
COMMON SENSE II

Capitalizing on the familiarity and influence of Thomas Paine's "Common Sense" pamphlets that provided American colonists with exposure to the conversation of great thinkers in the pre-Revolutionary period, this paper assumes the name COMMON SENSE II. Similarly, today's series of pamphlets strives to give a direct response to great political events and ideas of our time.

March 2020

Pandemic Issue

Vol. 15 Issue 3

The Coronavirus and Trump's Response

By Nancy Rudd

The United States is three months behind in handling the coronavirus or COVID-19 pandemic. Hospitals are wondering if there will be enough beds and ventilators to take care of the very sick, and as of Sunday, March 15, 2020, 16 states have closed their schools. Our country is less prepared for a pandemic that affects all of our people than it is for war.

At first, Trump blamed the coronavirus on the Democrats. It was a "hoax" to try to get him out of office because the impeachment didn't work. Fast forward to his being exposed during a C-PAC Conference at Mar-a-Lago. Finally recognizing the need for—dare I say it?—a safety net for ordinary citizens losing their jobs, Treasury Secretary Mnuchin and Speaker Pelosi negotiated a funding bill. (Note the absence of Leader McConnell in this picture.)



After 13 calls and two days of discussion, they reached consensus Friday night, March 13th with HR6201, called the Families First Coronavirus Response Act, which provides extra funding for this fiscal year ending September 30, 2020. Among other provisions, this bill includes:

- ◆ Free testing for the coronavirus,
- ◆ 14 days of paid sick and family leave for those affected at not less than 2/3 of their regular pay,
- ◆ Extended unemployment insurance, spending on health insurance for the poor,
- ◆ Food programs for children and elderly.

This is in addition to the \$8.3 billion spending bill

already passed to address health aspects of the pandemic. Republicans were intending to vote no on HR6201 until Trump tweeted his support. Once passed by the House, it still faces a Senate vote.

In general, lack of coherent federal guidance, each state is left to its own devices.

K-12 schools, for example, are grappling with different plans. In Minnesota, for example, on March 15th



<https://assets.propublica.org/images/articles/>

Governor Walz gave schools individual choice of whether to hold classes the 16th and 17th but mandated they close beginning the 18th. That gives teachers two days to develop "E-plans." It is possible that these plans will be necessary for the rest of the school year.

Plans are being developed to assure that students who do not have reliable internet access will have access to homework delivery and pick-up, possibly done by bus drivers.



While young and healthy adults without underlying health problems will survive, very young children, the elderly, and those with underlying health problems could die. This country faces a crisis more daunting than anything at least since the Spanish Flu of 1918. How this is handled by states and Trump's federal government will likely decide who lives and who and how many will die.

Coronavirus and a Shift in Priorities

By Bob Passi

Well, here we are...confronted with a reality that is inescapable and personal. We cannot find a safe place to be. We have no known immunity. We only have our wits, our hearts and minds, our creativity, and our resilience to fall back on.

Just as a near death accident or a heart attack shifts our focus and our priorities, recent events clarify just how fragile life is: how little our assumptions about security really matter, and how much we treasure every moment of our lives when we know that the end may be unpredictably near.



<http://www.iran-daily.com/content/imgcache/file/>

When we realize that our survival is perhaps in imminent danger, we begin to think about how



<https://themarketsoul.files.wordpress.com/2015/05/priorities.jpg>

to enhance our chances, and we begin to think of the survival of those near and dear to us. We quickly begin to understand that our survival is also dependent on the communities in which we live, and they in turn are dependent on the larger communities with which they come in contact. We begin to realize that everything and everyone is interconnected in ways that are beyond our control. We are all in this together.

So, we are left to find solutions that help everyone. We understand that county, state, or even national borders have little to do with finding solutions.

Because we do not even know exactly what the virus is or even exactly how it is transmitted much less having a structure to deal with it effectively and knowing that a vaccine may be more than a year away, we are left in limbo in terms of how to deal with this virus.

We are definitely not in this on our own. It is a universal threat—a pandemic like the Spanish Flu a hundred years ago or the bubonic plague in the Medieval period. We hope it will not reach those proportions, but we simply do not know. All we know is that it is an existential threat to human beings.

This virus is not exactly evil personified. It is

just doing what viruses do: look for a home, a host in which it can grow and survive. Viruses are infinitely adaptable, changing to fit their needs within their limitations. They are not particularly selective, pretty much any warm body will do.

