

# UNITED FOR SINGLE PAYER

## Minutes

Wednesday, September 30, 2009, 7:00 p.m.

Swedish Hospital, Cherry Hill Campus, Seattle, Washington

### 1. Call to Order - Introductions

### 2. Consent Agenda

- 2.1 Consideration of Approval of Meeting Minutes for Wednesday, 23 September 2009

**Minutes Approved**

- 2.2 Consideration of Approval of Financial Report

Bank Balance: \$5,040 (some outstanding bills), **Financial Report Approved**

### 3. Committee Reports

#### 3.1 Action Events and Meetings

-**Nancy**, went to a Republican health care town hall meeting. Their discussion notes are at [houserepublicans.com](http://houserepublicans.com). They argued that the US world health ranking is not 37th in terms of longevity -- if automobile accidents and murders were excluded it would be much lower. They said when hospitals give charity they get to deduct this from a B&O tax. I was glad I was there to give balance to the meeting. One person said everyone has to be more responsible for themselves. I said that some people I come in contact with don't have boot straps--they've lost their jobs, etc. Surprisingly, only about 40 people attended.

-**Ken**, this Friday, I've decided to do a micro-demonstration where ferry empties on Bainbridge Island. I'll be holding the Health Care for All=Single Payer sign and wearing my white coat. I plan to catch the traffic coming off the 3:45pm ferry from Seattle (arrives at 4:20pm). If anyone would like to join me, take the 3:45pm ferry and after arriving, walk up the hill to the intersection SR305/Winslow Way.

#### 3.2 Targeted Contacts

#### 3.3 Outreach / Membership Report

-**Martha**, I've been giving single payer talks at Democratic Party LDs (2nd, 30th, 27th). Most of my audiences express dissatisfaction with this incremental approach and it's a very big deal for them that nothing happens until 2013--that's two election cycles!

**Nancy**, there are medical professionals here in UfSP who would be willing to accompany you when you give these talks. We work with these issues everyday through our patients.

-**Chuck**, I gave a presentation in Lynnwood. I needed a sign-up sheet for UfSP though. It could say-- "find out more about single-payer" at the top (Sally will put UfSP sign-up sheet on website.)

-**Kathleen M**, there's an ad in *The Stranger* about a forum/fundraiser for political candidates at the Crocodile Cafe with music by the Presidents of the United States. We might want to replicate this event for Single Payer. It would draw attention from people who haven't yet been engaged in our issue. We can talk about this at the retreat.

-**Sally**, Larry is going to be interviewed on KEXP Radio, Sat., Oct. 10, 7:30-8:00am on Mind Over Matters by Mike McCormick.

-**Chuck**, we can all listen while we're brushing our teeth, getting ready to leave for the retreat!

-**Kathleen R**, from my perspective of the Action Teams that Chuck is putting together, people are really wanting to have training to give talks before groups in their local neighborhood groups, i.e. PTAs. We need a presentation tool-kit. Add this to the retreat discussion.

#### 3.4 Messaging Committee Report

**Don**, I've been working on a modified statement about the 45,000 who die each day because of lack of health care for the bus placard advertising. We can go nationwide, to many major cities. Each location would have their own website though. We'll talk more about this at the retreat.

#### 4. Action Items – Unfinished Business

##### 4.1 Consideration of Agenda for Retreat

**Jim**, I think our retreat should be about the big picture. We need a near-term strategy and then a long-term strategy (a 3 year plan).

**Nancy**, we have the technology (texting, etc.) to be holding neighborhood get-togethers and calling databases to let people know about our actions -- i.e. we'll be having sit-ins at insurance company offices. I'll bet we could attract many more people who would want to participate.

**Martha**, I could help with this by writing a script for vote-builder.

**Chuck**, I've been talking to a Republican about working with small businesses on our health care issues.

**Kathleen R**, small business people came and talked with us mid-summer but we never got back to them about working with us.

**Larry**, we are holding a forum in Bellingham near the end of this month. UfSP should be putting on town halls as often as possible.

**Ken**, a Poulsbo coffee shop contacted me and asked me to come and talk about health care. I told them I didn't want to deal with the same old statistics but would come if I could set the agenda. They agreed. We need to be assertive with our public speaking engagements and set the agenda about single payer.

