

DRAFT STILL TO BE REVIEWED

February 5, 1993

MEMORANDUM FOR MRS. CLINTON

**FROM: Alexis Herman
Mike Lux**

**SUBJECT: Office of Public Liaison Plan For Health Care Reform
Campaign**

Per your request, attached is our department's plan for activities around the health care issue. This plan includes sections on:

1. The health reform intake war room.
2. Options on a health care summit or series of public hearings.
3. An overall strategy plan for tracking and relating to targeted interest groups:
 - a. A targeted outreach strategy.
 - b. An interest group data base.
 - c. The role of the DNC, including the formation of an independent coalition staffed by the DNC.
 - d. A plan for surrogates.

III.

A. Targeted Outreach Strategy

In addition to the centralized intake warroom, surrogate speaking, and the public hearings or summit we do, we need to have a very strategic approach to organizational outreach.

We could end up wasting a huge amount of staff time "receiving input" that would not accomplish very much toward actually building the coalition that will help us pass health care reform. With literally hundreds and hundreds of groups wanting to give us input, we could assign ten full-time staff people to do nothing but be in meetings all day everyday for four months, and we would still have groups we didn't have time to meet. And I don't believe that all that input would necessarily bring us much closer to our goal.

I think of a two-prong strategy. First is the very traditional public liaison strategy of setting up consultation meetings for small groups of organizational representatives that come from the same sector. These kinds of meetings should be done for:

- the major insurance companies
- small and medium sized insurance companies
- insurance agents
- the AMA
- other groups of doctors } *OK - health professionals*
- for-profit hospitals
- non-profit and church-run organizations } *SENIORS disability MAH*
- health care workers
- labor unions in general
- small business owners
- CEOs of big businesses
- single payer advocates
- groups concerned with rural health care
- women's health advocates
- children's health advocates
- low income health advocates
- minority groups

Although the transition met with all of these kinds of groups, it is different being invited to a White House briefing, and we should take advantage of that aura to build on the transition work. *Integrate w/ what JPS at low org - integrated - Qs*

Secondly, I think we should put together interdepartmental teams with assignments to focus on five key sectors in the health debate. Each team will have a different primary goal, depending on the nature of the sector they deal with:

1. A team of people assigned to work with the major industry players on health care - AMA, Hospital Association, Insurance Association and the biggest insurance companies. Their goals

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would be to gather intelligence on what these groups would be most upset about, and try to keep at least some of them from being opposed to the final package.

2. A team assigned to working with small business: they could end up being our toughest opponents. Again, intelligence gathering on their attitudes is a central goal, as well as trying to figure out a package that will be creative about meeting some of their needs.

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3. A team assigned to working with big business and the major business associations. Big business could end up being an ally, so we need to pay their key ideas a lot of attention.

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4. A team assigned to working with the single payer advocates, both the organizations and Congressional supporters. This team's top goal should be finding the one or two key concessions that we can live with that would bring them completely into the fold.

33 minority

5. A political research team assigned to finding out what are the seemingly smaller groups or issues that could end up causing us a big problem. For example, maybe there is a small industry group that has no clout with anyone except John Dingell: we need to know about things like that, or we will find ourselves blindsided.

If we have these five projects well-coordinated, we will go into this fight well prepared to take on the interest groups we need to take on, and it will be very tough to stop us.

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B. The Data Base

Building on the work of the transition health team, we are developing a data base which will include the following:

1. Name of organization
2. Membership information:
 - numbers of members
 - regional or Congressional district strength
 - demographic characteristics
3. Summary of positions in each major issue area:
 - whether they have their own plan
 - how strongly they feel about different positions
4. History of our relationship with them:
 - did they endorse campaign plan?
 - did we meet with them in campaign?
 - did we meet with them in transition?
 - have they been included in a WH briefing?
 - did they support us in the election?
5. Information about leadership:
 - home and business phone numbers, fax numbers, and addresses
 - biographies
 - analysis of credibility in the media
 - known relationships with Congresspeople

C. The DNC Role

The DNC clearly has a critically important role to play in the campaign. I would suggest the following roles:

1. The DNC should formally launch a pro-Clinton health reform initiative so that our base of organizations and grassroots supporters have a place to channel their activity. This coalition should have at least two distinct functions:

a. Enlisting the formal support of national, regional, state, and local organizations in the Clinton health care reform proposal.

b. Providing an organized structure, state by state and in targeted Congressional districts, for grassroots activist to help us generate local support: phone calls, letters, faxes, and mailgrams to Congress people; supportive letters-to-the-editor and talk show chatter; local speakers bureau; attendance at Congressional town hall meetings.

