

Center for American Progress



EXPERT POLICY FORUM

**“HEALTH CARE, THE BUDGET AND MORALITY:
A DISCUSSION OF NATIONAL PRIORITIES.”**

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JOHN PODESTA: (In progress) the vision of the more moral America he described. Though none of us, of course, can read the president's mind, each of us has read with alarm news reports about the federal budget he and his staff are considering and will soon send to Congress.

The budget is much more than a collection of numbers on a ledger; it is the most tangible expression of our nation's priorities and of our values. Tragically, all indications are that this budget will not only fail to honor the moral values we Americans share, it will at times mock them. This is particularly true in its indifference to and neglect of the healthcare crisis confronting America's families. Ours is a nation deeply rooted in religious faith and strong moral values, in the belief that every person has intrinsic dignity and worth.

And we express that belief by accepting our duty to care for our neighbor's health and well-being. That credo predates our republic. In 1630, during his voyage to Massachusetts, John Winthrop did more than envision our becoming, quote, "a city set on a hill." He also warned that, quote, the "only way to provide for our posterity is to follow the counsel of Micah: to do justly, to love mercy, to walk humbly with our God." He said we must "knit together in this work as one man. . . . We must be willing to abridge ourselves of our superfluities, for the supply of others' necessities . . ."

But does that budget provide for those necessities? No, not by the reports we're seeing now in the newspapers. At a time when Medicaid is providing for the health and long-term care of over 56 million men, women, and children, including the disabled, the president's budget threatens to not only arbitrarily cap funding, but to actually reduce it. That is more than wrong; it's immoral. We agree with Governor Huckabee of Arkansas when he says it's "simply unacceptable" "to balance the federal budget off the backs of the poorest people" in America. As Governor Huckabee said, "you don't pull feeding tubes from people. You don't pull the wheelchair out from under the child with Muscular Dystrophy."

But it doesn't stop just with Medicaid. We know that childhood immunization is fundamental to a lifetime of good health, yet the president has already raided its funding and could do so again. We know that minority Americans are at far greater risk of contracting many diseases than white Americans. For example, African-Americans are likelier to face heart disease and stroke and Vietnamese-Americans – Vietnamese-American women face a greater risk of developing cervical cancer. Yet instead of closing the racial divide in health, this administration has allowed it to widen by making only paltry investments in policies that are known to work. That is not right and it must not stand.

As many of you know, Medicare is less than a year away from taking over drug benefit payments for nearly seven million people who now get their medication through Medicaid, yet the administration has so far failed to come up with a plan and the dollars to assure that these Americans do not lose their coverage while the new program is being implemented. This simply does not have to happen, but unless provision is made in the federal budget, it will; and seven million Americans may not be able to get the medicines they need.

We're seeing a similar pattern of neglect in providing life-saving drugs for people with HIV/AIDS. Right now, there are Americans who are facing an early death not because the medicine that can prolong their lives doesn't exist, but because the president does not want to devote the funds needed to provide it. A moral nation does not turn its back on poor men, women, and children with HIV/AIDS, but this budget does.

And in a similar vein, despite all the president's promises, this budget fails to make good on America's pledge to fight preventable illnesses worldwide. It shortchanges UNICEF and our Centers for Disease Control and Prevention in their efforts to combat these diseases like malaria and tuberculosis and save children's lives here and around the world.

Yesterday – if you read the paper this morning or watched the news yesterday, the Bill and the Linda Gates Foundation pledged \$750 million in the effort to immunize and vaccinate children around the world. They're saving lives for less than \$1,000 apiece, as the Gates Foundation noted. Norway pledged \$290 million. Now, if Norway, with 4.6 million people, can spend \$290 million, don't you think the United States can spend a little bit more than that to take on this effort, to save children's lives, to reach the goal of immunizing 90 percent of the kids around the world by 2015? Yet we only spend \$60 million a year in that effort.

Perhaps most importantly, this budget, like those before it, fails to meet the greatest moral test of all in its complete failure to respond to the fact that there are now 45 million American men, women, and children who today are going without the affordable, quality healthcare they need because they lack health insurance. That's five million more than there were three years ago, and as more employers are opting out of offering health insurance, the number of uninsured will soar even higher.

Right now, the Commonwealth of Virginia estimates that almost 25 percent of the children in the state's foster system are there because their parents cannot afford mental health treatment because they lack health insurance and they lack the ability to take care of those children. Think about that. Mothers and fathers giving away their kids because it's the only way those children will ever get the care that they need.

It is only in Washington that healthcare for all Americans is a political question of left or right. Outside this city it's a profoundly moral question of what is right and what is wrong. That's why we at the Center for American Progress are now finalizing a plan

for quality, affordable, universal healthcare, which we will be offering in the coming weeks.

Just as abolishing slavery, standing up for civil rights, or winning World War II and the Cold War tested America's moral fiber in the past, we believe that providing for the health of every American is the measure of our strength as a moral society today. That message, that how we respond to healthcare and other human needs reflects our morality as a nation, is a question of growing importance within the religious community.

To underscore the depth of this concern, the Center for American Progress has been circulating a joint letter outlining the moral concerns of religious leaders. To date, more than 60 leaders from a cross-section of the faith community have signed that letter. It's included in your packets.

In order to help us explore the moral dimensions of America's healthcare crisis, we brought together a panel of some of the most insightful scholars and theologians today. They include Bishop Frank Griswold, who is the presiding bishop and primate of the Episcopal Church, USA, and under that term is the chief executive and spiritual leader of the Episcopal Church in the United States.

Dr. Laurie Zoloth is a professor of medical humanities and bioethics and director of bioethics in the Center of Genetic Medicine at the Feinberg School of Medicine, Northwestern University, and she is also a professor of religion at Northwestern University's Weinberg School of Arts and Sciences.

And Dr. Ann Neale is a senior research scholar at the Center for Clinical Bioethics at Georgetown University Medical Center. For 15 years, Dr. Neale served as vice president in the mission departments of two Catholic health systems. She was the first executive director for the Committee for Human Values, an office that represented the National Council of Catholic Bishops in the areas of science, technology, and values.

More extended biographies are included in your packets, and I'd also like to note that in the packet you'll find background information on the health budget, which was prepared by Dr. Jeanne Lambrew, who is a fellow at the Center for American Progress and an associate professor at George Washington University, where she teaches health policy. She also worked on health policy at the White House and the office of management and budget.

We've also included a statement by Dr. Nazir Khaja of the Islamic Information Services, who couldn't be with us today because of a scheduling conflict.

We're going to go ahead and let our panelists make presentations and then we're going to take questions from the audience, so with that, let me turn the microphone over to Bishop Frank Griswold.

Thank you.

BISHOP FRANK GRISWOLD: Thank you, John, and good morning to those of you who have gathered.

