



BIPARTISAN POLICY CENTER

SPECIAL PRESENTATION

**“COMMON SENSE COLLABORATION: HEALTH REFORM
PERSPECTIVES FROM EMPLOYERS AND EMPLOYEES”**

**MODERATED BY:
JUDY WOODRUFF, PBS**

**FEATURING:
SENATORS TOM DASCHLE AND BOB DOLE,
BPC'S LEADERS' PROJECT ON THE STATE OF
AMERICAN HEALTH CARE**

**PANELISTS:
ANDY STERN, PRESIDENT, SEIU**

LESLIE DACH, EXECUTIVE VICE PRESIDENT, WALMAR

CARL CAMDEN, CEO, KELLY SERVICES

**ANNIE HILL, EXECUTIVE VICE PRESIDENT, COMMUNICATIONS
WORKERS OF AMERICA**

CHARLES KOLB, CEO, COMMITTEE FOR ECONOMIC DEVELOPMENT

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AMERICAN PROGRESS**

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MS. EILEEN MCMENAMIN: This is Eileen McMenamin. I'm the director of communications for the Bipartisan Policy Center. We're here today in the green room behind the scenes at an event we're having at the Newseum.

The Bipartisan Policy Center and Better Healthcare Together have joined forces to host a forum called "Common Sense Collaboration" in which we're going to highlight the areas of agreement in the health reform debate. We've got Republicans, Democrats, business leaders, labor leaders here.

And joining me now is Eric Dishman of Intel. Thanks very much for spending time with us.

MR. ERIC DISHMAN: Great to be here. I think your timing is perfect with the president talking tonight.

MS. MCMENAMIN: So, as I said, we've got a group of individuals gathered here today that you may not usually see on the same stage together, at least agreeing with each other on the same stage together. What do you think brought this group together?

MR. DISHMAN: I think the urgency to do health reform right and to do it now. We can't afford, as a nation, morally, economically, or competitively to defer this health reform discussion and decision any longer, so I think the urgency is greeting the opportunity to get people to work together across the aisle and get something done.

MS. MCMENAMIN: And how do you see employers and employees working together, sort of business leaders and labor leaders coming together to make this happen?

MR. DISHMAN: Well, I mean, Intel is here today wearing multiple hats and one is certainly as a large employer in the United States. We want to continue to give our employees great coverage and great options in insurance. We want to cover all the uninsured because we think it's a competitive threat to the U.S. not to have a viable healthcare system for everyone here particularly compared to other parts of the world.

As a business, as well, who are selling information technologies for independent living and disease management at home, with that hat on, we think health reform is also an opportunity for job growth. So everyone's talking about what are we going to cut or what are you going to stop? We really ought to be asking ourselves: hey, in the midst of this global age-way, what new industries and businesses and services can help generate new American jobs and new industries for home health, and home technology, and those kinds of things?

So that's a bipartisan issue. I think everybody wants to get this economy better and to stimulate things and we need to be thinking about health reform – can it be part of that?

MS. MCMENAMIN: Great. And what do you hope to hear from the president in his speech tonight?

MR. DISHMAN: I hope to hear the president say we're committed to doing this health reform even though it's politically difficult and it's culturally difficult to do so. We believe in the things he's talking about in terms of coordinated care, the use of health IT, focusing on prevention.

But one thing I would like to hear that I have not heard him say is: we've got to move healthcare to the home. There is no scenario in which you're going to suddenly add 47 million uninsured and double the number of seniors over the next 25 to 50 years and continue to use hospitals and clinics for every kind of care. We've got to start looking at ways to move care to the home.

So we want to make that part of our national strategy for reform, and again, we think it's a common sense bipartisan issue people can get behind.

MS. MCMENAMIN: All right. A nice plug for bipartisanship there. Thank you. Thanks for joining us and thanks for watching Bipartisan Bites. Great. Thank you.

(Audio break.)

MS. MCMENAMIN: Okay? Ready? This is Eileen McMenamin, director of communications at the Bipartisan Policy Center. We are in the green room behind the scenes at our Common Sense Collaboration forum that we're hosting together with Better Healthcare Together and the Bipartisan Policy Center.

Joining me is someone who's been integral in this debate on healthcare reform, former Senate majority leader and BPC Advisory Board member Senator Tom Daschle. Thanks for joining us.

SEN. TOM DASCHLE (D-SD): My pleasure, Eileen. Good to be here.

MS. MCMENAMIN: Thank you. So we've got an interesting group of folks here together today. We've got the SEIU, Wal-Mart, yourself, a former Democratic senator, Senator Dole, a former Republican Senate majority leader. And what made all of you come together in this broad coalition?

SEN. DASCHLE: Well, I think there's a strong belief that we can do a lot more together than we can separately, and that there is a lot more common ground than what most people realize. That while the focus in the media sometimes is on all the differences, they should have focus as well on all the similarities because, perhaps for the

first time in history, I think there's a lot more common ground than there is separate ground.

