoming event, and contact info for someone from your chapter. The title of the press release should sound like a headline, e.g. "Local Democratic Socialists Hold Rally Against Healthcare Cuts, Demand Single-Payer System." The body should first explain what's happening as clearly as possible, then provide some relevant context, rationale and even facts and statistics to acquaint journalists with the issue. Make it look nice — include a photo or two. And include your chapter's social media info, too, so journalists can look into your chapter and decide whether they're interested.

Establishing Press Contacts:

Once you've written your press release, send it around to your press contacts. These are people who work in local media in your area. The highest-value press contacts are people you know to be sympathetic to DSA, usually because they share our politics or personally know someone in the group. Ask your members to brainstorm acquaintances who work for local newspapers, alt-weeklies, websites, and television and radio stations. If your list is short, you can also find emails of reporters on local news outlets' websites. Create a spreadsheet where you keep track of these contacts, and also keep track of

when you reached out to them and whether they responded. The data will come in handy: if you need press coverage in a pinch, you'll be able to see who has been receptive in the past.

Dealing with Press Inquiries:

You should set up an email address specifically for press inquiries, feature it prominently on your website, and assign someone to monitor it. You don't have to respond to every press inquiry — in fact, you're better off being highly selective, choosing only reporters and outlets you trust and topics that are actually relevant to your chapter's work. If you do decide to respond to press inquiries, it's best to go in with prepared comments that accurately reflect the group's interests and values. You don't have to answer every question a reporter asks; just say what's important to you about the topic, and they'll use it if they want to.

OP-EDS AND LETTERS TO THE EDITOR

If you read news coverage about Medicare for All, and especially if the piece is a mischaracterization, consider writing an op-ed or a letter to the editor. Below are some tips for doing so, adapted from the Campaign for Guaranteed Healthcare.

Letters to the Editor are usually written in direct response to an article, editorial, op-ed, or column that the paper has printed, or a reaction to a newsworthy event. They're short (150 words or less), can be summarized in 1 or 2 points, and are timely and relevant to news that's at most 2 days old. These are more likely to get published than op-eds and can also be published in a quicker turnaround time. Check the guidelines of the paper you're submitting your letter to, but in general here are a few style suggestions:

- Focus on one important point; don't try to address separate issues in one letter.
- Maximize your chance of being published by removing every non-essential word. For example, don't say, "I think..."
- Don't use all capital letters or bold text to emphasize a word.

- Use local statistics if writing to a local/regional paper.

Op-eds are longer pieces (500-750 words) that can take the form of feature articles, commentary, or opinion. These pieces flesh out a bold or interesting stance (i.e., Medicare for All is fiscally responsible, Medicare for All is popular with the Republican base, etc.). They're more likely to be published if the author has credibility or expertise on the issue, or is making their case through a powerful personal story. Unlike letters to the editor, op-eds will be relevant not only today but also for the next few weeks, and they will require actively pitching your piece to the editors. A few style suggestions:

- Write boldly and provocatively.
- Identify the counterargument and refute it with facts.
- Educate without preaching.
- Avoid clichés, technical jargon, and acronyms.

Offering health services that you can source from your community is a great way to get even more publicity for your events.

INCORPORATING A HEALTH FAIR

Offering health services that you can source from your community is a great way to get even more publicity for your events and may help to attract those outside your regular political circles. Community or medical student organizations may be able to provide glucose and blood pressure screenings. Blood banks, free mammogram services, vaccination clinics, and other health services may be available in your area. The key is to determine what your venue can support and to schedule these services as soon as possible. These services do require advanced notice and may need a somewhat separate space to provide services while protecting privacy.

You could also invite other organizations to set up information tables to help spread the word about currently available services to those that have no insurance or are underinsured. Make sure to set a deadline for registration if you do this, and have an organized plan (i.e., when are tables being set up, what time should tablers arrive and leave, etc.).

8



INTEGRATING YOUR MEDICARE FOR ALL CAMPAIGN INTO ELECTORAL WORK

DSA members are rightly excited about our ability to begin doing impactful electoral work, and it's both possible and strategic to integrate this work with a Medicare for All campaign. But electoral strategy can easily descend into electoralism, the unstrategic pursuit of electoral politics, which can be both demoralizing and disintegrative to your chapter. You might want to throw your weight behind an energizing candidate with a path to victory, but you might also consider focusing on building a working-class base before jumping into electoral politics.

Should your chapter pursue electoral work as a part of its Medicare for All campaign? Think it through by asking these questions:

- What are the main political goals of our campaigns?
- How do we support a candidate without sacrificing any of our main political goals?
- Will working on Medicare for All help build a base, and will that base also care about the politician we endorse?
- Will campaigning for the candidate help build a base for Medicare for All?
- Is it easier for us to have good, socialist organizing

conversations with strangers when we focus on Medicare for All or on a candidate?

