



DEMOCRATIC SOCIALISTS FOR

**Medicare for** *All*

## Report of the Medicare for All Campaign Committee to the 2021 Convention of the Democratic Socialists of America

Submitted to the National Political Committee of DSA by the Medicare for All Campaign Steering Committee on June 30, 2021.

The purpose of this report is (1) to provide the membership of the Democratic Socialists of America (DSA) with an overview of campaign objectives, organization, and activities; (2) to provide the Convention with a report of how campaign committees and volunteers carried out the tasks committed to them; and (3) to inform the assembled membership of the successes and shortcomings of our campaign in a way that allows them to plan more effectively in the future. To that end we have included key recommendations throughout the report and in the report's conclusion.

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## Preamble

The novel coronavirus pandemic has laid bare the fundamental flaws of our for-profit, employer-based health care system. More than [14 million Americans](#) lost their health insurance in the months after the first lockdown in 2020. This is in addition to the [2.3 million who lost their insurance during the first 3 years of the Trump administration](#).

Medicare for All remains a popular demand: 72% of the voters supported Medicare for All during the last general election. In exit polls conducted by Fox News, [72% of the voters were in favor of a "government run healthcare plan"](#) despite the fact that Fox deliberately chose the most polarizing way to frame the question. This is consistent with other polls conducted among both Democratic and Republican voters during the primary season.

Medicare for All is a winning demand: Not a single cosponsor of the Medicare for All Act was defeated in the last election. [Medicare for All was a winning issue in this year's Congressional races](#). Even Medicare for All supporters in swing districts, like Katie Porter in Orange County California, were re-elected while swing district opponents went down in defeat.

No sick person, regardless of immigration status, should be afraid to seek the medical treatment they need — especially during a pandemic. While it will take a long-term, protracted struggle, we must continue our fight for Medicare for All.

## Overview

DSA's Medicare for All Campaign Committee was established by the August 2017 Convention and renewed at the August 2019 Convention as a national priority campaign. The Campaign Committee consists of a Steering Committee that oversees campaign work and charts the political direction of the campaign, a Regional Organizer team that organizes chapters into campaign work, and a Communications team that manages our social media, website, and other communications work.

Since 2019, DSA M4A has moved through four distinct phases: 1) supplementing and supporting the Bernie 2020 campaign (August 2019 - March 2020), 2) responding to the COVID-19 pandemic (March 2020 - October 2020), 3) regrouping and developing the 2021 organizing guide as a longer term response to the pandemic (October 2020 - December 2020), and 4) enacting the 2021 M4A strategy outlined in the 2021 organizing guide.

Our Bernie 2020 work primarily consisted of coordinating with the DSA for Bernie campaign to build M4A centric campaign materials and to build collaboration between the Bernie Outreach Team (BOT) and the M4A Regional Organizers (ROs). There was some overlap between these two teams, and some BOT organizers joined the M4A RO team after the Bernie 2020 campaign ended. This work culminated in an M4A/Bernie Day of Action that was highly successful, with almost 100 chapters participating. In early 2020, after this Day of Action, M4A Steering Committee suspended our biweekly meetings for a two-month period, intending to reassess our role after Super Tuesday.

In March 2020, the nation entered lockdown, and in April 2020, Bernie dropped out of the race. We quickly shifted gears into supporting Sen. Sanders' healthcare policy response to the pandemic: [The Health Care Emergency Guarantee Act](#). In May 2020, George Floyd was murdered by the police, and an uprising began, with thousands of people taking to the streets to mourn and call for systemic change.

By late fall of 2020, we were facing entirely new political terrain, and we began to attempt to envision what organizing for Medicare for All would look like in the coming months and under the incoming Presidential administration. With our RO team, our Comms team, and our Steering Committee, we developed the [2021 M4A Organizing Guide](#), a three plank platform that articulated three broad terrains of struggle in which the fight for M4A could continue:

- Plank #1: Medicare for All is an Anti-Racist Demand
  - The COVID-19 pandemic is disproportionately killing communities of color. State-sanctioned violence, socio-economic and environmental factors, along with co-morbidities rooted in the for-profit healthcare system, account for the disproportionate deaths from COVID-19 among people of color. Medicare for All

and the Healthcare Emergency Guarantee Act are the best policy tools to address racial health disparities.

