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Implementation Strategy for Health Care Reform Initiative [2]

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February 10, 1994

MEMORANDUM FOR DISTRIBUTION

FEB 11 1994

FROM: Mike Lux

SUBJECT: Attached

Attached is the first round of constituency/Congressional target grid that Debbie Fine and I have put together. It will be added to and updated on a weekly or bi-weekly basis. Yesterday, we received a lot more information on group activities in targeted districts that will be added over the next couple of days, but I wanted to go ahead and get a first cut out to you. I have not had a chance to analyze it in depth yet, but I will be doing more of that in coming days.

DISTRIBUTION:

Harold Ickes
Greg Lawler
Pat Griffin
Steve Ricchetti
Chris Jennings
Jack Lew
Jerry Klepner
Steve Edelstein
Alexis Herman ✓
Steve Hilton
Doris Matsui
Amy Zisook
Marilyn Yager
Marilyn DiGiacobbe

KEY FOR GROUP ANALYSIS BY CONGRESSIONAL DISTRICT

February 10, 1994

Best on the Ground: Groups that are particularly well organized for grassroots activity

PRO-HSA: Strong constituencies in the district that are generally supportive of the Health Security Act.

Retirees:	high concentration of workers for firms with the largest retiree health liabilities since 1991

ANTI-HSA: Strong constituencies in the district that are generally opposed to the Health Security Act.

Insurance:	high concentration of insurance workers
Tobacco:	high concentration of tobacco workers
Small business:	high concentration of small business owners

Allied Staff: Allied organizations that have field staff in the district.

COS: Legislation the Representative is cosponsoring

Clinton:	HSA
Michel:	Mcl
Cooper:	Cpr
McDermott:	McD
Armey:	Arm
Stearns:	Stn
Thomas:	Thom

Administration Activity: Activity in the district by the Cabinet, POTUS, FLOTUS or senior White House staff during the previous or upcoming two months

Allied Activity: Activity in the district by allied groups during the previous or upcoming two months

Demographics:

Listing of any of the following indicates a high concentration:

Mining:	mining workers
Comm/utility:	communications/utility workers
Educators	
Gov workers:	government workers
Manufacturing:	manufacturing workers
Transportation:	transportation workers

Medical: High or low concentration of medical workers

Key Issues: Issues that are important to the Representative

PAC: Contributions from several relevant industries in thousands of dollars

Ins: Contributions from insurance PACs and large donors since 1979
Health: Contributions from health PACs and large donors since 1979
Tob: Contributions from tobacco PACs and large donors since 1991
Ret: Contributions from PACs of Standard and Poor companies with largest retiree health liabilities since 1991
Lab: Contributions from labor PACs since 1991

Vote: Voting record of Representative in terms of Presidential support in 1993, from Congressional Quarterly

Elec:
A: Percentage of vote for the Representative in Congressional election
B: Percentage of vote in the district for Clinton in 1992 election

Organizational Abbreviations

AAFP	American Academy of Family Physicians
AAPA	American Association of Physicians Assistants
ACP	American College of Physicians
AFL-CIO	American Federation of Labor- Council of Industrial Organizations
AFSCME	American Federation of State, County and Municipal Employees
AFT	American Federation of Teachers
AHA	American Hospital Association
ALA	American Lung Association
ANA	American Nurses Association
BTD	Building Trades Department
CA	Citizen Action
HCRP	Health Care Reform Project
LWV	League of Women Voters
NARAL	National Abortion Rights Action League
NASW	National Association of Social Workers
NEA	National Education Association
NHCC	National Health Care Campaign
NLC	National Leadership Coalition for Health Care Reform
NMA	National Medical Association
NOW	National Organization for Women
NWPC	National Women's Political Caucus
PP	Planned Parenthood
RNPA	Registered Nurse Professional Association
SEIU	Service Employees International Union

January 24, 1994

JAN 25 1994

MEMORANDUM FOR DISTRIBUTION

FROM: Mike Lux

SUBJECT: Seniors Action Plan

Distribution List:

Harold Ickes
Ira Magaziner
Alexis Herman ✓
Melanne Verveer
Jeff Eller
Julia Moffett
Pat Griffin
Ricki Seidman
George Stephanopoulos
Dick Celeste
Bob Boorstin

The leading areas of concern agreed upon by everyone at our recent groups meeting were seniors and business. Alexis Herman continues to lead the strategy on our business effort. This memo lays out a strategy for energizing and educating senior citizens around the benefits for them in our bill.

I. Straight Talk With the Leading Seniors Organizations

We all agreed that it is time to start a drumbeat of blunt conversations with the key seniors groups (especially AARP, but also National Council of Senior Citizens and the National Council on the Aging) about the necessity of them doing more to save the things in the bill they care about -- long-term care, prescription drugs, early retirees, and community rating that includes age. These conversations clearly need to happen not only between us and the groups, but between Hill leadership and the groups.

I am starting this process on our end (I am meeting with AARP today, and have requested meetings between John Rother and both Harold and Pat to keep the drumbeat going.) Pat and Steve Richetti should ask both House and Senate leadership to do the same. Giving these groups a hard push is important to do ASAP.

II. Doing Presidential/ First Lady/ Cabinet Message Events With Seniors Focused On Senior Issues

I would strongly advocate an administration-wide -- especially Presidential -- schedule over a period of a couple of weeks in February that emphasizes senior audiences and the most important issues of concern to seniors. We will never raise our numbers with seniors on the health care issue until we pound home some basic themes with Presidential events, and amplify those anchoring events with events by other Administration officials in targeted districts around the country.

Here are the events I think would be helpful:

1. A speech focused on senior issues in the health care bill to a large supportive senior audience. Florida, the Midwest, or the Northeast would all be strong regional sites. One thing AARP will do for us is to host such events and help us build a supportive crowd, and doing an event with an AARP stamp of approval would be a good thing.

2. A visit to an adult day care center or other community-based, long-term care facility, perhaps somewhere in the D.C. area.

3. An event emphasizing prescription drug coverage and lowering the costs of prescription drugs. Such an event could be done by going to a pharmacy, but we could also bring retail pharmacists and seniors to the White House for an event.

4. A validation event with supportive senior group leaders and well known senior advocates like Arthur Flemming. The politics of this would be similar to the doctors groups event: even though the groups are not all willing to use the "endorse" word, the media would pick up the strong support.

Events with the First Lady and Cabinet officials in targeted media markets would be very helpful as a way a way to reinforce these Presidential events.

