January 29, 2011 JWJ Single Payer Conference Notes

First Unitarian Church Portland

Dr. Paul Gorman, of Mad as Hell Doctors, introduced Dr. Margaret Flowers. Gorman related that at least seventeen states had single payer bills in process or had been vetoed by governors. He said the conference today was intended to develop an action plan and how to move the ball down the court.

Dr. Margaret Flowers, Congressional Fellow at Physicians for a National Health Program, spoke on "Lessons from the National Single Payer Campaign". She presented a outline of health care history, dating from World War II, when the US and European systems took very different tacks. The US system reflected a belief in the private market model, but it never worked properly. In the 1980's patients began to be called consumers and commodities, as part of a business model with hospitals and insurance companies in charge of health care.

In 2008, health care spending per capita in the US was $4,062 from governmental sources and $2,648 from private spending. This is almost twice as much as what is spent per person in other countries for quality care, but we don't get it in the US. She highlighted a big jump in un-insurance in 2009 of about 10 million people, with 6 million of these getting coverage from public programs. She said we're not getting a lot for the public's health care dollars.

She described the 80/20 rule, in which a relatively few people drive the most health care costs. A single risk pool allows us to cover us all when we need it. She displayed a graph showing the steep rise in administrator salaries, comparing it to the more gentle rise in physician salaries in recent years. She stated that "consumer-directed" health care approach, which claims to control costs by getting consumers skin in the game, actually just results in under-insurance. She noted that health care savings accounts were financial products, not truly health care coverage solutions. She emphasized that the current system was financially unsustainable. Most people suffering medical bankruptcies have some kind of health insurance coverage; she quoted Katie Robbins that "health care coverage is an umbrella that melts in the rain".

Flowers stated that federal PPACA reforms could be predictably relied on to fail, as it is based on the failed Massachusetts model, which simply promises more of the same. She said over 23 million were estimated to be uninsured in 2019 when PPACA is fully implemented and between 30-40 in 2014.

She said that there is cutting of funding of safety net hospitals, but increasing funding for community health centers. She noted that President Obama, in marketing his health plan, had promised that if you have employer-sponsored health insurance, you could keep it; what he didn't say was that you MUST keep it. More people will be driven into lower tiers of insurance and having to pay more out of pocket than they can afford. A number of primary care physicians are responding to the failure of the market model of health care by leaving their practices. The model that PPACA legislation was built upon in the Senate was written by Liz Fowler, VP of Wellpoint/Anthem.

Flowers highlighted the "ICU" acronym for health reform organizing- Independence, Clarity and Uncompromising. She said that organizing on health care needed to be independent of political parties; clarity of what we want (hence the need for citizen education); and uncompromising (don't work for reforms that can't work).

She explained that single payer health care had a single risk pool, with everyone in and nobody out. Everyone contributes based on their ability to pay, and no financial barriers to care, with all

medically necessary care covered. The simplified administration saves money and allows negotiation to get the best prices on goods and services. She said that the affordability of single payer had been proven in many studies; she highlighted the Health Care for All Californians study done by the Lewin Group in 2005. She suggested reading Uwe Reinhardt's book "It's the Prices, Stupid".

She said that there were single payer efforts in 20 states and growing. She said that there wasn't a Vermont single payer bill yet, but the proposal needed improvements in regards to cost controls. She emphasized that the most important thing for the movement to do was education, education, education. She advocated people talk to one new person a day in the family and workplace. It's important that we build coalitions based on solidarity, and social and economic justice. She highlighted efforts to put pressure on insurance companies, such as divestment campaigns n college campuses. She advocated exposing health care injustice, such as hospital and clinic closings, denied care, and health professional firings and strikes. She said "National Medicare for All" was the patriotic thing to do.

Paul Gorman concluded by noting that every year in the US, about 45,000 people die due to lack of access to health care. The simple moral issue is that one must help if one can.

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In the session on The Struggle for Health Equity, introductory speaker Marco Mejia emphasized the role of race and class in health outcomes, the need to put aside organizational agendas, equal access to care and quality outcomes, and collaborations with people of color.