Rhetoric is, of course, one thing; and something as specific as concrete as a federal budget is another thing altogether and really tells the story of where our values and priorities are. And therefore, as John was saying, the federal budget is a moral document. It tells the truth. And obviously there are many lenses through which one can view the budget, and today we're looking at it through the lens of healthcare.

And certainly in my role as the presiding bishop of the Episcopal Church I am aware of a number of our congregations serving the very least and the whole drastic situation their people deal with when it comes to adequate healthcare and more broadly as part of a worldwide communion – the Anglican communion – I am very aware of – what would I say? – our shortsightedness means in terms of suffering in other parts of the world. An African archbishop with 54 AIDS orphans in his house turns to me and says, “Where is your country with all its resources? We feel completely bereft – completely left on our own.”

So healthcare is absolutely a major concern, both nationally and certainly being the richest nation on Earth, internationally. What is our responsibility to the larger community? And there are, of course, vast inequities in the delivery and accessibility of healthcare both here and around the world. Caring for the least is from a religious perspective a moral imperative. And I notice how glibly we use phrases of “one nation under God,” and then I find myself saying, “so what does God think?” if we're going to look at our nation in relation to some of God's perspectives.

And as I read the scriptures, I see that one of the constant themes in the Hebrew scriptures is a concern for the widow and the orphan, and I think the widow and the orphan aren't simply identifiable as such. They represent the whole community of vulnerable people; and also the stranger at the gate, the alien, the immigrant you might say. All these are the focus of God's compassion and therefore they become a community concern. And translated into our own day, affordable, accessible healthcare would certainly be part of that concern.

And therefore we do need to provide for low-income working poor and their children adequate healthcare. We need to address much more forthrightly the whole question of HIV/AIDS both at home and abroad. And again as I move around the world, malaria claims more lives than tsunamis, and yet we sort of don't quite see that because it lacks the intense drama of a sudden wave. It's a reality that goes on day by day as people's lives fade away.

We need to do the necessary research to understand why particular racial or ethnic groups or one gender is more susceptible to a particular disease than another. “Be compassionate, as your Heavenly Father is compassionate,” Jesus tells his followers, but compassion is an abstraction. It needs to be made concrete and one way to make it

concrete is in the form of a budget, so that you might say the federal budget can become an instrument of compassion. If that seems high flown, think about it. It could, in fact, happen.

I think here, too, of a story – an illustrative story that Jesus tells in the Gospel of Matthew about all nations being gathered together and separated, as a shepherd separates sheep and goats. And then the king who does the separating says to one group, “When I was sick, you visited me.” And they in confusion say, “When was it that I was sick and you visited me?” And he says, “Inasmuch as you did it to the least, you did it to me.” The whole notion here being that from God’s perspective, serving the least – in this case the sick; those who are vulnerable – is in fact a carryout of God’s particular desire.

Divine compassion is particularly focused in scripture on the least, on the vulnerable, on those at the margins, and so as a nation under God, I think we must do well in terms of the world by taking seriously what it means to be a nation living the mystery of compassion. “To whom much has been given, from them much will be expected” is something else that comes to us out of scripture, and I think that could very well be addressed to us at the present time.

Therefore, what the federal budget provides at home and abroad in the area of healthcare for the least will reveal whether we are placed on the right or the left, and I don’t mean politically; I mean sheep or goats. Are we a nation of sheep or goats? I think our dealing with healthcare will answer that to some degree.

Thank you.

MR. PODESTA: Thank you, Bishop Griswold.

Dr. Zoloth?

DR. LAURIE ZOLOTH: The budget becomes like –

MR. : Here, let me get that.

DR. ZOLOTH: Let me start again. The budget’s a complex document. It asks us to take what we work for and worked hard for and sent to our government for safekeeping, and then to use it to make us a country that is free and safe and healthy and good in a world where suddenly that sort of task is quite hard. And that it is hard and that it is complex is nothing new. And it’s also not new at all, I want to add, that religious traditions care about budgets.

Faith traditions have always dealt bluntly with how money and property and justice are to be shared. And in the Hebrew bible and the New Testament and the Koran, the problem of money and the need for forgiveness of debt are always found together when God calls on the people. Any close reading of the Bible or the Koran will find an

extraordinary concern especially for how land and goods are allocated and then reallocated to the poor.

We are lucky – we Americans – for despite everything we do have a healthcare system with carefully trained, mostly compassionate and smart doctors; and hard-working nurses; and huge, modern hospitals. And yet everybody knows that for far too many Americans access to this good, lucky system is impossible in any real and sustained way. And yet there's a knock on the door and it's our neighbor who's come to ask for help.

And perhaps the best thing about America is our neighborliness. So while the details of how to help are complex, the basic values are really quite simple. We've been born into equal shares, but when people fail, they need second chances and they're supposed to turn to their neighbor for help.

In the biblical traditions of Judaism and Christianity and Islam, and in the Eastern traditions as well as we abundantly saw in the tsunami disaster, while we really do disagree about many things, we all agree about what God tells us about our neighbor when she comes to us in need of a hand. We are to give her what she needs to make herself whole again. And if she still fails, then we help again. So we are to forgive debt because we are a forgiven people. How can the lucky one – the American – possibly forget that she is forgiven by God? And how can one withhold forgiveness from any human debt?

That the faith tradition spends so much time thinking about debt and loans and poverty and forgiveness might be surprising but it's not. It's a story, after all, about how a chosen people, just free from slavery and oppression, who understand that for every free people, newly in their good land, who want to be good and try hard to be, there has to be rules of fairness when disaster strikes; the rules of how to share what's in common, the land and the food, how to share with the widows and the orphans and the slaves, how to hear clearly the cry of the neighbor and the empty hands of the neighbor when the things she needs come to you so she may start over again, these are good rules. We agree on them. And they're rooted in our shared values as a freed people.

Now, our national budget can be moral in just this way: if your brother grows poor and his hand falters with you – they say in Deuteronomy and Leviticus over and over, if your brother grows poor and his hand falters with you, you shall support him as though he is a resident alien, so that he can live with you. There is a link between economy and a moral life, and the link between the two is such that engaging in a particular type of economic activity either facilitates or hinders the possibility of morality – and not just your personal salvation, I want to add, but the possibility of my salvation, or our salvation as a people, the possibility of freedom itself.

I'm an ethicist and I study scripture, which turns me towards the past and towards the recovery of these pasts, but my study in academia is tempered by the sound of the present, and that's a sound like the shattering of glass. One studies the texts of debt and

release and of forgiveness in a world pulled away from such a call to attend to our crises, and one reads the responses from the Jew and from the Muslim and the Christian, and that stops the world, for of course these radical texts of the Torah are world-stopping texts. They're meant to be. The texts are about the future, of course, but we are here right now and our problem in this budget is how to make the future fair for all Americans, the future that begins when you walk out the door and see your first beggar in the streets of D.C. and stretches all the way to the promised end.