If we were to plan this kind of series of events, I know I could get supportive groups to do complementary events for us all over the country.

III. Targeting Radio Talk Shows With A Heavy Seniors Audience

We should make a big emphasis in February of getting administration officials to do radio interviews on these talk shows. This could be reinforced by getting local supporters to book interviews on the same stations within a few days of the Cabinet official's interview, so we get a double hit.

IV. Targeting Senior Citizens for Speaking and Literature Distribution

Again, in keeping with all these other activities, we could target February for a major emphasis by the field staff of the National Health Care Campaign and of our allied groups doing retail education in senior centers, senior housing and congregate meal sites.

V. DNC Radio Ads Targeted to Seniors

We should consider buying some ads emphasizing senior issues on stations and programs heavily listened to by senior citizens.

If we do a good job at educating seniors on the key issues for them in our health care plan, we can move numbers and enthusiasm by seniors for the plan. That -- combined with straight talk from us and Congressional leadership -- will be instrumental in giving senior groups the impetus they need to begin serious grassroots activity.

JAN 24 1994

January 24, 1994

MEMORANDUM FOR ALEXIS HERMAN, AMY ZISOOK, MARILYN YAGER AND CAREN WILCOX

FROM: Mike Lux

SUBJECT: Small Business Strategy

Under Ira's and my direction, Lynn Margherio has launched an ambitious program at doing outreach to targeted groups of physicians. This plan calls for a series of weekly or twice weekly physician briefings, bringing in 100-200 potentially friendly physicians per meeting from physician groups and targeted state and local medical societies. I would support instituting a similar plan, to be complementary to our broader Congressional opinion leader meetings, with small business owners. Those business owners I would target to bring in would all come from targeted districts, and would be drawn from the following sources:

- the redlined sectors we've already identified,
- Democratic business owners identified by the DNC,
- business people identified by SBA's outreach /surveys on health care,
- businesses that are identified by our big business supporters (vendors, etc.), and
- businesses identified by other allied groups or politicians.

I would like to discuss this idea with all of you soon.

MEMORANDUM

TO: Mr.Ira Magaziner
FR: Alexis Herman
DT: January 24, 1993
RE: Implementation Strategy for the President's Health Care Reform Initiative

Following is the three (3)-part strategy proposed by this Office to implement health care reform. The first objective is outlined in more detail than the other two and appears in the form of an attachment to this memo. The more fully detailed strategies for objectives II and III will be developed within the next forty-eight (48) hours.

Objective I - To solidify our base of support and to develop strategies for overcoming organized opposition.

Please see attachment.

Objective II - To sponsor a series of hearings to bring focus to Mrs. Clinton's "People First Agenda"

OPL will work with Ms. Anne Wexler and Mr. Bruce Freed to draft a proposal for a discussion of the hearings. The proposal might include cooperation with The Robert Wood Johnson Foundation.

Objective III - Development of an "Intake Center" or Health Care "War Room"

A) Like any intake center, the first business will be triage - prioritization and referral.

B) Organizationally, beyond triage, there will be a policy coordination section to ensure consistency with the overall policy direction; a Speakers Bureau to carry the President's health care reform message; Correspondence; Scheduling and Logistics.

DISCUSSION OF OBJECTIVE 1

There are three elements to achieving Objective 1:

There are three critical elements to the outreach effort:

1. Solidifying the base of organizations and individuals, both inside and outside of Washington, which will support and actively lobby for the President's proposal, and

2. Developing a detailed, accurate data base of politically influential organizations and their positions on the issues which are likely to be more critical to passage of the President's health care proposal.

3. Organizations which are opposed to the President's position, either outright or by way of subterfuge (being in favor of reform, but opposing key elements of the President's plan) must be identified, their opposition must be understood, and a strategy to convert them to supporters (or to a neutral position), if possible, needs to be developed.

1. Solidifying the Base

As with any organizing effort, it will be critical to secure the existing base of groups and individuals in support of health care reform and to build upon it. There is a strong base to build on already including:

- The Labor Movement
- Child Advocacy Groups
- The Minority Community
- The Women's Movement
- The Disability Community

- The Aging Community
- The AIDS Community
- A growing number of large employers
- State health care coalitions
- Governors and State Legislatures
- A number of health care professional groups
- Some hospital and managed care organizations

Some of these interests will support the President's proposal so long as it assures achieving the objectives of effective cost containment and universal coverage for quality health care. Some may have problems with specific elements of the President's proposal, but are likely to set those concerns aside in support of the total package.

There is a three step process which needs to be developed to create broad based coalition to support the President's program once it is decided, announced and sent to the Hill. The first step involves identifying and inviting to the White House those groups who can be identified by the transition group who need to be consulted (both pro and con) before the policy is finally decided. Their support, neutrality or opposition must be identified and analyzed in advance of any announcement so you will know where you are as you go public.

The second step is the notification and communications strategy that is developed for the announcement of the plan. This involves identifying groups and individuals that need advance notification, a schedule of briefings that must be done on announcement day, a congressional and media announcement strategy and immediate follow up briefings connected with the announcement for key groups (post announcement day).

The third step is the ongoing coalition building that follows announcement and is a continual ongoing series of briefings, large and small, some with the President in the East Room and others with other members of the task force, obviously including the First Lady, and other activities that support the policy operation and the congressional liaison operation and continuously provide intelligence to the task force as the dynamic process proceeds to passage and signature, when again the interest groups are involved as rewards for helping

None of these interests can be taken for granted. Their must be an explicit strategy for each interest, and where required, for specific groups.

It is essential that each group, especially those which represent consumer interests, be called upon to be actively engaged in supporting the President's proposal, both in Washington and across the nation.

A strategy to develop support among large employers is very important. The National Leadership Coalition on Health Care Reform has a number of Fortune 500 companies who are supporting a health proposal quite similar to the President's. Business leaders who endorsed the President during the campaign must be contacted and recruited to participate in this effort. This should be, as much as possible, as peer-to-peer effort with the President

or Cabinet members or senior White House staff making the calls.

The health care professional groups which are in favor of systemic reform must be visibly engaged in this effort, perhaps most importantly nurses. The American Nurses Association, the American College of Physicians, the American Academy of Family Physicians and others should be called upon to influence their peers and to be visible supporters of the President's plan.

Working with Congressional Liaison, a careful assessment should be made of the likely positions of each Member of Congress. Even before the policy is announced, it will be useful to have identified our potential allies and opponents. All this information should be in a database.