- How will running an electoral campaign change the structure of our internal organizing and the leadership development that results from campaigning for Medicare for All?

ELECTORAL CANVASSING VS MEDICARE FOR ALL CANVASSING: A FALSE DICHOTOMY

It is possible to engage in electoral work without suspending your chapter's existing Medicare for All canvassing campaign. By supporting candidates under the condition that they make universal healthcare a prominent issue in their platforms, you can deploy the long-term Medicare for All canvassing infrastructure your chapter has already built to support a candidate. Simply add a question to the "ASK" section of the Rap (*Appendix D*) about voting for the DSA-endorsed candidate because of their support for Medicare for All. In the "INOCULATION" section, you can use examples of corrupt politicians stalling or killing healthcare legislation, selling out the public on behalf of their insurance and pharmaceutical industry backers.

Then, in the “VISION” section, describe what it would be like if we had a candidate who rejected corporate money and credibly advocated for Medicare for All in whatever political office they are campaigning for. Municipal-level candidates can still use the informal influence of office to lobby higher-level elected officials on the issue, so there’s no reason not to include a Medicare for All component in all of DSA’s electoral work, especially given that it’s one of our national-level priorities.

TIPS FOR GETTING A CANDIDATE TO MAKE A CREDIBLE COMMITMENT TO MEDICARE FOR ALL

If a DSA chapter builds up a strong Medicare for All canvassing operation, it shows they’ve organized a large, engaged volunteer base. The prospect of mobilizing these volunteers to do electoral canvassing is very attractive to candidates, which can give the DSA chapter real political leverage, **provided it operates strategically.**

Prior to endorsing, outside nonprofits and PACs can coordinate and communicate with candidates and campaigns as much as they want, so there’s an opportunity for a DSA chapter to feed candidates

talking points about DSA’s 5 healthcare principles and direct them to other resources like peoplespolicyproject.org in order to help them speak confidently and coherently on universal healthcare policy. You want to be sure that you’re not endorsing a “progressive” who will forget the demand for Medicare for All once they’ve been elected: **make them show you they are committed to fighting for this until it is a reality.**

Before settling on an endorsement, it’s a good idea to organize a public event on DSA’s Medicare for All campaign and invite union locals, progressive community organizations, and any candidates your chapter might endorse to speak on record about the work they’re doing to advance health justice. If a candidate accepts the invitation and delivers a good speech at the DSA event, it’s worth considering an endorsement. It’s also good to follow up with requests to see the candidate’s campaign finance records and that the candidate makes a public statement refusing to accept donations from health insurance, big pharma, or trade group interests that conflict with the candidate’s platform and DSA’s political goals.

Also, it’s worth considering whether or not the candidate can actually get on the ballot before

committing to work on their electoral campaign. At this point, it would also be good to pass a resolution or by-law within the DSA chapter giving it the right to formally and publicly rescind a candidate endorsement in the event that such conflicting donations appear in the candidate’s regular campaign finance filings.

Now it’s time to consider sending this candidate an office-specific endorsement questionnaire. The questionnaire should contain specific policy questions on a range of issues, including but not limited to Medicare for All. At a minimum, the candidate’s answers should demonstrate broadly social-democratic politics, a commitment to pushing Medicare for All legislatively and/or by lobbying higher officeholders, and a commitment to continue working with their grassroots base once in office to actually deliver on their campaign promises.

If the candidate’s answers are good, post the questionnaire responses in a public place for review by DSA members and the press, then hold a vote on endorsement and publicize it.

Be sure that you’re not endorsing a “progressive” who will forget the demand for Medicare for All once they’ve been elected: *Make them show you they are committed to fighting for this until it is a reality.*

CONCLUSION

We like to talk about personal struggles — those between capitalists and laborers, managers and supervisees, private insurers and those to whom they deny coverage. But the primary struggle today is not between groups of people. It's between humanity and a political economic system that is inhuman. Capitalism does not aim to meet human needs. It aims to generate profit, and this requires the exploitation of labor, the destruction of the planet, and the immiseration of the vast majority of people.

Living in capitalist society makes these inhuman conditions seem natural, ahistorical, and unchangeable. We think that working 50-60 hours a week at a job that we despise is “normal.”

We think similarly of our failing and overburdened schools, a prohibitive housing market, and innumerable bureaucratic obstacles to basic healthcare. It's a dog-eat-dog world, we're told, and all we can do is try to lift ourselves up by our bootstraps.