MS. MCMENAMIN: And we saw over this summer the American people have a lot to say on health reform. They seem to fear change. Maybe they're a little settled in the status quo. What is the message that actual change needs to occur?

SEN. DASCHLE: Well, I think the message is that we know over the course of the next 10 years things are going to get so bad and so prohibitive that we can't afford to allow the status quo to be the end result of this effort, that we have no choice but to deal with better access and better quality and lower cost, and that we can do that given the tremendous interest there is in the coalition that is represented here today.

MS. MCMENAMIN: And you and Senator Bob Dole and Senator Howard Baker came together and developed a set of bipartisan recommendations for health reform. Do you think this is something Democrats and Republicans on Capitol Hill will follow?

SEN. DASCHLE: Well, you know, I'm very encouraged by the very good response we got from members of Congress on both sides of the aisle. A lot of people recognize that if you're going to find common ground, the BPC blueprint is very close to where that common ground should lie. So we're excited about the reception we got. We're excited about the prospects for moving this whole process forward based on many of the decisions and the effort that we've made over the last two years.

MS. MCMENAMIN: All right. Thank you for joining us. Thanks for spending some time with us. We'll be interested in hearing what you have to say on our panel today. Thanks for watching Bipartisan Bites. Thank you.

SEN. DASCHLE: You're welcome.

MS. MCMENAMIN: Thanks very much.

(Audio break.)

MR. ANDY STERN: (Inaudible) – or just look at you?

MR. : You look at each other.

MR. STERN: Okay. Okay.

MS. MCMENAMIN: All right? Okay? Ready? Okay. This is Eileen McMenamin, director of communications for the Bipartisan Policy Center. We are behind the scenes in the green room at a healthcare forum we are cosponsoring with Better Healthcare Together.

Joining me is Andy Stern from the Service Employees International Union. He has been an integral part of trying to bring folks together on the issue of health reform. How are you doing it?

MR. STERN: Well, we're doing it by realizing that when it comes to healthcare it's not a Democratic or Republican problem, as we're seeing with Senator Daschle and Senator Dole, or a business or labor problem, as we've seen with us and Wal-Mart. It's an American problem.

And I think when you talk to people as Americans and understand that everyone has a friend or a family member who's in trouble, it just makes it so clear that we can solve this problem if we come together as a country.

MS. MCMENAMIN: And did you ever think that you and Wal-Mart would be on the same stage without throwing things at each other?

MR. STERN: No. And I'm not sure I thought Bob Dole would be added into the mix, but what has been great about this debate is you really see a situation where people want to do what's right for their country. And America, to compete in a global economy, really needs to see itself as a team. And I think Team USA can solve this problem.

MS. MCMENAMIN: And where do you see areas where business and labor can agree and sort of find common ground on health reform issues?

MR. STERN: Well, clearly, shared responsibility. And you think everybody knows individuals are going to have to step up and get coverage, but business is going to have to step up and make sure that there's a level playing field, that some people aren't provided healthcare where others are.

I think we all agree that we need to deal with prevention and wellness and best practices because it's nuts that you go to a doctor and don't know there are better ways to treat your issues with your throat or your ears or your kids and that we don't have the information technology which I think we all agree is a part of a 21st century medical situation. And if you take those and you take the issues of that affordability and access – and holding down costs, because in the end, families, communities, and our country cannot afford this healthcare system.

So there's a lot of common ground here. And I think we're 60 days away from getting this bill on the president's desk.

MS. MCMENAMIN: Really?

MR. STERN: I do. I really do.

MS. MCMENAMIN: Well, the president is speaking about this very topic tonight. What do you hope to hear from him?

MR. STERN: I hope to hear him say that we are never again going to let what happened to Patsa John (sp) who lost her house, or Roberta (sp) who lost her health, or Eloise (sp) who lost her life because she didn't have healthcare. I mean, everyone knows someone in their family, everyone knows someone in their community who has suffered, has been hurt, did not get the care they needed and sometimes they've died. And I hope the president says America can do better and we can do this in the next 60 days.

MS. MCMENAMIN: All right. Thanks so much for joining us. Looking forward to hearing what you have to say.

MR. STERN: All right. It's great.

MS. MCMENAMIN: Thanks for watching Bipartisan Bites.

(Audio break.)

SEN. BOB DOLE (R-KS): And if you take a look at the Americans with Disabilities Act, it took several years to sort of get that in a place where you could pass it and then, when you did pass it, we had overwhelming bipartisan support. The Social Security amendments of 1983 pretty much the same. And with that bill we had things that nobody liked. I think we offended every interest group in America which made me think it's probably pretty good legislation. And it passed with strong bipartisan support and checks are still going out and will until the year 2017 or maybe even later. We thought it would be even later than that when we finished the bill.

But anyway, my point is that there's something in it for both parties. President Obama can say the Democrats pushed through the bill, the healthcare reform bill and Republicans sat on the sidelines. I hope that's not the case. But there's always a little danger in that.