2. Develop an Organizational Database

A campaign style data base should be built to facilitate the outreach, communications, advocacy and other elements of the President's health care campaign. The data base should be carefully designed to assure the ability to identify and communicate with organizational leaders, track the positions of groups on the key elements of the reform debate, and maintain real time notes on conversations, meetings, positions papers, etc.

Similarly, a filing system must be established to allow prompt retrieval of organization documents.

Being able to promptly and accurately know the positions of every interest group and organization and be able to communicate with their key leaders will be vital to the ultimate success of the President's initiative.

3. Identify Opponents and Prepare Appropriate Strategies

Organizations which will oppose the President's plan outright or which will urge reform but oppose key reform elements must be identified early on.

Already we know the following

- Small business will oppose any employer mandate.
- Insurers, pharmaceutical companies, many employers, for-profit hospitals and other provider groups will oppose any mechanism that constrains the growth of health care spending in the near term. Opposition has been raised by these interests to global budgets for a variety of reasons.
- Insurance agents and small to mid-range insurers face the elimination of their markets and will fight for survival.
- The tax cap issue will be particularly divisive with labor and consumers absolutely opposed and "pure" managed competition proponents absolutely supportive.

Other issues will engender opposition by specific groups on specific issues.

Public Liaison must be able to accurately identify groups which oppose, in whole or in part, the President's plan and develop strategies appropriate to either convert opponents to supporters or render them neutral.

TV
1/31/97

file
Health

MEMORANDUM

To: Alexis Herman

Fr: Mike Lux

Re: Current Assessments of How Interest Groups Are Positioning Themselves on Health Care

Date: February 2, 1993

I have divided groups (and kinds of groups) into four categories:

I. National Groups Most Supportive. These are our most hardcore allies, although labor could still end up in opposition if we go certain directions (the biggest example being taxing health care benefits.) AFL-CIO as a whole is very supportive, as are many of its affiliates, although some of their internationals still favor single payer. The other organizations are all pretty solid.

AFL-CIO
SEIU
American Nurses Association
Families USA
National Leadership Coalition for Health Care Reform
American College of Physicians
American Academy of Family Physicians
Health Care America
Catholic Health Association

II. The kinds of groups most likely to join our coalition. All of these groups are generally supportive of health care reform, but are waiting on certain key provisions of the package before giving their enthusiastic support.

Disability Community
Child Advocacy Groups
Minority Community
Women's Movement
Senior Citizen Groups
AIDS Community
Large employers in mature industries
National Council of Churches
US Catholic Conference

III. Single payer advocates. This is our left flank. As long as we deal with their concerns in a fair way, I think they will end up helping us.

AFSCME	National Association of Social Workers
UAW	National Council of Senior Citizens
Teamsters	National Farmers Union
CWA	Neighbor to Neighbor
ACTWU	National Hispanic Council on Aging
Machinists	Physicians for a National Health Program
OCAW	Public Citizen
Citizen Action	United Church of Christ
Consumers Union	United Cerebral Palsy

IV. Most likely opposition. All are likely to violently oppose some parts of the plan, and perhaps mildly support other parts. Where our biggest opposition comes from obviously depends on the final draft of the legislation.

- National Federation of Independent Businesses, and other small business groups
- Insurance Industry, especially independent insurance agents and mid-range insurers
- Pharmaceutical companies
- For-profit hospitals
- AMA

1ST DRAFT MEMORANDUM

To: Ms. Alexis Herman
From: Paul Jackson
Date: February 2, 1993
Re: Implementation Strategy for the President's Health Care Reform Initiative - Objective III - Development of a Health Care Intake Center/War Room
CC: Mr. Mike Lux

Rationale

The Intake Center/War Room (ICWR or War Room [WR]) is being developed to address critical short-term, medium and long-term needs of the above-referenced Initiative and to serve as the focal point of the Office of Public Liaison (OPL) in the area of health care. Some of those needs include alleviating a correspondence bottleneck and backlog, thereby allowing improved responsiveness to constituents,Congress and others and projecting a more positive image for the Administration; ~~bringing cohesion to policy development~~, implementation and public education; developing the infrastructure to allow for smooth implementation; and bringing order and structure to the process. It will work to support the other two objectives of the ~~Implementation~~ Strategy: 1) to solidify our base of support and to develop strategies for overcoming organized opposition, and 2) to sponsor a series of hearings to bring focus to Mrs. Clinton's "People First Agenda."

Overview

~~The ICWR is to be composed~~ of six (6) basic components as outlined below, and housed in rooms 207, 205, 287, 289, and 2891/2 of the Old Executive Office Building. What follows for each component is its name, function, and staffing configuration.

Component I - Directorate

Function

Provides overall direction, guidance and coordination for the ~~ICWR~~. Direct operational responsibility for the Intake Center/ War Room ~~including policy direction~~, organization, staffing, structure. Reports to the Director of the OPL, coordinates with and is in a relationship of close mutual support with all segments of the OPL. In cooperation with other segments of the OPL, insures proper dissemination of information to and correspondence with concerned public and private entities as it relates to health care, particularly correlates activities with the Health Care Reform Task Force and supports its mission.

Staffing Configuration

OPL Director for Health Policy and Reform (DHPR), (Room 207)
Professional Secretary/Receptionist (Room 205).

207 would be the sole singly occupied room, allowing for the only break-out space in the unit which could accommodate 5 -6 persons for vital meetings with internal staff, OPL staff, members of the Health Care Reform Task Force, agencies, etc. As such, it constitutes essential space.

Component II - Policy Coordination

Responsible for the analysis and generation of original health policy and research reports and the digestion and synopsis of evolving health issues and news, relating same to centralized policy direction and ensuring their consistency with Administration policy. Serves as a repository for health care information and policy input for the OPL and the DHPR. Assists in the establishment of guidelines for Correspondence, the Speaker's Bureau and Triage. Under the guidance of the DHPR, serves as the driving force behind any action taken by OPL directed at health care or health care reform. Reports to the DHPR.

Staffing Configuration

Public Health Analysts (2) (Room 205)
Professional Secretary/Typist (Room 205)

Component III - Triage

Function

Performs a critical function as in acute medical care delivery, making decisions on prioritization, and proper treatment and referral. Appropriately trained staff under the immediate supervision of a Triage Manager possessing health care and political skills and knowledge will make decisions on whether an issue or correspondence is properly located in health, at all; whether it is critical or routine; should be fast - tracked or routinely dealt with; whether it requires bringing together other expertise to formulate a proper response; etc. This person normally meats at least once daily with the DHPR, as will other key staff of the Intake Center/War Room.

