

MEMORANDUM**CONFIDENTIAL****To: Hillary Rodham Clinton****Fr: Jay Rockefeller****Da: May 26, 1993****Re: HEALTH CARE REFORM COMMUNICATIONS**

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I. OBJECTIVES

To Keep and Mobilize Public Support:

- Expose the magnitude of the problem, those responsible, those who have profited, and the cost of inaction
- Build trust in the reformers and the reform process
- Generate positive reviews from trusted opinion-makers
- Provide broad understanding of reform benefits and burdens
- ** LOSE by focusing on mechanical details

To Recruit and Mobilize Opinion-Makers:

- Expose the magnitude of the problem, those responsible, those who have profited, and the cost of inaction
- Provide understanding of how benefits will be delivered
- Provide understanding of how burdens will be shared
- Provide understanding of strategy for winning public support and passage
- ** LOSE by failing to make them part of the information flow

To Undermine Opponents, they must be:

- Shown as perpetrators and beneficiaries of the problem
- Exposed as divorced from the interests of average Americans
- Exposed as promoting delay to subvert reform
- Isolated from each other to prevent increased credibility through combination
- ** LOSE by allowing them even one day without scrutiny

II. CURRENT PERCEPTIONS

The Problem:

- Widespread recognition that the system is in crisis and middle-class well-being is threatened
- Increasing understanding of the cost of the status quo

WJC and HRC:

- Seen as sharing the real-life concerns of average Americans and interested in practical solutions
- HRC events have very effectively, but almost solely, carried the reform message

Reform Concepts:

- Administration silence has created a news vacuum
- Vacuum has been filled by opponents and haphazard leaks
- Choking off information has made leaks more valuable and given them exaggerated importance
- Concepts introduced have not been defined by the Administration:

Payroll Premium
Guaranteed Benefits
National Health Board
Insurance Reform

Health Alliances
Price Controls/Budgets
Managed Competition
etc.

Opinion-Makers (who are or should be allies):

- Have not been made part of a crafted information flow
- Are not armed to validate Clinton definitions of concepts
- Are not energized to recruit their own constituents and colleagues

DPC, DSCC - Senate
Democratic Governors
Moderate Republicans
NHPC (Gleason)
People for the Am. Way
NAACP, La Raza
AARP
AFL-CIO, Machinists
Small Business United
Chamber of Commerce
Health for America
Chamber of Commerce
Council of Seniors
CDF
Family Physicians
Nurses
Social Workers
Medical Students
Emergency Physicians
Ob/Gyns
Community Health Ctrs.
Religious Organizations

DSG, DCCC - House
Democratic Mayors
Neutral Economists
NHLC (Redlener)
NEA, AFT
Women's Organizations
State Party Chairs
AFSME, UAW, CWA, ILGWU
Small Business Leg. Council
National Leadership Council
National Asso. Manufacturers
Washington Business Group
Mental Health Asso.
Families USA
Consumer Union
Pediatricians
American Hospital Asso.
Psychologists
American Public Health Asso.
College of Physicians
Catholic Health Asso.
etc.

The Press:

- Have not been made part of a crafted information flow
- Have been antagonized without purpose
- Are being forced to negatively review and translate the reform plan

The Task Force:

- Seen as a secret cabal of Washington policy "wonks"
- Motivations and methods are mysterious and divorced from the experiences of average Americans
- This strength has been turned into a liability

III. HOW TO CHANGE CURRENT PERCEPTIONS TO ACHIEVE OBJECTIVES

A. Pre-Unveiling

Before the official unveiling, the Administration has the upper-hand. Opponents must try to attack without a clear target, and are vulnerable to being exposed as selfish, short-sighted and callous -- divorced from the interests of average Americans. **A tremendous opportunity will have been lost if the following steps are not taken before the plan is unveiled.** This period must be used to:

1. Continue to highlight the problem, those who caused it, those who profit from it, and the cost of inaction.

2. Build trust in the reformers:

- Continue to give WJC and HRC opportunities to empathize with the real-life struggle of average Americans with the current health care system, and show WJC and HRC keeping the focus on real-life practical solutions.
- Focus attention on the real-life motivations of the members of the task force and working groups.
- Aggressively market their personal stories.
- Guide them in what information to move, rather than choking off access and creating a vacuum.

