Your Information

Name

Gayatri Sanku

David Winston

Title

Co-chairs/ Stewards

Campaign Information

Name of Formation

Medicare For All Working Group

METRO DC DSA
MEDICARE
FOR ALL

Formation's Mission Statement

We believe that healthcare is a human right, and should be provided to everyone regardless of employment, means, or citizenship status. As more than 15 million people have lost their employer-based healthcare during the worst pandemic in modern history, it is glaringly obvious that having insurance tied to employment is unsustainable. The vast majority of Americans support this policy, yet politicians continue to turn their backs on the people. The call for Medicare for All cannot go unanswered.

Metro DC DSA's Medicare For All Working Group (M4A WG) aims to work locally on healthcare advocacy to affect change both regionally and nationally. This includes identifying and seeking to rectify the racial disparities in healthcare, such as disproportionate black maternal morbidity and mortality, and the uneven distribution of COVID-19 vaccines to BIPOC communities in DC. We have formed coalitions with local healthcare advocacy groups to push for comprehensive single-payer

healthcare, both nationally and at the state level to cover all residents of the District of Columbia, Maryland and Virginia.

Number of active members?

Our Slack channel has 110 members of which around 42 have been "active" in the past quarter. About 10-12 people on average attend our weekly regular meeting, and our members come from all over the DMV.

What work have you done so far?

This working group was officially formed in September 2020. Our first meeting had three attendees. Since then, we have grown into a productive working group with dozens of members engaging in multiple projects weekly.

Toward Medicare for All

- Ongoing: A campaign goal of the National DSA M4A Committee is to enact municipal resolutions endorsing the *Medicare for All Act* in five majority Black or Latinx cities in the US by the end of 2021. Our working group formed a coalition with SPACEs in Action, Public Citizen, District of Columbia Nurses Association and National Nurses United to promote the passage of local municipal resolutions endorsing the *Medicare for All Act* and urging federal legislators to pass the bill.
    - Completed: **Ward 1 DC Councilmember Nadeau agreed to sponsor a resolution,** after we met with her alongside coalition partners on January 14, 2021. Our comrades with coalition partners wrote a draft resolution which includes an outright endorsement of the bill and two other bills with similar major expansion of healthcare rights: the *Health Care Emergency Guarantee Act* and the *State-Based Universal Health Care Act*. We have submitted the draft to Nadueau's staff and are continuing to whip additional cosponsors with the help of our coalition partners and some assistance from Nadueau's staff.

Toward State and Local Health Justice Initiatives

- Ongoing: Our Research Team, which meets bi-weekly, is compiling our Combined Research Notes that will serve as a shared information resource for the working group's campaigns pressuring politicians to support bills like Medicare for All. These notes will also include sections on vaccine distribution equity, a reference guide to published studies and white papers on Medicare for All, and other relevant information to guide and inform our campaigns.

- Completed: On January 29, members of the M4A working group testified before the DC Council Committee on Health on problems facing seniors when attempting to register for COVID-19 vaccination appointments. Our testimony starts at 6:07:30 into video and a response by CM Henderson starts at 6:28:00. Two witnesses from DSA focused on the digital divide and how it is exasperating the racial disparities in the distribution of vaccines. We also highlighted the need for a pre-registration system and an outreach program to reach seniors and unhoused residents of DC. We also shared with the committee an outline of a plan for an outreach program we are developing with Councilmember George's office. On a follow-up hearing on Feb. 1, DC Health and their software contractor committed to launch a pre-registration system as recommended by our comrades and estimated a 3-4 week deadline for implementation.

Toward Political Education

- Ongoing: During our bi-weekly Discussion Group, we share materials related to health advocacy, such as documentaries, articles, or legislation. Topics have included uninsured migrant communities, a case study of Vermont's state single-payer effort, integrated voter engagement, grassroots progressive organizing at the state level, and deep canvassing. Discussion Group meetings help inform our members on healthcare policies and organizing strategies as well as give an open forum for members to share their ideas about strategies, tactics, and policies.
    - Completed: We hosted "The Healthcare Fallout" at a Socialist Night School event on Nov. 23, 2020. This involved a speaker panel centered around the inadequacies of our health care system, how the pandemic has exacerbated it, and how to organize to fight for a single-payer system. Our expert panel included representatives from National Nurses United, Public Citizen, Labor Campaign for Single Payer, and the chief economist for Maryland Medicaid. We had an audience of 178 attendees.