Jessica Lee, Research analyst at APANO (Asian-Pacific American network of Oregon) highlighted issues of health disparities. She compared definitions of equality vs. equity, noting that people have different inherent levels of difficulty in surmounting barriers to equal health care outcomes. She highlighted statistics on health disparities for Asians; for example, tuberculosis is 24 times more common among Asian-Pacific Islanders in Multnomah County

Barriers to health for API include social determinants: poverty, "poor" neighborhoods, social isolation, low education, and low income levels all lead to a vicious cycle. Issues to access to API and other groups: Language, culture, culturally-specific health care providers, documentation, affordability, and preventive care. API is not monocultural; there are 55 different cultural groups within API. There are cultural stigmas that prevent patients from discussing what's going on with them. She highlighted misconceptions on cultural and linguistic competency.

APANO issue areas include the Oregon Health Insurance Exchange; cultural competency continuing education; granular level data collection. HEART, the Health Equity Reform Team, focuses on research, education and community based advocacy.

Alberto Moreno, Migrant Health Coordinator, Dept. of Human Services, spoke on Latino Health Disparities. He said much of our work is in isolation from each other. He felt great that he was not feeling he was doing the work alone. Latinos are the fastest growing community in the US, at 42.7 million, 67% of which are of Mexican origin. He said the power of the community is often ignored; it has $580 billion in buying power. Undocumented workers generate goods and services worth $120 billion a year, paying up to $35 billion in taxes but only 5% receive public assistance.

70% ag workers don't have health insurance. The median age in Oregon is 27 years old. He advocated adding undocumented workers to Social Security to increase the size of its funding base. Latinos have some of the worst health outcomes; diabetes and cardiac disease; 60% Latinos live in families below 200% of the poverty level (20% in whites).

Migrant families have much higher infant mortality and many other illnesses, including dental care (comparable to Third World care). He illustrated with a story of a man trying to use pliers to remove his own tooth. He noted that undocumented workers were intentionally left out of PPACA and said that that was not what the US was meant to be. We shouldn't be punishing children for their parent's decisions. Migrant workers have a life expectancy of 49 years; a difference of 24 years from the rest of the population.

Michael Ware said he was active with People of Color Health Equity Collaborative (POCHEC). Its goals include research and education on health equity issues; policy; formalizing long-term community based advocacy; advocating for an income tax credit; cultural competency training; and other legislation that affects people of color.

One audience questioner emphasized importance of avoiding ideology; using language that people of Oregon understand; he said the phrase "single payer" was not understood by many Oregonians. He suggested looking at what you can accomplish legally in Oregon; e.g., a constitutional amendment for health care as a human right.

Moreno highlighted a myth of separateness and competition. There should be a net that protects everyone, based on need and not color. One questioner highlighted the book, The Spirit Level. Moreno related that Senate Bill #97 promotes cultural and linguistic competency with continuing education for health care providers. One questioner highlighted divisiveness in our culture and said given proposed budget cutbacks, we need to protect what safety net there already is.

Delphina Hernandez of The Tree Institute advocated trying to develop a way of discussing health of all of us, advocating for health equity for all. Lee asked attendees to advocate for the cultural competency bill. She highlighted the Health Equity committee to have a continued charge under the Oregon Health Authority (OHA).

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The morning breakout sessions focused on labor; faith based organizations; homelessness and poverty: Health care as a human right; undocumented workers, PPACA and single payer; and Single Payer 101.

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The morning Labor breakout session was facilitated by Tom Leedham of Teamsters Local 206.

Most of the forty or so attendees were union members, with roughly half getting their health care through a union health care (Taft-Hartley) trust. Leedham related that many trusts, including his, had struggled with costs. T-H trusts, with union and employer representation, design and administer the trusts. In addressing costs, they try to eliminate cost drivers. Self-funding their vision and dental worked well, then once they'd started to build reserves, they then self-funded medical to the extent of covering liabilities. He bargains 90 units, large and small. Employers put money in the pot to pay claims. He said Taft-Hartley was really a model of a single payer system, putting money in the pot to pay claims and trying to reduce profit centers. He said it was not rocket science. The trusts were able to provide high quality benefits at a cost lower than private coverage. He cautioned that employers often try to get rid of health care as a way to then get rid of unions. Trustees design the schedule of benefits. Many union trusts think they have a particular carrier, but often those plans are simply being rented. We can do on a national model what these trusts do. He said his union was an endorser of HR676.