3. Build trust in the reform process:

- Demonstrate independence by publicly challenging ideologues and characterizing those excluded from the working groups as "professional lobbyists."
- Aggressively market stories about thoroughness and integrity (show examples of contrarian process, data-base research, consultation process, number crunching, etc.) to reassure public that all options were exhausted before sacrifice was even considered.

4. Impeach the credibility of opponents:

- Avoid partisan targeting. Demonstrate that opponents are advocates of delay or inaction, regardless of party affiliation. Moderate Republicans must be broken from conservative ranks.
- Expose opponents as "professional lobbyists" with values and interests divorced from average Americans (document salaries, perks, ideological extremism, and provide all to the media).
- Use classic opposition research to expose their selfish and short-sighted motivations, and obstructionist tactics (collect mailings, track ad campaigns, investigate expenditures, and provide to the media).
- Document how much opponents will gain by delaying or halting reform.

5. Recruit opinion-makers: [SEE APPENDIX A and B]

- Use two "sales SWAT teams" to initially recruit and then regularly update opinion-makers -- one team sells the plan and related policy concepts, and one team sells the strategy for winning public support and passage. Use slick presentations, slide shows, poll numbers, the whole nine yards, and chose the "salesmen" for their sales talent -- this is no place for anyone with an arrogant or secretive approach.
- Inform and arm opinion-makers and give them specific missions: so they are able to positively review the reform plan; validate the Administration's definitions of key concepts; and woo their own colleagues and constituents.
- Form a network of opinion-makers and tap into their organizational information networks to delivery the message (via computers, fax exchanges, regular briefings, local staff organizations, etc.). WJC and HRC media events (network and/or local) CANNOT succeed alone -- there must be a chorus of supporting voices. Deliver message with a fire hose, not an eye dropper.

6. Control definition of concepts:

- Concepts should be defined before the plan is unveiled. Use opinion-makers, and their information networks, to spread the

Administration's definitions and protect against opponents who will undermine reform legislation by destructively characterizing underlying concepts.

- Brief the press immediately after briefing opinion-makers. Do not allow others to translate your concepts to the elite and health beat media. Diminish the value of leaks by filling, not creating, news vacuums.

- Prepare events, language, etc. that highlight policy concepts that:

Continue to set the **CONTEXT** - (1) Exposing how bad the problem is, who caused the problem, who benefits from delay and inaction, and the cost of inaction. (2) Build trust in reformers and allies.

Deliver the **POSITIVE MESSAGE** - How reform will deliver (1) peace of mind (security), (2) an end to fine print and forms (simplicity), and (3) an end to over-charges (savings). **DESCRIBE CONCEPTS NOT MECHANICS.**

INOCULATE against main attacks - which are (1) reform will cause layoffs (small business); (2) we cannot afford reform (deficit/taxes); (3) reform will ruin what is left of the system (choice/quality).

B. Post-Unveiling

After the official unveiling, opponents could gain the upper hand if they are able to determine which concepts and details the Administration becomes absorbed in explaining and defending. It is essential that the Administration use its events and other activities to determine the focus. If the Administration is only prepared to offer broad generalities, others will determine the underlying conversation about concepts, and eventually this will turn the debate away from the Administration's over-arching themes and message. Therefore it is essential that during this period:

1. Continue to brief and give message delivery missions to opinion-makers through an established network.

2. Relentlessly deliver the over-arching message:

- "Reform will guarantee that you will never lose your health protection; you will never have to battle insurance company fine print and forms to get the benefits you pay for; and the brakes will be put on overcharges and spiraling costs."
- Constant reminders about the costs of delay, and who profits from delay.