The primary run of Bernie Sanders and the unsettling election of Donald Trump have energized a leftist base ready for transformative political action, but we in DSA should be clear that we have a long way to go. Most Americans still think inhuman conditions are the norm, and oftentimes they even actively defend those conditions. Our job as socialists is to break out of the typical activist circles and convince working people in our neighborhoods, workplaces and

schools that the organization of social life around social needs is both possible and necessary.

Many will push back and defend the status quo. But our society is failing its members so dramatically that many, many more will be ready for this message. They just need someone to ask them if what they endure as working people is fair, and to offer real paths to stopping some of the worst of it.

Since the 1960s, critique has often taken precedence over positive programs, but the recent revitalization of the left points to the need for a strong positive vision. Medicare for All is a component of this vision, one that can help the left move away from the kind of thinking rooted in resignation, and begin building a working-class movement. The demand for universal healthcare is a way for the US left to cut its teeth on reality again.

This is why the fight for Medicare for All is about so much more than healthcare. It is about learning that the “movement” is nothing without a faith in and strategy oriented around

working people, the only constituency capable generating the political pressure that forces the hand of the capitalist class. It's about demonstrating that transformative demands, demands that improve the lives of most Americans and that put working people on the offensive against plutocratic interests, can be fulfilled. It's about breaking the spell of neoliberalism, which has made us accustomed to unfair and alienating conditions. And it's about preparing for the open and international class struggle to come, one that will determine the future of human life on earth.

But we can't get there without taking that first step, which means organizing and mobilizing our neighbors across lines of race, gender, sexual orientation and party affiliation, sharing our personal hardships, and linking them to contemporary social and political conditions. Doing this work, in defiance of those who divide and dominate us, will build the basis for a society that holds human needs above the depravity of private profit.

Doing this work, in defiance of those who divide and dominate us, will build the basis for a society that *holds human needs above the depravity of private profit.*



APPENDICES

Printable and editable versions of
each of the appendices can be found
on our website at

[MEDICAREFORALL.DSAUSA.ORG](https://www.medicareforall.dsausa.org)

A MEDICARE FOR ALL CALL SCRIPT

BE ENTHUSIASTIC!

People have a much easier time being excited and getting involved if it seems like the people already involved are having a good time.

USE THE SCRIPT

Even if you're calling someone you have a strong personal relationship with, hitting every point on the script is key. It will show the person why we are meeting, why it's important for them to be there, and convey all the necessary information. It's of course good to add a personal touch and respond to their questions/comments sincerely, but be sure to hit all the key points.

- **Get a commitment.** If they say no, restate how important it is and ask again (*use the Pushback line below*).
- **Enunciate** and make sure the person has the **date, time and location**.
- **Start talking right away.** If the person really can't talk they will interrupt you to say so. If that happens, apologize for disturbing them and say

you will call again at a later time (*mark these as "No Answers"*).

Hey, _____? This is _____ with *[Insert DSA chapter]*. How are you doing? Great!

I'm calling to let you know that our Campaign Kickoff for Medicare for All is coming up on *[Insert date of the canvass]*. Have you heard about the Medicare for All Campaign, and the event on *[Insert date of the canvass]*?

- **If no:**
Bernie Sanders has introduced a bill in the Senate that would create a single-payer, Medicare for All system. Our chapter is joining dozens of other DSA chapters across the country, labor unions, advocacy groups and community organizations to win Medicare for All for all U.S. residents. We can make this ambitious goal a reality, but it's gonna mean bringing in tens of millions of ordinary folks like you and me to make calls, attend rallies, and knock on doors. That's why we're holding this canvass kickoff.

- **If yes:**
It's going to be an opportunity to get trained in door-to-door canvassing, meet lots of DSA members and start building a grassroots base to make healthcare a human right for all U.S. residents. Can we count on you to come out?
- **Pushback:**
I hear you, we're all busy, but this event is super important since it's DSA's first day of organizing in the field for Medicare for All. Getting folks like you to come out will make it a success and give the campaign a big boost of momentum as it gets off its feet. Is there any way you could make it?

Great! It's going to be on *[Insert date, time and location of the canvass]*.

NOTE:

[Remove if you can't provide]
There will be childcare available for children 4-11 years old. Is this something you would need?
[If so, names of kids and ages]

IF THEY EXPRESS A LOT OF ENTHUSIASM:

There's just one other thing I wanted to ask you about: it sounds like the fight for Medicare for All means a lot to you. We're looking for dedicated folks like yourself to step into leadership roles. Would you like to attend a training before the kickoff canvass to learn how to train other canvassers?