He introduced Mark Dudzic, of the Labor Campaign for Single Payer (http://laborforsinglepayer.org). Dudzic noted that Leedham and Fernando Gapasin serve on the group's national steering committee. Health care costs create a crisis for benefit rights, the last bastion of union strength. With budget problems, public workers are a target. Non-profit, worker-run health care should be the model, with coverage from birth to death. He said the labor movement should lead the fight for health care; it has a history of this kind of organizing. It is a practical necessity, since it is no longer possible to bargain health care costs. The cost of health care can exceed the amount of a worker's minimum wage. Labor can be a game changer in the fight, putting its organizers on the ground and electing more sympathetic politicians. Labor is one of the few forces left un-dominated by corporate power.

Labor campaign for single payer formed around 2009. We need to align it with natural allies, the faith community and others. The voice of labor must be heard both in Washington DC and in state debates. He highlighted the 2009 AFL-CIO convention passing a resolution in support of a Medicare for All approach; it passed unanimously. While a number of national unions symbolically support single payer, only a few actually support it with resources.

Dudzic stated that PPACA didn't accomplish what we'd hoped, though it did a few good things. It expanded Medicaid coverage and a network of community coverage, and some regulation, though he questioned whether the industry would really accept regulation; it will exploit loopholes. PPACA in no way removes healthcare from the bargaining table. Large companies are looking at dumping employees into insurance exchanges and simply paying the minimum penalty ($2,000). There are limited subsidies for coverage. PPACA is not sustainable; it can't cover everyone and we can't afford it, with insurance companies in the middle. Some question whether it will last until 2018. There is a commerce clause court challenge that will probably go to the Supreme Court, bringing into question a whole host of social insurance plans fought for over the last hundred years.

We have to keep pushing for national legislation. Taft-Hartley trusts have been important to some unions; they fear that single payer will remove their core program. We have to carve out a role of TH in a single payer program. We have to allow something like the Canadian model of trust programs, providing additional supplemental benefits; this should be explicitly recognized in legislation. There must be a requirement that employers negotiate the impact of health care reforms in the total cost of benefits; that impact must be bargained. Lastly, there must be tax-free contributions to allow that to continue to be bargained.

The action is in state programs now. There are significant roadblocks; especially with unions in multi-state plans. Financing doesn't have access to the same flow of money; there could be inherent crises leading to bankruptcy. We can't underestimate opposition. You can be symbolic, but you have to look at how you can win it. Opposition can push in a huge sum to oppose legislation. We have to look at solidarity with all workers. We have to look at this in a larger picture of social insurance programs. We have to get the labor movement to get these things to happen.

Some unions such as AFSCME have endorsed single payer at every national convention. However, many national leaders ignore their mandate or only give it lip service. A growing number of national unions are starting to put muscle into the fight. They will try to get the AFL-CIO to put some teeth and resources into the fight. Leedham said the issue is to get unions to put resources into the fight. He noted that cost increases affect Taft-Hartley trusts as well, but costs are usually below trend.

One participant characterized insurance companies as a form of legalized gambling. Dudzic said the mandate to purchase health insurance compels people to buy a defective product. Leedham noted that the largest companies self-insure, saving money.

Ralph (AFSCME) said we want to be part of the national movement, but we should develop a successful one here; Leedham said there was disagreement among unions on the approach. He agreed that a state movement allows us to educate and organize people on single payer.

Dana Welty said her union, ONA, has endorsed single payer in concept, but not specific legislation. Leedham said JWJ has given a number of presentations to union leadership to get a number of resolutions. Peter Shapiro said letter carriers have endorsed the federal legislation, but it voted down endorsing the state bill. He said the action is in states now; the Vermont bill is flawed but better than PPACA.

One speaker said it must be done at the national level; he compared the situation to changing slavery on a state-by-state way, which didn't work. One speaker suggested that when passing resolutions, concrete resources should also be allocated as well. Leedham said he joined PNHP and JWJ Health Care Committee; both do good work and PNHP has great materials.