3. Roll-out the events prepared before the unveiling that highlight policy concepts (NOT mechanics) that:

- (1) continue to define the CONTEXT
- (2) deliver the POSITIVE MESSAGE
- (3) INOCULATE against the main attacks

4. Apply pressure on undecided Congressional votes with intensive message delivery through their home state or home district media outlets.

- Recruited opinion-makers and the message delivery network should be activated in the home states and home districts of Congressional swing votes prior to key Committee or floor activity.
- Before key Congressional activity, national and local events should be "linked" for maximum effect in home states and districts.

Example of a "linked" local/national event (8 steps):

- i. Simultaneous state rallies with Governors and Mayors (local and regional coverage).
- ii. At each rally, introduce a state delegation of local citizens (5-6 people) being sent to Washington for a national health reform day.
- iii. Press conference at the airport or train station when delegates depart for Washington (local coverage).

- iv. Converge in Washington with others from across the country (bulk of crowd built locally) for mid-morning Capitol rally (network coverage).
- v. Delegates visit Congressional offices (bureau coverage).
- vi. Delegates conduct afternoon conference call with home state papers and radio stations.
- vii. Evening live one-on-one satellite interviews with every home state TV news programs. Targeted states would have local residents speaking from Washington to every local news program in their home state saying something like: "I went to see Senator X to ask him to support health care reform, and I believe he will because he cares about people like me and will do the right thing."
- viii. Another press conference when delegates return to their state the next day (local coverage).

Result: Three-four days of saturation local coverage in all targeted states and/or districts, tied to national events with network coverage -- all featuring "real" people with "real" stories.

Proposal: Four national/local "linked" events:

- Youth town meeting in September (target deficit hawks)
- Town Meeting series in October (target Committee vote)
- Lobby Day series in November (target floor votes)
- Rally series in December (target Conferees)

III. UNPACKING THE POSITIVE MESSAGE

A. Security - You Will Never Lose Your Health Protection

"I can't enjoy my good health, for fear of bad health" -- WV worker

Concepts: (Opinion-makers need briefings and briefing materials on the message and mechanisms behind each concept below)

- Coverage cannot be cut off no matter what
- Coverage for care at home
- No longer need to spend down into poverty for LTC
- Coverage not affected by job changes
- Medical benefits cannot be cut despite income or employment status (guaranteed benefits package)
- Insurance premiums not affected by health status

Events: (Local or national)

- Visit family/family business with insurance problems
- Visit seniors struggling to live at home
- Visit workers locked in jobs when they should move
- Talk with uninsured graduating college students
- Visit maternity ward & talk with uninsured mothers
- Congressional hearings on insurance abuses, drug pricing, and hospital overcharging

B. Simplicity - You Won't Have to Battle Fine print/Forms

Underlying message: "Nurses and doctors spend more time on paperwork than patients. Most of us don't know what we're covered for until our claims are rejected -- if this makes sense, why is it all hidden in fine print?" -- WV worker.

Concepts: (Opinion-makers need briefings and briefing materials on the message and mechanisms behind each concept below)

- Standard claim form processed electronically
- Elimination of Medicaid and its regulations
- Alliances do shopping for insurance
- Electronic billing through insurance cards

- Insurance cards encoded with medical records
- No more insurance investigations of health, etc.
- Medical benefits cannot be cut
- No fine print
- No more intrusion in doctor/patient relationship

Events: (Local or national)

- Visit family ruined by rejected insurance claim
- Fill out forms with nurses
- Work in a hospital billing department
- Pile up all the forms a doctor fills out in a year

C. Savings - Brakes on Overcharges and Spiraling Costs

Underlying message: "I don't expect health care to be free, but I don't expect it to be the biggest piece of my budget -- bigger than my mortgage, bigger than my car payment, bigger than school for my kids or what I put away for my retirement." -- WV worker.

