New York Health Act Priority Campaign Proposal

Introduction

At both the federal and state level the goal of our campaign is to win robust single payer legislation to guarantee high-quality healthcare to everyone in the country. As democratic socialists, the fight for truly universal, single payer healthcare offers a singular way to organize around a working-class demand that will disproportionately benefit working class women, low-income workers, unemployed and underemployed people, immigrants, disabled people, people of color, and LGBTQ people. a Medicare for All system in the United States will abolish a substantial section of capital while liberating *millions* of workers currently dependent on their employers for health insurance, workers who will then not only have greater security in access to care for themselves and their families, but greater flexibility to fight capital in their workplace by going out on strike, challenging their bosses, and organizing with their co-workers.

NYC DSA's Healthcare Working Group has made a point of regularly revisiting the ever-changing conditions for organizing around federal (Medicare for All) and state (New York Health Act) single payer bills, and has shifted the direction of our campaigns and resources based on our assessment of shifting circumstances. We view our ability to pivot in this way as a major advantage inherent in the current situation of single payer organizing in New York: on the one hand, pursuit and promotion of Medicare for All at the national level increases the public profile of single payer in general and thus the viability of the New York Health Act (NYHA) here in our state; and, on the other, the passage of the NYHA would constitute an immediate and massive material victory for New Yorkers, as well as a major strategic step toward achieving a federal single payer system.

Although Medicare for All was running regularly on the headlines of popular media outlets just a few months ago and seemed like a real possibility in the short-term under a Sanders presidency, we have always known that winning single payer at the federal level will require a vast number more Americans who not only understand what Medicare for All is, but are ready and willing to stand up and demand it when the moment comes.

While the conditions of everyday life under COVID, with the increase in healthcare needs and massive loss of healthcare coverage, as well as imminent healthcare, housing and unemployment crises on the horizon present a tremendous opportunity to organize for single payer, the road to winning federal legislation is far from clear at the moment. Federal legislation has been pushed off the table for immediate consideration and is not likely to enjoy mainstream attention through the remainder of the presidential election cycle, and so many of the strategies and tactics deployed in past successful campaigns are not available to us under pandemic constraints. We furthermore recognize in the several recent DSA electoral victories at the New York state level a real and urgent opportunity to push for the passage of the NYHA in the NY state legislature.

For these reasons the working group will be turning much of our attention, resources and strategy to the NYHA for this next period of our work. As in the past, although emphasis and more detailed strategic decisions will be made around this legislation, we intend to contribute on an ad hoc basis to federal efforts around Medicare for All, and in all of our messaging to promote single payer healthcare as such, so as to increase the viability of both federal and state bills simultaneously.

In this next period, then, we plan to continue the long, slow work of raising the public profile of single payer, strengthening the ranks of those who are willing to fight for it, and extending our networks

to build greater and more effective means of communication and coordination. We intend to continue the ongoing, in-depth research of our research committee, to host both public and internal education events to increase the knowledge and engagement of DSA and community members, to increase communication and coordination among DSA chapters and coalition partners across the state, and to strengthen our ties to the labor movement. Several opportunities that we intend to pursue further include supporting efforts to pass revenue-raising legislation, and to work with city-level healthcare workers to develop state-level demands to ensure that every New Yorker receives high-quality healthcare.

Proposal

Demands

- The goals include floor votes--and passage--of the NYHA in both houses of the NYS Legislature, and the bill signed into law by the Governor. Ultimate victory for this campaign will mean the implementation of the New York Health Act.

Campaign Objectives and Overall Strategy

- Harness the mass discontent created by the Coronavirus pandemic, and the acute failure of private insurance, to organize people in demanding that the Legislature pass, and the Governor implement, single payer healthcare in New York. Leverage the fear among incumbent legislators, created by DSA's electoral victories, to pressure paper supporters of NYHA within the legislature to become actual supporters.