One speaker said change started in Saskatchewan in Canada; it could be done by county here if need be. One speaker suggested protesting outside houses of insurance executives; Leedham replied he preferred simply putting health insurance companies out of business.

Mike Sullivan said the 2002 single payer bill Measure 23 was a miserable failure; there was concern about people coming in from out of state to get health care. Leedham highlighted adverse selection of people moving into the state for care. One speaker suggested establishing a larger regional risk pool of California, Oregon and Washington. An advantage of having 20 or more states working on single payer dilutes where insurance companies have to invest their opposition funds.

Steve Weiss highlighted the issue of waivers. Dudzic explained PPACA requires that each state set up a private insurance exchange by 2014 or allow the federal government to do so. PPACA allows states to more easily get waivers for innovative approaches starting in 2017. There is concern that once states have gone to the trouble of establishing insurance exchanges, it'll be harder to replace them with single payer. Another waiver issue is regarding ERISA; a series of court cases have established that federal laws supercede state laws. He cautioned that waiver legislation shouldn't have wiggle room for states to get out of coverage. He said the most we can hope for federally in the next couple years is to get waiver legislation passed. Leedham said the PNHP site includes histories of organizing in each state and federally. He introduced Rep. Dembrow.

Leedham said the issue is best addressed by citing straight up economics; it's all about money. Single payer is much better at providing high quality health care, giving much better outcomes for about half the cost. Taiwan used Medicare as a model. Let's just delete the words "over 65" to modify Medicare. He said work was needed to help unions pass resolutions and to speak to memberships; many people don't know about single payer. The Oregon bill is a great vehicle.

One speaker asked where there had been any consideration of single payer for state employees. Leedham said you don't need huge risk pools; it is the demographic that is important. Oregon by itself is a huge risk pool. One speaker said there were five JWJ coalitions (with ESSN in Eugene) in Oregon. JWJ statewide has prioritized single payer as a campaign.

One Corvallis speaker said public sector unions should lead the way with pooling. He highlighted the issue of costs; we need to identify specifically where the money would come from under single payer. Leedham said Dean Baker's Center for Economic and Policy Research (cepr.net) analysis on HR 676 shows significant cost savings. Taft-Hartley covers households; we don't ask how many dependents there are or whether there are pre-existing conditions.

Dudzic summarized the main task is to get unions to provide more than lip service (though that's a good start). He highlighted the Vermont Worker's Center, a leading force there, with an uncompromising vision for health care as a human right. In Maine, an AFL-CIO group visits every union to escalate their participation on single payer: they poll workers; present to executive boards and councils; do trainings on the issue and create community and broader initiatives. California has a member-to-member education program; several hundred members of a public employee union are put on lost time to do training to do outreach to school boards and PTA. Locals should contribute to the national Labor Campaign for Single Payer and local organizations like the JWJ effort. Members will want to know what the money is doing, so it is a good opportunity to give updates on progress. He suggested events, demonstrations and rallies to build a culture within the unions for health care.

Rep. Dembrow said the state plan will be rolled out within about ten days and will be called the Affordable Health Care for All Oregon Act. He said it will be important to get locals and internationals in support of this concrete legislation. Details on it will be presented this afternoon.

One woman said that AFL-CIO will have a legislative conference in a week; she noted that no union locals have done anything to get it to move on the bill.

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Gorman related that many doctors support single payer, but are unwilling to speak out for it publicly. He said Rep. Conyers was in his 24th term in Congress.

Rep. John Conyers noted that Dr. Flowers sacrificed her own career in the cause. He said that one thing missing is everyone across the state needed to get together for one day for a conference; he suggested Portland, perhaps in spring. He cited Martin Luther King, Jr. in that jobs, justice and peace was how it all boiled down. He cautioned that many people would rather have a job than health care; he highlighted his jobs bill. (Its thrust is that the government has a legitimate duty to create jobs when the unemployment rate is over 10%).