I'd like – if I were president – it's not that I didn't try eight or nine times – (laughter) – I'd like to know that there was bipartisan support because I think it sends a signal to the American people, and they're a lot smarter than some people think they are. They know who's an R and who's a D. And they know if the Rs and Ds are agreeing on things, it's probably pretty good legislation. And that's why I think it's certainly in the president's interest to be bipartisan. I think the Republicans, the minority party, its in their interest to be bipartisan. We don't have the numbers, but we hope to gain, as any other party would, in off year elections and we're not going to do it unless we have something to show for.

Now, maybe – again, I've been on both sides of these, whether you do or don't do it, maybe the best strategy is to put a sign on your desk that said, no, call me later, and that would be our position. But I think initially that would probably sound pretty good to people who are upset about it and you might be able to sustain that for a while, but after a while, in my view, the American people are going to wonder what were the

Republicans for? And I'm certain that there will be people around like my good friend, Senator Daschle, and others to remind them what we did or didn't do and we'll be doing the same thing. There's nothing wrong with that.

So here we are. A very important speech tonight. I was hoping the president would introduce his own bill, just take ownership, say, this is my legislation. This is what I have decided after all the hearings and all the protests and all the talks and all my visits with Democrats and Republicans, this is the bottom line. And as he speaks, have the leaders introducing legislation and then he would take it from there.

Apparently, obviously, he's not going to do that but he may do something close to that by being very specific in what he will accept and will not accept, because I think up to now we've had all this to do and do and everything else in the House in particular but we've got too many bills floating around. There are four in the House and then Senator Baucus has his bill in the Senate. And, of course, I think the Senate bill has the best chance of maybe finally getting some bipartisan support, some real bipartisan support.

I've been talking to Grassley, and to Enzi, and to Olympia Snowe, and trying to reach Lisa Murkowski who had some surgery on her leg and haven't talked to her, just to say I'm not calling you to say be for some specific part of the bill. I'm just calling you to say don't give up and hang in there and work with Senator Baucus and Senator Grassley.

Now, Senator Grassley would like very much, of course, to do something. He's a Republican leader on the Finance Committee, but it's hard to expect Senator Grassley to provide the leadership and when he turns around nobody's there. He's by himself. And so he's been working hard and so are other Republicans.

And I don't mean to denigrate the Republicans who've taken a different position. I mean, some are principal opposition. They have certainly a right to be in opposition, and they have a right to offer amendments, and have a right to debate, and the right to vote. And I think once we get focused on this is what the president says he wants. Now, what do we do? Where do we from here? Do we offer a substitute as a Republican Party? Do we offer amendments? Do we try to work together? And I'm certain the president at least has indicated he's going to spend a lot of time with leadership in both parties at the White House trying to pound out just one little thing at a time.

There's more to this bill than the public option. I know that's important to many in this room, but there are hundreds of provisions in the bill. And maybe I thought that was a diversion to talk all about the public option and let all this other junk get through. I don't mean it quite that way, but other controversial areas would sort of slip through because it would all be focused on the public option, and I don't think that the case, but it could be.

So here we are. In the morning we'll know pretty much – probably predict pretty much what's going to happen. If there's absolutely nothing new, nothing new is going to happen. And I'd like to see something happen.

Back in 1977, Senator Domenici, myself, and Senator Danforth had what we called “The Three D” bill which contained many of the provisions that are in the present legislation, so 31 years is kind of a long time to wait, particularly when you’re 86 and you’re really worried about room service and things like that. (Laughter.)

I have the privilege of introducing a man who’s had great influence on President Obama, on his thinking on healthcare, and I can truthfully say, who knows more about the issue than I think anybody I know who’s either in or out of Congress at this time. And no offense to any of the experts in the room, but Tom has written a book and he really understands this. He’s made hundreds of speeches and has really gotten into the details.

But Tom understood in our negotiations with the four of us, the four former leaders with no vote, no power, no anything, but some credibility with former members and some credibility with the public. But Tom understood I don’t like mandates, but I like the public option even less, and so I was willing to see a tradeoff there, you know, swallow the mandates and get rid of the public option.

I don’t know what Tom’s thinking was, but we didn’t end up with a public option. We did end up with not the kind of trigger that Olympia Snowe has, but a trigger that could send the bill to Congress and be debated and voted upon like any other piece of legislation if the insurance companies fail to, as some would say, “clean up their act” when it comes to preexisting conditions and other key issues. And so Tom and I have worked together.

In fact, I take a little pride in getting Tom to come to our law office Alston & Bird which, by the way, if you need any more information – (laughter) – I have some pamphlets and then we have three people as you go out – (laughter) – one to stop you and the other two to get you ready for the meeting. But – no, it is a good law firm. And we are serious about business. (Laughter.) I mean, when I get it – I don’t want you to be alarmed – when I get it, I give it to some real lawyer so don’t anybody be like I gave to Bob Dole, I wonder what happened. (Laughter.) But you’ll like the result because I’ll give it to a good lawyer.