Standardized but easily personalized response letters will be constituted to ensure that each letter or inquiry receives an immediate response within a predetermined period of time. This unit obviously interacts regularly with correspondence and, when necessary, with policy coordination. Triage, in consultation with the DHPR will help to decide when to engage the Speaker's Bureau in response to an expressed or perceived need.

Staffing Configuration

Triage Manager (Room 2891/2)
Triage Staff (2) (Room 289)
Correspondence Unit (As described below).

Component IV - Correspondence

Function

Is responsible for the orderly and timely response to all letters and inquiries coming to the OPL relevant to health, after that relevancy has been determined - generally by triage, with input from the DHPR, Policy Coordination Section, and other elements of OPL, where appropriate. Correspondence Secretary in this component receives and logs in all mail coming to the Health Care Intake Center/War Room, forwards it to Triage where it is either returned to correspondence for routine disposition, or to DHPC, Policy Coordination, etc. for a determination on further appropriate action. The Professional Receptionist has the same responsibility as it relates to telephonic communications. All calls will be logged in and checked off according to type and action taken. ~~Again~~, all responses are to be handled within a predetermined amount of time while any further action is being decided on or taken. That response will indicate what action is being taken, when a final determination should be expected and whether and to whom the letter/inquiry was referred, with that persons title and how she/he can be contacted for follow-up. A system of cross-checking will be implemented to insure that all such correspondence has been properly logged in and otherwise processed. The standards of accuracy will be reflected in each staff's Employee Performance Management System and Evaluation.

Some Triage and Correspondence staff may have overlapping functions depending on the volume and type of load, and will consequently receive cross-training. Correspondence staff report to the Triage Manager.

Staffing Configuration

Professional Receptionist (Room 287)
Correspondence Secretaries, Cross-Trained in Triage (2) (Room 2891/2) and (Room 289) - one (1) person in each.

Component V - Speakers Bureau

Function

Facilitates the fulfillment of key elements of the health care reform implementation strategy; specifically, the solidification of our base of support while counterpunching the opposition, and bringing focus to Mrs. Clinton's "People First Agenda." In

consultation with the DHPR; other components of OPL, including the Director; agencies; and the Health Care Task Force develops a pool of knowledgeable, stimulating, thought-provoking and respected speakers in the health field located in various stations, and coordinates their scheduling to make appearances and educate the public as to the efficacy of the President's reform package. Speakers can be utilized to make independent presentations and/or participate in panels as part of the hearings for the "People First Agenda." Works closely with the scheduler.

Staffing Configuration

Coordinator, perhaps with public relations background with a concentration in health issues. (Room 2891/2) Reports to the DHPR.

Component VI - Scheduler

Function

Works to ensure the accurate utilization of staff time, particularly as it relates to meetings. Assists Speaker's Bureau in the coordination of speaker's time and the needs of various groups who would benefit from greater exposure to and clarification of the President's health care reform.

Staff Configuration

Scheduler (Room 287) Reports to Speakers Bureau Coordinator or DHPR

Cumulative Space Utilization Necessary to Accommodate the Health Care Intake Center/War Room

Room 207

1 (Director of Health Policy and Reform , OPL)

Room 205

4 (2 Secretaries, 2 Public Health Analysts

Room 2891/2

3 (Triage Manager, Correspondence Secretary, Speaker's Bureau Staff Specialist)

Room 289

3 (Two Triage Staff and a Correspondence Secretary with triage cross-training and responsibility to initially receive and log in-coming mail)

Room 287

2 (Professional Receptionist, and Scheduler)

While I would suggest that the above represents economic and efficacious utilization of space, I would welcome the insight of an Organizational and Behavioral Specialist such as Dr. Weaver. We must ensure that given our needs for mail sorting, files and work space for concentrated, demanding work, that there is adequate space and configuration to ensure a safe, positive and productive environment.

file Heath

MEMORANDUM

TO: Mr.Ira Magaziner
FR: Alexis Herman
DT: January 24, 1993
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OPL will work with Ms. Anne Wexler and Mr. Bruce Freed to draft a proposal for a discussion of the hearings. The proposal might include cooperation with The Robert Wood Johnson Foundation.

Objective III - Development of an "Intake Center" or Health Care "War Room"

A) Like any intake center, the first business will be triage - prioritization and referral.

B) Organizationally, beyond triage, there will be a policy coordination section to ensure consistency with the overall policy direction; a Speakers Bureau to carry the President's health care reform message; Correspondence; Scheduling and Logistics.

DISCUSSION OF OBJECTIVE 1

There are three elements to achieving Objective 1:

There are three critical elements to the outreach effort:

1. Solidifying the base of organizations and individuals, both inside and outside of Washington, which will support and actively lobby for the President's proposal, and

2. Developing a detailed, accurate data base of politically influential organizations and their positions on the issues which are likely to be more critical to passage of the President's health care proposal.

3. Organizations which are opposed to the President's position, either outright or by way of subterfuge (being in favor of reform, but opposing key elements of the President's plan) must be identified, their opposition must be understood, and a strategy to convert them to supporters (or to a neutral position), if possible, needs to be developed.

1. Solidifying the Base

As with any organizing effort, it will be critical to secure the existing base of groups and individuals in support of health care reform and to build upon it. There is a strong base to build on already including:

- The Labor Movement
- Child Advocacy Groups
- The Minority Community
- The Women's Movement
- The Disability Community

- The Aging Community
- The AIDS Community
- A growing number of large employers
- State health care coalitions
- Governors and State Legislatures
- A number of health care professional groups
- Some hospital and managed care organizations

Some of these interests will support the President's proposal so long as it assures achieving the objectives of effective cost containment and universal coverage for quality health care. Some may have problems with specific elements of the President's proposal, but are likely to set those concerns aside in support of the total package.

There is a three step process which needs to be developed to create broad based coalition to support the President's program once it is decided, announced and sent to the Hill. The first step involves identifying and inviting to the White House those groups who can be identified by the transition group who need to be consulted (both pro and con) before the policy is finally decided. Their support, neutrality or opposition must be identified and analyzed in advance of any announcement so you will know where you are as you go public.

The second step is the notification and communications strategy that is developed for the announcement of the plan. This involves identifying groups and individuals that need advance notification, a schedule of briefings that must be done on announcement day, a congressional and media announcement strategy and immediate follow up briefings connected with the announcement for key groups (post announcement day).