Are we possessed of a contingency? Could we say no? Sure. Maybe we could think the stuff we have is ours and ours alone, or our way is singular, or perhaps only shared with other contented and successful people, the ones who work hard and take personal responsibility for their faith. Perhaps the world, like so many of my students think, is like that for us, for ours, in the ways that are most important: ownership, control and autonomy. But how to both own and then how to share? That's the textual problem in the Hebrew scriptures, but it's the problem too for the Americans, for our budget.

Now, the shared past we have between us is not only particular, it is universal. In the Hebrew text the story is that we have to stop at thresholds, looking always across at new terrain, new promises. Moses, stomping around with the children of Israel, worries if his future will be fair and if this community of children he's watched grow into women and men can do both the difficult work of daily life and the far harder work of caring for each other. And they ask, what must I do about the suffering of the other – the central question of every faith community. The ideal of justice, who up until then had just been words, since children don't have to share anything, was transformed into a physical and tangible reality, just like our budget. What must I do about the suffering of the other?

In the Jewish tradition, in the text of Deuteronomy, debt reliefs are read again and again. They're read, by the way, on the second day of every one of the major holidays, perhaps the most difficult part of the law. You are to take the poor into your home; you must take them with you to celebrate, the whole pack of you; you must include at the end even the stranger and the widow and the orphan. Everybody goes into the deal. The poor surround you at all times. They stand at the edges of your fields like it's their field. They surround the sharp corners, rounding the places where you live, encircling you always in the need of others. They're there when you cheerily celebrate your stuff and eat. They're there in your joy because the world is not a thing that you were personally given, neither your riches nor your neighbor's need belong to them alone. They all belong to us. Both of these are exchanged in all of these moral economies.

And in this relationship we must have the terrible wisdom to forgive terrible failure. The Islamic text, for instance, reminds us the roles of land holder and land loser, they can be at any time reversed. And in healthcare this is so obvious. It is so clear. Whose hands are open? Who is the neighbor of the healthcare system? Of course it is most of all the uninsured and the poor. They are naked. They are before us.

What does such a scriptural reading offer here? It's a circular argument, an argument about a circular economy, and the budget should reflect that, about an encircled

economy. For right now, an economy will only grow if it grows in a spiral direction to our last, best chance. We make fair budgets because we still believe in a world where the texts to which we live by are real texts, where freedom is true and is ethical, and fair choices can still and can always be made.

Thank you.

MR. PODESTA: Thank you, Dr. Zoloth, and thank you for, at the end, that remarkable metaphor of thinking about the encircled economy versus the spiraling economy. Thank you.

Dr. Neale?

DR. ANN NEALE: Thank you. I'm just thrilled to be on this group. This is not your average Washington panel talking about the budget. And I'm going to make another unabashed appeal for solidarity with the least well off among us.

It is shameful that in this rich country programs serving our lowest-income neighbors are on the chopping block, while others are completely off the table. And it's even more appalling when the nominee for the federal agency that oversees the Medicaid program suggests that it's because Medicaid isn't efficient. Never mind that the cost of private insurance last year rose 12.3 percent, that Medicaid rose 7.1 percent, and Medicaid only 4.5 percent.

The governor of Tennessee just announced his decision to cut 325,000 people from TennCare, his state's Medicaid program, and also to limit benefits such as physician, inpatient, outpatient, lab and x-ray usage, and pharmacy prescriptions for hundreds of thousands more. Apparently, Oscar Wilde was wrong when he said, "It's the mark of an educated mind to be deeply moved by statistics."

It's clear by now – my colleagues' eloquent statements – that the budget is perhaps our nation's most important moral document, which is not to say that it is an easy thing to come up with a budget that meets our government's multiple domestic and international responsibilities. We understand there are differences of opinion about how to allocate this country's abundant, but ultimately limited, resources. The task is made that much more difficult in the context of a costly war and an administration committed to making permanent the tax cuts for the wealthy.

We know the budget process entails hard choices in trade-offs, and none of us expects the national budget to precisely mirror our preferred list of priorities. Nevertheless, in a good country it should reflect the values of which we speak this morning because the national budget should be a just budget worthy of the dignity of this great country and its people. So here is my prescription for how to arrive at such a just budget.

First, I propose these three questions which should inform the budget process and guide deliberation among the many different decisions and trade-offs that are inevitably entailed. Here are the questions: What does the budget do for a people? What does the budget do to people? And how do the people participate?

Secondly, I offer an historical reminder, which has clearly been elaborated. The preamble to our Constitution stipulates that this government was formed not merely to secure the blessings of liberty and to provide for the common defense, but also to promote the general welfare and to establish justice. Surely, the national budget is the preeminent vehicle or blueprint for accomplishing those noble social purposes.

Finally, I turn to sacred text for wisdom on justice and the general welfare. The Hebrew and Christian scriptures are emphatic in their call for justice on behalf of the poor, the widow, the orphan, and the newcomer in our midst. These holy texts take the measure of the general welfare to be the justice accorded to the most vulnerable among us. In my tradition, we call it a preferential option for the poor. The Catholic bishops have expressed it this way: the obligation to provide justice for all means the poor have the single most urgent economic claim on the conscience of a nation.

I suggest that a budget process guided by these questions responsive to scriptural priorities about justice and current with population health studies that identify the primary determinant of a country's health to be the income gap between the rich and the poor. I think such a country would seek to supplement, not diminish resources for its most vulnerable populations.

To that point about the economic gap being the single most clear indicator of health discrepancies, I point out that in this very city in 2000 when the national death rate – infant mortality rate was 6.9 deaths per 100,000 live births, in Ward Three – the affluent ward in which Georgetown University is located – that rate was 1.2 deaths per 100,000 births, but in the Anacostia area in Ward 6, it was 20.1. This was either way within a five-mile radius of our White House and Capitol.

I believe it is time for a serious reexamination of a budget process that fails us in all these regards we've been speaking of. I believe it's time for a citizen movement to hold the administration and their elected representatives to their sworn duty to uphold their constitutional responsibility to establish justice and promote the general welfare.

I commend the Center for American Progress for its great contributions to this effort.

MR. PODESTA: Thank you.

Well, I'm going to use the prerogative of sitting up here as you gather your questions and ask a couple myself. And I think I want to start with a question that was – that really came to my mind when Dr. Neale said, "How do the people participate?" I think if you reflect back on the last five decades, perhaps since President Truman

proposed universal health coverage, the American people have been in favor of expanding the system to cover the poor to try to deal with the problem of the uninsured, and have – you know, poll after poll if you’re moved from that perspective or if you ask them on the basis of their values whether they are in favor of it.