So I think – I don’t need any further introduction of Tom Daschle who I worked with in the Senate. We never had a public disagreement. We disagreed on a lot of things but we never did it in public. I think there has been a slight change in the way Congress conducts its business and works with each other, one another. And we had our problems too. I’m not here to criticize the present Senate because we certainly weren’t perfect by a long shot, but one person who kept us on balance and kept us on the course and kept us on the right – I don’t want to say right – kept us on track was Tom Daschle. Tom.

(Applause.)

He’s by himself. And so he’s been working hard and so are other Republicans.

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(Applause.)

SEN. DASCHLE: Bob, thank you for those very, very generous words. I don't know who once said it but they said that subtlety is a disease that starts at seven and leaves at 70. And I like the lack of subtlety and just the direct line that my dear friend, Bob Dole, always takes. It's been one of the joys of my professional life to have the opportunity to work with this man in several different iterations and contexts, and it's just really been a terrific experience and I care for him deeply.

But Judy, thank you for your introduction. And I'm delighted to be a part of this panel.

I remember it was – I think it was Mark Twain who had to follow somebody like I'm just following now. And he came to the podium and he said, I have an announcement to make. The previous speaker and I before this program started exchanged speeches. You just heard my speech and I forgot what he was going to say. (Laughter.) There isn't a word that Bob Dole just has shared with all of you that I disagree with. I'd start with that.

Over the course of the last 18 months, the Bipartisan Policy Center, through the generosity and support of the Robert Wood Johnson Foundation, worked on an idea. The idea was simply, can four former leaders come together and reach conclusions about this complicated lay of the land on health policy in a way that might offer some blueprint, some approach that might be helpful to Congress as they deliberate.

It took us 18 months, two Democrats and two Republicans, and then George, as Bob said, departed a little early. But the three of us finished the work. And it was hard. I was working with two extraordinarily capable, formidable, former leaders who know the art of a good deal, who know the legislative process as well or better than anybody in

this town, and in spite of the fact that we had everything going for us and two people on the other side of the table who wanted to get to “yes,” it was difficult. It was challenging. And there were moments when I really wasn’t sure we were even going to get there.

But we got there. And as I think back, how was it we got there when it still seems so difficult for others to achieve the same thing? And I think answer in part is that we didn’t feel any peer pressure. We were there as independent contractors representing ideas but nonetheless there. And there was no politics. There was zero politics. And so, if you can eliminate politics and peer pressure in this town, you can get it done. (Laughs.) I wish them luck.

But I know this: every day in this city, in ways large and small, we make history. Bob and I had the good fortune to make a lot of history as the two leaders for a period of time, and history is going to be made tonight, today. As we speak, history is being made perhaps in the Senate Finance Committees as the group continues to work to resolve their outstanding differences, and the president of the United States is going to give a speech to the nation and to the joint session tonight that will for evermore mark another important element in this debate.

So history will be made. And whether it’s larger or small depends in part on whether or not we can minimize politics, minimize peer pressure, and recognize how important this job is.

This has evaded us now for over 70 years, you could argue, over 100 years. If you go back to the first time it was in any platform, it was in Teddy Roosevelt’s platform in 1912 as the progressive party calling for national healthcare.

So we’ve been at this for a long, long time and we failed and failed, and failed, and I was part of the last failure. And I vowed at that time – vowed is too strong a word – I really asserted at the time, we’ve got to figure out a way to deal with this. And so we thought, well, the way to deal with it is just deal with it incrementally. For the last 15 years, that’s what we’ve done and we’ve made a little progress for kids. Thanks to Bob Dole and others we made a little progress on portability. But we didn’t make a lot of progress. And frankly, we’ve fallen behind in just about every context as we look at healthcare quality, and access, and cost today.

Well, I tell you, you just heard one of the finest leaders and legislators in recent history. And you’ll forgive me if I recall another famous leader, someone who was my inspiration on this issue for the last 25 years and that’s Ted Kennedy. Like many of you who either watched or attended his funeral, you couldn’t help but be moved by his son’s eulogy.

And that moment when he was at the bottom of the hill, trying to get up having just survived cancer, with one leg, and exclaiming to his father, there’s no way I can get up to the top of this hill. And his father says, “We’re going to get up to this top of this hill if it takes all day.” And they got up to the top of the hill. And Teddy Kennedy Junior

never forgot it. And there were people in that church that day who shouldn't forget it either.

For 70 years we've been saying, we can't get to the top of this hill. It's too hard. It's impossible. Well, Nelson Mandela once said that a lot of things seem impossible until they're done.

This can be done. We know that the status quo is Latin for the mess we're in. And we're in a big mess when it comes to healthcare. Costs are out of control. We've got 50 million Americans who don't have insurance at least part of the year and another – maybe at least another 60 or 70 million Americans who are so underinsured they don't get the care they need, and 18,000 people a year die because they don't have access, die just because they can't even get in the building. So the status quo is the least acceptable of all of the outcomes.