The third step is the ongoing coalition building that follows announcement and is a continual ongoing series of briefings, large and small, some with the President in the East Room and others with other members of the task force, obviously including the First Lady, and other activities that support the policy operation and the congressional liaison operation and continuously provide intelligence to the task force as the dynamic process proceeds to passage and signature, when again the interest groups are involved as rewards for helping

None of these interests can be taken for granted. Their must be an explicit strategy for each interest, and where required, for specific groups.

It is essential that each group, especially those which represent consumer interests, be called upon to be actively engaged in supporting the President's proposal, both in Washington and across the nation.

A strategy to develop support among large employers is very important. The National Leadership Coalition on Health Care Reform has a number of Fortune 500 companies who are supporting a health proposal quite similar to the President's. Business leaders who endorsed the President during the campaign must be contacted and recruited to participate in this effort. This should be, as much as possible, as peer-to-peer effort with the President

or Cabinet members or senior White House staff making the calls.

The health care professional groups which are in favor of systemic reform must be visibly engaged in this effort, perhaps most importantly nurses. The American Nurses Association, the American College of Physicians, the American Academy of Family Physicians and others should be called upon to influence their peers and to be visible supporters of the President's plan.

Working with Congressional Liaison, a careful assessment should be made of the likely positions of each Member of Congress. Even before the policy is announced, it will be useful to have identified our potential allies and opponents. All this information should be in a database.

2. Develop an Organizational Database

A campaign style data base should be built to facilitate the outreach, communications, advocacy and other elements of the President's health care campaign. The data base should be carefully designed to assure the ability to identify and communicate with organizational leaders, track the positions of groups on the key elements of the reform debate, and maintain real time notes on conversations, meetings, positions papers, etc.

Similarly, a filing system must be established to allow prompt retrieval of organization documents.

Being able to promptly and accurately know the positions of every interest group and organization and be able to communicate with their key leaders will be vital to the ultimate success of the President's initiative.

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Organizations which will oppose the President's plan outright or which will urge reform but oppose key reform elements must be identified early on.

Already we know the following

- Small business will oppose any employer mandate.
- Insurers, pharmaceutical companies, many employers, for-profit hospitals and other provider groups will oppose any mechanism that constrains the growth of health care spending in the near term. Opposition has been raised by these interests to global budgets for a variety of reasons.
- Insurance agents and small to mid-range insurers face the elimination of their markets and will fight for survival.
- The tax cap issue will be particularly divisive with labor and consumers absolutely opposed and "pure" managed competition proponents absolutely supportive.

Other issues will engender opposition by specific groups on specific issues.

Public Liaison must be able to accurately identify groups which oppose, in whole or in part, the President's plan and develop strategies appropriate to either convert opponents to supporters or render them neutral.

MEMORANDUM

TO: Mr.Ira Magaziner
FR: Alexis Herman
DT: January 24, 1993
RE: Implementation Strategy for the President's Health Care Reform Initiative

Following is the three (3)-part strategy proposed by this Office to implement health care reform. The first objective is outlined in more detail than the other two and appears in the form of an attachment to this memo. The more fully detailed strategies for objectives II and III will be developed within the next forty-eight (48) hours.

Objective I - To solidify our base of support and to develop strategies for overcoming organized opposition.

Please see attachment.

Objective II - To sponsor a series of hearings to bring focus to Mrs. Clinton's "People First Agenda"

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Memorandum
To: Mr. Ira Magaziner
From: Alexis Herman
Date: February 3, 1993
Re: ~~Implementation~~ Strategy for the President's Health Care Reform Initiative - Objective III - Development of a Health War Room

Rationale

The Health War Room (HWR) is being developed as a public response mechanism to address the demands generated by the tremendous interest in health care. It is an effort to centralize, in a coordinated fashion, our response to the issues. It is a largely process-driven effort that will address short-term, medium and long-term needs of the health reform initiative. Some of those needs include alleviating a correspondence bottleneck and backlog, thereby allowing improved responsiveness to constituents, Congress and others and projecting a more positive image for the Administration; public education; developing the infrastructure to allow for smooth implementation of health strategies; and bringing order and structure to the process. It will work to support the other two objectives of the Outreach Strategy: 1) to solidify our base of support and to develop strategies for overcoming organized opposition; and 2) to sponsor a series of hearings to bring focus to the Administation's "People First Agenda."

Overview

The HWR is to be composed of the following six (6) basic components: Directorate, Triage, Correspondence, Speakers Bureau, Cabinet Coordination, and Scheduling. What follows for each component is its name, function, and staffing configuration.

Component I - Directorate

Function

Provides overall coordination for the Health War Room. Direct operational responsibility including, organization, staffing and structure. Reports to the Director of the Health Care Task Force. Coordinates with and is in a relationship of close mutual support with the White House Office of Public Liaison. Insures proper dissemination of information to and correspondence with concerned public and private entities as it relates to health care, particularly correlates activities with the Health Care Reform Task Force and supports its mission.

Staffing Configuration

Director, Health War Room with a Professional Secretary. Reports to Director of the Health Care Task Force.

Component II - Triage

Function

Performs a critical function as in acute medical care delivery, making decisions on prioritization, proper treatment and referral. Appropriately trained staff under the immediate supervision of a Triage Manager possessing health care and political skills and knowledge will make decisions on whether an issue or correspondence is properly located in health, at all; whether it is critical or routine; should be fast - tracked or routinely dealt with; whether it requires bringing together other expertise to formulate a proper response; etc. This Manager meets daily with the HWR Coordinator to update each other and exchange views on how the War Room can support the overall health reform mission.

Standardized but easily personalized response letters will be constituted to ensure that each letter or inquiry receives an immediate response within a predetermined period of time. This unit obviously interacts regularly with correspondence and, when necessary, with policy coordination. Triage, in consultation with the HWR will help to decide when to engage the Speaker's Bureau in response to an expressed or perceived need and when issues should be taken to the Health Care Task Force.

The Triage unit will address the more non-routine situations and will therefore serve something of a trouble-shooting role. After procedures are in place, Correspondence staff should be prepared to routinely address the bulk of the HWR activity.

Staffing Configuration

Triage Manager, with Triage Staff (2), with access to and support from Correspondence Unit. Has a duel reporting role: to the Director of the Health Care Task Force.