For the last five – at least for the last 50 years, and probably before that, I think the American people have favored that, and yet the political system can’t produce it. In that sense, the people aren’t really participating in the outcomes that the political system is producing. And I wonder whether today as we sit here you’re optimistic that we can actually make progress on these issues and, if so, how do we do it, and why are you optimistic? Maybe we’ll start with Bishop Griswold. You get asked maybe the hardest question there is before us today.

BISHOP GRISWOLD: Well, as I was listening to you, I found a question forming in my mind.

MR. PODESTA: Well, how (off mike).

BISHOP GRISWOLD: We so stress a personal autonomy, personal freedom, individual rights. The three of you have been shaped and formed and speak out of the Catholic tradition, and I think of the common good being so fundamental. I mean, Thomas Aquinas made that so clear. And I wonder if part of the difficulty is in broad strokes people may be altruistic, but we are so sort of self-referential and live with such an undeveloped notion of the common good, that when money is involved we often side with whatever benefits us and not the larger interest of the community.

MR. PODESTA: And does that there – I’m needing some inspiration here, Bishop. Are we going to make progress on this agenda?

DR. NEALE: Well, I’ve been called many things, but never a Catholic.
(Laughter.)

MR. PODESTA: Yeah, right.

DR. NEALE: So I’m a Jew. I’m an orthodox Jew. And, of course, I’m not really, given that, going to be an optimist in some sense. (Laughter.) But I do – you have to remember to really – and not to speak of values – why values matter. I really believe in God, right? I mean, I really believe in God. And what that means, for real, I have to take the texts that God gives me about how to act as if they really are real. And if you really believe that, you do ultimately believe it optimistic end to the whole show, and you really believe that what you do in a personal way matters.

So why am I in general an optimistic Democrat, at least what you really have to be these days? Because I think Americans do want a fair shake. They really do. Most Americans actually do read the Holy Bible, they read the Hebrew Scriptures, and the New Testament or the Koran – at least they tell the *New York Times* they do, so – and if

you read it carefully, you know that God has something in mind for you about sharing the goodness that you get, the abundance that we have with your neighbor. And that's a very simple idea.

Your neighbor has to be good, too. It's not just – you can't have – your neighbor can't be particularly uninvolved in this exchange. And in the Koran in particular, if you study that document, you see it's an exchange economy, and the reversibility of the perspectives are important. I know that Americans not only want healthcare for all, they think it's a fair thing to have. They understand deep in their heart of hearts that everybody's got to give up something for the thing to work. And that means that many of the lessons that we've learned from conservative voices who say it's about personal responsibility is good ones. People have to give up something of what makes them sick to make the healthcare system work. People have to understand that there are limits on what everyone can get in a healthcare system, and that's part of the Hebrew scriptures says well. It's not an open check. It's a check for a fair share of another chance, so that's one thing. Everybody needs to give something up, and that means doctors and lawyers and insurance companies and ordinary people who are smoking and overeating.

So it's – I do believe, and I am optimistic that people have come to understand for the system to work will involve a mix of a complicated series of negotiations. And that's why I think this time around might be different when we look at what's possible in the budget.

I am optimistic, but I think there's work to be done, and I might continue the kind of remarks you were making, Bishop Griswold. You comment that the public wants these things, and I believe they do, and we've had that from polls and focus groups. But those are moments in time, and those are from 15 to an hour kind of thing. I think we need in this country, which is experiencing a diminution of civic engagement and a waning of community and solidarity, I think we need to sustain a very rich locally-based series of conversations. We have to come together because I do think that it is out of conversations that communities and societies over a long time hold together, and it's through these conversations we discover what we value and how we should live together around such things as healthcare.

So I really believe that we have to do more than poll and focus group. I think organizations like yours, I think the university, I think all sorts of civic organizations have to engage the public in rich conversation about who we are and how we live together. And I – that's what makes me optimistic, because then I think those polls and focus groups out – off of which we back on question three on when they say how many – how much money are you willing to pay for this – will find that we can do tsunamis here in this country, and be much more generous and get mosquito netting for the 150,000 African children that die every month not of a tsunami, but of mosquito bites.

DR. ZOLOTH: So here's a question. To focus your thing on what can Americans do and how do they participate, to ask the question, which is your – one of the other important questions, what should I do when I see suffering? What's my

responsibility? To have that conversation in every church and mosque and synagogue and union hall and PTA meeting would transform it.

DR. NEALE: Yes. I would say, what should I do and what should we do, because I think there is the immediate service, Mother Teresa's model, and then there is the collective action, so we need to work on both scores.

BISHOP GRISWOLD: I –

DR. NEALE: And not to diminish the importance of either.

BISHOP GRISWOLD: I think you're exactly right. When I was bishop of Chicago, we used to play a game, particularly with suburban congregations, called the Welfare game. It's rather like Monopoly, except the people who were the bestowers of various services were, in fact, people on welfare. And you had suburban congregations doling – being doled various chips, and then they found that they had to spend so much money to take the bus, and had to sell the refrigerator, and one thing and another, just to sustain life. And it changed their consciousness and it allowed them to see the other from the inside, and not simply as an unfortunate in some way. And being able to enter into the reality of other, I think, is so important.

DR. ZOLOTH: And the reality is that it isn't only the low income who are devastated by health benefits. It's – it can be random and 40 or 50 percent of bankruptcies are that. I could be one divorce, one death, one job loss away from, so I do want us to focus on the least well off, but I think sometimes that framing it that way can make us think, well, some people have made bad choices, and I'm not in that arena.

DR. NEALE: No.

DR. ZOLOTH: So I do think it's important for us to see that we're all in this together, and any of us, especially, you know, those who are at least well off, suffer most.

MR. PODESTA: I see hands ready to pop, so let me start with – please – can you please identify yourself? And we've got a microphone coming up, so –

Q: My name is Maude Shopps (ph) and I'm a – is this working? – and I'm a sociologist and an Episcopalian. While I understand that poverty and access to healthcare is a priority issue, I come at this with an interest particularly in child poverty. And as you may know, England has – Tony Blair has recently made a commitment to end child poverty by 2020.

But I look at things like childcare and asset – and paid parental leave across the industrialized countries, and when you look back to Sweden, which started the first most comprehensive system – state-supported system to support children, it was the clergy that spoke out for this. This would have been in the '40s. And when you look at the Netherlands more recently when they debated the 35-hour workweek, again it was the –

in this case the Protestant clergy who were public and political voices for this as a shortened workweek as a moral change that would help – both help families and spread employment.

So while I understand Ann's suggestion that we need to do grass roots conversations, I wonder if you, particularly Bishop Griswold, would comment on where do we find – how do we motivate the political leadership of clergy?

MR. PODESTA: Great question.