What is your plan for 2021?

In light of the COVID-19 pandemic, socialists have a unique opportunity to advocate for health and healthcare as public collective goods. Never has it been more clear that we are safer and healthier when our neighbors are safer and healthier. Medicare for All is an enormously popular proposal that connects with workers across identities and would make an immediate, material difference in all our lives. The for-profit healthcare system has spectacularly failed in a way no one can ignore and countless families will emerge from this year even more burdened by medical debt and battles with insurance companies.

We recognize that a Biden administration does not bode well for us and we could still be years from victory. However, we are closer than we have ever been, and a Democratic majority in the House and Senate provides opportunities to heighten the contradiction between representatives who stand with their constituents and those that stand with for-profit insurance and pharmaceutical companies.

We believe we must continue the momentum and will build on concrete wins in other areas of health justice.

Toward Medicare for All

- Municipal Resolutions: We will continue to organize toward municipal ceremonial resolutions in support of Medicare for All, by meeting with CM Henderson on Feb 24 and upcoming meetings with CM Silverman and Gray. We will build on our progress already in Washington DC and duplicate the effort in surrounding Metro DC counties, including Prince George's, Montgomery, and Arlington. The Maryland Progressive Healthcare Coalition is currently working on a similar plan in multiple counties in Maryland that we are working to coordinate with to expand the campaign throughout Maryland. We plan to form a similar coalition in Virginia and go *county by county*. See list of cities and counties that have already passed similar resolutions.

- Federal Pressure: The M4A bill (previously H.R. 1384) is expected to be reintroduced in late February as the *Medicare for All Act of 2021*. We will take this opportunity to differentiate the M4A bill from the 'public option' plan (or something worse) that is sure to be put forward by the Biden administration, using tactics like direct action to pressure representatives in advance of hearings on 'healthcare reform'. Every congressional committee hearing that touches on healthcare policy or COVID-19 is an opportunity for direct action to highlight how Medicare for All is the just solution to crises of affordability, quality, and logistical failures such as vaccine distribution. Several nearby members of Congress are up for reelection in upcoming cycles, including Senators Van Hollen of Maryland and several Representatives that do not support Medicare for All. This provides more frequent opportunities at campaign related events for this chapter to apply pressure for the bill. DSA also has a campaign goal of getting "10 Congressional representatives to pledge not to support any health care reform without first seeing a mark-up on M4A".

Toward HCEG Act

- The *Health Care Emergency Guarantee Act of 2021* (HCEG Act, previously H.R.6906) is expected to be reintroduced in the first quarter of 2021. Endorsed in DSA National's 2019, 2020, and 2021 Medicare for All Organizing Guides, this bill would expand Medicare to cover all uninsured Americans. It would also empower Medicare to cover all out-of-pocket costs, even for people who have health insurance. We intend to pressure representatives in Maryland and Virginia to endorse this bill. We are involved in DSA's HCEG Act Task Force, organizing alongside NPC and chapters across the country in a national pressure campaign to pass the HCEG Act. This will include phone banking, text banking, meeting with state and federal representatives, and direct actions in the Capitol. We've been tasked with creating a resource for use by other chapters to research their respective representatives and identify points of

leverage to use in pressure campaigns. We put together a one-pager on the HCEG Act to share with other chapters in their own campaigns as well as our members who will be reaching out to their representatives in our pressure campaign.

Toward State and Local Health Justice Initiatives

- Vaccine Registration Outreach: Our working group will assist in the virtual registration of marginalized senior citizens beginning in Ward 4, where we will be coordinating with CM George's office. Over a month-long campaign, we will launch a vaccine registration drive via text and phone call registration alerts, door-to-door canvassing, visits to senior centers and a buddy program for senior citizens who need assistance in the registration process. In Ward 4 alone, there are 14,643 people ages 65 and older, comprising 17% of the total Ward 4 population. The vast majority have yet to be fully vaccinated. As of Feb. 1, about 23% of DC residents 65+ have received their first dose. As an initial goal, we plan to make 2,000 phone calls to educate seniors and answer questions about the vaccine and the registration process. We plan to help register 500 seniors from Ward 4 for vaccine appointments. We are looking for additional volunteers to expand this project. We are also working with coalition partners to expand this program into Ward 7 next and to other wards. The same program can be replicated in Maryland and Virginia.