Primary Targets

- Carl Heastie and Andrea Stewart-Cousins. We believe that both leaders will be vulnerable to pressure from their caucuses, as they deal with the fallout of huge numbers of newly uninsured people, and what are likely to be massive cuts to public services and the public workforce. Heastie gave hundreds of thousands of dollars to the incumbents who DSA candidates defeated. Other vulnerable incumbents will be anxious for material legislative achievements to defuse the potency of a progressive challenger, knowing that money and institutional backing is insufficient in the current moment.

Secondary Targets

- Our secondary targets are among the Democratic senators who do not currently support NYHA. In the Assembly, NYHA already has a majority of legislators co-sponsoring it. We are told that, if not for COVID, Richard Gottfried could have brought NYHA to the floor this year, and it would have passed the Assembly. In the Senate, however, NYHA is 1 vote short of having a majority - and Jabari Brisport's win does not alter the math.

- The majority of the 9 Democratic non-supporters in the Senate represent districts in Long Island. The others are Diane Savino in Staten Island, Jim Skoufis in the Hudson Valley, and Andrea Stewart-Cousins. Some of our coalition partners believe that Skoufis is a worthwhile target; he voted for the bill while he was in the Assembly, and ran his Senate campaign alleging that he was a supporter of NYHA. DSA has a chapter in his district and our coalition partners have a strong presence there. We met previously with Diane Savino about NYHA, and prior to Covid, our Sanders canvassing efforts in Staten Island were joined with a campaign to move Savino on NYHA. As we develop our strategy in the near term, in conjunction with our coalition partners, other DSA chapters, union allies, the DSA legislators and other legislative allies, and in response to changing conditions on the ground, we will hone in on the most promising Senate targets.

What Resources DSA Brings to This Campaign / Why us? Why now?

- The incoming slate brings with it an unprecedented surge of strength for NYHA in the legislature. While every defeated incumbent was a co-sponsor of NYHA, none of them worked to advance single payer as a legislative priority, and they all continued to take health industry money through this primary cycle. Some of the incumbents, like Felix Ortiz, were supporters in name only, and were privately dismissive of the prospect of actually abolishing private health insurance. Others, like Aravella Simotas, understood the mechanics of NYHA and appeared at events in support of the legislation over the years. But she did not seriously undertake the task of building the mass support necessary to overcome the private insurance industry.

- In this moment when the public attitude toward private insurance is more skeptical than ever before, and the standard arguments trotted out to defend the employer insurance system have lost their purchase, the incoming DSA slate is positioned to take advantage of these conditions and fight for NYHA on explicitly class-based terms. They are replacing milquetoast nominal supporters of NYHA with true believers in single payer, who will make the public case that this legislation is not merely a healthcare reform, but a mass unshackling of New York State from the misery of private insurance. We believe that through internal advocacy by the DSA slate, combined with an external pressure campaign, that we can get to a majority of support in the Senate.

- DSA is mass-organizing focused and takes seriously the need to engage our membership in the achievement of our organizational priorities, and to ask those members to engage everyone they know in their family, social, and workplace networks. In this way we have a specific and important role to play in this fight, as distinct from our coalition partners who lack the mass action orientation and rank-and-file capacity that we bring to this fight.

Our Major Coalition Partners

- Campaign for New York Health
    - An umbrella organization of NYHA advocacy groups closely affiliated with the New York State Nurses Association. They are a major coordinating force for NYHA advocacy.

- Physicians for a National Health Program
    - Single-payer advocacy organization of physicians and medical students. They produce significant informational resources on Medicare For All and NYHA.

- Insulin4All NY
    - New York chapter of a national organization largely made up of Type-1 diabetics that advocates for bills to secure the affordability and availability of insulin.

- Poor People's Campaign
    - Broad campaign with a significant working class constituency that advocates for a number of issues, including single payer healthcare. We allied with them several times this past year on actions in Albany, where they showed up in mass and were confrontational with legislators.

- Labor Campaign for Single Payer
    - Single payer advocacy group devoted to increasing knowledge and support of single payer among union membership nationwide.