- **If not:**
Thanks so much, _____!
Looking forward to seeing you on the *[Insert date of the canvass]*.
- **If yes:**
Fantastic! We're holding a training on *[Insert date, time and location of the pilot canvass]*. Can you make that time?
Thanks so much, _____!
Looking forward to seeing you on the *[Insert date of the pilot canvass]*.

B CAPTAINS TRAINING AGENDA

1. OVERVIEW OF CANVASS AGENDA

(45 min)

A. Walk through Canvass Logistics sheet (*Appendix C*), making it clear to captains what their responsibilities are and when things need to happen.

- Stress the importance of staying on schedule

B. Announce debrief call with all captains: to take place in the week after the canvass. On this call you'll discuss:

- Feedback from your canvassing team's debrief
- Potential leaders you identified at the canvass
- Pluses/deltas of canvass in general

2. OVERVIEW OF MATERIALS

(15 min)

A. Review all materials in the Canvasser Clipboard Packet (*Pledge Sheet, Contact Sheet, Rap, Rap Breakdown, FAQ, Leave-Behind Half-Sheet, Captain Packet* (*Canvass Logistics, How to Identify a Leader, Captain Team Sheet*), and hand out and review the Turf sheets.

NOTE: All materials in the Canvassing Clipboard Packet and Captain Packet can be found on our website at medicareforall.dsausa.org.

B. Regarding the Pledge Sheet...

- Email is key! Make sure people include their email address when they sign.
- Signing the pledge opts people in for general campaign communications. The checkboxes lead to more specific communications:
- Interest in DSA → new member meetings/newsletter.
- Interest in Volunteering → campaign volunteering opportunities.

C. Regarding the Contact Sheet...

- Canvassers take notes here but should not make this visible to people they are doorknocking.
- Record details of a good healthcare story.
- Record information that would be useful or important if you called that person during a follow-up.

D. Regarding the Captain Team Sheet...

- Captains have canvassers fill these out so they can be in contact from the field as necessary.
- Also used to mark who has which turf and take general notes on potential leaders.

3. REVIEW THE RAP/RAP BREAKDOWN (10-15 min)

A. Ask the group why we do the Rap and call on someone to answer.

- Potential answer: "It is a structured conversation that agitates people and gets them involved based on their personal situation."

B. Ask the group why mastering the Rap is important

- Potential answer: "Getting really good at the Rap lets

us relax into conversations at the door and focus on asking good questions/active listening."

C. Go through each section of the Rap, asking for volunteers to describe the section, what function it serves, and what to keep in mind about it.

- Politely fill in anything they miss: "That's exactly right! Another thing that's important to remember is..."

D. After the Issues section, ask: "Can somebody explain what we mean when we say 'self-interest'?"

- Call on someone to answer, and make sure it is clear to folks how the Issues questions tease out self-interest, and why it's important.

4. EXAMPLE ROLE PLAY + DEBRIEF

(35 min)

5. EASY/MODERATE ROLE PLAYS IN PAIRS

(30 min)

- What went well? What didn't?

6. Q & A (10 min)

C CANVASS LOGISTICS

11:30 - 12:00

SET-UP & CANVASS CAPTAIN TRAINING

All captains should report to the General Logistics Coordinator to help set up.

12:00 - 12:15

CANVASSERS ARRIVE

12:15 - 12:20

WELCOME

12:20 - 12:25

WHAT IS DSA/ SOCIALISM?

12:25 - 12:35

INTRODUCTION TO MEDICARE FOR ALL

and why it's important for us to work on

12:35 - 12:50

EXPLANATION OF RAP AND EXAMPLE ROLE PLAY

12:50 - 12:55

BREAKOUT INTO ASSIGNED CANVASSING GROUPS WITH CAPTAINS

- Gather everyone in your group in the designated area.
- Ask everyone to introduce themselves, ask about their canvassing experience, and run a brief icebreaker.
- Ask those who have canvassing experience to raise their hands. Then ask those people with experience to pair up with someone without experience, preferably someone they don't know. Also consider gender in pairing up canvassers, if possible.

12:55 - 1:15

CANVASSER ROLE PLAY PRACTICE

- Use the FAQ sheet to practice talking about hard questions at the door. The outlined response in the FAQ can be used as a guide, but canvassers should try to make the wording their own (5 min).

- Ask the team to reverse their roles midway through (5 min).
- Pivot to doing a practice of the Rap (5 min).
- Ask the team to reverse their roles midway through (5 min).

POINTERS:

- *What is Medicare for All?* "A comprehensive public care system that replaces private insurance; covers everyone, and won't have deductibles, co-pays, or premiums."
- Ask your canvassers to memorize the 5 principles (see Rap Breakdown) and learn to connect them to the self-interest of the person they're canvassing.
- Provide constructive feedback as you observe canvassers practicing the Rap.