- Plank #2: Building Statewide Campaigns for Medicare for All
  - Where possible, campaigns for statewide demands, particularly single-payer healthcare, are the most strategic vehicles for furthering the movement for Medicare for All in 2021.
  - This does not mean prioritizing energy in states where single payer campaigns are 'viable' over states where it is not. It means building state level infrastructure in DSA that provides stronger mechanisms for fighting for M4A (i.e. the North Carolina Medicare for All Coalition).
- Plank #3: Essential Workers for Medicare for All
  - Without a strong labor movement, we can't win Medicare for All.

In December 2020, we held a launch event call with over 300 attendees where we presented the three planks of the 2021 platform. Since then, we have collaborated with the Socialist Feminist Working Group and International Committee to put on panels with each that draw new connections to our national work with Medicare for All. Further, the campaign has been an active participant in the Medicare for All legislative roundtable meetings for the last two years, and we have made great strides in building strong coalitional relationships with National Nurses United, Public Citizen, and other participants in the roundtable.

## **Committee Membership**

### **STEERING COMMITTEE**

Frances Gill (Co-Chair)

Luke Thibault (Co-Chair)

Michael Lighty

Christie Offenbacher

Dustin Guastella

Megan Svoboda

José Alejandro La Luz

Chris Diehn

## **REGIONAL ORGANIZERS**

Chris Diehn

Emma Claire Foley

Nick Rubin

Andrew Weiser

John Howington

Frances Gill

Sean Mason

Emily Hines

Christie Offenbacher

Rachael Steidl

Abel Amene

Kofi Hunt

Andy Paul

Sean Kirkpatrick

Tim Johnson

## **COMMUNICATIONS SUBCOMMITTEE**

Luke Thibault (Chair)

Brian Cipriano

Chuck McKeever

Cale Brooks

Andrew Hudson

Jonah Gardner

Wes Holing

Alan Duda

Rhianna Dean

## **Objectives - 2021 Organizing Guide**

- 50 Political Education Events Linking M4A and Racial Justice

- Stronger relationships locally and nationally with BIPOC-led organizations
- Pass City Council Resolutions in Support of M4A in 5 Majority Black or Latinx Cities
- 15 DSA Chapters Launch and Win a Campaign Related to Health & Policing
- Statewide Organizing for M4A in 3 Southern States
- New Chapters in non-Medicaid Expansion States
- Support Statewide Single Payer Organizing
- Recruit 250 Health Care Workers into the Health Workers Collective
- 25 New Co-Sponsors on Health Care Emergency Guarantee Act
- 10 New Reps to Pledge Not to Support Any Health Care Reform without a Mark-Up on M4A
- Launch National Corporate Campaign

## Communications

Our Communications Subcommittee has done a lot of work to support our field work and keep our campaign present on social media even at low points of organizing activity. The campaign support we've done is both at the national level, and helping local chapters such as NYC DSA's Zohran's election or Austin DSA's Lloyd Doggett pressure campaign. Our work has consisted of design, web development, writing, event promotion, video production, and more. We have supplied dozens of banners, graphics, articles, videos, email blasts, talking points, and other tools.

During the Bernie campaign we had a large volume of original content that focused on explaining Medicare for All as a policy, and highlighting the relationship of different presidential candidates to healthcare policy. The goal was to lift up Bernie's long term, serious commitment, while exposing the weaknesses of other candidate's proposals. We also spearheaded purely social media campaigns to less directly support these efforts, such as the #DontBargainWithOurLives campaign which highlights rank and file union members' support for M4A.