Conyers said they were working on messaging "Medicare for All" instead of "single payer". He asked all health care professionals stand up to be recognized with applause. He noted that Tea Partiers had a right to be angry but had their facts mixed up. He recognized Drs. Huntington and Hochfield of Mad as Hell Doctors (MAHD). He emphasized that we have to recognize that we are genuinely in a fight, though it doesn't have to be nasty. He cautioned that facts alone will not win the fight, though having the facts straight helps. The important thing is to tell our stories about how the system is broken or doesn't exist or doesn't make sense. He said some people will never agree with us; we must show we are unrelenting in our determination. He noted that Truman introduced something like single payer; to be followed later by Representatives Dellums, Russo, and Dr. Jim McDermott, who is still working for it. He said there are millions of people who have been harmed by the system and can form an army. He urged people to tell their stories.

Gorman made a comparison to the movement to get women the vote; we know we're right but need endurance to see it through. He urged attendees to fill out the pink form in the packet so they

can stay in touch. He highlighted the video of moments from the 26-city MAHD tour at their website (http://madashelldoctors.com).

Dr. Paul Hochfield said he thought people were at the conference to advocate for single payer. He noted that we can't just preach to the choir, we must reach the general public. Many don't know what single payer is, but it depends on how one asks the question. We need to educate our neighbors so they can educate their neighbors. MAHD works to help people educate their communities. He highlighted the MAHD "Health, Money and Fear" video.

He related that Gary Jelinek and Philip Kaufman approached Oregon PNHP to become MAHD's. He said people invited MAHD to present to local communities; MAHD just asked for a venue, publicity and a commitment to carry on afterwards. He said the value is in building relationships. He encouraged people to contact MAHD about making a presentation; he suggested showing the 48-minute MAHD video and then having Q&A afterwards. He highlighted the resource list. He said that MAHD have already arranged to make a number of presentations around the state. He showed a four-minute snippet from the video. Health care is a human right and the system must be configured to reflect that.

Dr. Mike Huntington said the trip found a lot of people suffering from the system. Many people feel they can't speak out. We also have to build networks. Part of the tour was to act as a USO show to try to buck up the troops. He introduced most of the Mad as Hell Doctors who participated in the tour. He said the word "improved" should be inserted in "Improved Medicare for All"; he noted that the Medicare system has been underfed, abused and overloaded since it was established. As a result, many advocate getting rid of it; instead, we need to nurture it.

Dr. Bob Seward highlighted the word "relentless". He related that a reporter once asked him what the biggest obstacle was to single payer; he replied "ignorance". We have to win hearts and minds; everyone needs to see Dr. Flower's movie. There is a disinformation campaign underway. He highlighted 450 right-wing talk show hosts on radio who are ignorant and don't understand the role of government.

Dr. Joe Eusterman related that he'd cared for injured workers for 50 years. Many workers were afraid that if they lost their jobs they'd then lose their health insurance. He related that one worker told him that when his wife got seriously ill, the employer told him that it would cost the company's health plan too much and so they fired him. Dr. Sam Metz said that our state legislators need to know about single payer; ask them to learn about it; tell them "I'll be bugging you for the rest of your term".

Gary Jelinek highlighted the upcoming tour for the next six weeks across Oregon. (language from legislative counsel). He highlighted legislation that will be introduced; we have to become citizen lobbyists. He added that people should organize within their own communities; MAHD will come and help put events together so neighbors can understand that single payer is critical for their lives. Bob Wickline related that he'd written the MAHD theme song. He said the health care industry threatens the health and safety of the country, along with legislators who've forgotten who they serve. He led a chant with clapping.

Flowers said it was about sharing our stories. She asked people to ask questions of Rep. Conyers. One asked about the status of HR 676; Conyer's aide Joel Siegel replied they were all the same sponsors and that it has not been re-introduced yet. Conyers said he was going to the Bay area and then to Baltimore. Siegel said the biggest battle over the next couple years in Congress will be on ERISA waivers; if VT and OR want to set up a single payer system, they'll need an ERISA waiver to get federal Medicaid dollars.

There was a question whether any energy should be put into insurance exchanges; Siegel replied he didn't see any evidence why private insurance should work; it hasn't worked in Massachusetts. He asked for help getting DeFazio to come aboard HR 676. Someone used the word "piratisation" for privatization". Siegel said we need to get rid of corporate medicine.