It seems to be true that older people are more susceptible, but other than that, we know very little. All the categories we have spent so much of our human history establishing appear to be merely illusions of invulnerability. Gender does not matter; religious affiliation is not a determining factor; nor is race, nationality, or life style. It matters little what our income is or our social status or our politics or our ideology. It is an equal opportunity virus.

Either we deal with this as an entire and interconnected human race, or we separate ourselves and weaken our effect in our exclusiveness. The solution is to rebuild community, to reinstate cooperation, to forego competition and manipulation and even war to face a more imminent threat. We see that being the richest country in the world seems of little consequence, nor does having the greatest military, the most complete security system, or the largest prison system.

In taking stock of where we are relative to the new realities and their potential for serious consequences, we begin to reorder our priorities. We begin to see which things are crucial and which are luxuries or indulgences. We find we do not need those vacations. We do not need as much travel. We do not need to be distracted by large venue entertainment. Our favorite team's records are of little consequence in the grand scheme of things. We begin to rethink our patterns of consumption and probably pull back. Our lives may begin to become more simplified and focused. We rethink our relationships to our families, our loved ones, our communities.

In the end this health challenge is both an individual challenge and a social challenge. How will we respond individually and as a society?

Here are two words to consider in meeting that challenge. The first is *responsibility*, which in its most basic form is simply the ability to respond, which means what individual resources—both external and internal—do we have to call upon in these moments of serious challenge.



<https://www.picpedia.org/highway-signs/>

The other word is *courage*. Etymologically, it comes from *Coeur*, the root word for heart. One way to think of courage is not just the kind of courage that is exhibited in attacking a machine gun em-

(Continued on page 4)

Tough Love and Intervention

By Mary Drewes

In this time of turmoil following the COVID-19 pandemic declaration, I returned to a book by Dr. Susan Rice, who first served as Obama's Ambassador to the UN and then as his National Security Advisor, to examine her assessment of the steps taken by the Obama Administration in battling the Ebola outbreak in 2014. Dr. Rice's memoir, *Tough Love: My Story of the Things*



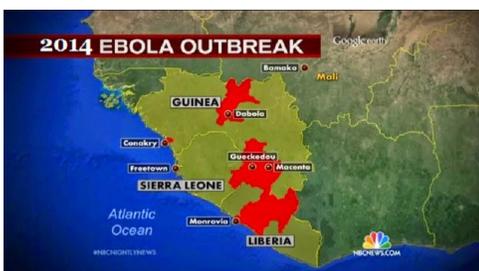
Worth Fighting For, narrates the Obama Administration's handling of the Ebola epidemic and gives one insight into how good government can and should respond to crisis.

She begins her narrative with the scene in late August 2014 when CDC Director Tom Frieden met in the Situation Room with Obama's Principals Committee regarding the Ebola epidemic in West Africa. His message was dire. By the end of the year, there could be as many as 1.4 million people in Guinea, Liberia, and Sierra Leone infected with this deadly disease.

Prior to this Situation Room meeting, the Principals Committee had been scaling up civilian led efforts to curb the epidemic as rapidly as possible. When



alarms were first raised a short two months prior to this, CDC and USAID had deployed teams to West Africa; Doctors without Borders and other NGOs were on the ground, and the World Health Organization was involved. This meeting confirmed the suspicions of all: none of these efforts were enough. President Obama had reiterated to his staff that the Ebola crisis was a



national security crisis and that it was imperative that they get the epidemic under control.

A late night phone call between Gayle Smith of the NSC's Ebola response effort and Susan Rice,

then the National Security Advisor, proved to be pivotal in the development of a strategy to stop the spread of the disease. The women talked through all that was being done and all that still needed to be done. There weren't enough beds for the sick, not enough protective gear for the health workers, and not enough quality hospitals to treat medical workers who fell ill. They knew that a rapid response in addressing these deficits was critical, but who could provide such a wide array of services immediately? The US military had responded admirably during natural disasters, but they had never been asked to deploy in response to a medical crisis.

Although it had never been done before, Rice took the idea to President Obama who whole-heartedly supported it. It was next presented to Joint Chief of Staff Dempsey, who took it under advisement. After one day, Dempsey returned with a proposal that the US military could:

- Airlift personnel and supplies to West Africa,
- Establish a logistics staging areas,
- Set up diagnostic labs,
- Build Ebola treatment units, and
- Medivac ill Americans.

The building of additional Ebola treatment units was essential for treating volunteer health workers who were now flooding into the affected countries.

