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Election 2012: Medicaid

Michael Sean Winters | Sep. 17, 2012 Distinctly Catholic

Last week we looked at Medicare [1]. This week, let?s turn our attention to Medicaid, the joint federal-state program that provides health care to the poor.

Medicaid has always suffered politically from the fact that it is a benefit for a portion of the population, not for everybody. It was Franklin Roosevelt?s genius to make Social Security available to all Americans, an entitlement that is, consequently, politically untouchable. In the best of all possible worlds, America would have long since adopted universal health insurance with some kind of single payer system, and health care would then be untouchable politically. But, things did not work out that way. Indeed, because a single payer system had zero chance of passing Congress, one of the ways the Obama health care reforms expand coverage to more Americans is by expanding the number of people eligible for Medicaid.

The political difficulties of defending such a program were catalogued yesterday in an article at Politico by Jennifer Epstein [2]. She focused on poverty more generally, and the President?s unwillingness to speak about the poor with greater urgency or frequency. I suppose that the campaign?s focus groups tell him that when the middle class is feeling its own economic difficulties, they have less sympathy for those further down the economic ladder. In this acquisitive and often heartless culture, I am sure that is so. But, a political leader who fails to defend his policies undercuts the regard the voters have for those policies. His policies on poverty have been pretty good, but his lack of political courage in this instance, his unwillingness to defend explicitly programs that help the poor, we will pay the price for that forfeit long after he has returned to Chicago. Politics by focus group does not make good politics over the long haul.

Medicaid provides health care to the indigent. Increasingly, a large number of those who are indigent are also seniors in need of long-term care. Medicare will cover a hospital stay and about the first six months of post-hospital nursing home care. After that, you pay out of pocket and you would need some very deep pockets to pay the daily cost of a nursing home. Before Medicaid kicks in, you must get your assets down to a few thousand dollars ? assets, not income ? so elderly couples must often sell their homes and burn through the proceeds of that sale before Medicaid begins picking up the cost.

I know more than I would like to know about this process because I went through it with my mother. When she was diagnosed with Parkinson?s, my parents had the foresight to sign over their home to me. Six years later, she was in a bad car accident. After several weeks in ICU, and several more weeks in the hospital, she was finally ready to be transferred to a nursing home closer to our home. It was clear to all that she would never recover. She could not speak. She could not eat. But, she could clench my hand when I sat on the bed and spoke to her and prayed with her. I came every morning. My Dad stayed all day. I would visit again when picking him up. The staff members at St. Joseph?s Living Center were so many walking, working saints. She was surrounded by love and her dignity was honored. She died before the six month Medicare deadline ended but for those who live past the six month deadline, they must liquidate their assets, or their half of joint assets, before Medicaid will kick in. And, of course, most nursing homes keep a strict limit on the number of Medicaid patients they accept because the reimbursement rates are lower.

It is painful to recall that time, to remember my mother who had once been so full of life so near to death, a woman who had read the newspaper every morning by the time I came down to breakfast and was as full of opinions as she was of life, who managed to teach 4th grade in an inner city school all day but still have enough time and energy left over for her two children. I still do not understand how she kept the house so clean, a feat I have never mastered. I recall that painful time to remind us all that we are not talking about line items in the budget, but human lives or, better to say, we are seeing how line items on the budget affect human lives. Dealing with my parents' car accident and its fallout ? my Dad was also in the hospital for a month and had his own rehabilitation needs, I had to move back to Connecticut, and we both had to learn the ins-and-outs of our simultaneously modern and Byzantine health care system - I can?t imagine what it would have felt like to have to start calculating costs at such a time.

Everything I know about our Catholic teachings, not just our social justice teachings but our understanding of human life and dignity, all of it leads me to conclude that the provision of health care should be one of those things where the market should be kept at bay. The provision of health care should be a given. A human being qua human being has a right to it. We should provide health care to the poor and the elderly and to everybody as best we can and pay whatever it costs. And, we know that we in the U.S. pay twice as much as most other industrialized Western countries in the aggregate because we have failed to take the most obvious and necessary step of adopting a single payer system. Do single payer systems have problems? Of course. Any human solution or system has problems and as those problems emerge, we try to address them. But, those Catholics who seek to give cover to Congressman Ryan?s budget, which would cut Medicaid drastically, affecting both the poor and seniors, need to consider the consequences for life and dignity of such budget cuts. No one can, with a straight face, call themselves ?pro-life? and not be alarmed by the proposed cuts to Medicaid. I would add that this fact derives not only from the effects those cuts would have on the elderly but also on the unborn. A third of all pregnancies are paid for by Medicaid and pregnancies are expensive. Abortions are not. Do the math. Poverty remains the number one abortifacient in America and so long as that is so, we should oppose cuts in Medicaid.

I wish both the President and Governor Romney would spend more time discussing poverty and what they would do about it. The President does not want to speak about the issue because it involves reminding people about the rise in poverty on his watch. Of course, he might also usefully point out that the effects of poverty have been diminished precisely because of programs like food stamps, Social Security, Medicare and Medicaid. Indeed, seniors are the one group in the population where poverty has not spiked. Mr. Romney refers to the poverty rate but it is difficult to see how the policies he champions would either alleviate the poverty rate itself or ameliorate the effects of poverty when it happens despite our best efforts to raise the poor into the ranks of the middle class. He seems to use the issue cynically, as a cudgel for beating up on the incumbent, not as a spur to a reorganized, retooled effort o actually assist the poor.

Most of the political oxygen will go towards debating Medicare not Medicaid in the remaining weeks of the election. And, as I noted last week, the consequences of the Romney/Ryan budget on Medicare are dangerous. But, the cuts in Medicaid are even more dangerous to anyone who sees themselves as steeped in the Catholic Church?s teachings on human dignity. I have not been shy about criticizing the Democrats when they fall short of the moral vision I hold dear. I am waiting for some of my Republican Catholic friends to do the same.

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