EYE ON THE CAPITOL
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CHANGES IN THE ECONOMY WILL DRIVE
DEMAND FOR HEALTH CARE REFORM
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In 1919, the U.S. Bishops endorsed the idea that all Americans should have access to affordable health care. Ninety years later we are still waiting for that idea to be realized and our nation is engaged in a serious debate as to whether the vision of 1919 will finally come to pass.

In the short term, the outcome of the debate is in doubt. Thoughtful people have raised legitimate concerns about the cost of the program and the proper balance between the public and private sectors. And no plan can include abortion in any package of mandated benefits and issues.

But in the long term, the realities of the economic upheaval currently underway will make reform inevitable. For the trends in our society that make universal access to health care attractive are not going away.

The facts are well known. Upwards of 45 million Americans lack health insurance. The United States is alone among industrialized nations in that for most people, access to health insurance is tied to employment. When one loses a job, one loses health insurance and the security it provides.

The current recession is driving that point home to millions of families. Many who remain in the workforce are in part-time jobs or jobs that lack good benefits like health insurance. In previous recessions, those laid off could expect to be called back to their jobs – and their benefits – when the economy improved.

That is much less likely this time.

By one account, three quarters of the jobs lost over the past year are not temporary layoffs but permanent displacements. And many of these jobs were in the higher wage, higher benefit sectors of the economy like manufacturing and construction.

The permanent loss of such jobs suggests that when the economy does recover, job growth will be in other sectors, many in small businesses. Such businesses traditionally don’t offer comprehensive health insurance.
As the ranks of the uninsured grow, so will the cost of not covering them. And the costs will be social as well as economic. People who lose their health will be less effective workers, less attentive parents; ill children will be less successful in school. And all will be less engaged in the community.

And we will pay for it eventually. We will pay in the uncompensated care given in emergency rooms and in the higher costs associated with treating serous illnesses that were neglected for too long.

The men who were bishops in 1919 endorsed universal access to health care because they embraced the principle of solidarity. Solidarity means we are connected to people we cannot see and to communities we never visit. The bishops ninety years ago grasped the truth John Paul II would affirm seventy years later “that all are truly responsible for all.”

The debate over universal access to health insurance is a test of our commitment to the principle of solidarity. We should hope that we do not fail that test in 2009. But some day we will pass the test. And our society will be the better for it when we do.

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