Component III - Correspondence

Function

Is responsible for the orderly and timely response to all letters and inquiries coming to the White House relevant to health, after that relevancy has been determined, by standard procedure or Triage, with input from the HWR and the OPL, where appropriate. Supports the functions of Triage. Correspondence Secretary in this component receives and logs in all mail coming to the Health Care Intake Center/War Room, forwards it to Triage where it is responded to, appropriately referred or returned to

Correspondence for routine disposition. The Professional Receptionist has the same responsibility as it relates to telephonic communications that the Correspondence Secretary does regarding written communications. All calls will be logged in and checked off according to type and action taken. All responses are to be handled within a predetermined amount of time while any further action is being decided on or taken. That response will indicate what action is being taken, when a final determination should be expected and whether and to whom the letter/inquiry was referred. Where appropriate, the name and title of the person to whom communication was rerouted and how she/he can be contacted for follow-up will be included in a response. A system of cross-checking will be implemented to insure that all such correspondence has been properly logged in and otherwise processed.

Some Triage and Correspondence staff may have overlapping functions depending on the volume and type of load.

Staffing Configuration

Professional Receptionist, Correspondence Secretaries, Cross-Trained in Triage (2), reporting to Director, HWR.

Component IV - Speakers Bureau

Function

Facilitates the fulfillment of key elements of the health care reform implementation strategy; specifically, the solidification of our base of support while counterpunching the opposition, and bringing focus to the Administration's "People First Agenda." In consultation with the Director, HWR; OPL; agencies; and the Health Care Task Force develops a pool of knowledgeable, stimulating, thought-provoking and respected speakers in the health field located in various stations, and coordinates their scheduling to make appearances and educate the public as to the efficacy of the President's reform package. Speakers can be utilized to make independent presentations and/or participate in panels as part of the hearings for the "People First Agenda." Works closely with the scheduler.

Staffing Configuration

Staff Specialist, perhaps with a public relations background and a concentration in health issues. Reports to the Director, HWR.

Component V - Cabinet Coordination

Serves as central liaison with the Cabinet Secretary, with responsibility of keeping the War Room abreast of Cabinet activities involving health care interest groups. Coordinates

with the Speaker's Bureau to ensure that the Cabinet is optimally utilized in its outreach and education efforts.

Staffing Configuration

Cabinet Liaison. Works through Cabinet Secretary in the White House.

Component VI - Scheduler

Function

Maintains broad overview of appointment needs as related to the health care agenda and ensures the timely response to requests for public information and to the needs of the Administration to have concerned parties exposed to its health care reform efforts. Assists Speaker's Bureau in the coordination of speaker's time.

Staff Configuration

Scheduler who reports to Director, HWR

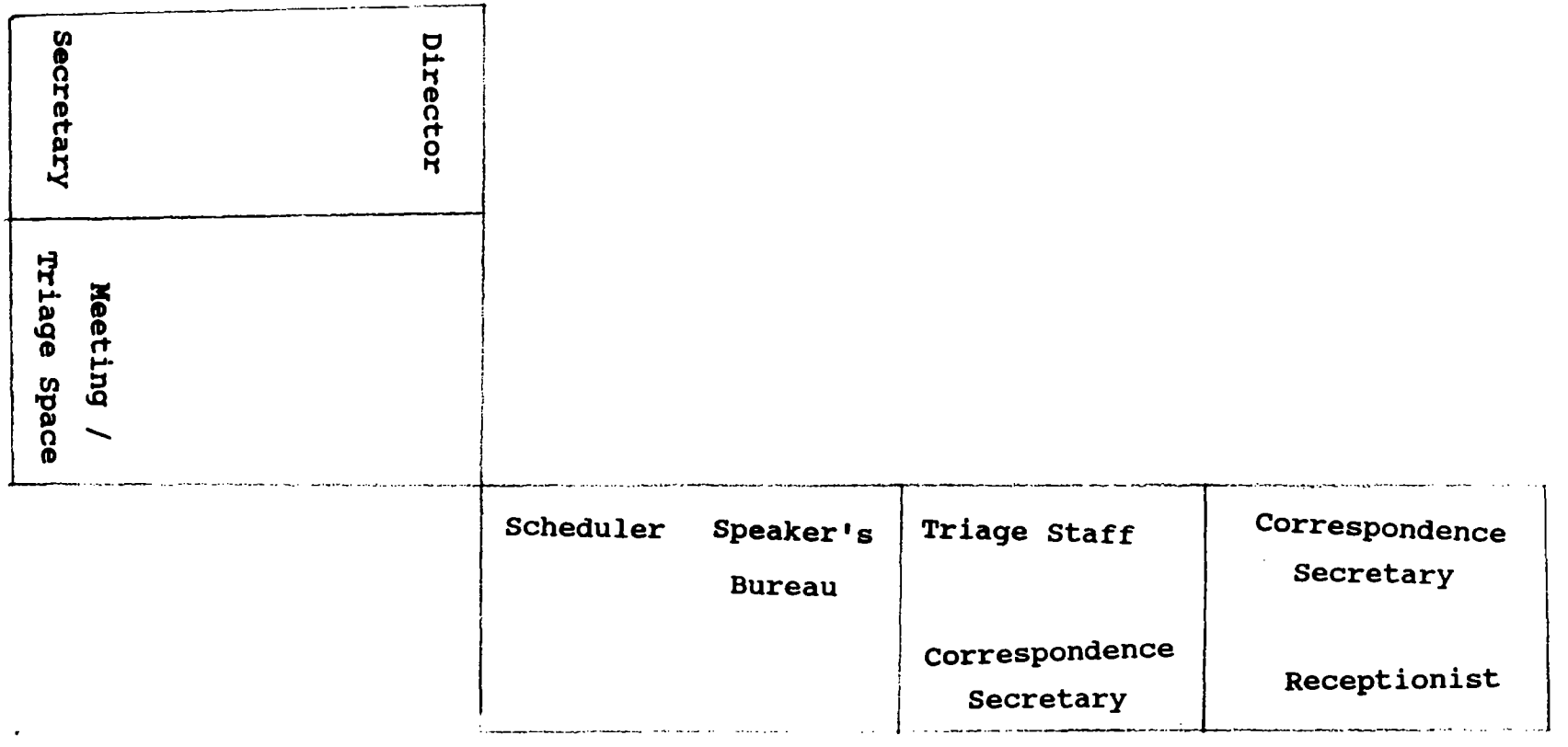
Cumulative Staffing Profile

The Health War Room will be composed of Eleven (11) positions, or FTEs (Full Time Equivalents) configured as follows:

Director
Secretary
Triage Manager
Triage Staff (2)
Receptionist
Correspondence Secretaries (2)
Speaker's Bureau Staff Specialist
Cabinet Liaison
Scheduler

ATTACHMENT

PROPOSED STAFF DEPLOYMENT IN THE HEALTH WAR ROOM
OLD EXECUTIVE OFFICE BUILDING



February 3, 1993

~~CONFIDENTIAL~~ **NOTE TO ALEXIS HERMAN**

From: Paul Jackson PAJ

Re: War Room and Its Coordinator's Position

At 10:30 A.M. today, I was paid a visit by Anne Bartley of Roland Revere's Domestic Issues area of Mrs. Clinton's office. With her was a Mary Schuneman and Christine Heenan. They were interested in knowing how I conceptualized the Health Care unit and the role of Coordinator. I indicated that I had forwarded to you and Mike Lux copies of a fairly detailed first draft, that Mike was very positive about it but that I would not feel comfortable sharing it until you had had an opportunity to review it. So they agreed to hold up on discussion until I could get them a copy of the memo and then discuss it with them. We agreed that we wanted to meet immediately to make the case to secure the space for this vital area.

Before they left, however, Anne Bartley shared that their primary interest at this point was to see my conceptualization of the Coordinator's role because they were interested in putting Mary Schuneman in the slot. You may recall that you discussed with me the possibility that you might want me to carry out that function. At any rate, I don't know this person, but the position as spelled out now would require some complex management and deep health policy and analytical skills.

Please consult and let me know your feelings on this and on the War Room memo. We obviously want to move to lock down the space, and Bartley wants to meet with me again today.

Thank you.

HEALTH

With your talents and industry, with science, and that stedfast honesty which eternally pursues right, regardless of consequences, you may promise yourself every thing-but health, without which there is no happiness. An attention to health then should take place of every other object. The time necessary to secure this by active exercises, should be devoted to it in preference to every other pursuit.

THOMAS JEFFERSON, letter to Thomas Mann Randolph, Jr., July 6, 1787.-
The Papers of Thomas Jefferson, ed. Julian P. Boyd, vol. 11, p. 558 (1955).

From: Respectfully quoted : a dictionary of quotations requested from the Congressional Research Service.

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PROPOSED STAFF DEPLOYMENT IN THE HEALTH WAR ROOM
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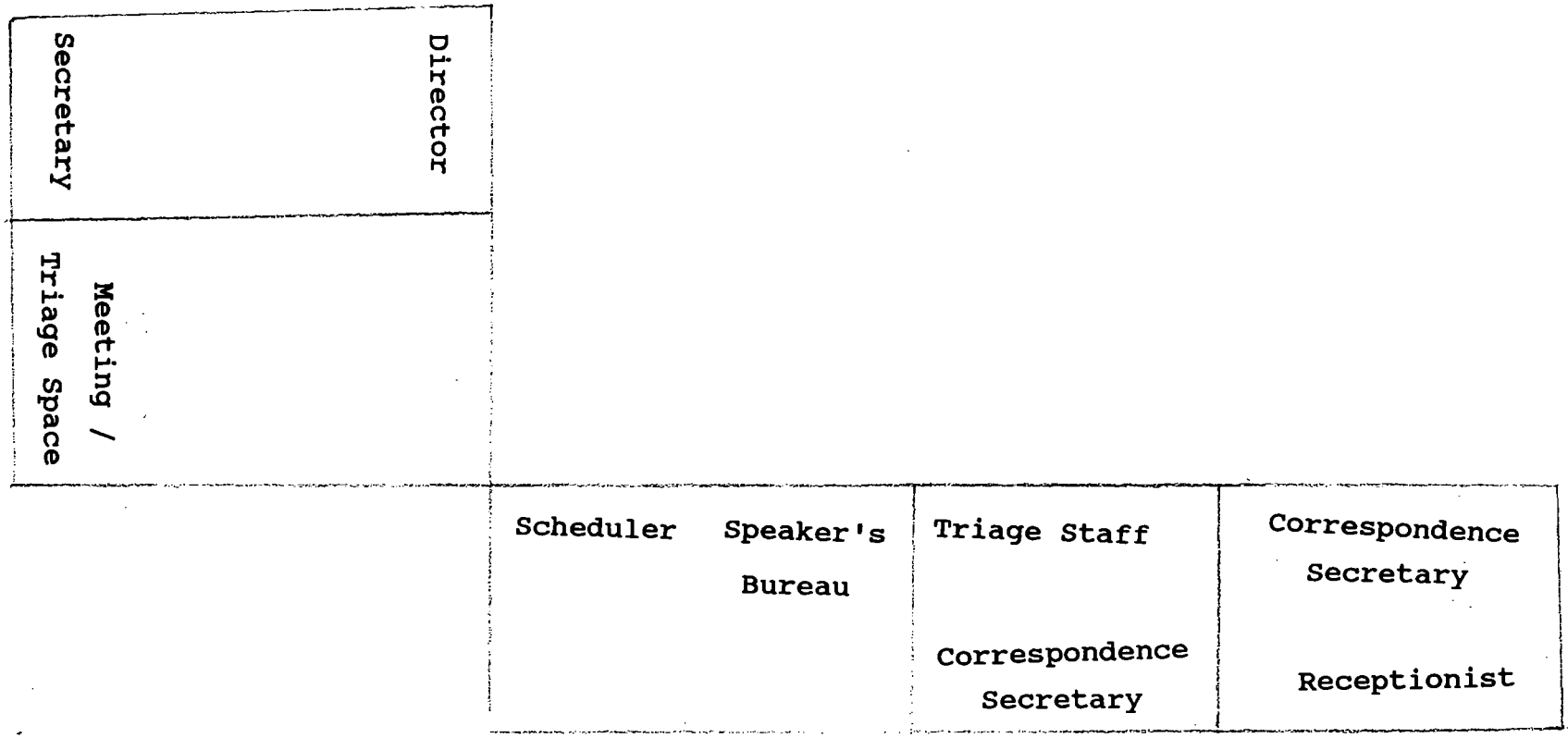

THE WHITE HOUSE

WASHINGTON

Guaranteeing Equal Access Of Basic Health Services

Regardless of the progress realized in the hemisphere for the protection of life, the mortality of maternity infants still is excessive, in particular within the poor rural sectors and the indigenous groups.