Following the US lead, Britain took charge of Sierra Leone; the French did the same in Guinea; Japan gave protective gear and money, Germany donated money and treatment expertise; Canada offered money and French speaking health workers; China gave supplies and money. Above all, 10,000 health workers came from across Africa, risking lives to save others. By mid-October, this rapid global response to a deadly disease enabled it to be contained to three West African nations.

One serious hiccup, which could have derailed the entire plan, happened when a Liberian man visiting in Texas was hospitalized and later died of Ebola. Subsequently, two of the nurses who had cared for him contracted the disease. Both survived, but one needed to be transported abroad for treatment. The level of panic quickly arose in the press and across Washington, opening the door for some members of Congress to demand Homeland Security seal our borders to travelers from West Africa, including American citizens.

At this juncture, President Obama proceeded as he always did, by use of science and logic in that order. He first consulted his Principals to consider:

- ♦ The first objective is to keep Americans safe.

(Continued on page 4)

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placement in a war, but more broadly in dealing with fear. Courage is not allowing fear to close you down. Your ability to deal with the world effectively relies on your remaining open so that your gifts, talents, and abilities to respond to



<https://www.picpedia.org/highway-signs/>

events in the world are available. If fear is allowed to close you down, then none of those gifts, talents, and abilities are available to resolve the issue.

So, how do we respond as individuals? Either we have the courage to take responsibility for participating in the resolution of the challenge, or we withdraw and build walls, choosing isolation and self-interest above the needs of others and the society.

Judging from much of the early responses I have seen, we seem to be taking the adult and courageous option, albeit that some leaders still seem to be clinging to the old ineffective system as a solution.

Ultimately this crisis moves us back to our democratic heritage of caring for all the citizens who make up this nation. It is about rebuilding community and realizing that simply a focus on profits and markets has not—and will not—provide the kinds of solutions that are needed. We realize that an oligarchy is ill-suited to deal with real social issues. We realize that the leadership that has been telling us that neoliberal economics with its attending income inequalities and its anti-democratic tendencies has been disastrous for the general population.

The necessary shift in priorities is to move away from market solutions and the focus on profit and a system run by economic elites to more egalitarian and democratic solutions. It is time to reestablish the balance of democracy to respond to this challenge and to rebuild a social system that is humane and sustainable.

And it must happen very quickly. It must begin now.



<https://cdn.pixabay.com/photo/>

(Continued from page 3)

- ◆ Would closing our borders stop all infected persons from entering our country or would someone intent on returning to the States travel to an unrestricted country and then enter the US?
- ◆ Our ability to stop the spread of Ebola is dependent upon volunteer medical personnel being allowed to travel back-and-forth between the US and West Africa.
- ◆ We are currently making progress in eradicating the disease.

To assuage concerns on both sides, the Obama Administration devised a plan to safely screen incoming air travelers from West Africa by designating five specific airports to screen travelers entering from West Africa. These five airports were staffed by NSC officials and trained health workers to screen all arrivals from that region. The challenge remained to ensure American's safety while not upending transatlantic travel.

During this timeframe, Congress appropriated \$5.4 billion in emergency funds to bolster our domestic and international health infrastructure.



<https://www.democracynow.org/images/story/41/25041/splash/>

Congress came to understand the benefit of communicating and working collaboratively with other world leaders. Obama is credited with leading the world against the scourge of Ebola, but upon closer inspection, he did it by bringing out the best in others, and they, in turn, found the solutions for him. Two of his women staff members were yakking on the phone late at night and together came up with the idea of using the military. Dr. Rice was not confident that it was a feasible plan but dared to suggest it to President Obama because of the trusting relationship he had with his staff and his willingness to face a situation head on. General Dempsey had the perfect excuse not to take on this Herculean effort by simply saying, "It's never been done before," but he did not. He courageously took the next step. As the world watched America take the lead in this daunting humanitarian effort, many others dug deep, wanting to be a part of this success story. Strong and respectful relationships are the cornerstone of society and therefore of our country. We will not rise to become The Beacon on the Hill until we get relationship right. That is the basis of competency.