Concepts: (Opinion-makers need briefings and briefing materials on the message and mechanisms behind each concept below)

- More purchasing power for consumers
- More competition between insurance companies
- Limits on insurance, drug and medical profits
- Fewer frivolous lawsuits
- More prevention
- More personal responsibility
- More information on what works medically
- Less paperwork and waste
- Crackdown on overcharges and fraud

Events: (Local or national)

- Visit company with no-smoking incentives
- Go on rounds with medical students
- Review malpractice insurance bills with doctors
- Visit members of existing insurance purchasing pools
- Work through bills with a family at kitchen table
- Pile up all the free items with a drug company logo received by a doctor's office in one year
- Trace a drug from factory to medicine chest

IV. UNPACKING THE MAIN ATTACKS

Expose opponents general strategy: death by delay or throwing "logs" on the road to reform. They will use four major lines of attack -- four kinds of logs to cause delays and distraction.

A. Attack 1: Reform will cause layoffs

Attackers: small business lobbyists; economists

Response concepts: (Opinion-makers need briefings and briefing materials on the message and mechanisms behind each concept below)

- Subsidies and tax credit for small business
- No more paying for free-riders (cost shifting)
- No more begging insurance companies for coverage
- No more trying to decipher insurance plans
- No more billing or claims paperwork
- No more premiums set by business size or health
- Worker's comp., auto and health insurance combined
- * Expose lifestyles, tactics and motives of small business lobbyists

Response Events: (Local or national)

- Join CEOs to highlight job loss from status quo
- Visit shop owner & family with insurance problems
- Shop for insurance with a shop keeper
- * Expose lobbyist salaries, perks, etc.

B. Attack 2: Do not spend one more dollar for anything

Attackers: deficit hawks; no new taxers

Response concepts: (Opinion-makers need briefings and briefing materials on the message and mechanisms behind each concept below)

- Savings to average Americans
- Savings to small businesses providing insurance

- Savings to big business
- Savings to state and local governments
- Property tax savings
- Deficit savings from reduced Medicare & Medicaid
- Improvement in international trade position
- * Immediately attack numbers used by opponents

Response Events: (Local or national)

- Youth town meetings to link reform & deficit cuts
- Endorsements by key opinion-makers
- Visit with any example of someone who will save
- * Challenge the expertise of their number-crunchers

C. Attack 3: The "cure" will make it worse (trust)

Attackers: government bashers; medical professionals (on rationing, choice and quality); militant single-payers

Response concepts: (Opinion-makers need briefings and briefing materials on the message and mechanisms behind each concept below)

- WJC and HRC understand the real-life problems, and they are focused on finding practical solutions
- Reformers are average Americans interested in real-life solutions, not ideological system fixes
- Reform process was thorough - all options tried
- Reformers were independent - experts, not lobbyists
- Reform process had integrity - real numbers
- Safeguards on quality
- Safeguards on choice
- * Expose lifestyles, tactics & motives of lobbyists

Response Events: (Local or national)

- Personal profiles of reformers
- Display research, contrarians, number-crunchers
- Endorsements from medical professionals
- Testimonials from victims of the current system
- Highlight new medical research initiatives
- * Expose lobbyist salaries, perks, etc.

D. Attack 4: Abortion

Attackers: ideologues

Response concepts: (Opinion-makers need briefings and briefing materials on the message and mechanisms behind each concept below)

- Full reproductive services
- * Do not engage on this topic

V. GRASSROOTS ORGANIZATION

Two approaches:

- A. **Partisan:** Create a new organization staffed by Democratic organizers to recruit a cadre of supporters in targeted states who will endorse the Clinton reform plan, and serve as local spokespeople. Local cadres would be coordinated by a local paid staffer. This organization (whatever its legal status) would be identifiably partisan through its staffing, fundraising, and membership.

Advantages:

- Great deal of central control.
- All needs (recruiting opinion-makers, free media account, and opposition research) would be under one roof.