2. A closely related role for the DNC is that they need to be very active in general to help keep the Democratic base groups pumped up and excited. It's easy in this town for the nay-sayers to get to people, and we need to counter that cynicism.

3. The DNC can be instrumental for us in intelligence gathering and opposition research. Their staff will hear talk about things that may never reach us inside these walls.

4. David Wilhelm, as I mentioned before, should be a very active surrogate on the health care issue. He can help us whip up enthusiasm at J.J. dinners, party meetings, and union conventions all over this country.

D. Surrogates

In addition to the public appearances by Mrs. Clinton, Mrs. Gore, the President, and the Vice-President, we need to have a large and diverse group of "inside" and "outside" surrogates to help us get our message out. The entire surrogate scheduling operation should be centrally coordinated out of the health reform war room.

Inside Surrogates

For the purposes of this memo, by inside surrogates I mean every speaker directly affiliated to this administration. I would include in this list:

1. Every cabinet member who is a health care task force member, and their deputies. The heaviest load will clearly need to be carried by Secretary Shalala and her deputy. Other assistant secretaries at HHS should also be part of the list.
2. White House staff including Ira Magaziner, Carol Rasco, Maggie Williams, Melanne Verveer, Regina Montoya, John Hart, Alexis Herman, and Mike Lux.
3. David Wilhelm and Celia Fisher should be available for speeches to Democratic activists on health reform, and should include a paragraph on health reform in every speech where it is appropriate.

Outside Surrogates

We should also aggressively encourage our friends outside the administration to speak for our health reform. This includes the friendly Governors and other state and local officials; friendly providers and other health experts; and leaders of supportive organizations. Although we won't have as much control over the message with these allies, we should do everything we can to educate them on our message, and encourage them to adhere to it.

Realistically, we won't be able to coordinate the schedules of most outside surrogates. But we can certainly be very active in asking for help and training people how to be most helpful.

Overall Surrogate Scheduling Considerations

We need to be cognizant of the following things as we are putting together our surrogate schedule:

1. No one organizational sector (consumers, business, health industry, etc.) should get too much attention: everyone else would notice and get nervous.

2. We should make sure that we're getting all of the country's top tier media markets covered on a regular basis, but not do top tier markets exclusively.

3. Most of our speaking opportunities that we schedule, if not all, should have a format that allows for questions and comments. We need to be seen as listening.

4. Surrogate scheduling, like much of what we do, should be driven in great part by Congressional considerations.

II. Options on Health Care Hearings/Summit

There are two viable options for doing mass public education on health care via public participation events. Those options, which will be described in more detail below, are to do one major health reform "summit" or to do a series of regional hearings. Though there are advantages and disadvantages to both ideas, because of our tight overall timeline, we are recommending the summit option.

OPTION A: Health Reform Summit

For this option to work best, we would recommend the following:

1. The summit would be a two day event structured similarly to the economic summit except with Mrs. Clinton running it. The President should come by to open or close the event, but should not be there most of the time.
2. It should be held outside of Washington, D.C.
3. This should be an event where the average people dealing with the health crisis get their chance to speak up. Although individual health care providers should be invited to speak, no one who is head of or lobbyist for a trade association or other interest group should be asked to speak.
4. There should be at least two or three people with specific horror stories, but there should also be several middle class people with decent benefits who are feeling squeezed and worried.
5. Small business people should be prominently featured. There should also be at least one Fortune 500 CEO.
6. Senior citizens should be there, and should be encouraged to talk openly about their insecurities about potential changes in medicare and their choice of doctors. If these fears are expressed, and we deal with them head on, we will gain immeasurably.

OPTION B: Regional Hearings

This option would involve several regional hearings. The advantage of this option is that regional hearings help us build more of a grassroots organization and give us great regional coverage. (The disadvantage is there is no nationwide focus, as there would be with one summit.)

Most of the points raised in Option A also apply to Option B. One additional suggestion for Option B is that if we do these hearings, Mrs. Clinton should be scheduled in that media market for a full day so that she can do additional things: one-on-one local media interviews, a reception following the hearing, other important meetings or appearances during the day.