And while there's a lot of differences among everybody on this panel today, a lot of differences, but we're not hearing nearly as much about as how many similarities there are, how much common ground there is, how just about everybody at this table – I would say, and I could be proven wrong, that everybody here wants universal access. Everybody here understands the importance of insurance reform. Everybody understands how critical it is we put into place effective cost control measures.

And nobody at this panel, nobody is satisfied with the assessment of our quality today. When Commonwealth, one of the most prestigious organizations in the country says we're 19th out of 19 industrialized countries when it comes to outcomes, nobody can be satisfied with that.

So let's hear a lot more about the common ground and a lot less about what separates us, and let's do what others would have us do. Let's climb that hill. Let's get to the top this time. Let's make history. Let's do something that makes our mark this generation. When that happens, we can all be proud. Thank you very much. (Applause.)

MS. JUDY WOODRUFF: All right. We are going to get underway with our panel and we hope that – we know that Senator Daschle is going to be joining us. We would love for Senator Dole to stay and join us and that's going to be his decision.

SEN. DOLE: I have to go to the doctor. (Laughter.)

MS. WOODRUFF: Okay. But we want him to know if he changes his mind, he's welcome. And we are going to – I'm going to be asking questions. We're going to be having a conversation among this group up here for about another 40, 45 minutes or so. And then we're going to open it up to you in the audience. So be making notes about what you hear and be ready to engage.

And as Senator Dole leaves, let's give him one final round of applause and thank him. (Applause.) Senator Dole, you've given us our charge, so we go with your blessing.

SEN. DOLE: (Off mike.) (Laughter.)

MS. WOODRUFF: All right. I want to – we heard from both Senator Daschle and Senator Dole that we're focusing too much on what separates us, and yet, we know we have to talk about what separates us, but for the purpose of – for the sake of this discussion, let's start by talking about where the agreement is.

And I want to ask – this is a diverse group. They represent industry. They represent labor. They represent the left. They represent the right. Let's hear from all of you what you think the most important points of agreement are.

So let's begin with Charles Kolb, the Committee for Economic Development. From your perspective, what are the most important elements of agreement that something could be built from?

MR. CHARLES KOLB: Thanks very much, Judy. I think there are three things that most people would agree on that we have to this legislation address: one is to deal with costs. That was the first thing the president said at his summit earlier this spring. The first sentence out of his mouth was to deal with cost.

I think second is coverage. We know the problems with the uninsured in this country. It's unacceptable in a democracy as wealthy as we are to have the situation that we have.

And I think the third thing that all of us could agree on, and Senator Daschle alluded to it, is better quality. I think most Americans think that because we outspend the rest of the world in terms of aggregate dollars on health and also on an individual basis that we're getting better results. We're not. I don't think people realize that.

France – which we like to criticize and tease – the World Health Organization some years ago ranked France's healthcare system as the best in the world in terms of quality: they live longer, they get better results in terms of infant mortality, and they don't have the obesity problem. So I think those are the three things. Plus a real recognition by the American people that our system is failing us.

MS. WOODRUFF: All right. And forgive me, I didn't go around the table and introduce everybody, so what I'm going to do is introduce them as I ask them to speak. That is Charles Kolb with the Committee for Economic Development.

I'm next going to call on Annie Hill with the Communications Workers. From your perspective, and your organization's perspective, what are the most important points of agreement? What would you add to what Mr. Kolb said?

MS. ANNIE HILL: Thank you, Judy. Well, I would agree in general with all of the three things that he said, but maybe to be a little more specific, which will probably be then – start to be a little more controversial is then how do we accomplish some of those things? And I think that's the challenges that we've seen play out over the last few months is about how we get there.

There's actually four things that we're looking for. I'll use three of them. So, one is that we do think that there should be an employer mandate that all employers should pay to level the playing field. We have many employers that are picking up the cost and covering workers that work at other employers.

The second thing is we think that – and there have been a couple of the committees that have addressed it – but we don't want to forget people that are under 65, but are retired. That is actually the most expensive group to cover. And we want to make sure that those people are taken care of in some way.

Some people just haven't retired because they're ready to go out and kick up their heels and have a good time, but they actually are too ill to work; they have a family member to take care of, they've lost their jobs. And because that's the most expensive group to cover, then it's hard to go out and get independent coverage. Sometimes they already have chronic conditions, preexisting conditions, so it makes it difficult.

MS. WOODRUFF: All right. I'm going to stop you there because – if you're going to make a short list of specifics, let's have some discussion about that. Is everybody in agreement on what she just said about what kind of employer mandate there should be? Leslie Dach, Wal-Mart?

MR. LESLIE DACH: Well, as the nation's largest private employer, we've also supported an employer mandate really for a variety of reasons. First, as other people have said, that in this country we need – every American should be insured. And also that those of us as individuals or as companies who are providing health insurance or subsidizing those who aren't, they get the worst care and most expensive care and it adds to the economic burden on the rest of us as well as the social burden of healthcare.