Gorman said everyone's homework assignment is to contact legislators; he had Rep. Dembrow stand up to be recognized. He highlighted afternoon breakout sessions. He introduced Katie Robbins from Healthcare-NOW! She thanked today's organizers and those who were mobilized in 2009. She highlighted the west coast tour with Dr. Flowers. She encouraged people to speak out on how the system affects them. She said that HC-NOW! was collecting healthcare stories in a campaign called "Will You Cry for Me, Speaker Boehner?". She promised that HC-NOW! would read all of them to Speaker Boehner with a tissue for each.

She showed a 3-minute video on how to build a strong movement: "Leadership Lessons from Dancing Guy". She cited the importance of nurturing followers, who transform a lone nut into a leader. She said HC-NOW! had supporters in all states. She highlighted several state's networks.

New York was the first state to have a single payer bill, which was introduced in the 1990's and then re-introduced year after year. An Urban Institute study showed single payer provided best coverage for less money. It provided a vehicle for building grassroots; it worked to get coordinators in each county (Congressional districts were too gerrymandered to be useful organizing units). However, it hasn't gotten much traction.

Pennsylvania is more conservative; in 2004 citizens wrote legislation; it's gotten more co-sponsors every year since then, with 7 Republican co-sponsors last year. They organize in Chambers of Commerces and emphasize the conservative money-saving aspect of single payer. However, now the legislature and governor are republican.

California passed single payer twice, but it was vetoed twice by Gov. Schwarzenegger. With Gov. Brown elected, Single payer-NOW!, a strong affiliate, is talking to people across the state, building up a database of 14,000 names so far, and inoculating people from misinformation.

Vermont may pass something similar to single payer. It's not clear yet what the legislation will look like, but there have been decades of organizing there. The Vermont Workers Center (an affiliate of JWJ) launched the Human Rights Campaign; they didn't focus on cost or financing but instead on health care as a human right. We have to combine grassroots energy with legislative pressure.

She gave a SWAT assessment (Strengths, Weaknesses/Challenges, Achievements and Threats) for Oregon. She said there were 50 conference endorsers and a bill in the Oregon legislature. She said you need to be calling your neighbors and friends and get them all to call their legislators. She noted the opposition was well organized and funded. There is an austerity agenda that is a threat to social insurance programs with many of us seeking to protect what we already have. There is already a threat to cut Medicaid benefits and numbers of enrollees. In advocating for Medicare for All, we need to advocate for what we have. She highlighted the use of postcards in organizing. The Healthcare-Now! Outreach Guide is available as a pdf to download and print: http://www.healthcare-now.org/new-outreach-guide

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Breakout session 3-4 p.m: "A statewide single payer network: What should it look like?"

Gary Jelinek, Margaret Butler, and Katie Robbins presented , and about sixty attended, with Chris Lowe recording. Jelinek said JWJ, MAHD and other groups were willing to carry on the work and people can connect to them. He asked people to sign up for MAHD events. Butler said there were five JWJ chapters throughout the state. Chris said that a sheet of contact groups would be distributed; he said it was critical to extend the work beyond the Willamette Valley. He noted that Health Care for All-Oregon (HCAO) and PNHP had a presence in mid-valley.

One attendee asked about the concrete obstacles to passing the Oregon bill before he committed, such as federal waivers, legislative stances, etc. Butler replied that a single payer bill has come back from legislative counsel and will be introduced in the legislature. The house has a 30/30 split, with a democratic majority in the senate. HB2009, setting up an insurance exchange has a lot of energy behind it and there is a huge budget shortfall. It looks like the single payer bill will get at least one hearing. Observers don't expect heavy hitter opposition because they don't think it has a chance to pass. The hearing may be held March 4. Chris Lowe said the hearings would be used as a vehicle to talk about this and federal legislation. He added that Oregon is ahead of the rest of the nation in setting up insurance exchanges; however, Oregon's will still need waivers. So, while single payer is in competition with HB2009 in a sense, both approaches need waivers. Betty Johnson cited Sam Metz in having everyone ask legislators to request a hearing. There is a promise but no guarantee for a hearing. She said that in the Nov. 18 OHPB meeting, Gov. Kitzhaber said he was encouraged about the possibilities for getting federal waivers.