During the COVID-19 pandemic we shifted to providing support for the HCEG Act by helping promote virtual phone banks and propagandize about the need for universal healthcare in

response to the pandemic. We also designed new masks for members to purchase and supported DSA's national COVID response. With decreasing campaign activity during the pandemic we spent time updating our website with design and layout improvements. We also created a whole new toolkit of communications resources for the 2021 organizing guide to support chapters that were relaunching pressure campaigns to support the HCEG Act.

## **Regional Organizers**

The Regional Organizer (RO) structure used by the M4A campaign consists of volunteer organizers who maintain contact with individual chapters and other formations such as statewide coalitions. RO regions vary in size from several states (Southwest) to a sub-region within a state (New York City). Organizers are usually but not always members of a chapter within the region they cover.

ROs share information with each other, with chapters, and with the national campaign, making the ROs a vital component of M4A organizing. ROs work to engage chapters in the national campaign efforts. And ROS seek to provide feedback to the SC on the political direction that the campaign is going in. In 2020, groups including DSA chapters were successful at passing local resolutions in support of Medicare for All and the Health Care Emergency Guarantee Act, and the information sharing between ROs can be partially credited with this success, as ROs shared tactics and resolution language which were effective and translatable to other local contexts. Additionally, ROs have helped to connect different chapters engaged in building local health justice campaigns to better resource their work and to build solidarity across regions.

During the COVID-19 pandemic and following the launch of the 2021 Organizing Guide, ROs expanded the use of regional "mass calls" to communicate with chapters. This has resulted in some new engagement from previously demobilized chapters, but it also allows less time for 1:1 organizing conversations, so there is clearly room for both kinds of meetings in the RO toolkit.

The RO group experienced significant turnover in 2019-21, as organizers shifted their focus to (and back from) the Bernie campaign. When that campaign ended and with COVID-19 pummeling the US, the RO group was slightly shorthanded and demobilized at a crucial time,

weakening our ability to quickly respond to the needs of members related to the campaign. Stronger processes as discussed below may help prevent burnout from leaving us in this state again.

A significant challenge, especially during the pandemic, has been maintaining momentum at the regional level and connecting new members quickly to ongoing work. Although the RO group is robust, there are certainly more DSA members who want to participate in the campaign than can be engaged by a single volunteer in a large geographic area. Staff organizing time has been important on this front and more can be done.

The RO group has identified areas of internal organizing that can be improved in the coming years:

- Onboarding and off-boarding processes: ROs have mostly self-educated to this point. There are materials for onboarding that can be improved. It is also realized that the term of an RO commitment should be defined so that volunteers understand the amount of work involved as well as have a clear off-ramp to avoid burnout.
- Recruitment: Occasionally, ROs step in to serve a region in which they do not live and organize. This makes building connections with chapters more difficult and providing advice to chapters exponentially more difficult. Additionally, the RO team -- and the M4A movement as a whole, beyond DSA M4A -- is overwhelmingly white and male. Intentional recruitment of leaders of color (as well as, among other things, thoughtful coalition building, strategic campaign development, and robust local health campaigns with a racial justice framework, as is outlined in the 2021 M4A Organizing Guide) is needed to correct this imbalance and to start to build a truly multiracial movement for M4A.

## **Strengths**

### ***Successful Collaboration with the DSA for Bernie Campaign***

The BOT and RO teams worked well together for several months to share leads on chapter contacts, develop and disseminate resources, build out both campaigns, and collaborate on

turn-out work for the national Day of Action. This was an excellent example of building sustainable and responsive national organizing infrastructure for a national DSA campaign.

### ***Health Workers Collective***

The Health Workers Collective (formerly Doctors for Bernie) was a group of health workers that joined DSA after the Bernie campaign and attempted to provide an organizing and gathering space for socialist health workers of all disciplines. The group held several very well attended (50 - 60 people) intro meetings and then settled into a regular General Meeting and social schedule, with numerous political education events and organizer skills trainings. Unfortunately, HWC has been on a hiatus for several months as key leaders took steps back to focus their organizing efforts elsewhere, but the infrastructure and lists remain and could be easily re-activated with a little love.