Disadvantages:

- Could not recruit credible opinion-makers who were moderate, Republican or neutral. AARP, most physician groups, etc., would be unable to coordinate through this organization. This would deny the possibility of effectively tapping into the information dissemination networks of many of these organizations.
- The health care reform effort would take on a much more political taint -- which would make the goal of a dozen Republican votes in the Senate even more difficult to reach.
- This organization's activities and fundraising would be a lightning rod (without protection) for opponents' scandal-mongering.
- This organization would have to reinvent the wheel in one month. A wide spectrum of credible opinion-makers (and their organizations) must be recruited BEFORE the plan is unveiled.
- Local campaign staff, or even a cadre of recent ad hoc recruits, CANNOT substitute for opinion-makers and their networks to organizations and constituencies. We must use the structures and information networks of existing organizations -- from the DGA to the Chamber.

- B. **Non-partisan:** The National Health Policy Council is the most obvious existing organization to be expanded for this purpose.

Advantages:

- NHPC already has a wide spectrum of membership spread across 45 states, and they are already respected in the health reform community. Reinventing the wheel would not be necessary -- and valuable time BEFORE the unveiling of the reform plan would be saved.
- A high-profile announcement of the decision to take this "aggressively non-partisan approach" would be extremely helpful in building public confidence and support in the reform effort -- and in opening a channel and sending a signal to moderate Republicans in Congress.
- Recruitment of moderate/neutral/Republican board members could begin immediately (e.g. C. Everett Koop, Antonio Novello, Governor Castle, etc.).
- Neutral organizations (AARP to CDF) could participate fully, allowing greater direct access to their information dissemination networks.
- General public would recognize this as a clear attempt to break through partisan politics and gridlock.

Disadvantages:

- Less central control.
- This organization would recruit and coordinate opinion-makers. A paid media campaign could be attached to this organization or delegated to the DNC. Opposition research would have to be handled by the DNC -- with no association to this organization.

* NOTE: Just so you understand, I have been involved with NHPC, as honorary chair, for nearly two years. I can attest to their effectiveness and their breadth both geographically and politically. I have considered other existing organizations, but I believe NHPC would serve your needs best, in part because I know that the people involved are prepared to do anything you would ask of them.

Whatever the make-up of the organization:

- **It is crucial that formation of a board and fundraising begin IMMEDIATELY – hopefully before the organization becomes highly politicized, if that is the course taken.**
- **Recruiting and informing opinion-makers and accessing their organization's pre-existing information networks should be the major focus of the grassroots effort – and must occur BEFORE the unveiling of the plan.**
- **Paid staff is needed in targeted states to coordinate with local opinion-makers and their affiliated interest groups. Staff can help investigate and implement local events and local pieces of national/local "linked" events.**

VI. MEDIA

- **Briefing the media regularly is essential.** We cannot afford to let others define concepts or set context with the media. Although we can "leap" past the national press and health beat press to local news organizations, failing to attend to the elite and beat media will ultimately undermine our efforts on the local level. Embargoed briefings on the plan IMMEDIATELY BEFORE the unveiling of the plan are crucial.
- **Guidance and cooperation in news planning is essential.** Right now every news organization (MTV to JAMA) is planning expanded coverage of health care. News directors, planners and editors, and features producers and editors are anxious and willing to receive guidance on how to time and shape their coverage. White House communications staff should be meeting with every major news organization to gain as much insight and offer as much guidance about coverage as possible.
- **Paid Media.** Fundraising must begin immediately. I am frankly surprised that I have not been contacted or shown a plan for fundraising and media expenditures. Radio must be up in targeted markets by October. Television must be up in targeted markets throughout November and December.

VII. OLL-OUT

(*) marks assumptions about Congressional schedule

STAGE 1: Now through the unveiling

* COMPLETION OF RECONCILIATION

Consultations to soften and recruit opinion-makers
Build network for information flow to opinion-makers
Regularly and relentlessly brief the press
Define policy concepts for opinion-makers and press
Prepare SWAT team presentations
Prepare materials for distribution to opinion-makers
Start roll-out of events that set context and inoculate
Prepare events that will deliver positive message

STAGE 2: Unveiling through July

* BILL INTRODUCTION & COMMITTEE REFERRAL

Unveiling in joint session speech (challenge Congress)
National network speech (cost of inaction)
Release of detailed plan document
SWAT team presentations to recruit opinion-makers
Opinion-maker materials distributed
National events with Administration principals
(bus tour, etc.)