BISHOP GRISWOLD: And I would say laypeople as well. It's interesting you raise that question because certainly speaking within the Episcopal Church, one of the very clear points of focus in the last couple of years has been children. And a child's manifesto has been put together about what age a child is entitled to by virtue of simply being a child of God. And this is, I hope, sort of raising the consciousness not only of clergy, but of laypeople as well, because it's not just clergy alone whose voices are heard. It's certainly articulate laypeople, particularly those in public life. So we're very much focused on that particular concern at the present time. A lot more to be done.

Q: I guess my point is, it's not just (off mike).

BISHOP GRISWOLD: Well, but you've got to begin with – you've got to begin with people internalizing the issue before they have the passion to speak and work, so it's all part of a whole.

DR. NEALE: I think you're so right, Maude, that the churches have been – the churches, the mosques, the synagogues have been behind movements – some important social movements like abolition and civil rights, and that we need to leverage that. And it can come from the ordained leadership, but I also believe with the Bishop that it should come from the people. And in my tradition, most parishes would have social justice committees. If they don't, such-minded persons should make the clergy have them. And these conversations I speak of could be easily, and should be, hosted by churches.

I believe that the shame of the injustice that's reflected in our budget is not just a shame that is visited on our elected representatives. I believe that, you know, it's ours as well, and it's ours to right.

MR. PODESTA: If I could add just a couple thoughts to what was said. I think our work at the Center in trying to amplify the progressive religious voice has been – I think, from the beginning we saw the progressive religious voice, which has fired social movement in this country as having gotten out of the public square, so that it was dominated by only conservative voices so that people at least in the news media began to equate being religious with being conservative. And that's ahistoric, and it's not true today. And so I think if you think about the movements that Dr. Neale referred to, the fire, the passion of those movements came often from the religious community and from the clergy in those communities, the most – you – the most prominent, I think, example is

the civil rights movement. And we just celebrated Dr. King's birthday in – you know, recently.

But I think that people need information, but they need the analysis that I think that we're trying to provide here today. And I think that we all have a duty, if we are people of faith, to put these questions before the community and to try to give – and to try to start with the facts – to use the analysis.

You talked about child poverty and Tony Blair. I just was looking down at the – at a couple of statistics I had written down on a sheet of paper. Twenty-five million children are covered by Medicaid, yet 42 percent of all Medicaid benefits – beneficiaries – 42 percent of all Medicaid benefit spending is for Medicare beneficiaries, people over 65, people who are in need of long-term care. So when the president decides or Governor Bush in Florida decides we're going to cap and begin to reduce and sort of voucher out the system and not provide the people who really are in need, one has to wonder who's going to bear the brunt of that. Is it going to be the 42 percent of the people who are already covered by Medicare or is it going to be the children, the 25 million children who are in the system.

And again, as Dr. Neale already noted, I think the choices are being made. They're being made in Tennessee, which was, I think, a very painful choice for the governor. Didn't want to do it, but could – but what – had to abandon the entire TennCare program or cut three – I think something like 339,000 people from the system. So when those caps are put on the states and when the money is – ends up being reduced, when the federal government doesn't step up to the plate to provide real coverage for the dual beneficiaries, has no plan on long-term healthcare, I think the result and the brunt is borne by the children who are the – you know, who are the most needy.

DR. NEALE: Just a quick commercial. Some colleagues and I are working on self-directed material that will comprise of video, a participant manual, a convener's manual, and we intend to start a nationwide – thousands of conversations on the values that should inform US Health, so we're eliciting them from the people. So if anyone wants to hear more about that, talk to me afterwards.

MR. PODESTA: Dr. Zoloth?

DR. ZOLOTH: One thing I think is interesting is – I might make two quick points. One is, I actually think we should be really quite blunt and honest about learning from conservative voices. I like that idea: that you learn from everywhere. And one thing that I've learned is, yeah, people do make bad choices. They make stupid choices, and they make choices for evil. What is freewill for, right? But after they've made those choices and they've wrecked up a life or they've endangered their children. What do good people do?

Well, we don't say, too bad you don't have healthcare or your children don't. You forgive them. I mean, that's the whole thing. I've learned that from my Christian

friends. You forgive them and you give them second chances. (Laughter.) And that – the capacity for forgiveness doesn't mediate against our understanding that people make terrible choices. For terrible choices, you need terrible forgiveness, and that – we're given that ability because we read the text.

Now, I'm just a scholar here, right? I'm not a politician. All I can tell you is what the Bible actually says, and the Bible actually says we have an obligation. Now, reading about justice and putting forward a Jewish voice for justice is my little task here. I understand that other people put forward a voice for sanctity of life or for respect for life. That – they did that, they found that in their text, but I see in these texts, and I believe any honest broker reading the Koran, the New Testament, and the Hebrew scripture will see justice there. And if we seriously study those texts – if you ask a serious scholar, that's what's there. That's what God's worried about. I mean, yes, also idolatry and adultery, but justice. And I do think we could spend some time revisiting the very passions that animate so many of our fellow co-religionists across the political spectrum.

Q: Arthur Jones, *National Catholic Reporter*.

BISHOP GRISWOLD: Sir, could you use the mike, please?

MR. PODESTA: Hold it one second, Arthur, because we're going to give you a mike, so it can pick this up for the –

Q: Okay.

MR. PODESTA: – for the –

Q: Arthur Jones, *National Catholic Reporter*. I wanted to ask a question about the idolatry and the adulterousness, but it's not the topic.

DR. ZOLOTH: We can do that, too. It's not in the budget.

Q: But is the concept – the concept of the ownership society that's being bandied about, is that antithetical to the religious values being expressed here? Is it immoral to all three of you? Thank you.

DR. NEALE: I certainly don't think it's a community orientation. This administration and others outside the administration are speaking of an ownership society. What they mean by that is, you go out and find and pay for a cheap premium in this – in the case of healthcare, this is what it means – with a big deductible. And it just means more cost (shopping?). Actually, we've had an ownership society. Our co-pays, our deductibles, our maximum out of pockets have been increasing. But it's much more focused on the individual. It's a minimization of any kind of notion of the government is a vehicle for the common good, and it's putting it on you. And it certainly doesn't help the least well off.

DR. ZOLOTH: Well, the – it's not Marx; it's the Bible, right? And in the Bible people own stuff. In fact, they even owned slaves, right? And we modify that by modernity. But in the biblical text, there's a way of both owning or actually renting from God's purpose. Sharing in the good land that God gives the chosen people is a matter of everyone having equal shares, a limit on what you can do with those shares, a way to repair someone's tragedy, a way to lend them stuff, and then a way to forgive the debt. And then a way every six years to forgive all debts and a further way, every 50 years, to have a Jubilee and return to the original position.

It's not that you don't own things. It's that you have to figure out how to balance owning and possession and family and those sorts of passions of private – of the private family, and the need to love and care for one's individual little story, against the greater narrative of your society.