### ***Health Care Emergency Guarantee Act***

For a brief moment, it appeared that the HCEG Act may wind up in the first reconciliation package, creating a unique opportunity to pass truly transformative single payer legislation that would carry us through the pandemic. We assembled a rapid response team involving key coalition partners, representatives from other DSA national bodies, DSA staff, and chapter leaders in the campaign to be prepared to launch a brief but robust national campaign effort. We turned out hundreds of DSA members nationally to several virtual phone banks attempting to reach voters and ask them to call their Representatives in support of the HCEG Act. We simultaneously sprung into action with our communications team to propagandize about the need for Medicare for All in response to this public health crisis. In the end, the HCEG Act was not included in the reconciliation package, so our efforts were for naught, but it was a successful trial run in building a rapid response campaign apparatus that will undoubtedly be useful in the future.

### ***Large Statewide Single Payer Campaigns***

CA

Shortly after the November 2020 election, DSA chapters across the state learned that the California Nurses Association, the largest nurses union in the state, was working to bring forward a new bill in the California State Assembly for a statewide single-payer system.

Furthermore, the appointment of a new Health and Human Services Secretary under the Biden Administration presented an opportunity to potentially secure hundreds of billions of dollars in federal funds for a state-wide single payer system through the granting of an ACA innovation waiver. These two developments pushed chapters across California to prioritize a campaign for a state-based single-payer system.

In addition to the external circumstances, internal organizational factors compelled us to take up the campaign as well. Significant inter-chapter relationships had been built up through our statewide campaign for Proposition 15, a tax-the-rich ballot proposition that was narrowly defeated. Over a dozen DSA chapters participated in that campaign, leading to a marked increase in the level of statewide coordination. CA DSA chapters launched Labor for Prop 15, a joint effort with major progressive unions that strengthened DSA's ties with labor and built new ones. We also formed a permanent statewide general purpose committee, the California DSA PAC, that would allow us to raise and spend large sums of money in support of future campaigns and candidates. Continuing to build on these relationships and resources through a statewide campaign for single-payer was a logical next step.

After extended discussion amongst various Californian chapters, the campaign was launched in January. The first phase of the campaign entailed directing pressure on Governor Gavin Newsom to lead politically on the issue by requesting the required ACA waiver from the Biden Administration. Newsom had campaigned as a nominal supporter of single-payer during his campaign for Governor.

In the second phase of the campaign, we identified members of the CA State Assembly to target, patching hundreds of voters through to legislators' offices to voice their support for our campaign's three demands—that their respective Assemblymember sign on to AB 1400, reject healthcare industry contributions, and call on Newsom to request the necessary waiver. In this phase, campaign volunteers made over 65,000 calls and successfully pressured Assemblymembers Rebecca Bauer-Kahan (AD-16) and Mike Gipson (AD-64) to agree to meetings between campaign representatives and their legislative staff.

Our campaign's Labor Team tasked itself with building support for a statewide Medicare for All healthcare system in our unions. We organized and developed [political education materials](#) to

disseminate within the rank-and-file memberships of our locals in order to make the case that we need to take healthcare off the bargaining table and make it a human right for all workers and their families.

*NY*

Across New York State DSA chapters formed a broad-based coalition with union and advocate groups, in coalition with our 6 socialist electeds in the state legislature, to fight for the state's single payer legislation, the New York Health Act. Together this coalition pursued a tight inside-outside strategy that turned unprecedented numbers of DSA members and activists out to regular phone banks and canvasses throughout the legislative session, trained up dozens of new organizers to be able to lead local campaigns and host campaign events, and formed critical relationships with our electeds to push New York's single payer legislation the furthest it has ever gone.

Though the legislation failed to be brought to a vote this session, the campaign secured a promise from Senate Leader Andrea Stewart-Cousins to create a working group for the bill ahead of the 2022 session. It is expected that bills around which a working group is formed will be brought to a vote in the following session; between this and the fact that the NYHA will go into the next legislative session with a majority of cosponsors in both legislative houses, the bill is in a strong position for us to take up the fight in 2022.