STAGE 3: August

* CONGRESSIONAL RECESS

National opinion-makers recruit local opinion-makers
Build local organizations
Local opinion-maker materials distributed
Local events with local opinion-makers

STAGE 4: September and October

* SENATE & HOUSE COMMITTEE ACTION

Begin targeted radio ad campaign

Congressional hearings
Linked national/local event (Town Meetings)

STAGE 5: late October until Thanksgiving

* SENATE & HOUSE FLOOR DEBATE AND PASSAGE
Begin targeted TV ad campaign
White House principals on tour with local organizers
Network televised speech (cost of delay)
National events and saturate network shows with
Administration principals and surrogates
Linked national/local event (Lobby Day)

STAGE 6: late November until Christmas

* CONGRESSIONAL CONFERENCE COMMITTEE ACTION
Continue targeted TV campaign
Linked national/local event (Rallies)

STAGE 7: Christmas Eve until News Years Eve

* FINAL CONGRESSIONAL PASSAGE
Bill signing

* OR SPECIAL SESSION UNTIL PASSAGE

see attached calendar

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | |
|-----------|-----------------------|-------------------------|-------------------------------|------------------------------------|--|-------------------------------------|-----------------------|---|
| May | 23 | 24 | 25 | 26 | 27 | 28 | 29 | |
| June | 30 | 31 (HOLIDAY) | 1 | 2 | 3 | 4 | 5 | RECRUITMENT, MAKING OPINION, BRIEFINGS |
| | 6 | 7 BRIEFINGS | 8 | 9 | 10 | 11 | 12 | |
| | 13 | 14 | 15 | 16 | 17 | 18 | 19 | |
| | 20 | 21 | 22 | 23 | 24 | 25 | 26 | |
| July | 27 | 28 NETWORK SPEECH | 29 JOINT SESSION SPEECH | 30 BUS TOUR | 1 | 2 | 3 | |
| | 4 (HOLIDAY) | 5 | 6 | 7 | 8 | 9 | 10 TALK SHOW BLITE | UNVEILING + ENDORSEMENTS, BRIEFINGS |
| | 11 TALK SHOW BLITE | 12 RELEASE DOCUMENTS | 13 INTRODUCE LEGISLATION | 14 ENDORSEMENTS | 15 | 16 | 17 | |
| | 18 | 19 | 20 | 21 | 22 | 23 | 24 | |
| August | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
| | 1 | 2 | 3 | 4 | 5 | 6 DISTRIBUTE RECESS MATERIALS | 7 | |
| | 8 | 9 | 10 | 11 | 12 | 13 | 14 | |
| | 15 | 16 | 17 | 18 | 19 | 20 | 21 | LOCAL ORGANIZING |
| | 22 | 23 | 24 | 25 | 26 | 27 | 28 | |
| September | 29 | 30 | 31 | 1 | 2 | 3 | 4 | |
| | 5 | 6 (HOLIDAY) | 7 | 8 | 9 | 10 | 11 TALK SHOW BLITE | |
| | 12 TALK SHOW BLITE | 13 | 14 STATE YOUTH TOWN MTGS. | 15 YOUTH DELS. DEPART | 16 YOUTH TOWN MTG (MTV) | 17 YOUTH DELS. RETURN HOME | 18 | COMMITTEE ACTION |
| | 19 | 20 | 21 | 22 | 23 | 24 | 25 | |
| | 26 | 27 | 28 | 29 | 30 | 1 | 2 | |
| October | 3 | 4 | 5 STATE TOWN MTGS. | 6 DELEGATES DEPART | 7 NAT'L TOWN MTG. | 8 DELEGATES RETURN HOME | 9 | |
| | 10 | 11 (HOLIDAY) | 12 | 13 | 14 | 15 COMMITTEE ACTION COMPLETE | 16 | |
| | 17 | 18 | 19 | 20 | 21 | 22 | 23 | |
| | 24 | 25 | 26 | 27 | 28 | 29 | 30 | |
| November | 31 | 1 | 2 | 3 | 4 | 5 | 6 TALK SHOW BLITE | |
| | 7 TALK SHOW BLITE | 8 | 9 STATE HEALTH CONFERENCES | 10 DELEGATES DEPART FOR DC | 11 HEALTH REFORM LOBBY DAY | 12 DELEGATES RETURN HOME | 13 | |
| | 14 | 15 | 16 | 17 | 18 | 19 | 20 | |
| | 21 | 22 | 23 | 24 HOUSE & SENATE PASSAGE | 25 (HOLIDAY) | 26 | 27 | FINAL LEGISLATE |
| December | 28 | 29 | 30 | 1 | 2 | 3 | 4 | |
| | 5 | 6 | 7 | 8 | 9 | 10 | 11 TALK SHOW BLITE | |
| | 12 TALK SHOW BLITE | 13 | 14 STATE HEALTH RAWLIES | 15 DELEGATES DEPART FOR D.C. | 16 NAT'L HEALTH REFORM RALLY IN D.C. | 17 DELEGATES RETURN HOME | 18 | CONFERENCE |
| | 19 | 20 | 21 | 22 | 23 FINAL PASSAGE | 24 BILL SIGNING | 25 (HOLIDAY) | |
| | 26 | 27 | 28 | 29 | 30 | 31 | | |

