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## SHORT TAKE

### The Health-Care Issue

#### Where Bush & Kerry differ

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There are crystal-clear differences between the two major presidential candidates on the issue of life in its earliest stages-differences that give Catholics reason to avoid a vote for John Kerry. Senator Kerry takes the strongest possible prochoice position. President George W. Bush articulates a strong prolife message and has signed into law a partial-birth abortion ban. The candidates are equally divided on other life issues: embryonic stem-cell research and cloning. On all of these issues, Kerry stakes out positions diametrically opposed to clear Catholic moral and social teaching. Bush, if not strictly in agreement with the church's stances, comes close.

Does the preceding paragraph say all that a Catholic voter needs to know to cast one's ballot? Not necessarily. Implicitly, the bishops teach that other issues can be important in determining one's vote. In their quadrennial guide to Catholic political responsibility, *Faithful Citizenship: A Catholic Call to Political Responsibility*, they contend that the "central question" should be: "How can 'we'-all of us, especially the weak and vulnerable-be better off in the years ahead? How can we protect and promote human life and dignity? How can we pursue greater justice and peace?" In short, episcopal teaching holds that conscientious Catholics may vote on abortion alone, but they do not have to be single-issue voters. This is not to advocate a vote for or against either candidate. Rather, in the current ecclesial and political climate, I am merely trying to make room so that other health-care concerns can emerge.

One of the more important issues in this election is access to affordable health insurance. That 45 million Americans lack such insurance (and thus are vulnerable to potentially devastating financial burdens) is a national disgrace. The United States is the only developed nation without health insurance for all citizens; and 80 percent of those who lack such coverage live in families with one or more adult workers. Add to this that in the last decade public programs, chiefly Medicaid and the Children's Health Insurance Program (CHIP), have not kept pace with the loss of private employment-based insurance. With more and more middle-class voters and retirees facing the loss of health insurance, health care has become a potent political issue.

Two approaches divide the parties on health-care coverage: whether to expand coverage through public programs or to depend primarily on market forces. The first strategy, pushed strongly by Kerry and congressional Democrats, builds on existing government programs. Kerry proposes opening Medicare to uninsured persons between fifty-five and sixty-four years of age, and broadening eligibility standards for children under Medicaid and CHIP. He wants to allow parents to enroll in these programs at low cost, and expand coverage for individuals and small employers under the Federal Employees Health Benefits Program. By enlarging the risk pool, he hopes to insure more families. Kerry estimates these steps will cover 60 percent of the uninsured. While this piecemeal strategy is a shift by Democrats from the aim of universal coverage, it presents a politically attainable goal in the near term.

President Bush and congressional Republicans embrace a different strategy, using health savings accounts (tax-free accounts used to pay for medical expenses not covered by insurance), and tax credits for low-income

workers to purchase individual insurance coverage. The president also proposes changing federal laws to allow small employers to pool their insurance costs. This strategy relies on the market rather than the government. The Bush campaign does not furnish a coverage estimate, but such measures would reach a far smaller number of people than the Kerry proposal, probably fewer than 20 percent of the uninsured.

The Catholic imperative, predicated on the idea of solidarity and the common good, is coverage for all citizens without imposing an unreasonable financial burden on individuals. Both major parties fall short of this goal, although Kerry at least works toward it. The deepening budget deficit will prove a major obstacle to progress, even with a Kerry victory. And powerful special interests in the health industry make any health-care reform difficult.

One criticism of Catholic social analysis has been its failure to take into account the financial costs of social policies. Extending coverage to the uninsured will cost vast sums of money in an already too expensive health-care system. A politician who could slow the skyrocketing rate of health-care costs would be popular with the electorate, which regards rising premiums and co-payments as a more serious problem than extending coverage to those without insurance. Overall, progress will be possible only when voters and candidates for office form a coalition for fundamental reform that links cost and coverage.

Although his proposals fall short, Kerry calls for some aggressive cost-control methods. First, he would create a "premium rebate pool" to shift some of the expense of health-insurance premiums from employees and employers to the federal government. Second, he would try to curb rising drug prices by negotiating lower prices with pharmaceutical companies for the government's large prescription purchases. Third, he has proposed a variety of measures to reduce the expense of medical malpractice insurance. Fourth, he wants to reduce costly medical errors by offering incentives for improved medical technology, such as electronic monitoring of prescriptions. Finally, he proposes a variety of unspecified health-promotion and disease-prevention programs.

Bush's efforts to restrain health-care costs are more modest, relying principally on malpractice insurance reform, specifically efforts to limit punitive damages. He also believes that wider use of health savings accounts will rein in expenditures. Like Kerry, Bush proposes quality-improvement initiatives.

None of these measures is likely to have much effect on the rising bill for medical care. The chief causes are expensive medical technologies and the highly paid personnel needed to operate them. Nor will either party's proposal reach the goal of universal coverage, though Kerry's program would be a substantial down payment.

The United States has by far the most expensive medical system in the world. Advances in medical technology are driving rising health-care expenditure, and each new discovery fuels what is called "service intensity," the number of expensive treatments received each year by the average patient. Americans place great faith in medical progress, so neither political party has an incentive to take difficult steps to limit spending.

This puts Catholics in a tricky position. Catholic moral theology is not opposed to the technical advances that make healing possible. Yet these very innovations fuel the expense and the hubris of the medical system, with its dream of extending life indefinitely. Such values run contrary to Catholic teaching, which holds that death is a natural part of life. The most basic challenge for Catholics in health-care policy, therefore, is to devise appropriate limits on medical care without further burdening the needy, and to discover candidates willing to support those limits.

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