### ***Racial Justice + M4A***

In 2020, the DSA M4A campaign adopted the goal of connecting racial justice and health justice more concretely, deliberately, and forcefully in our campaign work. To that end, we set concrete goals for directing chapter work to include political education events about racial and health justice, and we organized a workshop at the national Single Payer Strategy Conference to discuss the problems and challenges facing the M4A movement in its goal of building a multiracial, working class movement. When the COVID-19 vaccine was released, it was distributed in a deeply racist and unjust manner, and several chapters, including Metro DC DSA and Twin Cities DSA, led very successful efforts to combat that with vaccine canvassing. Metro DC and New Orleans DSA were also able to pass City Council resolutions in support of Medicare for All that centered the importance of M4A as a racial justice demand. There is no shortage of work left to be done, but these have been productive and engaging first steps towards building a multiracial, working class movement for M4A.

# Challenges

## *Force the Vote:*

In December 2020, an idea began to take hold on social media that members of “The Squad” should ‘force a vote’ on Medicare for All by refusing to vote for Nancy Pelosi as Speaker of the House until they extracted an agreement from Pelosi that the House would hold a floor vote on Medicare for All in 2021. This idea was popularized by podcasters and Youtubers with large audiences, and DSA M4A fielded a lot of online criticism and pressure to join the call for “Force the Vote.” Within our committee leadership and ranks there was no perfect consensus, but we felt the need to bring forward a united response. This culminated in a statement written by DSA M4A and endorsed by the NPC that offered support for ‘forcing the vote’ as a tactic but declined to support tying it specifically to the Speakership vote.

The Force the Vote debacle revealed fractures within a particular base of support for Medicare for All that upended the campaign for several weeks and generated chaos, mistrust, and disunity within the national movement. Although this conflict was centered around a specific debate regarding Medicare for All, arguably this was merely one focal point in a broad disconnect between a disorganized online ‘left’ and DSA/DSA’s coalition partners. The extent to which this disconnect represents a sizable constituency or one that DSA should be trying to reach at all is not readily apparent, but the criticisms that emerged from the FTV debate are worth considering seriously, especially given that these dynamics and disconnects will likely re-emerge.

The most salient and productive criticisms tend to fall along the following lines:

- #1: The M4A movement, broadly, is too institutionalized, undemocratic, and reliant on politicians as leaders
- #2: The M4A movement has no clearly articulated strategy to *win*

**Point #1:** Building robust internal democracy and breaking down walls between ‘rank and file’ campaign participants and campaign leadership, while maintaining a coherent, nimble campaign model can often feel like trying to perform a high-wire act. The DSA M4A campaign,

relative to many other organizations in the national Medicare for All legislative roundtable is inarguably more responsive to the experiences of rank-and-file M4A organizers and more 'democratic' in that we have built clear lines of communication between chapters and the Steering Committee via the Regional Organizers. However, ultimately, decision making power and political responsibility is held by the Steering Committee. Further, communicating campaign decisions and decision making processes may be equally important as distributing decision making power itself. **Future Steering Committees should assess how a broader distribution of campaign decision-making power can serve the goal of building a mass movement for M4A and how this might be practically implemented as a priority campaign within DSA.**

**Point #2** is well-taken. Bernie's loss and the onset of the COVID-19 pandemic took a lot of the wind out of everybody's sails. The consolidation of power in support of Joe Biden, a candidate who had vowed to veto M4A if it ever reached his desk, made it crystal clear that the M4A movement had not yet accrued enough organized power to come even close to winning M4A. Although it took some time, we re-assessed and moved away from a purely legislative pressure campaign approach and instead coalesced around a broader and more diffuse strategy, one that we articulated in the 2021 organizing guide and which we hoped would create an M4A campaign that every chapter could participate in.