And the text is a balance between owning and sharing and giving. And there's something tender about that balance. It doesn't say, yeah, you give every – socialism, everybody gives it away. I mean, people have tried that and it's another – that's another plausible account. It just doesn't happen to be the textual account to which I am obligated to tell you about. So I think that there's something about people feeling that they – that it's fair to own, it's fair to have, but within limits that's part of a progressive religious tradition, and always has been.

MR. PODESTA: Bishop Griswold?

BISHOP GRISWOLD: And that's part of why I raised the whole question of the common good in the Catholic theology as a way of looking at the world and maybe something that we in our individualism need to look at again. But speaking of texts, I look at the Acts of the Apostles, and there's a rather idealized view of the early Christian community in which they held all things in common. And certainly, too, when you read the letters of Paul, you see that one Christian community was concerned about another, and shared resources so that they could be relieved. That isn't to say that there wasn't ownership, though in one case, someone tried to hold back some property and died on the spot, but we won't go into that one.

However, clearly there's the view that what I have I hold in some sense in trust. I'm a steward of what has been entrusted to me, and therefore, I can't simply use it for my own good. I have to use it more broadly for the good of the community.

MR. PODESTA: Come up here, and we'll switch (inaudible).

Q: Hi. Andrea James, *Religion News Service*. It seems like the conservative religious group – they have these hot topics such as, you know, the March for Life and gay marriage. And how would you go about making something like healthcare a hot topic that gets that much attention?

DR. NEALE: I think it is a hot topic.

BISHOP GRISWOLD: Yeah, how do we think about it?

DR. NEALE: I mean, did somebody just – the National – some group just did a survey of what's uppermost on people's minds and it's healthcare. What I think people need is ways to come together and talk about their vision, not just for their own health. The ownership society is trying to promote self-reliance. I think we need to talk about this as a very significant part of the common good because healthcare is not just important for individual well-being, but for community well-being. The Institute of Medicine did a tremendous study that showed the consequences of uninsurance, not just for the uninsured, but for the communities in the nation as a whole. So I think it is a hot topic. I think we need to somehow to be able to create forums so that people can come and talk about it and hear from other people, so that their – it's not just their perception that they're reinforcing.

DR. ZOLOTH: I think there's several ways in which it is actually a hot topic, an important topic. Because it could all – first of all, in any personal way, one's own health could collapse at any moment. And while – Uwe Reinhardt once said this interesting thing about Americans think that death is optional, right. It's really not. And people are faced to come – facing that as the baby boomer generation ages, either on their own watch or on their parents' watch. Certainly, it's a real concern for anyone like myself who has elderly parents. You know, long-term healthcare costs \$50,000 a year, and it is not covered, and everybody here has to deal with that with any luck at all.

The second way that we have to come to terms with it, and it's a hot topic, is SARS and Avian flu, and actual – not this year, but maybe sometime – epidemic diseases, and that problem is an unsolved problem. And, in fact, it's a problem not only for the developing world. The fact that the developing world can get on a plane and be here in 45 minutes is part of our world as well, and the very thing that makes us a global economy makes us a global petrie dish. So I think that's another way in which the topic is quite hot.

ERs around the country, staggering under the burden of poorly-financed Medicaid programs, as John Podesta just explained to us, are closing. They're closing. And if you're on the freeway in LA, no matter how cool your car is or what gated community you're driving to, if you get into a crash, you're going to LA County. And if LA County is underfunded or poorly organized or understaffed, you're in trouble, and therefore it's in all of our interests to have the best emergency room system that we can possibly provide, because it affects all of us.

And finally, the malpractice crisis, you know, that's a real thing in my state of Illinois. If you need to have a baby delivered, like as not you're going to have to go across the border to Wisconsin because the malpractice crisis in all of its complexity and all of its ramifications is another driver on the healthcare system that makes it quite hot

for anyone who's trying to have a child in this country, and that's an unsolved problem as well.

So I think there are ways in which healthcare could surely move to the front of an agenda. I'll give you, it's a hard thing to think about when we're in the midst of, you know, an extraordinary foreign policy crisis, enormous natural disasters that are real, a scary debate about terrorism, and there's other things that are also important. But persistently throughout our country, since the Truman administration tried to struggle with it through the Johnson administration, Americans have thought carefully about healthcare; maybe not in a flashy way, but in a dedicated and simmering way.

MR. PODESTA: If I – I'd just add one thought. After the election and the question that was asked in the exit poll about moral values got everybody buzzing about this, we did a poll with Pax Christi and *Respublica* that Zogby did – we'll make it available to you if you haven't seen it – in which we – indeed, people thought that morality was a driver in the election, but it was interesting to see what people thought the moral issues were. Iraq was at the top of the list.

When people asked the – when we – when Zogby asked the question, what was the most – and I'm doing this from memory, and I think I have the numbers pretty much exactly right – when he asked the question “what was the most important moral issue facing the country?”, poverty and justice, and greed and materialism was picked by two-thirds of the public. Abortion and gay marriage was picked by only a quarter.

So I think one of the questions is – and I think the right has been very good at this – about sort of narrowly defining the moral issues that faced the country and the agenda that the country needs to work on. And I think one of the reasons that we're here today and our work has to be to open that aperture, to open up people's discussion, which shouldn't – in my view, I am optimistic, because I don't think it's that hard to do, because I think that generally people do if they're – if they're confronted in that way, as they have been in the past, and as they have been as we've recounted the history of labor rights or civil rights or the women – the movement towards more equality for women. People will rally to that, but it needs work and it needs dedication.

BISHOP GRISWOLD: I would hope that this conversation would help make the whole question of healthcare hotter. I mean, that's the whole purpose of having this conversation. You are communicators, media. I would hope you'd take something away and tell the story.

Q: Alan Bierdo (ph), *Wichita Eagle*, Knight Ridder Newspapers. President Bush has attempted to at least enhance the profile of government assistance to communities of faith through his Office of Faith-Based Organizations. What – do you see any flaws in the Bush administration's approach to faith-based organizations? And given your conception of the budget as a moral document, what is the proper role that you see for a federal funding of faith-based groups?

MR. PODESTA: Bishop, do you want to –

BISHOP GRISWOLD: Let me ponder that for a moment.

MR. PODESTA: Whether the –

DR. NEALE: I'm not real conversant with the faith-based groups that are getting it, but to the extent that it's a maneuver to take the responsibility away from, you know, the public sector, I'm not thrilled with it. But I do know that a lot of faith-based organizations, which are not necessarily evangelizing organizations – CRS out of (inaudible) do wonderful work, and I do not want to see them deprived of adequate funding. But they cannot substitute for what is a truly civic community public responsibility. That's why government exists: to do what the market does not.