Healthcare Realities

By Stephen Fuller

There have been ten Democratic debates so far, and there are more debates to come between now and November 3rd. so far it has all been Democrat vs. Democrat, and at each healthcare has been discussed. The biggest difference is how to achieve universal healthcare. This is the speech I'd like to hear a Democrat give about healthcare:



<https://fair.org/wp-content/uploads/2019/07/NBC-Democratic->

First of all, I want to state that the ultimate goal is healthcare for all US citizens. One suggestion is expanding Medicare to a Medicare for All system. Actually the proposed system would be one that does not require supplemental coverage from private insurance companies.



fair.org/wp-content/uploads/2019/06/Medicare-for-All-

Second, no one in the party is advocating the nationalization of the hospitals, clinics, or drug providers. What all the proposals address is how we pay for the healthcare we all will need during our lifetimes. Now the way the healthcare providers are paid is via insurance mostly from for profit companies. You go to the doctor; the doctor sends a bill to the insurance company; that company pays the doctor for the service provided. These companies set the amount of compensation the healthcare provider receives for a given procedure. These

Health Insurance Company CEOs' Total Compensation in 2013	
 Joseph Swedich, WellPoint \$17.0 million (\$49,853 per day) WELLPOINT	 Michael Neidorff, Centene \$14.5 million (\$42,560 per day) CENTENE
 Stephen Hemsley, UnitedHealth \$12.1 million (\$35,484 per day) UnitedHealth Group	 Mark Bertolini, Aetna \$30.7 million (\$90,029 per day) aetna
 David Cordani, Cigna \$13.5 million (\$39,589 per day) CIGNA	 Bruce Broussard, Humana \$8.8 million (\$25,807 per day) HUMANA

Average income of all occupations in 2013: \$35,239
Sources: AFL-CIO Executive Pay Watch and 2013 SEC 14A schedules
PHYSICIANS FOR A NATIONAL HEALTH PROGRAM / WWW.PNHP.ORG

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companies also have restrictions on the customers: co-pays, deductibles, and maybe restrictions on covered procedures. Medicare for All as being proposed would be a government run brokerage. Instead of for profit institutions handling the dollars and skimming as much as 30% off the premiums

so the CEO can earn millions of dollars in compensation, the government would collect premiums or taxes and pay the healthcare provider.

The other big issue is how as a country we are going to pay for universal healthcare. In the United States, we have Medicare, Medicaid, VA healthcare, and private insurance companies providing coverage and sadly the uninsured population. According to the Centers for Medicare and Medicaid Services (CMS) (www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NHE-Fact-Sheet), the national health expenditure data (NHE) in 2018 was \$3.6 trillion, a 4.6% increase over 2017. That amounts to \$11,172 per person, which is 17.7% of the gross domestic product (GDP). This is the scary part about healthcare: if costs continue to grow at 4.6% per year, the cost for healthcare in 2030 will be \$6.18 trillion, which is a total of \$462.2 trillion for those 12 years. That is if we just continue doing what we are doing now. Advocates of claims handled by Medicare for All (single payer) will save about 30% in administrative costs or about \$18.6 trillion over 12 years. That's the story: medical care is expensive; there is no getting away from it; we are all going to need healthcare at some time—kind of like death and taxes.

Many families have employee-sponsored health insurance. At the mill where I worked, our health insurance was paid for as a negotiated benefit for which we gave up wages. As an example, good employer-provided health insurance can cost \$20,000 per year; that's 20% of a \$100,000 salary, a bigger chunk of a smaller salary. Under some contracts, the employer pays the entire premium; more often, the employee pays a portion of that premium. Regardless, health insurance costs should go down as single payer reduces the administrative costs (sorry, CEO). Clearly some are going to pay more, and some are going to pay less for healthcare without copays, deductibles, restrictions for pre-existing conditions; it doesn't matter if the dollars come from taxes or premiums: the dollars have to come from somewhere. The founders wrote, "We, the people, in order to form a more perfect union...promote the general welfare." To me that means that healthcare is a right, and we as a society need to take care of each other. Some may call it socialism; I call it Christian.

A Systems Problem

By Bob Passi

It is so easy to focus on issues because it is so clear how they affect our society and our everyday lives. The media are full of discussions about issues: the pros and cons, the parties and the politics, what the President might do, how Congress will deal with them, what the courts might rule, how the populace feels about them. Those who are ultimately in control of the process are pleased as punch to have our energy focused there, simply because they control the processes that will allow or not allow those changes.

Pick your issue and track its history. How many years and how much time, resources, and energy have been expended on that issue? What has been the result of all that effort? Each issue competes for attention, for resources, and for priority, drawing from the same pool of people. How the 99% is unable to unseat the 1% is by working on 99 different issues, each competing for public and media attention, while missing the unifying factor just one level deeper. The problem is really the lack of democracy and the corresponding unified citizen participation necessary to resolve any and all of these issues.