However, this new orientation is not as easy to communicate or to organize around as a legislative pressure campaign, nor is it as catchy as 'force the vote.' We know that we need to build organized socialist power in every Congressional District, and unless we undertake that work, we will not be well positioned to win M4A regardless of who is in office. **We need to alter the material conditions in which we are organizing.** However, the practicalities of this work will, by necessity, look very different from district to district and will be difficult to sum up in a few words. Further, it may not look at all like M4A organizing in some districts -- for example, a strong campaign to divest funding from the police department and towards a non-police mental health crisis response team could be hugely beneficial to building DSA's power and profile in a district, making it possible for them to seriously contest a Congressional seat in 2 years and send a socialist to Congress to advocate for and vote on M4A. But how to bring that work into the M4A campaign, and how to use the M4A campaign to bring chapters into that work? In other words, **how can we use the DSA M4A campaign to engage chapters in a process of**

**working towards a multi-year plan** for building, contesting, and wielding power that ultimately leaves our organization in a position to win M4A? And **how can we communicate that** as broadly and as simply as possible?

But our strategy to win M4A is not solely the responsibility of this committee. There are no easy answers, no shortcuts, and winning M4A will rely on the strength of our full organization, including our labor work, our electoral work, our chapter work, and more.

***Medicare for All Legislative Roundtable:***

The Roundtable is our campaign's primary point of entry into an 'insider' legislative strategy to win M4A. Typically, we have relied on the Roundtable to provide insight into target districts for pressure campaigns and key junctures in the legislative campaign (i.e. Committee hearings). The Roundtable also provides an institutional point of contact between DSA and numerous other national organizations that are fighting for Medicare for All, which has been very helpful for coordinating field organizing between the different M4A orgs and for having productive and successful national days of action. These organizations include leadership from some of the largest labor unions in the country fighting for Medicare for All, which are the foundation of any movement serious about winning. The Roundtable has been critical for moving our campaign forward in numerous ways.

However, the Roundtable has some limitations that have led us to take a slight step back from full participation in its campaigns. First, the Roundtable is driven by the agendas and timetables of legislators' offices, rather than setting the agenda for the legislative session independently.

**Do we want to build a movement led by the demands of working-class people, or do we want to be a key partner in a coalition of organizations following the lead of legislators?** Further, the Roundtable has not, to our minds, adapted their strategy for the new Administration in a sufficiently clear or independent way. For example, some members of the Roundtable are preparing to mobilize support for Medicare expansion, which is a better step towards health care reform than, say, the public option, but it is still too incrementalist for DSA to prioritize.

**Do we want to be a partner in (albeit potentially transformative) health care reform efforts, or do we want to remain focused on the horizon of a national health insurance program that meets our 5 Principles? (And are these two things in contradiction?)**

Lastly, the Roundtable has not sufficiently engaged organizations led by people of color, such as Movement 4 Black Lives, In Defense of Black Lives, Mijente, and Rising Majority. We feel that significant work needs to be done to build relationships with these and other BIPOC-led organizations and the M4A movement in order to build a multiracial mass movement for M4A, which we feel is a necessary prerequisite for winning M4A. We found it more effective to pursue these relationships outside of the Roundtable rather than try to organize the Roundtable itself to that end.

Because of these challenges, we have taken a step back from the Roundtable in 2021, although we are interested in re-engaging in the future. Our experiences in the Roundtable raise several questions. **Would a new national roundtable with more democratic structure and radical points of unity be possible or successful? Is there a need for more democratic unions to take up the fight for M4A within the roundtable, effectively reforming it?**

## **Goals and Recommendations for 2021-2023**

Therefore so be it resolved, that the DSA Medicare for All campaign shall remain a national priority campaign within DSA and will further the M4A movement by

- Helping chapters build local and statewide campaigns to push the M4A movement forward through strategic local campaigns, especially those that link health justice to racial justice, as well as the broader M4A movement.
- Getting as many U.S. Representatives and Senators as possible to sign on to the Health Care Emergency Guarantee Act and the Medicare for All bills, by carrying out independent local pressure campaigns.
- Electing Medicare for All legislators.
- Organizing protests and demonstrations aimed at insurance, pharmaceutical and other for-profit health care institutions.
- Winning local municipal resolutions for Medicare for All
- Build labor support for Medicare for All by supporting the formation of the Health Workers Collective.

