

Respect Life

Health Care for the Poor

By SHARON M. DALY

Health care is so important for full human dignity and so necessary for the proper development of life that it is a fundamental right of every human being. Pope John XXIII, in his encyclical *Pacem in Terris*, listed medical care among those basic human rights which flow from the sanctity and dignity of human life.

While the right to health care is a basic human right in Catholic teaching, it is not a right recognized in principle or in practice in the United States. Access to even the most basic and essential care often depends on the ability to pay for medical services. For those without insurance, delay or outright denial of essential medical care can mean premature death or lifelong pain or disability.

The Problem Grows

Numerous national surveys have shown that lack of access to necessary health care is a fast growing problem in this country.

Why is the problem worsening?

First, poverty, especially among young families with children, is at the highest levels since the Great Depression.

Second, in response to budget cuts at the federal level, states have cut back on eligibility, coverage and reimbursements for Medicaid.

Third, most full-time workers with low wages receive no health insurance, and part-time workers are usually not eligible for their employers' group plans.

Fourth, the cost of adequate private insurance is out of reach for all but the most affluent in our society. Even when a low-wage worker is covered under an employer's plan, the chances are that the rest of the family is not included.

Fifth, the pressures of the marketplace have discouraged physicians and other providers from caring for the poor and the uninsured.

Sixth, outreach programs have been discontinued and many low-income people, especially working poor families and the elderly, do not realize they are eligible for Medicaid.

What Can Be Done?

In 1981 the American Catholic bishops called for development of a comprehensive health care system that would "ensure a basic level of health care for all Americans" and, be "funded through a national insurance program."

In their 1986 pastoral letter, "Economic Justice for All," the bishops urged us all to work together to overcome the conditions that leave many in our society without the basic necessities, including health care. It is especially important, the bishops wrote, to protect those most vulnerable:

"The obligation to provide justice for all means that the poor have the single most urgent economic claim on the conscience of the nation.

"To see a loved one sick is bad enough, but to have no possibility of obtaining health care is worse.

"This form of human suffering can be reduced if our own country, so rich in resources, chooses to increase its assistance. As individuals and as a nation, therefore, we are called to make a fundamental 'option for the poor.'"

The Role of the Church

Health care has always been a major part of the Church's ministry.

We can do more to help the poor get the health care they need. Following are suggestions that have succeeded in some parts of the country.

Prenatal Care

1. Research the accessibility of prenatal care for the uninsured and Medicaid patients in your community. Publicize the results.

2. Work with Catholic hospitals to develop prenatal services for Medicaid patients and low-cost care for uninsured low-income pregnant women.

3. Develop parish-based outreach programs to encourage early prenatal care by all pregnant women.

4. Organize information, referral and transportation assistance for low-income Medicaid and unmarried pregnant women needing prenatal care.

5. Recruit obstetricians to provide prenatal care to additional pregnant women on Medicaid or to those without insurance.

6. Raise funds for prenatal care deposits for poor uninsured women.

Pediatric Care

1. Research the availability of inoculations, screening and treatment programs for Medicaid-eligible and other low-income children in your communities.

2. Work with your local Department of Public Welfare, Catholic hospitals, Catholic Charities, schools and other agencies to develop a coordinated system of early identification and treatment of health and development



problems in children.

3. Recruit family practitioners, pediatricians and other specialists to accept more Medicaid patients and uninsured children needing examinations and treatment.

Programs for Adults

1. Recruit health professionals in parishes to operate monthly screening programs for high blood pressure, breast exams, and other low-cost, low-tech services for uninsured adults in the parish and community.

2. Recruit physicians and health facilities to accept for examination and treatment those identified in the screening program as having health problems needing further attention.

3. Organize volunteer transportation programs to take low-income elderly or disabled persons to treatment.

4. Develop a parish-based outreach program directed at low-income elderly persons who do not know they can receive Supplemental Social Security payments and Medicaid.

In all of these efforts, effective recruiting of health professionals is the key to success. It is also the hardest part of the job. A successful program requires the vigorous support of the diocesan bishop and leaders in the Catholic medical community. Parishioners with non-medical skills are also essential to developing and operating health services for the poor. Among those who can lend their non-medical expertise are lawyers, insurance and social services specialists, salespeople, and secretaries and clerical workers. Virtually every parishioner can contribute in some way.

Public Policy

While much can be done by individuals, parishes, communities and institutions to provide care for the poor, none of these can substitute for intelligent and just public policies. Because a universal national health care program is unlikely in the near future, it is necessary to press for achievable goals.

Prenatal and Infant Care: The highest priority for the bishops and many other groups has been to press for health insurance for vulnerable people in our society, especially low-income pregnant women and their babies. The federal government now provides matching funds for any state that exercises its option to provide Medicaid prenatal care and early pediatric care to all mothers and

babies with family incomes below the poverty line. Some states do not exercise that option.

Also, reforms are necessary so that Medicaid reimbursement to providers is equal to and as timely as that of standard medical insurance plans.

Health Care for Children: One child in five (12 million children) have no health insurance. At a minimum, the federal government should guarantee that all children from poor families receive adequate medical care. All poor families with children should be eligible for Medicaid in every state. Steps must also be taken to ensure that affordable insurance is available to families with children who are not poor.

Making Insurance Available and Affordable: Improving the Medicaid program will help some groups of poor people, but a more far-reaching approach is necessary for the millions more who are not poor but are at risk because they are uninsured or underinsured.

Mandating Employer-Sponsored Health Plans: A number of groups, including labor unions and the Catholic Health Association, support a proposal that would require employers to provide group health insurance to their employees and their families at affordable premiums. Small employers, who otherwise could not afford high insurance costs, would buy coverage from state or regional insurance pools that would keep the rates affordable.

State Insurance Pools: A second initiative under consideration would create state-funded and supervised health insurance pools, similar to uninsured motorists' pools, from which individuals and families could buy affordable insurance.

Care in Underserved Areas: Government must provide incentives to providers, especially primary care doctors, to begin to practice in these underserved rural areas.

Legislative Advocacy: Because of their deep commitment to the dignity of human life and their demonstrated skills in organizing community efforts, pro-life and social justice advocates are the natural leaders of a movement to guarantee access to health care to all Americans.

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