
It's Never Too Late for Dialogue

Five years ago the Catholic Health Association developed a new program under the title “Covering a Nation.” The CAN acronym never really caught on but the idea was to have a central place to gather and focus the ministry’s advocacy, communications and thinking on systemic health care reform. When I joined the CHA to work on this program, our stated goal was to contribute to a dynamic social movement that would move our nation to health care for everyone. All in a day’s work, right?

It was and still is more than a daunting proposition. In 2003, a group of ministry leaders gathered in Gettysburg, Pa., to brainstorm and design Covering a Nation. What would it try to do? In an atmosphere early in this decade when air time was not given to health reform, what messages and activities could possibly wake a sleeping nation to address a nightmare problem?

I have heard many accounts of the Gettysburg event from people who were there, and I have worked closely with some of its principal participants ever since. One of the central themes to emerge from Gettysburg was the need for national dialogue — for structured public engagement on the kind of system we want — and for a way to walk common ground toward achieving it.

In my first few months at the CHA, I observed and participated in several dialogue events. Usually these consisted of a small group of community members gathered for a facilitated conversation about health care. In one dialogue in Florida, I sat between a bank president and a single father receiving Medicaid and found it amazing how much the two agreed.

This was long before raucous town-hall meetings dominated the evening news, before contentious issues like the public plan pushed people to opposite ends of the political spectrum. When health reform was not at the top of the national radar screen, it was much easier to discuss it calmly and intelligently with our neighbors and even our ideological opposites.

All that changed when President Barack Obama and the Democratic Congress made

health care reform a policy priority. Somehow the public discourse deteriorated when the prospect of major change became more likely.

In the months and years after Gettysburg, we wrote and talked about the number of uninsured, the millions without coverage, the moral outrage many felt because the wealthiest nation on earth denied so many of its people life-sustaining care. We made presentations loaded with startling statistics and convened meetings to discuss the problem and strategize about our approach.

We weren’t the only ones doing this, to be sure. A slew of advocacy and consumer groups also kept up the pressure for reform, often joining us at coalition events and helping to advance important legislation like the State Children’s Health Insurance Program. Overall, however, our mission of engaging the nation in a conversation about health reform — and then moving to a legislative response — eluded us and the nation.

The ideas tossed around at Gettysburg were and still are the right ones. We do need to persuade the nation that health care reform is in our common interest and that it promotes a healthy, strong society. We would all benefit from real dialogue focused on identifying common ground and working together toward solutions.

Unfortunately, in the view of many, that process never unfolded. Instead of a national dialogue forcing lawmakers to act in concert with the people, a change in the nation’s leadership put health reform back on the public agenda. Rather than a serious and inclusive conversation about health reform, we found our nation reacting (and often over-reacting) to the proposals coming from the White House and Congress.

It may be impractical to gather the input of the



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HEALTH REFORM INITIATIVES

public, merge disparate views and conquer huge obstacles like cost through a consensus-driven process. But it is never too late to remind ourselves and others of the purpose articulated at Gettysburg: the critical importance of building public will for a health care system that is fair, sustainable, affordable, rational and, at its core, devoted to protecting human dignity.

It is never too late to begin again, to engage in constructive dialogue, to listen to one another rather than talk over one another. When it comes to health care, people across our nation agree on a lot. The challenge is to use that common ground as the basis for continued progress. Easier said than done, yes, but a goal always worth pursuing.

As I write this column, health care reform is far from done. Legislation has been approved by four congressional committees and important steps have been taken. But agreement is not imminent. And even if we get good reform legislation, the need to improve it and to continue involving the public in that effort will remain.

Since *Covering a Nation* was conceived, our work in health reform has evolved. Committee members have changed, and obviously the policy and political environments have changed. But much has not changed. We still need to build a health system worthy of the American people, and it would be best if we could do that together. ■



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U.S. Postal Service STATEMENT OF OWNERSHIP, MANAGEMENT, AND CIRCULATION (Required by 39 U.S.C. 3685)

1. Title of publication: *Health Progress*
2. Publication number: 0882-1577
3. Date of filing: *October 1, 2009*
4. Issue Frequency: *Bi-monthly*
5. No. of issues published annually: 6
6. Annual subscription price: *\$50 domestic, \$61 foreign*
7. Location of known office of publication: *4455 Woodson Rd., St. Louis, MO 63134-3797*
8. Location of headquarters of general business offices of the publisher: *4455 Woodson Rd., St. Louis, MO 63134-3797*
9. Names and complete addresses of publisher and editor: *Catholic Health Association, Publisher; Pamela Schaeffer, Editor; 4455 Woodson Rd., St. Louis, MO 63134-3797*
10. Owner: *The Catholic Health Association of the United States, 4455 Woodson Rd., St. Louis, MO 63134-3797*
11. Known Bondholders, Mortgagees, and Other Security Holders: *None*
12. *The purpose, function, and nonprofit status of this organization and the exempt status for federal income tax purposes has not changed during the preceding 12 months*
13. Publication name: *Health Progress*
14. Issue date for circulation data below: *September - October 2009*

	Average No. Copies Each Issue During Preceding 12 Months	Actual No. Copies of Single Issue Published Nearest to Filing Date
15. Extent and nature of circulation:		
a. Total no. copies (<i>net press run</i>)	10,500	10,500
b. Paid and/or requested circulation		
(1) Paid/requested outside-county mail subscriptions stated on Form 3541	8,778	9,004
(2) Paid in-county subscriptions	0	0
(3) Sales through dealers and carriers, street vendors, counter sales, and other USPS paid distribution	0	0
(4) Other classes mailed through the USPS	0	0
c. Total paid and/or requested circulation [<i>sum of 15b (1), (2), (3), and (4)</i>]	8,778	9,004
d. Free distribution by mail (<i>Samples, complimentary, and other free</i>)		
(1) Outside-county as stated on Form 3541	1,050	1,025
(2) In-county as stated on Form 3541	0	0
(3) Other classes mailed through the USPS	0	0
(4) Free distribution outside the mail (<i>Carriers or other means</i>)	0	0
e. Total free distribution [<i>sum of 15d (1), (2), (3) and (4)</i>]	1,050	1,025
f. Total distribution (<i>Sum of 15c and 15e</i>)	9,828	10,029
g. Copies not distributed	672	471
h. Total (<i>sum of 15f and g</i>)	10,500	10,500
i. Percent paid and/or requested circulation (<i>15c divided by 15f times 100</i>)	89.32%	89.78%
16. This statement of ownership will be printed in the <i>November-December 2009</i> issue of this publication.		

I certify that the statements made by me above are correct and complete.

Pamela Schaeffer, Editor

Health Progress®

Reprinted from *Health Progress*, November - December 2009.
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