1:15 - 1:25

BRING CANVASSERS BACK TOGETHER

- Have everyone stay in their canvassing pairs. Pass around the Canvass Captain Team Sheet and have them write down their names & numbers.
- As the Team Sheet is going around, give each pair a Turf Sheet and record the turf number for each canvasser on the Team Sheet.
 - *Each canvassing team should have one Turf Sheet. Ask one team member to tape it to the back of their clipboard.*
 - *Explain that they will eventually need to draw a line and arrow to indicate the area covered and the direction they canvassed.*
- Ask all canvassers to record their name, turf number, and the date on their Pledge Sheets and Contact Sheets.
- Ask everyone to take out their cell phones and enter your contact information. Ask them to call/text with any issues
- Ask who has a car. Divide up groups into cars as needed.

1:25 - 1:30

**LAST QUESTIONS AND
HEAD TO TURF**

- Reminders: both members go to the door, one does the talking, and the other collects data. Be sure to switch roles with each interaction. Give out the Leave-Behind Sheet only to those residents who sign the Pledge Sheet. And document any interaction on the Contact Sheet (positive or negative).
- Check in with the group: How does everyone feel? Is anyone nervous or unsure? Final questions?
- Remind your team to keep practicing the Rap on the way to their turf.
- Remind your team that the last door knock is at 3:30pm, and that they need to be back at the home base by 4pm for the debrief.
- Remind your team that the goal is not to get signatures but to have high-value conversations.

2:00

ARRIVE AT TURF BY 2PM

3:25 - 3:30

**FINAL DOOR KNOCK,
HEAD BACK TO
HOME BASE**

- Consider sending a member of each team a reminder text to wrap things up and start heading back.

4:00

ARRIVE AT HOME BASE

4:05 - 4:35

GROUP DEBRIEF

- Take notes on what did and didn't go well, ask about questions they couldn't answer, and solicit thoughts on improving the training and overall experience.
- Also take notes on who in your group demonstrated leadership qualities and therefore might be a good future captain or leader in another capacity.
- Collect all completed Pledge Sheets, Contact Sheets, and Turf Sheets from your group.
- Return Turf Sheets to Turf Coordinator.
- Return Pledge Sheets and Contact Sheets to Data Manager.

4:35 - 4:45

WRAP UP

4:45 - 5:00

**CLEAN UP
& AFTER PARTY**

What is Medicare for All?

“A comprehensive public care system that replaces private insurance; covers everyone, and won't have deductibles, co-pays, or premiums.”

D MEDICARE FOR ALL RAP

INTRO

Hey, my name is _____. I'm here because I want to make health insurance free for everyone. Have you heard of Medicare for All?

If Not Familiar: Medicare is a guaranteed health insurance program for older Americans. A Medicare for All system would expand and improve this program to cover all U.S. residents, replace private insurance, eliminate co-pays, premiums, and deductibles and include dental, vision, mental health, and a whole lot more.

ISSUES

How do you feel about your current health insurance? Does Medicare for All sound like something you or people you know could benefit from? Have you had to make sacrifices to pay your bills? Have you had to go without care for financial reasons?

- **If they share an injustice:**
Do you think it's fair that...?
- **If they have good insurance:**
Do you know how much your employer spends to insure you? We're hearing from a lot of folks that employers spend tens of thousands of dollars on insurance. With Medicare for All, that money could be going toward your paycheck.

After listening actively, connect their experiences with the healthcare system back to any or all of the 5 principles (see Rap Breakdown).

INOCULATION

Did you know that right now, for every dollar you pay for healthcare, 30 cents goes to insurance companies? Do you think those companies will let us move to a Medicare for All system without a fight?

...Exactly! The insurance industry is going to spend hundreds of millions to fight this...

VISION

If just you and I went to our senator's office, do you think he'd listen to us? Of course not, we're just two people. But if we go out and get 3 more people from this block, 3 from the next, and so on, until we could turn out a hundred thousand people to a rally, then do you think they would listen to us?

...That's why I'm out here today with the Democratic Socialists of America talking to ordinary people like you and me. If enough of us get involved, we can turn out millions across the country to knock on doors, make calls, and build the people power we need to beat corporations and win a better society.

ASK

Does this sound like something you'd like to be involved in?

If No:
People like us need to be involved. Tie personal healthcare stories back to the issues.

If Yes:
Go through asks below.

1. **[Sign pledge sheet]**
For Medicare for All campaign announcements
2. **Want to Volunteer?**
Ask them if they could come out canvassing
3. **Interested in DSA?**
If they express interest in DSA or socialism

E MEDICARE FOR ALL RAP BREAKDOWN

INTRO

You speak 70%, they speak 30%

Goal: To create a comfortable environment for the person to feel safe sharing personal details.