One attendee asked about needs requirements and support. He said health care had to fit in very different geographical areas throughout the state; he said there needed to be support from healthcare providers and facilities in these areas. Barbara La Morticella asked what the goals were for a statewide network; she said the insurance exchanges were doomed. Butler said that groups working on single payer were focused on that, not the exchange, but weren't trying to attack groups and people working on the exchange and were working with health equity groups to get them to support single payer.

Jelinek said we all have to be willing to ask their friends and neighbors to attend a single payer event; a house party, or something bigger. If a MAHD event is not listed for your area, contact them to support an event in your area.

Chris Lowe distributed a signup sheet for people who want to be contacted to work on single payer. Jelinek said it would probably be in April. One person noted that the ONA Lobby Day was in March. Robbins noted that the ONA may not be lobbying for single payer and suggested ONA members contact their leadership.

Bud Laurent noted that with the exchange getting implemented, it would delay being able to implement single payer. He asked about a toolkit. He suggested writing letters to the editor about the conference. One member suggested developing a cost analysis. He suggested passing resolutions in counties and cities, especially in rural areas. He noted that where people don't care about justice, to focus on economics. One member highlighted the challenges of the corrupt political system and the power of corporations. He suggested a binding referendum as a backup strategy. He suggested portraying the bill as a jobs creation bill.

One attendee asked for assistance in how to talk to people. Lowe highlighted a California study that contended that 2.5 jobs would be gained for every job lost. A Salem nurse asked if there was language that works with people; the issue was not just presenting data. Bob Seward suggested using the MAHD website as a resource. Lowe added that we rely on anecdotes to communicate the issue and motivate people.

One attendee suggested simply talking to people individually, addressing their individual needs and concerns in regard to single payer. You have to connect with people's hearts; people don't just fight with their heads. She said you have to listen to people's questions. Robbins said that there was speaker's training in the HCNOW! Outreach guide. One attendee suggested using universities to build data on funding and costs. One attendee suggested contacting small business owners to speak out. A half dozen business owners volunteered to speak out.

Mark Lindgren highlighted toolkit items at hcao.org, including the draft of the bill; a "Responses to Common Objections" piece; and individual, business and organization endorsement forms.

Session adjourned 4 p.m.

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Reports back from afternoon breakout groups:

Students/youth- Richard Bruno highlighted educating peers on campus; networking; student lobby day; and a recent California student rally at the capitol.

Strategizing on messaging on budget cuts: Steven Weiss highlighted recent articles on proposals to cut Medicaid and Medicare; Medicare for All would prevent this. Serious Oregon budget cuts were slated for the Oregon Health Plan (about 20% of the state budget). One presenter noted that younger people don't understand the value of comprehensive health programs or the implications of cutting these programs.

Jan Eck on Educating highlighted the value of the Mad as Hell Docs. The group talked about how to frame the issue and how to present a good argument.

Legislative- Debby Schwartz related there was discussion of details of the Affordable Health Care for Oregon All Act. Deductibles, co-pays, premiums would be replaced by dedicated progressive taxes, so people pay what they can afford. She highlighted the importance of contacting legislators, especially rural legislators. Rep. Dembrow said he expected a hearing on March 4. One person related that remote Oregon rural Gilliam County passed a dedicated tax to fund health care there.

Rural Organizing- David Young related the rural landscape was dominated by Rotarians, Republicans, Religious groups and people concerned with Rights, especially states rights. We have many contacts and it's going to be a long slog.

Statewide organizing network- Chris Lowe related there was no consideration of structure, but focused on obstacles. He asked people interested in working in the network list that in the signup sheets or cards. One approach was to ask legislators to commit to seeing the bill got a hearing. People should write letters to the editor. There was discussion regarding toolkits. Florida organizers used postcards and surveys. There was emphasis in importance of outreach to small business. There was discussion on how to talk to people; ask questions to find out where they are and their issues regarding health care, so we can respond better.

The conference adjourned at 4:34 p.m. Notes by Mark Lindgren, Health Care for All-Oregon (HCAO)

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