- Maternal Health Outcomes: Black maternal mortality and morbidity is a leading health concern for DC residents. Fueled by health care inaccess, provider shortages, systematic racism, and interpersonal racism, many new mothers are not receiving the care they need to successfully deliver their infants. We are collating a resource guide on existing legislation aimed to improve maternal health in DC for the Council. This guide will include the history and informational facts of DC's specific challenges with maternal health, a legislation review and recommended amendments. We are also building a coalition of partners in the DC healthcare arena to address maternal morbidity that extends beyond the birth experience. To support ongoing maternal health efforts, we are encouraging the DC Council to support the Maternal Health Resources and Access Act of 2021 which bolsters mothers' access to doula services, provides subsidies for rides to maternal health appointments, and formally studies the feasibility of establishing a birthing center east of the river.

- Single-Payer Healthcare Bills: Maryland already has a Medicare waiver making it easier for the state to develop a single-payer healthcare system. Additionally, Maryland is the only state to require all hospitals to charge the same rate for services set by the Health Services Cost Review Commission (HSCRC), regardless of the patient's insurance type. The combination of the Medicare waiver and the HSCRC makes Maryland the ideal state for a state-based single-payer healthcare system. The Medicare for All working group will continue to collaborate with the Maryland Progressive Healthcare Coalition and work with the MoCo and PG branches to enact

laws toward that goal. The *State-Based Universal Health Care Act* (previously H.R.5010) is expected to be reintroduced as it has been in the last 3 congressional sessions since 2015. This bill establishes the option for states like Virginia, or groups of states, to apply to waive certain federal health insurance requirements and provide residents with health insurance benefits plans through a state-administered program. The bill only has 22 cosponsors. Many of the Medicare for All cosponsors are not cosponsors of the State-Based Universal Health Care Act, presenting us with an opportunity for a pressure campaign with a good likelihood of success.

Toward Political Education

- Onboarding New Organizers: Our coalition is developing an onboarding series to mobilize new healthcare activists to work on the campaign to pass a Medicare for All resolution in the DC Council. This series has multiple sessions which delve into different aspects of organizing, including how to build a pressure campaign, power-mapping, healthcare legislation breakdown, meeting with representatives, and more. The first meeting in the series will be on Thu, Feb. 11, and hosted by SPACEs In Action, with speakers from NNU, Public Citizen, Health Alliance Network, and our working group.
- Discussion Group: We will continue our political education through our Discussion Group, with upcoming topics including the recent legislative history of the M4A bill, bird-dogging as a tactic in pressure campaigns, and an analysis of social movement strategy and power.
- Racial Justice and Healthcare Education Series: We are looking to begin an education series exploring the connection between racial justice and healthcare, beginning with a screening of the documentary "Power to Heal" which connects the fight for civil rights in the 1960s with the fight for healthcare. We have interest from the Bread and Roses/Peace and Justice organization to coordinate on this series and eventually host discussions at Busboys and Poets bookstore and cafe once it is safe to do so. Holding 50 educational events connecting Medicare for All and racial justice by the end of 2021 is a campaign goal for DSA.

Does your formation have structure or leadership roles? Who holds them?

Stewards/ Team Leads

Gayatri Sanku - Co-Chair/ Steward

David Winston - Co-Chair/ Steward

Chase Madson - Research Team Lead

Coalition Partner Liaisons

- Maryland Progressive Healthcare Coalition: (Faraz Khan, Kristian Berhost)
- Right to Health: (David Winston)
- Public Citizen: (Faraz Khan, Gayatri Sanku, David Winston, Abel Amene)
- SPACEs In Action: (Gayatri Sanku, Faraz Khan, David Winston, Abel Amene)
- Healthcare is a Human Right Maryland: (Jay Srivastava)
- National Nurses United/ DC Nurses United: (Chase Madson, Alexia Prochnicki)
- Georgetown Alliance of Graduate Employees (GAGE): (Gayatri Sanku, Jacob Zack)
- Healthcare Now of Maryland: (Stephanie K., A. Adam Shamma)
- Progressive Maryland (Faraz Khan, Kristian Berhost)
- Physicians for a National Health Program (Daniel Baker, Gayatri Sanku)
- Fair Budget Coalition (Stephanie K.)
- Health Alliance Network (Abel Amene)