Resolved, that the DSA Medicare for All Campaign Committee shall be budgeted no less than \$10,000 for discretionary spending in 2021-2022 and \$10,000 for discretionary spending in 2022-2023; and,

Resolved, that the Medicare for All Campaign Committee shall be primarily responsible for creating political education, communication and social media content relating to DSA's Medicare for All campaign and shall have final approval of campaign communications sent through national channels; and

Resolved, that participants in the DSA Medicare for All campaign pursue tactics tied to concrete activities that build organizing capacity and visibility for Medicare for All, that elevate Medicare for All as a anti-racist demand, and that build state-level organizing infrastructure. These tactics include but are not limited to pressuring representatives, organizing town halls and educational events, canvassing and phone banking, passing municipal resolutions and running local campaigns, organizing health justice mutual aid such as health fairs and medical debt clinics, and like activities; and

Resolved, that participants in the DSA Medicare for All campaign pursue realizable short and medium term goals and stay in touch with national organizing infrastructure via the Regional Organizers; and,

Resolved, that the DSA Medicare for All campaign committee shall support locals in developing local health justice campaigns and in other health justice organizing efforts through the Regional Organizer program and by producing an annual organizing guide and series of trainings on topics within that guide; and

Resolved, that the DSA Medicare for All campaign committee shall, within the first three months after Convention, recruit and train new Regional Organizers into the RO program, and

Resolved, that the DSA Medicare for All campaign committee shall, within the first three months after Convention, revisit and approve any governing committee documents as well as current committee leadership and leadership development to ensure compliance with the "Resolution to Prioritize BIPOC Recruitment, Engagement, and Development."

Resolved that the DSA Medicare for All campaign committee shall promote tactical and strategic local successes with the aim of building cross chapter communication and organization.

Resolved, that the DSA Medicare for All campaign committee shall work in close coordination with other national formations and shall strive not to duplicate work.

***A Note on Staff Time:***

From 2019 - 2021, DSA M4A has been supported by a portion of a DSA staff field organizer's time. Kaitlin M. has been instrumental in assisting with: building campaign infrastructure, organizing chapters into the DSA M4A campaign, developing training and organizing materials, and much, much more. The question of how priority campaigns should work with the DSA staff remains an open one, and it is a political question that is to some extent outside of the scope of this report.

However, although we are not requesting the Convention to authorize staff time in this report, we recognize that a DSA priority campaign needs to be prepared to scale up during critical political opportunities and moments (i.e. when the Health Care Emergency Guarantee Act was introduced) and that such preparation would benefit greatly from staff time. Should the Convention membership choose to renew our priority campaign status, and should the National Political Committee choose to allocate staffing resources to DSA M4A, we have drafted the following to allow the delegates to have a concrete sense of how that work might be directed:

The DSA Medicare for All Campaign Committee may be assisted with up to (2) full-time staff, and these individuals will be engaged in the following work:

- 1 Communications staff person to:
  - Manage DSA M4A social media accounts and the website with written guidance from SC
  - Support chapters in writing, developing, and editing articles about their work
  - Promoting local chapter initiatives nationally
  - Organize trainings for chapters on communications and digital media skills

- Coordinate with national translation resources to ensure that all our campaign materials are available in both English and Spanish
- 1 Organizing staff person to:
  - Facilitate and lead the biweekly regional organizer calls
  - Train and develop new regional organizers
  - Lead regular organizer trainings, in collaboration with the field organizing team and the RO team, with a focus on building local health justice campaigns in small chapters, chapters in the South, rural & suburban chapters, and critical legislative districts
  - Assist with leadership development and recruitment within the campaign. Prioritize recruiting leaders of color, leaders from small chapters, chapters in the South, rural & suburban chapters, and chapters in critical legislative districts. Prioritize recruitment of leaders with disabilities and of those with chronic illness.