If you live in the area make that clear: *"I'm your neighbor from down the block..."*

ISSUES

You speak 30%, they speak 70%

Goal: To learn how the issue personally affects the life of the person and uncover details about why they would be compelled to get involved (i.e., look for their self-interest).

Avoid making statements. Ask questions and practice active listening, and when a person shares a painful story, fact or experience, show empathy.

INOCULATION

You speak 50%, they speak 50%

Goal: To create an enemy and make it clear to the person that their suffering is caused by another person, corporation, politician — to show how unfair that is and compel them to fight.

- It can be uncomfortable to ask leading questions like "Do you think the insurance companies are going to let us win Medicare for All without a fight?" as they can feel patronizing, but it's essential that people answer these questions in their own words.
- For the most part, when asked such a question, a person will acknowledge how obvious the answer is and when you mirror that with a response like, "Exactly! They're getting rich!" they will begin to feel that you are on the same side.

VISION

You speak 70%, they speak 30%

Goal: To articulate a clear path toward social change that the person can imagine themselves participating in.

You should strive to show how participating in the campaign/organization won't just help improve the person's life, but will also be a fun, exciting experience.

THE FIVE PRINCIPLES OF MEDICARE FOR ALL

1. **A single public program** — not a patchwork.
2. **Comprehensive coverage** — all services requiring a medical professional will be covered.
3. **Free at the point of service** — financed through tax contributions based on ability to pay, not shifting costs onto the sick: no fees, no copays, no cost-sharing.
4. **Universal coverage for all U.S. residents** — non-citizens included.
5. **Job training/placement assistance** for people currently employed by the private health insurance industry.

ASK

You speak 70%, they speak 30%

Goal: To get the person to take a next step to become further involved in the organization/campaign.

- The most important part of the Ask is to tie it back to the issues.

Ex: "It sounds like having to pay \$300/month on your daughter's asthma medication is making it hard for you to cover your bills. If people like you don't get involved, we'll never be

able to win Medicare for All and guarantee lifesaving medication for people like your daughter."

- Don't be afraid to ask people to get involved: you're offering an opportunity, not selling anything
- Everyone should be given the opportunity to answer for themselves how they want to participate

F MEDICARE FOR ALL FAQ

This FAQ about Medicare for All has been adapted from materials used by PNHP, the Labor Campaign for Single Payer and Healthcare NOW. Members should consult this FAQ both to help train organizers and as the raw materials for speeches, town halls and political education around Medicare for All.

- *What is Medicare for All?*
- *How will we keep drug prices under control?*
- *Won't Medicare for All lead to long wait times and rationing of care?*
- *I have good health benefits through my work. Why would I want healthcare reform?*
- *Will this put the government between me and my healthcare provider?*
- *Would Medicare for All drive up my taxes?*
- *How can we afford to cover everyone/won't it be too expensive?*
- *Won't Medicare for All just be another bureaucracy?*
- *What about medical research?*

- *I or my partner/family-member/friend works in the insurance industry. Will they lose their job under Medicare for All?*
- *How will Medicare for All affect women, LGBTQIA+ people, and people of color?*
- *Why is DSA prioritizing Medicare for All?*

WHAT IS MEDICARE FOR ALL?

Medicare for All is a universal national health insurance system in which a public agency organizes health financing, but delivery of care remains largely private. Under a universal public healthcare system, all U.S. residents would be covered for all services covered by a medical professional, including: primary care, hospital, preventive, long-term care, mental health, reproductive healthcare, dental, vision, prescription drug and medical supply costs. Patients would regain free choice of doctor and hospital, and doctors would regain autonomy over patient care. (Under Sanders' Medicare for All Act of 2017, long term care will not be covered, and

consumers may have to pay up to \$250 on prescription drugs, but these are things that could be changed under the demands of a mass movement. Sanders' bill also creates a four-year transition period to Medicare for All, budgets a significant amount for the creation of a medical industry jobs transition program, and offers educational debt relief for medical professionals.)

HOW WILL WE KEEP DRUG PRICES UNDER CONTROL?

When all patients are under one system, the payer wields a lot of clout. The VA gets a 40% discount on drugs because of its buying power. This “monopsony” buying power is the main reason why other countries' drug prices are lower than ours. This also explains the drug industry's staunch opposition to universal national health insurance.

WON'T MEDICARE FOR ALL LEAD TO LONG WAIT TIMES AND RATIONING OF CARE?

No. It will eliminate the rationing going on today. The U.S. already rations care based on ability to pay: if you can afford care, you get it; if you can't, you don't.