APPENDIX A

Sales team on policy: Ira Magaziner
Judy Feder
Walter Zellman

High energy, high-tech presentations that inform, energize and mobilize opinion-makers by giving them (1) an understanding of the magnitude of the problem; and (2) an understanding of how the reform plan will deliver benefits and distribute burdens.

A. Describe the magnitude of the problem and the urgency of passage this year.

B. Explain the cost of doing nothing and how various opponents (regardless of party) profit from delay.

C. Explain how the plan will work by answering 20 questions:

1. How will you guarantee I can never lose my medical protection?
2. How will you eliminate all the loopholes and fine print?
3. How will you stop all the overcharging by insurance, drug and medical corporations?
4. How much will my own insurance cost?
5. What medical benefits will my coverage include?
6. What will be different when I am in a health alliance?
7. Will prescription drugs be covered?
8. Will long-term care be covered?
9. Will mental health be covered? Mental illness?
10. Will I be able to chose my own doctor? How?
11. How will small businesses afford this?
12. Will big businesses be treated the same?
13. If I lose my job am I still covered? What if I work part-time? What about my

children?

14. Will rural areas be treated differently? Cities?
15. How will you change Medicare? Medicaid? The VA?
16. Will abortion be covered?
17. What kind of malpractice reform is in the plan?
18. What will happen to states that have different systems?
19. When will the whole plan be totally phased in?
20. How will you pay for all this? How can you give more for less?

**** I have thoughts on these answers, but I will not commit them to paper here.**

APPENDIX B

Sales team on winning: Paul Begala
Arnold Bennett
Celinda Lake
Celia Fischer

High energy, high-tech presentations that inform, energize and mobilize opinion-makers by giving them (1) an understanding of the strategy for winning public support and passage; (2) the materials they need to carry the message themselves; and (3) an ongoing method for receiving additional information.

1. Explain what the public perceives and why.
2. Explain what opponents are doing to shape perceptions.
 - Delay and distraction tactics
 - How they are profiting from delay
3. What we must do to change perceptions.
4. Outline the media campaign.
 - Paid media strategy
 - Earned media strategy including "linked" national/local events
5. Give each audience a "mission."
 - Examples of helpful earned media events
 - Examples of other activities -- speakers bureaus, op-ed writing, endorsement letters, Congressional lobbying
 - Distribute talking points, etc., to supplement presentation
6. Outline Congressional strategy.
7. Establish a system for continuing flow of information from the White House -- briefing schedule, fax broadcast, etc.