So we believe that every employer should play a role. There are going to be some small businesses who need a break. There will be some small businesses who probably deserve to be exempt and others who deserve to be helped. But, as a principle, we think that every company needs to help shoulder this burden.

MS. WOODRUFF: So no daylight between the two of you on that? Okay. And you were going to list – you had a couple of more things you wanted to list.

MS. HILL: One other thing is that – as far as insurance reform is that we think the best way to get there is to have a public option and that there has to be another

alternative for small businesses, that it can't just be open to everyone, but that there does need to be that option available.

MS. WOODRUFF: Carl Camden, Kelly Services. How do you see – where's the agreement among the group of you on how you take care of those individuals who don't have coverage now?

MR. CARL CAMDEN: I think that – excuse me – Charlie and the others laid out lots of the principles that we very much agree on. I would just want to add one more principle and then come to your very specific question, which is a sense of urgency. I think we all share the sense of urgency.

And in our particular case, I'm particularly bothered by what I see is declining American competitiveness in a global marketplace because of outcomes on healthcare. We all talk about the cost, but we don't understand that given how much of it is borne by the employer, how much borne by the taxpayer that I now see companies who are clients on a global basis choosing to move jobs or to grow jobs outside of the U.S. because of the total cost of employment which is getting to be out of whack in the United States much because of healthcare costs.

It's become an increasingly cited reason for people moving jobs elsewhere. And when we talk to entrepreneurs as to why they're not starting new companies, access to healthcare has become a critical reason cited right up there with access to credit, which just beat it out in the last survey given the current crisis here.

We, like Wal-Mart, have been willing to support an employer mandate. I think everybody has to play. There's no choice. I don't think that a company can choose not to participate, the form of that participation. I think there has to be room. There's no – I don't believe we get to an end decision by this early in the game ruling out any of the possibilities as to how do we achieve that employer mandate.

I happen to be probably more of advocate of a free enterprise solution than some of my colleagues around the table. (Laughter.) But I think the most important part is that we've all said collectively, the outcome that we're concerned about is access to healthcare coverage for everyone. How we get there, there's some room for good natured debate along the way.

MS. WOODRUFF: Andy Stern, president of the Service Employees International Union, SEIU. What would you add? Where are the points of agreement here?

MR. STERN: I think they were pretty well covered. I think we appreciate, as a number of people have said, that we need to move from a sick care system to a health care system and we can't keep paying on the basis of quantity and not quality. And so, in the end, this is about prevention and wellness and best practices. And I think we all just agree you can't cut costs unless you really change the whole paradigm here.

MS. WOODRUFF: And you all are making this sound easy. (Laughter.) Eric –

MS. HILL (?): We just set a positive tone to the meeting.

MS. WOODRUFF: I know. And we're going to start out with the positive. (Laughter.) Eric Dishman with Intel.

MR. DISHMAN: I agree with a lot of what's been said here. Intel certainly believes in universal access to quality coverage for everyone. I don't think we believe that there's a false dichotomy between having a competitive insurance industry and also reasonable government regulations in place to make sure that bad things don't happen. That's true with almost every industry that exists.

So I think we're in favor of having a competitive marketplace for insurance. We want to continue to drive innovation that's going to offer new services and try to keep costs down.

And I agree with Senator Dole's comment that there's far more to the bill than just the debate over the public option. If we allow the entire health reform debate to be held hostage to this controversial issue, then we risk solving a lot of other problems that we need to tackle. And that's one of the things we worry a lot about.

MS. WOODRUFF: And, yet, Judy Feder with the Center for American Progress, that is where so much of the debate has centered.

MS. JUDY FEDER: It is, but a big part of it is because many of us view it as the best way to achieve the goals that we all share, which are that we have competition that keeps – makes insurance companies get us the best deals and the best care, that we have a choice among plans – and we think that a public choice is a good thing alongside private insurer choices, keep them competitive and push on them – and that we definitely need to bring down cost.

And unfortunately, in the current market, we're not seeing private insurance companies do that. We see it as part of a bigger whole, a whole in which we also have an exchange, an insurance exchange we keep on marketplace where people can get insurance with an end to discrimination based on preexisting conditions or the pulling back of coverage when people get sick.

We see it as part of insurance reforms, of rules for insurers. And just to go one step further, in terms of the overall, how everything fits together, there are some who look at insurance reform and say, well, why don't we just do that? But you can't just make rules for insurance companies. The premiums will go up if you just make rules because they've been avoiding sick people. You start making them take them. They've got to charge more. That can make it unaffordable to many.

You can't have a system in which people can wait as many would, understandably, to just get insurance when they get sick. We've got to have everybody covered, everybody choosing, everybody responsible in order to proceed on good, strong coverage, affordable coverage and the kinds of cost containment that we've been talking about.