National Measures

Every Government:

--Will designate national committees of sanitary purposes, with the inclusion of donors and participants of the public private sectors, to convene the efforts leading to the protection of life and reduce (rate of 1990) the mortality of maternity infants which is one-third and the maternity mortality rate to 50% by the year 2000 in agreement with the world summit of 1990 for the children. The agreement of Marino of 1990 and the international conference of 1994 over population and development.

--Will approve a basic public health services program. A clinic based on the recommendations of the world bank. The world organization of health and the adopted principles from the 11 chapter of the action plan of the international conference in Cairo. The program will answer health questions regarding maternity and infants, including the attention before the forum. During the forum and after, information services regarding family planning and HIV/AIDS prevention.

--Will elaborate plans of action in accordance to the national laws and the priorities of development, with plain respect of the ethical values and religious and cultural traditions of the population and the universal principles of human rights, to realize reform leading to an accomplishment of health objectives and to guarantee equal access and universal to the health services. The changes must embark on the essential services for the poor and its families and the indigenous communities. A more solid public health infrastructure; other measures to administer and provide services: and a major advantage of the (ONG).

International Measurements

In collaboration, the Governments:

--Will fortify the economic net and financial existence of the world bank/organization of the panamerican health with an international forum to share knowledge of the technic. Information and experience in sanitary reform material.

Such net will reunite public functionaries, representatives of the private sector, ONG, donors and authorities in the material to share information related to the initiatives of reform in course.

--Will convene a reunion, specially in the panamerican organization of health for the planning of enrichment of the regional net.

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OFFICE OF PUBLIC LIAISON

Alexis M. Herman, Director
PHONE:(202) 456-~~2930~~ 6455
FAX:(202) 456-~~6218~~ 2983

FACSIMILE TRANSMITTAL COVER SHEET

Number of Pages (Including Cover) 3

To: Amb. Alex Watson

Fax: 6470791

Phone: 647 5180

Date: 12/5/94

From: Alexis HERMAN

Message: Per your conversation Today. This is The working copy. You have corrected version, which I gave you today.

NATIONAL CONFERENCE OF CATHOLIC BISHOPS

Office of the General Secretary
3211 Fourth Street NE Washington DC 20017-1194 (202) 541-3100 FAX (202) 541-3166 TELEX 7400424
Most Reverend Daniel E. Pilarczyk, S.T.D., Ph.D.
Archbishop of Cincinnati
President

amb watson
6475780
F 6470791

FAX COVER SHEET

DATE: December 5, 1994

NO. OF PAGES: 2

TO: Alexis Herman

LOCATION: The White House

FAX NUMBER: 456-2983

FROM: Monsignor Robert N. Lynch

OFFICE: General Secretary

FAX NUMBER: 202-541-3166

COMMENTS:

ACCOUNT NUMBER: 01-002

11. GARANTIZAR EL ACCESO EQUITATIVO A SERVICIOS BASICOS DE SALUD

A PESAR DEL PROGRESO IMPRESIONANTE REALIZADO EN EL HEMISFERIO LA MORTALIDAD MATERNOINFANTIL TODAVIA ES EXCESIVA, EN PARTICULAR ENTRE LOS SECTORES RURALES POBRES Y LOS GRUPOS INDIGENAS.

MEDIDAS NACIONALES

CADA GOBIERNO:

-- DESIGNARA COMISIONES NACIONALES DE REFORMA SANITARIA, CON LA INCLUSION DE DONANTES Y PARTICIPANTES DEL SECTOR PUBLICO PRIVADO, PARA FOMENTAR LOS ESFUERZOS ENCAMINADOS A REDUCIR (LOS NIVELES DE 1990) LA MORTALIDAD INFANTIL EN UNA TERCERA PARTE Y LA MORTALIDAD MATERNA EN UN CINCUENTA POR CIENTO PARA EL ANO 2000, DE CONFORMIDAD CON LA CUMBRE MUNDIAL DE 1990 PARA LOS NINOS, EL ACUERDO DE NARINO DE 1994 Y LA CONFERENCIA INTERNACIONAL DE 1994 SOBRE POBLACION Y DESARROLLO.

-- APROBARA UN PROGRAMA BASICO DE SERVICIOS DE SALUD PUBLICO, CLINICA CONFORME A LAS RECOMENDACIONES DEL BANCO MUNDIAL Y LA ORGANIZACION MUNDIAL DE LA SALUD. EL PROGRAMA ABORDARA CUESTIONES DE SALUD REPRODUCTIVA E INFANTIL, INCLUIDA LA ATENCION ANTES DEL PARTO, DURANTE EL PARTO Y DESPUES DEL PARTO, SERVICIOS E INFORMACION DE PLANIFICACION FAMILIAR Y PREVENCION DEL VIH/SIDA.

-- ELABORARA PLANES DE ACCION NACIONAL PARA REALIZAR REFORMAS ENCAMINADAS AL LOGRO DE OBJETIVOS DE SALUD Y PARA GARANTIZAR ACCESO EQUITATIVO Y UNIVERSAL A LOS SERVICIOS DE SALUD. LAS REFORMAS HABRIAN DE ABARCAR LOS SERVICIOS ESENCIALES PARA LOS POBRES Y LAS COMUNIDADES INDIGENAS; UNA INFRAESTRUCTURA MAS SOLIDA DE SALUD PUBLICA; OTROS MEDIOS PARA FINANCIAR, ADMINISTRAR Y PROPORCIONAR SERVICIOS; Y UN MAYOR APROVECHAMIENTO DE LAS ONG.

MEDIDAS INTERNACIONALES

EN COLABORACION, LOS GOBIERNOS:

-- FORTALECERAN LA RED ECONOMICA Y FINANCIERA EXISTENTE DEL BANCO MUNDIAL/ORGANIZACION PANAMERICANA DE LA SALUD COMO UN FORO INTERNACIONAL PARA COMPARTIR CONOCIMIENTOS TECNICOS, INFORMACION Y EXPERIENCIAS EN MATERIA DE REFORMA SANITARIA. TAL FORO BRINDARA A FUNCIONARIOS PUBLICOS, REPRESENTANTES DEL SECTOR PRIVADO, ONG, DONANTES Y AUTORIDADES EN LA MATERIA PARA COMPARTIR INFORMACION RELATIVA A LAS INICIATIVAS DE REFORMA EN CURSO.

-- CONVOCARA A UNA REUNION ESPECIAL EN LA ORGANIZACION PANAMERICANA DE LA SALUD PARA PLANIFICAR EL FORTALECIMIENTO DE LA RED REGIONAL.