DR. ZOLOTH: Government exists to do what the market does not, to be sure. But I actually am someone who likes faith and religious voices in public life, because I think that secular voices make a strong play in public life, and surely popular culture makes a strong play in public life. In fact, I'm diverted by the fact that it's after 8:30, and you probably know who was nominated for an Academy Award and I don't. And – because I care about popular culture, but I also care about unpopular culture. I care about religious values. And because I care about religious values, I think people that act out of religious values have a right to compete for the same funding sources as people who don't. I think that's perfectly fair. I just want to make sure that everybody gets a fair shot at it.

And we've seen it in many debates, tragically – the stem cell debate's the one I know a great deal about – one voice gets privileged and not all the voices. And as long as we keep faith-based initiatives, and funding for faith-based initiatives fairly based among a wide variety of persuasions, and do not use that as an exclusionary tool, I think that the left should support it.

BISHOP GRISWOLD: I think the last point is a particularly important one that the support of faith-based institutions be very broad indeed and not selective, according to a particular perspective or point of view. Certainly, the faith communities do a tremendous amount in terms of serving the local community, and I see no reason why some of their efforts shouldn't be supported by government funding.

At the same time, I think we have to be very careful about questions of evangelization or the misuse of those funds into a too narrow way, and I also do think that –to say, “Oh, well, the faith-based communities will take care of these things” is naïve given the limited capabilities many of the social services offer through faith communities can actually deliver. So I think the two previous speakers actually described the situation very accurately, and I would agree with their points.

MR. PODESTA: We've got time for a few more questions.

Q: My name is Amy Caiazza with the Institute for Women's Policy Research. I've been doing a research project interviewing women who do religious work – I mean, social justice work within a religious context over the past year. And one of the things that I found very interesting is that conservative women are very articulate about how their spirituality ties to their political beliefs and social justice beliefs broadly defined, and more progressive women are not. And, in fact, if – when I would ask them these kinds of questions, they would just sort of say, well, I just have an obligation. I don't know how to talk about that. When pressed, some could. And some of the people I'm talking – I was talking to are the heads of their social justice committees in their churches, people you would expect to have a fairly sophisticated and articulate view.

I think that this is a real issue in terms of the sort of social movement building. It's not that there's not awareness. It's that there isn't a way to talk about it or have it resonate passionately. The work that you all are doing today is an example of how perhaps to assuage that. But despite a lot of work on your behalf over the years and on many religious institutions over the years, something's not clicking. How do you do that? How do you make it click?

BISHOP GRISWOLD: That's a very good observation, and it certainly isn't confined to women.

Q: Sure.

BISHOP GRISWOLD: It's equally true in the case of men. And I've noticed how, for instance – and we've used the word “justice,” which is certainly a biblical word, but I think so often it's simply invoked without any sort of deep apprehension of the tradition out of which it comes. And the justice is not simply our sense of justice. It's God's justness seeking to manifest itself in the structure of our human lives. And so without that sort of deeper grounding as you were suggesting, one's justice-making can become extremely thin, and it can become extremely narrow, and very self-serving at times: my point of view is the right one and all others must fall before it, because there is no sort of deeper place that allows the person to be expanded by other perspectives.

I've noticed certainly in the last decade that lots of people who were in the forefront of various movements in the '60s and the early '70s burned out, and had to acknowledge the fact that they were running out of – they were running on psychological energy and imagination, rather than some deep rooting and grounding in the Spirit that undergirds all things.

And so I've noticed that prayer, spiritual disciplines, not as an evasion but as a way of rooting one's self more deeply and thereby having a stamina that allows you to endure much more forthrightly in the cause of whatever it is, has become very much a part of the social justice movement. How are you rooted and grounded? What are your practices out of which you do your work? And I think this is increasing, so it's a sign of hope.

MR. PODESTA: I think what I'm going to do is take a number of questions and then we're just – we'll let the panel respond to all of them. So we'll go here, and then I've got three in the back.

Q: Thank you. My –

MR. PODESTA: We'll just go one, two, three, four.

Q: My question is – and I applaud Dr. Neale, and I am a mental health clinician provider. And I think, one, we need to look at – we have too many groups doing the same thing, so we need to consolidate services. And I also am very action-oriented, and I'd say to the woman over here, go to a Jewish community center. You'll find lots of active, vocal, verbal women there.

I think I'd like – I'd like Dr. Neale to comment or the rest of you. I think discussions are fine, but I think the American population and community, no matter what your political persuasion, is aware that healthcare is a problem. It is a problem for me. So I guess what I want to hear is, rather than having discussions and another task force to look at this issue, what action – and I'm action-oriented – what action items, solutions do we need to do to organize so we don't – we've got the crisis here. How big do we need to let it go?

Thank you.

MR. PODESTA: Like, two in the back and one on the other side.

Q: Tim McFeeley from the Center for Policy Alternatives. Following onto that question, I think it does dovetail into it. I want to know, where is the leadership? If the text is there, both secular and religious, to support a community response to healthcare and taking care of sick people communally, and if the popular support is there, as attested by the polls, where is the leadership? And to be more pointed and a bit provocative, where was the leadership? Where was the religious leadership in 1993 and '94 when the Clinton administration tried to do something fairly radical and comprehensive? I do not remember – my memory does fade – but I do not remember a major concentrated effort from the religious community while Ms. Clinton was being eviscerated for her approach supporting that.

MR. PODESTA: We have – could – Antoine, back there and then two in the back, and then we're going to wrap it up.

Q: Hello. Ben Peck (ph). My question is sort of a variation on the theme that many people have asked. We've heard many good things. And I really do appreciate the voices that you all have contributed to this debate, but the question as to how is that translated into action? Why is it that – I think if you were to go to the Hill and ask a Congressional office, what is the voice of religion here in your office? What are you hearing from your constituents? They'd be much – they'd be able to articulate what the

right is saying much more clearly than what the left is saying. And I think they would be much more concerned in electoral terms about what the right is saying if they're in a swing district and they're a Democrat.

So my question is, why is that? And let me sort of offer two hypotheses: one, people who are progressive share our values and are religious think that there isn't a connection between that and their religion. Perhaps there's an institutional problem within more mainline Protestant and the Catholic church that there's a feeling that "we don't do politics. We do religion." Perhaps there's an issue simply of funding, that there isn't staff that makes these things happen to convene these things.

You know, if people read *What's the Matter with Kansas?*, there's an articulate discussion of the call to become political in a huge stadium in Kansas where people say, you've got your religious conviction, now go out and change politics. Why is it that progressive religious folks don't see that connection in as large a number as the people on the right?

MR. PODESTA: Two people in the very last row, and then we're going to let –

Q: Thank you. Marge Clark from NETWORK, which is a national Catholic social justice lobby. My question goes back to something that Dr. Zoloth said a few minutes ago about limits. And that thrust me into thinking about the flip side of the budget, which is taxation, and looking at where there are limits in taxation, and what you think about the current and future tax reform movement in terms of healthcare and other issues related to the most needy in our nation.