At least 30,000 Americans die every year because they don't

have health insurance. Many more people skip treatments that their insurance company refuses to cover. That's rationing.

Excessive wait times are often cited by opponents of reform as an inevitable consequence of universal, publicly financed health systems. They are not. Wait times are a function of a health system's capacity and its ability to monitor and manage patient flow. With a universal healthcare system — one that uses effective management techniques and which is not burdened with the huge administrative costs associated with the private insurance industry — everyone could obtain comprehensive, affordable care in a timely way. And indeed, according to a 2014 Commonwealth Fund study, most countries with single-payer health insurance do not have wait time problems for any category of care.

I HAVE GOOD HEALTH BENEFITS THROUGH MY WORK. WHY WOULD I WANT HEALTHCARE REFORM?

Many with excellent workplace health insurance have found that a serious illness or injury may cause them to lose their job, and subsequently their health insurance. Under the current

model, healthcare is tied to your job, and the costs are increasingly pushed onto workers. Under a public Medicare for All system, we would replace expensive and unpredictable employer-sponsored premiums with a stable and lower cost insurance that you can use regardless of your job status. Furthermore, employers pay the full cost of health insurance out of reduced wages, and healthcare costs are devastating municipal, state, and federal budgets, cutting into vital public services like education and infrastructure. Switching to a universal healthcare system means health security that cannot be taken away by misfortune; savings for workers, employers and government; and the ability to control cost growth into the future.

WILL THIS PUT THE GOVERNMENT BETWEEN ME AND MY HEALTHCARE PROVIDER?

No. Right now, many health decisions are made by corporate executives behind closed doors. They determine which physicians and hospitals you are allowed to see, imposing deductibles and co-payments that often make appropriate treatments impossible, and refusing to pay for care that your providers deem necessary. Insurance companies

are interested in profit, not providing care, and as a result 32 million have no insurance, tens of millions more are underinsured, and most are at risk of financial disaster should they become seriously ill. Under Medicare for All, every resident would have full choice of provider, we could eliminate cost barriers to recommended care, and all medical decisions would be made by doctors and patients together, with the health of the patient as the only factor determining treatment. No one will go without care.

WOULD MEDICARE FOR ALL DRIVE UP MY TAXES?

Medicare for All would replace high, unpredictable premiums with lower, stable taxes. Unless you are among the top 5% of income earners, the bill is expected to reduce your total healthcare costs. In 2016, the average working family paid \$6273 per year in premiums and deductibles to private insurance companies. Under Medicare for All, a family of four earning \$50,000 per year would pay just \$466 per year in taxes for single-payer healthcare, amounting to savings of over \$5800 per year.

Currently, about 65% of our healthcare system is financed by public money: federal and state

taxes, property taxes, and tax subsidies. These funds pay for Medicare, Medicaid, the VA, and coverage for public employees (*including police and teachers, elected officials, military personnel, etc.*). There are also hefty tax subsidies to employers to help pay for their employees' health insurance.

HOW CAN WE AFFORD TO COVER EVERYONE/ WON'T IT BE TOO EXPENSIVE?

Americans already have the highest healthcare spending in the world. Consider that over half of all the money spent on healthcare *in the world* is spent in the United States but only a fraction of our spending goes directly to medical care compared to other industrialized countries. Since we pay for healthcare through a patchwork of private insurance companies, about one-third (31 percent) of our health spending goes to administrative overhead (also known as "transaction costs").

Potential savings from recovering the money currently squandered on billing, marketing, underwriting and other activities that sustain insurers' profits have been estimated at \$400 billion/year. Combined with what we're already spending, this is more than enough to provide

comprehensive coverage for everyone. It turns out that it is much more expensive to keep patients away from healthcare in our current fragmented, market-based system than to provide care to all under an administratively simple universal healthcare system.

WON'T MEDICARE FOR ALL JUST BE ANOTHER BUREAUCRACY?

The United States has the most bureaucratic healthcare system in the world. Over 31 cents of every healthcare dollar goes to paperwork, overhead, CEO salaries, profits, etc. Because the U.S. does not have a unified system that serves everyone, and instead has thousands of different insurance plans, each with its own marketing, paperwork, enrollment, premiums, and rules and regulations, our insurance system is both extremely complex and fragmented.

The Medicare program operates with just 3% overhead, compared to 15% to 25% overhead at a typical HMO. Provincial universal plans in Canada have an overhead of about 1%. It is not necessary to have a huge bureaucracy to decide who gets care and who doesn't when everyone is covered and has the same comprehensive benefits.

WHAT ABOUT MEDICAL RESEARCH?

Most breakthrough medical research (*for example, basic drug development*) is already publicly financed through the National Institutes of Health (*NIH*). In fact, according to the NIH website, of the last 30 Americans to win the Nobel Prize in medicine, 28 were funded directly by the NIH.