It is a systems problem and not an issues problem, and the solution is to unify to replace this unworkable oligarchical system with a democratic system once again.

If those citizens involved in those individual issues would recognize the potential power of their collective unified mass, they would realize how over-



whelming their numbers could be, ultimately translating into the political power necessary for change. The effective analogy is a train pulled by the engine of democracy with cars full of those who care deeply about their individual issues but all going in the same direction on the tracks leading back to the true American heritage of democracy. The length of that train with so many cars full of citizens who are working to resolve the significant issues confronting the nation would impress any politician who yearns for reelection and any government body which recognizes the political power which that train represents.

What you find now is little, if any, progress as a

result of an entrenched system no longer responsive to the citizenry but instead to the desires of an economic elite who are fully in control and resistant to change. Such a system will never allow change.

It is like trying to use renewable sources of electricity to fuel an internal combustion engine built to use gasoline. The present system is a system built to be fueled only by money, and it knows that it cannot continue to run on any other form of energy.

What we are facing is a systems problem and until we reform that system to once again make it reflective of, responsive to, and accountable to the ordinary citizens of this nation, we will never resolve the issues that confront us on a daily basis.

The solution is democracy first, reestablishing a system of the people, by the people, and for the people, reestablishing our heritage of citizen-centered politics, beginning to have meaningful discussions about the real issues focusing on what needs to be done, and dealing with the processes of making those changes to recreate a sustainable democracy [amazonaws.com/theoatmeal-](http://amazonaws.com/theoatmeal) on a sustainable planet in such a way that human life continues to be viable for the generations to come and into the foreseeable future.

Democracy is the necessary foundation for any real human progress. If we make democracy the unifying element and begin to travel together, our numbers will be overwhelming, providing the critical mass necessary for the major changes to save our future on this planet and provide a path to a sustainable future and redeem humanity.

This is the only hope of providing a positive alternative and a workable solution to solve the systems problem at the heart of all the other unresolved issues.



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Pass the Whine

By Valerie Conner

Lately we've all been bombarded by the incoming rapid fire of current events. The political scene is crazy enough, but the coronavirus developments have me channeling my inner Andy Rooney, the late whiner-in-chief of *60 Minutes*.



James Ryall

I mean don't you just hate:

- ◆How nobody seems to know what to do? Every day we get new and often contradicting instructions—keep social distance, go out to restaurants and bars; relax, be careful.
- ◆How everyone complains about shortages of masks, ventilators, tests. It's always the tests! Why didn't we take up WHO's offer to provide them?
- ◆How Trump blathers on and on, contradicting himself mid-sentence? First he says there's no pandemic, it's just a hoax; then he says he knew it was a pandemic before anyone else did, but who could have predicted we'd need so many ventilators and masks?
- ◆How Trump continues to blame anyone and everyone for everything? Now the media are to blame for the word not getting out. This is the same media who when asking how many ventilators have been ordered he said that that same media have no idea how many or if any ventilators have been ordered; it's their fault he won't give them that information, assuming anything he says could be believed.
- ◆How health workers are expected to use bandanas and other makeshift masks when the real ones run out?
- ◆How Trump expects us to forget his incompetency and mismanagement and still vote for him?
- ◆How this administration ignores scientists and experts while trotting them out to front for their nonsensical press confer-

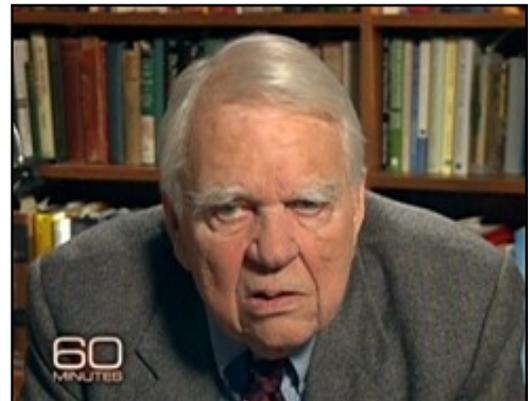


ences?