**Jim**, we need to focus on growing this organization. The biggest failing of MAHD, with all of those energetic people in the audience, was to not have plugged UfSP. MAHD could have at least let people know about our website and mentioned the groups who help set up the event. We need to make our contact info readily available to people.

**Martha**, it would be good to use random focus groups to test out our materials.

**Larry**, In addition to issues such as fundraising for our retreat, I remember when Ralph Nader was in Bellingham eight years ago, he said a priority for leaders must be to train more leaders. There are many people in this organization with great skills. How do we mentor youth? Also, we should be working closer with communities of color.

**Susan**, I'll be representing UfSP at the MLK Day organizing meetings, starting next week. Also, I think the retreat should be about strategy for action as well as setting goals--i.e. insurance company sit-ins.

**Kathleen M**, on October 15, activists around the country will be holding sit-ins. If we wait until the retreat to organize our demo, it won't give us much time.

##### 4.2 Consideration of UfSP Organizational Structure

**MOTION: (Chuck, Susan) I propose that these issues regarding UfSP Organizational Structure be dealt with at subsequent Wednesday Meetings, in 20-30 minute segments (not at the retreat).**

**VOTE: UNANIMOUS**

##### The Mission Statement of United for Single Payer

United for Single Payer is a new coalition of organizations that are committed to continuing to advocate for single payer as the gold standard and to work together to build and amplify our strength and impact during this crucial period when Congress and the Administration are negotiating health care reform alternatives. The focus of our activities needs to be on our representatives and building grassroots support for the only real hope for achieving health care justice.

**Jim**, I don't like this mission statement. I think it needs to be rewritten.

##### 4.3 Which of the nine organizations on our webpage are still active in this coalition?

-All of them are still active + there is an at-large group

- 4.4 Is there an agreement on when, if ever, we make decisions by votes, and when we use consensus?  
**Larry**, with parliamentary procedure, 50%+ rules, unless chair says take vote by consensus. 100%, unless. Rule is, everyone agrees, two ways of disagreeing, not going to block, I am blocking consensus, then group has to reconsider.

**Sally**, I think, given the number of people who come to our meetings each Wed. (20-30), we should use a hybrid: consensus whenever possible, mediate nay votes if possible, if not, chair calls for 50%+ rule.

- 4.5 Does each constituent member of the coalition have on file the name of its voting delegate and alternate?

-Each group needs to select their delegate and alternate by next week.

- 4.6 Do individuals who come to USP vote through membership in one of the constituent member organizations?

**Kathleen R**, I think there are certain issues that delegates would want to vote for (because of strong repercussions to their organizations given that their names are listed as coalition members) and certain issues that members can vote for.

**Sally**, I think all votes should be taken by the body (all members present) except when an organization delegate calls for an organizational vote. I'll research Robert Rules about constituent member voting.

- 4.7 Are there functioning committees, with recognized chairs?

from August 12 minutes: 1) Action Events and Meetings (Linda R/Jon); Targeted Contacts (Newt, Sally, Martha, Dorli); 2) Information Systems, Website (David), Database (Clayton/Tom); 3) Finance/Fundraising (Dana/Ken/Martha); 4) Strategic Messaging (Don/Larry/Newt), Supplies (Leaflets, etc.) (Kathleen), Legislative Status (Larry/Don)

**Sally**, I think these committees need to be updated and simplified.

- 4.8 Is the finance committee made up of the chair of each committee and the treasurer?

-yes

5. New Business

**Ken**, The "discussion" listserv works for some things but announcements are getting lost. We need a "notice" listserv that can be used by everyone.

**Sally**, I'll contact Clayton and David about this possibility.

**Bill**, Since the public option has been taken out, how do we talk about what people would pay under a single payer plan?

**Martha**, I would look to the Washington Health Security Trust. Also, in Sherry Weinberg's presentations she shows the different models and how much they cost--Netherlands is \$140 per month.

**Ken**, Money and policy aside, I talk about the moral imperative to take care of people.

**Larry**, I have one slide describing how much health care costs--for British individual \$54, for British family \$109 (no dental vision or hearing); for French individual 8%, for French employer 13%. US has to choose -- how much of a benefit package and how want to pay. In Canada you don't get everything, but you are not going to lose your house or savings because of an illness.

6. Announcements

7. Adjourn

Our next meeting will be at 7:00 p.m. on Wednesday, October 7, 2009 at the Swedish Hospital, Cherry Hill Campus, in Seattle.