Medical research won't disappear under a universal healthcare system. Many of the most important advances in medicine have come from single-payer nations. Often, private firms enter the picture only after the public has paid for the development and clinical trials of new treatments (*the HIV drug AZT is one example*). On average, drug companies spend over half of their revenue on marketing, administration and profits, compared with 13% on research and development. Negotiating lower prices will allow Americans to afford drugs without hurting research.

I OR MY PARTNER/FAMILY-MEMBER/FRIEND WORKS IN THE INSURANCE INDUSTRY. WILL THEY LOSE THEIR JOB UNDER MEDICARE FOR ALL?

A universal national health system will still need some

people to administer claims. Administration will shrink, however, eliminating the need for many insurance workers, as well as administrative staff in hospitals, clinics and nursing homes. More healthcare providers, especially in the fields of long-term care, home healthcare, and public health, will be needed, and many insurance clerks can be retrained to enter these fields. Many people now working in the insurance industry are, in fact, already health professionals (e.g. nurses) who will be able to find work in the healthcare field again. But many insurance and healthcare administrative workers will need a job retraining and placement program. We anticipate that such a program would cost about \$20 billion, a small fraction of the administrative savings from the transition to national health insurance.

HOW WILL MEDICARE FOR ALL AFFECT WOMEN, LGBTQIA+ PEOPLE, AND PEOPLE OF COLOR?

Women are more likely to use the healthcare system for themselves and their children than are men. This includes reproductive healthcare, care for aging women (who have longer life expectancy than men), and care for others

in their families. The Sanders bill would repeal the Hyde Amendment, which bars taxpayer dollars from being used for abortions. The bill also prohibits discrimination based on sex stereotyping, sexual orientation, and gender identity.

Racial discrimination is rampant in healthcare. Among adults under 65, Hispanics, American Indians and Alaska Natives are more than twice as likely as whites to be uninsured. African Americans are also uninsured at a higher rate than whites. More adults under 65 are uninsured among Asians, Hispanics, and African American immigrants compared to whites. Uninsured Asians have the largest share of immigrants (67%), including 28% who are naturalized citizens. Immigrants account for nearly six in ten (59%) uninsured Hispanics; including 50% who are non-citizens. Universal and comprehensive coverage would begin to address these issues.

WHY IS DSA PRIORITIZING MEDICARE FOR ALL?

We know that Medicare for All is a transformational demand, but aren't there many different issues socialists need to be working on? After all, who is to say that one issue facing workers is more or less morally urgent than any

other? People are dying of police brutality; they are suffering under sub-living wages and terrible working conditions; they are being displaced and made homeless by skyrocketing rents. Given the overall disastrous state of our society, the decision of where to focus our limited resources must be a strategic one.

Medicare for All was adopted as our national strategic priority for a number of reasons. It is a universal demand that appeals to the majority of working Americans. It will disproportionately benefit low income people, people of color, single mothers, immigrants, and those with disabilities. Focusing on universal demands with broad bases of social support allows us to unify diverse sections of the working class and to forge solidarity across the divisions that are used cynically by the ruling class to weaken popular political will.

The fight for Medicare for All also affords our members an opportunity to build their practical organizing capacities and skills by having straightforward, programmatic political conversations with regular people. Healthcare is a great issue to lure leftists out of their normal activist circles because it's a really easy topic to talk with strangers about, regardless of their political

beliefs. Most people are unhappy with their health insurance, or at least likely to know someone with healthcare struggles. Most people agree that an increase in take-home pay is a good thing. Most people are outraged to find that health insurance executives are lining their pockets by denying a basic right to health to all people. Even people who would normally be opposed to universal healthcare can be appealed to because the system is currently failing so spectacularly. And thanks to Bernie Sanders and major nurses' unions like NNU, Medicare for All is at the forefront of mainstream political discourse. It has become so popular that even corporate Democrats have to talk about it!

For all of these reasons, a conversation about Medicare for All is a strategic conversation for democratic socialists because it provides a concrete example of how capitalism is incapable of providing for the basic needs of working people. A conversation about Medicare for All is an opportunity to show how the relentless pursuit of profit conflicts with the interests of the majority. If socialists can make these links, then Medicare for All has the opportunity to be the exemplary non-reformist reform of our moment.

Beyond this concrete goal, it advances our struggle by heightening class conflict, beating back capital, and empowering the working class to make further democratic socialist demands. This momentum can contribute to a popular democratic socialist consensus around the decommodification of other basic necessities like housing and education, and establish the working-class organization and militancy we need to win a society and economy that are truly democratic.

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