MS. WOODRUFF: I want to come to Senator Daschle on something you said. But on this question of just doing insurance reform, I mean, is there agreement here that that's not enough just getting the insurance – because that argument is still out there.

MR. DISHMAN: No matter who pays and how we sort of solve that problem, if you don't do delivery reform and do care differently, you're not going to deal with the doubling of the number of seniors over the next 50 years and you're not going to be able to continue to do business as usual for how you care for the 47 million uninsured that you add.

MR. CAMDEN: And the current insurance model doesn't cover the 25 percent of the workforce who works in non-traditional modes: the temporary employees, the independent contractors, the self-employed professionals, the one to two person offices – current model doesn't work.

MS. WOODRUFF: So why is that argument still floating around in some quarters?

MS. FEDER: Well, one can wonder whether those who make the argument that just an incremental change is the right thing to do or can even work because we're saying it can't work, whether they're really seriously committed to doing what we need to do to get the job done.

MS. WOODRUFF: Senator Daschle, I know – I think you said this too. We know Senator Dole said there's more to this thing than the public option. Having said that, it is a big – it's the 800-pound gorilla, or 800-pound elephant – whatever it is – in the room. And the sense is growing that it's just not going to happen, that the House may want it, but the votes are not there in the Senate. Where do you see the state of play right now on the public option?

SEN. DASCHLE: Well, Judy, I think that it's important for us to define what the public option is, first of all. And I think Judy's articulated it reasonably well. It's a place where people can come that have up until now had very little opportunity to get good care.

And I find it interesting that opponents of the public option generally say that the reason they don't support it is because it would be so popular. Everybody would flock to it and that its success is the reason they don't think it should be incorporated. That logic evades me.

But I have to say that we haven't had the first vote. We haven't had the first day of debate on the Senate or the House floor. I think the Congress needs to work its will. Let's see what happens. If the votes aren't there, there are several alternatives to a public option including a co-op, a fall back, a state public option. There are ways in which to address it.

And who said that this has to be the last word on health reform, whatever happens in 2009? Clearly, we're going to be revisiting these issues from time to time and if it's as popular as I think it may continue to be, I think there's almost an inevitability to do public option at some point down the road.

But I agree with those that we can't let any single item in this keep us from getting to the larger good which I think is meaningful coverage, meaningful cost containment, meaningful improvement in quality, and far better choice. I think if we do that, then we will have achieved a great deal.

MR. CAMDEN: The difference, Judy, with this group is we're not arguing that the choice is between doing nothing and doing something. We're just saying we've all committed that we are going to do something. The issue is what's the better something and what's the achievable something we can get done this cycle?

MS. WOODRUFF: For the purposes of this audience and this discussion, Leslie Dach, what about the trigger as an option? I mean, pluses, minuses.

MR. DACH: Actually, for us, we've been lucky. We've kind of managed not to make the public option our issue precisely for the arguments and discussions that people have had here. I think from a business perspective and from also trying to listen to all of the people who shop at Wal-Mart who have a concern about this, who are struggling paycheck to paycheck in a difficult economy. And what they're worried – they want this problem solved but they want to feel safe and secure about it.

And I think one of the concerns that we have is we – as the debate has kind of more about positioning and less pragmatic is that more and more people get scared. And when more and more people get scared, the politics gets harder.

And so I think really one of the things that we think it's important is that – is to talk to the American people – and I think the president will undoubtedly do that tonight – to give them a sense of reassurance, to remind them that the current system is not sustainable, whether it's for them as individuals or for the American economy, and that we need to change that and that we can change it in a way that they can feel safe and secure. They can feel and secure if they have insurance, that they'll have better healthcare and ultimately make it more affordable, and they can certainly feel good if they don't have insurance today. And that if we can control the cost of healthcare, then those businesses that are paying for healthcare can have some assurance that it's worth supporting this bill more fully.

And so I think, really, to us, that's a big priority that we kind of reestablished the momentum and reestablished kind of a safe place in this for the American public and then we can move forward.

MS. WOODRUFF: Given that what the media is looking for right now is some evidence that there's a coming together on this public option question, and I don't want to beat a dead horse, but I am interested in hearing from you all, is there language in the back of your mind, in the front of your mind that you're hearing that you see the two sides coming together on?

MR. DISHMAN: It's the devil in the details. I mean, Senator Daschle pointed out, you're reacting to a notion of a public option that so many people have so many different definitions of it's not clear what you're signing up for. At the end of the day, and you've heard all of us say that we actually think competition is good, but regulation is good and there's a balance between the two. And at the end of the day, we need to see specific proposals to sort of respond to.

There are scenarios where Intel could get behind the public option. If it's a level playing field and it's competitive insurance and the government doesn't have all the cost advantage and you don't balloon squeeze all of the costs in a hidden way to the employers. There's ways the public options could be set up that would be horrible.