MR. PODESTA: Okay. Now we're going to try to get the last two in the back. Thank you. We've got – I'm keeping a list here.

Q: My name is Blake Selzer (ph). My question follows up with that a bit. As the budget is, of course, a document of priorities, one of the things that I believe you'll see pushed back on us is, well, we just don't have the money for healthcare. It's astronomical. One of the questions I have is – and I heard – I think his name was Jim Wallis speak on Charley Rose about – especially the religious community opposing the occupation of the war in Iraq. And the question I have is, do you – the panel – does the panel think it's helpful or not to start juxtaposing some of the budget priorities that are currently going on?

I mean, you hear about a \$80-billion supplemental heading up to the Hill in the near future. So I think one of the problems you'll see is that there just isn't the money. Healthcare is ex – you know, so costly. What does the panel think about talking about some of the current budget priorities that we see, and does that cause more of a conflict and alienation between folks out there or does that help the picture?

MR. PODESTA: And one last comment.

Q: My name is Thomas Russell (sp), and I'm a member of the United Church of Christ. One of the things we emphasized in our tradition religiously is that God and God's revelation is ongoing. I think so often in the popular press and in our discussions about faith and religion, we assume that the texts and God are all in the past. And that's what I hear when I hear many politicians talking about faith, that it's all in the past. And my friends who don't come from a religious tradition can't connect to that; it's boring.

I'm energized and hopeful, John, because I believe that God is dynamic and not static, that God is present, and that God's revelation is continuing. We don't simply study the ancient texts – although we do that, and I've spent a lot of years doing that – but we're also hearing scripture today, and we're hearing God speak today. And that's what energizes me and keeps me going day after day.

The second is just a comment. I'm very interested in Canada, having been married there last summer with my partner. I've begun to read about Canada, and I want to understand the role of the faith communities there as they adopted their national healthcare program. It seems that we read very little about the Canadian system, except occasionally negative comments about lack of access to CAT scans when needed. And I think that might help our debate in the United States if we would see and hear more of that.

MR. PODESTA: Good point. Thank you.

Let me start by saying that we had –the bulk of the questions, I think, are really on activism. And I'm going to close and then let people close in turn by saying, that was part of the purpose of this panel. That's what the letter in your packet is all about is to try to energize the faith community to get behind and do what Tim suggested, which is this time let's put some real ideas out on the table. Let's put a future out on the table that people could subscribe to. Let's talk about what it costs and how to pay for it, but then let's build a movement behind it that relates back to the faith traditions that people have talked about.

But there have been – there are also questions about taxation and budget policy, et cetera, and I'm not going to – I'm not going to hog the mike. I think I'm going to turn in opposite order. I'll start with Dr. Neale to comment on the (off mike).

DR. NEALE: Well, the first – I agree. The first question I asked about conversations and activism, and I see them as one and the same. These are conversations to help people find their voice to raise the winds to make the action, so it's not “first. then.” It's “both and,” so definitely. This is not a conversation with another report. This is a conversation to energize the folks to go do, and it – there's all sorts of (sequelae?).

I don't think I'm going to try to comment on too many of these. I couldn't agree more that our faith is dynamic and incarnation is happening, and we've got to know what that means now. I'll let Laurie and the bishop speak.

MR. PODESTA: Laurie?

DR. ZOLOTH: Well, I do think that in some sense it's a budget and, you know, I'm a mother. I have many children. A budget is always a zero-sum game. And you're right. In fact, lots and lots of monies going to fight a war impacts all of our lives. I'm not an expert on foreign policy. I could study it. I think I need – would need to know a lot more than I'm being told at the present moment about what's going on in foreign policy because I really don't know, and I hope good people are leading us in the right direction. One can pray in that direction. One can hope that that's the case.

I mean, I think that Americans who learned every detail of the – say, the Scott Peterson trial or the O. J. Simpson trial are perfectly capable of learning anything. So I do think we can figure out that as well. It's just not what we're dealing with here today.

I do think that, in fact, people turn to faith communities not because they're cool or hot, depending on one's metaphor. That's not the case. Madonna even, right, doesn't turn to faith communities because they're cool. Modernity can be very appealing. I don't think our task is how to make faith like cool and fun. People turn to faith communities and to faith-based initiatives and the whole series of ideas called values, because they seek discipline and community, and they understand at some deep level – I understand and I think my colleagues, in fact, believe and understand that your freedom cannot come because of pure liberation. We did that in the '60s. It doesn't really work. It is empty.

Freedom comes when you have several tasks in mind. A daily discipline – a faith community requires a daily discipline – and limits on desire. And I think those two things are important. Certainly, as you become a parent, those two things are important. So I think when we see people engaged in those commitments, daily discipline, daily tasks, always remembering who you are and where you are, and limits on desire and on acquisition should be calls that we mirror as well.

And secondly, people turn to faith communities because there's communities, places where when you show up in your church or your synagogue people can know you for who you are, right? Who you really are. Not how much stuff you have, but who you really are. And that sense of being in community is a powerful sense for many people.

So the final thing is this, people in faith communities have a sense of an eschatology. We're in a place now. It's not the right place. It's an unfinished place, but we have the possibility of the completion of a journey. And I think all those things, discipline, limits, community, and the sense of a journey that leads to the good eschatology, are ones that the progressive movement can share as well. And I think rebuilding a progressive movement with attention to those commitments would be a good way to go. And within that, the details of taxation, what one gives up, what one asks for, what one demands can be worked out once those core values and decisions have been previously made.

MR. PODESTA: Well, I think Dr. Zoloth was – in her comments on the limits on desire must have in the back of her mind at least been thinking about those tax cuts that our – the President is trying to make permanent.

Bishop?

BISHOP GRISWOLD: Conversation leads to common cause for the common good, otherwise it's useless. And I didn't hear anything being said about conversation that didn't have in it that sense that it had to go somewhere. I'm also aware of the immobilizing nature of cosmic concern. I mean, something can be so vast that we say, where do we begin? And I think the usefulness of this conversation is we're very much focused on one particular area of the budget, not that we couldn't be focused on others as well, and I do hope out of this will come some real action.

I also think that until fairly recently, if you take a broad view, progressive voices were the ascendancy, and I wonder if there hasn't been a certain kind of complacency. And isn't the present moment an invitation to renew one's passion in some way, rather than simply being depressed and feeling there's nothing to do. I mean, that's the ultimate sign of hopelessness and faithlessness. That's my final word.

MR. PODESTA: That's a very good final word. And please join me in thanking the panel that we've had (inaudible). (Applause.)

Very rich discussion. Thank you.

BISHOP GRISWOLD: Thank you.

(Cross talk and chatter.)

(END)