- Center for Popular Democracy
    - New York chapter of a national advocacy group that promotes a progressive, pro-worker, pro-immigrant, racial and economic rights agenda.

- Heal NY
    - A New York-based grassroots organization devoted to enacting single payer.

Strategy to Engage With Working Class Communities and Communities of Color

- Collaborate with our coalition partners and DSA chapters in the districts of target legislators to connect with communities, and mobilize patients to pressure their legislators. We have used a number of tactics in the past to successfully connect with patient communities:
    - Healthcare focused town halls at which people are encouraged to share their healthcare stories. Some of those who share their stories agree to attend a training on collecting stories from others, and then agree to call legislators, attend an action, or are otherwise activated.

    - As in our Hakeem Jeffries pressure campaign, we will powermap organizations in the district, reach out to them, present on NYHA, and form a connection which we cultivate by co-hosting events together.

- Hold healthcare-focused town halls in the districts of DSA legislators. Use their events to inform and mobilize people around NYHA.

- During our joint healthcare canvasses with state-level candidates, we formed connections with the people we met at the doors. We tried to activate these people to whatever level was practicable. We will continue this tactic along with the City Council candidates.
    - We will also target canvasses at key locations: hospitals, health clinics, and community health centers.

Overall Timeline

- The goal is to pass NYHA through both houses of the legislature by the end of the 2021 session.

Anticipated Moments of Escalation

- The time of the floor votes for both bills, likely Spring 2021. Hearings and debates on the bills and on healthcare generally take place early in the year.

- A "second wave" of COVID would likely galvanize public support for universal healthcare as more people fall ill while the unemployment and housing crises continue. The working group's work leading up to that point will allow us to build stronger connections with other organizers and organizations working to support affected communities and demand an adequate governmental response, and our political education efforts will help develop organizers who could be activated in the event of a dramatic escalation of the fight for single payer in response to conditions.

Tactics

- Mobilizing constituents in the districts of target legislators to consistently pressure legislators to move the bill forward.

- Mass actions in Albany in conjunction with coalition partners and at the homes of legislators with constituents.

- Individual meetings with legislators.

- Regular stream of political education material to the public through DSA social media channels and other public events to build public support within districts.

- Holding in-district events with DSA legislators to build support for NYHA.

- Work with DSA legislators to pressure legislative hold-outs.

Past NYHA Work Within DSA

- The past two years of the Healthcare Working Group's advocacy on NYHA coincided with complete Democratic control of the legislature. Several Democratic legislators who had co-sponsored NYHA in years past, and even some who had listed the bill as a plank of their campaign platforms, refused to support the bill during the last two legislative sessions. The focus of our NYHA campaign has been to build pressure within the districts of these Democratic holdouts. And through work with our coalition partners, we have helped to bring NYHA closer to reality.

- In 2018 - 2019, the HCWG targeted legislators who had not yet co-sponsored NYHA. We compiled research dossiers on the targets in support of meetings between the legislators, members of the HCWG, and our coalition partners. Co-sponsorship of NYHA increased in the legislature during this period. We held several public facing political education events during the same period.

- In 2019 - 2020 we made several trips to Albany with masses of NYHA supporters. Some of these trips involved polite sit-downs with legislators, whereas others were hostile and combative.

- We also worked with DSA's endorsed candidates to center advocacy for NYHA in their campaign strategies. We held regular joint canvasses with the candidates. We spoke with the people we met about healthcare, NYHA, and would highlight the candidate's support for the bill. We held healthcare focused town halls (in person and virtual) with the candidates and our coalition partners. We produced NYHA focused materials for use by our candidates and co-authored several op-eds with them.

- While the HCWG has been the primary driver behind NYC DSA's NYHA advocacy, we worked with several others, including Debt & Finance, Housing, and Ecosocialism, as part of an overarching campaign around the 2020 state budget. NYHA was among multiple expenditures that we advocated for, in relation to a series of revenue raising proposals put forth by the Debt & Finance Working Group.