- ◆How McConnell only deals with Senate Republicans, leaving Senate Democrats in the dark?
- ◆How the states have been left on their own to figure out what to do? Although that does allow some competent governors to display their leadership.
- ◆How science and statistics have been ignored?
- ◆How no one at the Pence's daily briefings keeps the recommended six foot distance from one another? Aren't these the experts who should be setting an example?
- ◆How few people are acknowledging that had Trump not gutted the CDC pandemic task force we would have been more prepared?
- ◆How we're first told one thing, two weeks of isolation or quarantine will be necessary, and then we're told that we will need to practice social distancing for up to 18 months and schools may be out for the rest of the semester?
- ◆How they are comparing us to Italy rather than South Korea?
- ◆How quiet those who think that government doesn't have a real purpose and isn't needed have been?
- ◆How poor planning and poor leadership are causing panic?
- ◆How silly it is to hoard toilet paper?

On the other hand, maybe after we've been separated for some time, we may be ready to get along better. We may be a united nation again? We may realize that who gets our vote needs to deserve it. It does matter who is elected.

Meanwhile, keep your head down, and wash your hands.



<https://reflectionsinthewhy.files.wordpress.com/>

Coronavirus vs. Climate Crisis

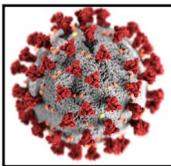
By Vicki Andrews

As we are facing a new risk of a pandemic (coronavirus, aka COVID 19), what about the previous existential risk of the climate crisis? Weather.com/health/news on February 27, 2020 had this headline: “While Coronavirus Steals the Limelight, Climate Change Remains the Biggest Health Threat.”

According to an article in Time.com, “This year was supposed to be a big one in the fight against Climate Change. But the fast-spreading Coronavirus disease is posing a triple threat to action that could derail the Paris Climate Agreement to combat global warming, worried experts say.” (“How Coronavirus Could Set Back the Fight against Climate Change” by Justin Worland, February 10, 2020)

How will the death rate of coronavirus and climate change compare? The World Health Organization has calculated as of March 12, 2020 that 3.4% of the people worldwide with coronavirus have died. USA Today on March 13, 2020 stated that of the 127,000 people who have been infected worldwide more than 4,700 have died. That’s a death rate of about 3.7%. The death rate is higher for people over 80 as well as for men, for retirees, and people suffering from other ailments like hypertension, cancer, and diabetes.

At a recent Climate and Health Conference in Atlanta, experts noted that deaths linked to climate change are expected to soar to 250,000 per year between 2030 and 2050. In reviewing the research on the topic, the study co-author, Sir Andrew



Haines, thinks our health is much more vulnerable to climate change, and he believes this is a “conservative estimate.” He speaks of population displacement and a range of additional factors like food production and crop yields as well as the increase in heat that will limit labor productivity from farmers as well as the depletion of fresh water resources, the unprecedented biodiversity loss, ocean acidification, over fishing, pollution, deforestation, and the spread of invasive species that wasn’t considered in this report.

WHO states that the direct damage costs to health from human-caused climate change is estimated to be between \$2 and \$4 billion per year by 2030. This excludes the costs in sectors such as agriculture, water, and sanitation.

Another factor of the damage that will be caused by each threat is the length of time they will last and how quickly we can respond.

Climate change is here to stay, at least until we have a massive mobilization from greenhouse gas to clean energy. It will only get worse as we ignore it.

Coronavirus will likely be eradicated relatively quickly if people follow recommended precautions and as vaccines and treatment are developed—and they will be. Another consideration is coronavirus is especially dangerous for the elderly; the coming climate crisis will be devastating for our children, grandchildren, and generations to come.

We need to be concerned about coronavirus and take steps to protect ourselves, but it will likely be over relatively quickly; the climate crisis that is coming is not going away without increased effort by all.



<https://i.vimeocdn.com/video/784907226.jpg>

CALENDAR OF EVENTS: GET INVOLVED AND GET IT DONE!

<u>Event</u>	<u>Date /Time</u>	<u>Location</u>
DFL Headquarters Open (326-6296)	Tues & Thurs 2-5 pm	DFL Headquarters
Itasca Progressive Caucus (259-4490)	3rd Tuesday 6:30 pm	DFL Headquarters
DFL Central Committee Meets	4th Monday 6:30 pm	DFL Headquarters
DFL Social Club & Lunch	1st Wednesday Noon	DFL Headquarters
DFL Pot Luck (Open to the Public)	3rd Wednesday 5:30 pm	DFL Headquarters
Working Families Alliance	1st Monday 6:30 pm	Dutchroom
Earth Circle	3rd Saturday 2:00 pm	GR Public Library
Circles of Support	Thursdays 6:00 pm	811 NE 4th St. GR
Haven: A Place for All	Mondays 5:30	Kiesler Center
Deadline for <i>Common Sense II</i>	April 10, 2020	conray@arvig.net