So it's this language that most of us don't understand, that most American people don't understand around public option. What's the difference between that and universal coverage? How does that relate to single payer? There's a lot of slipperiness about this language that breeds that fear and that ambiguity. And that's what we have to clarify.

MR. KOLB: I actually think that the principle here is whether there is likely to be in the future a market failure. Carl and I actually had a discussion about this some months ago. A number of us want the market-oriented, incentive-based set of structural reforms, but we've just been through in another sector of our economy, a whole series of market failures where people never thought there would be market failures.

So, on the one hand, those of us at CED are very much in favor of a market-oriented solution, but I think we also have to think about what happens if three to five years into this there's a market failure? So CED doesn't have a view on the Snowe position, but some sort of act-stop against a market failure strikes me as a reasonable approach.

Again, the devil's in the details, but the principle here, I think, is whether there's a market failure, and we've seen that markets can, in fact, fail because they don't always have perfect information or the structures are messed up or the incentives are messed up.

MS. WOODRUFF: What's the view from SEIU on – we know you're for a public option. (Laughter.) No doubt about that. But what about some middle ground there, a trigger or something?

MR. STERN: I just would disagree of the one thing you say which I don't think the media is looking for people to come together. In fact, I think the media is looking for people to be split apart, because I think what the president said, what Tom and Senator Dole said was that actually there's a lot of agreement here.

And I think what's remarkable about this group is – and it's gone on now for a while – is that there are Democrats and Republicans and business and labor, but we're all Americans and we actually think we need to do something for our country and we think we can find a way to do it.

And I think when it comes to the public option, it's what you want and whether someone said is achievable. And I can say if someone wants to empower this group of people to reach an agreement like Senator Dole and Daschle, then I think we could.

But the truth is we have to vote. We've had this discussion. It's been wonderful. I admire the president, the leadership. It's gone on, taken up a lot of time. It's been heated and passionate and a little bit disagreeable at times. But now we have to vote. There are 435 people down the street that have to make a choice about the future of our country and we're tired of having the debate. I think all of us, we want something done.

MS. WOODRUFF: What would SEIU – what would the position be?

MR. STERN: I think we could win the – (inaudible) – public option.

MS. WOODRUFF: You do?

MR. STERN: Yes.

MS. WOODRUFF: As it's come out of the House?

MR. STERN: Then we have to decide like everyone else what do you do if you don't get everything you want and is the perfect the enemy of the good?

MS. WOODRUFF: Annie Hill, Communications Workers.

MS. HILL: Yeah, I think we think there's support out for it, but I think the devil's in the details. I think there's been a lot of great points made. And I would agree with Leslie as there's been so much fear generated, especially over the last 30 to 45 days, that just the words public option has become like a lightning rod and there are so many ways that it could go, so I'm hoping that when Congress is now back together, that there are going to start to be some good, solid debate around some details.

And hopefully, that effort will start tonight with the president's speech and get this debate back on track so it's not just a yelling match and a lot of negative stuff that obviously is played out in the media and that we can really get down to the serious

business because this is something that I think we can do, but it's also something that we must do. The time is now.

MS. WOODRUFF: What do you all believe the president needs to say tonight or do tonight, and I don't mean in specific words, but what has to happen tonight? What does he need to accomplish tonight in order to advance the cause of healthcare reform?

MR. DACH: There's a lot of – there's both a substantive and, in a sense, an educational component for tonight. At least for me, I think the educational and political component is probably the most important. To restore a sense of momentum, to restore this notion of a safe ground, to educate people that the current system is not sustainable and to kind of create a context in which I think people on Capitol Hill, in a sense, it needs to be a lot less positioning and a lot more progress.

And I think, if the president can also make the clear political case that failure is not an option. Failure wasn't good for the Democrats in 1994. It left a legacy they weren't happy with. And failure won't be really a very good political option for either party in this debate.

And I think that, to me, it's less about what the president – the details that the president says are much more about momentum, the confidence and the sense of purpose that he puts back into the debate.

MR. KOLB: I'm going to make a process suggestion. I agree with what Leslie said. Yesterday, he really played educator. He went into the schools and that created some controversy, but I think his remarks were pretty good. I think he has to educate tonight, but I also think there's one other important thing he has to do and I think he has to act. And I want to put this on the table. It's unscripted. It's not a CED view.

I served in the first Bush administration, the H.W. administration. I remember a very controversial 1990 budget – and Senator Daschle will remember this –and the president and the bipartisan leadership, House and Senate sequestered themselves for a period of time in Andrews Air Force base.

And I think the president's gotten a lot of criticism because he's given a lot of good speeches. And I think one more speech, it will be another good speech, I'm sure, but I think the American people want to see action. And if the president gets out and gets in with the Republicans and the Democrats, the ranking and the leaders of committees and actually starts making something happen, then three weeks after an Andrews Air Force base summit, they can all go out, presumably in a bipartisan way, lock arms, and sell what they've done. So I think he needs to act.

MS. WOODRUFF: Senator Daschle, is that a realistic idea?

(END)