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ESSAY: THE RE-TOOLING AND RE-TELLING OF THE SOCIAL SECURITY, MEDICARE, AND MEDICAID PROGRAMS: WILL WE RETAIN THE SIXTY-YEAR-OLD VALUES OF A "NATIONAL COMMUNITY" OR BEGIN WITH A "CLEAN SLATE?"

Stephanie Sue Stein*

I recall the 1995 message of the late Arthur S. Fleming, a public servant and advisor to every U.S. president from Franklin Delano Roosevelt to William Jefferson Clinton. In a May 2, 1995 article in the *Los Angeles Times*, Dr. Fleming recalls "having a front row seat observing Franklin Roosevelt challenge the national community to pool the resources of the public and private sectors to help one another deal with the hazards and vicissitudes of life."¹

The message of "the hazards and vicissitudes of life" as being the responsibility of the entire nation was uttered in virtually every speech and at every appearance Dr. Fleming made until his death in 1996. He brought attention in that same 1995 article to a new message, one authored and delivered by the Speaker of the House of Representatives of the 104th Congress, Newt Gingrich. "The 'contract with America' constitutes a massive effort to break up the national community we have developed over the past sixty years," writes Dr. Fleming.² Quoting Representative Gingrich, Dr. Fleming goes on to say, "[m]ajor social programs . . . are a disaster. They ruin

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1. Arthur S. Fleming, *Save Our National Community*, L.A. TIMES, May 2, 1995 (daily ed. June 7, 1995).

2. *Id.*

the poor. They create a culture of poverty and a culture of violence, which is destructive to this civilization, and they have to be thoroughly replaced from the ground up. We need to simply reach out, erase the slate, and start over."³ Two messages were delivered in 1995. Each was told well: We care for one another, or we care for ourselves.

The "national community" did not end in 1995, but the seeds of its demise were sown, and the messages were re-tooled. In 2005, with the U.S. Senate, U.S. House of Representatives and the Presidency in the hands of the political party of both Newt Gingrich and Arthur Fleming, the slates are being erased. It is the messages, not the realities, about these sound programs that are shaping future support for older Americans. Do these new messages meet the test of a renowned Wisconsin leader and advocate, Dr. H. Conrad Hoyer? Dr. Hoyer wrote:

Have a message and learn it well.

Tell it simply and winsomely.

Tell it often and everywhere.

Get others to tell it too.⁴

Told by those who are today crafting policies that will alter the lives of generations of older people and their families, these retooled messages are well crafted, told often, and told well. They are told everywhere by many people.

The leaders of our federal government are "saving" Social Security, "modernizing" Medicare, and "reforming" Medicaid. "Saving", "modernizing", and "reforming" are good and lofty messages. Yet, beneath these words lie meanings that are the real reason for change.

By investing your money, creating your wealth, and making your choices—not the government's choices—you alone will save Social Security.

Medicare will be modernized so that you can have choices. Your choices will be offered by private insurance companies so that you can make your own health care decisions and not have to rely on the dictates of government.

Medicaid is being reformed so that the states will have choices: choices about restructuring, reallocating, and

3. *Id.*

4. DR. H. CONRAD HOYER, FORWARD TOGETHER: A GUIDE TO CREATIVE LEADERSHIP 71 (Coalition of Wisconsin Aging Groups 1992).

redesigning benefits—choices made by the states and not the federal government.

These choices are for *you*, each of *you*, Mr. or Mrs. or Ms. Citizen. You will have the possibility of wealth, you will decide what to purchase for your health care, and you will elect those who will work to spend as little as possible on others. These reforms are for you. You will be fine.

Hard to find in 2005 are messages of a national community, of shared responsibility and shared benefit, and of the U.S. Declaration of Independence avowing the necessity of providing for the common welfare.

The systemic dismantling of the fundamental income, health care, and long-term care programs afforded to all citizens of this nation is not sound nor prudent, and will probably harm, not help, most individual citizens. However, that dismantling is happening with little or no understood debate.

In a presentation to the Milwaukee Jewish Council for Community Relations in May 2005, economist Michael Rosen, Ph.D. clearly articulated the lack of need to “save” Social Security. Dr. Rosen made the following remarks:

The Social Security trustees and the non-partisan Congressional Budget Office (CBO) estimate that the [Social Security] trust fund is solvent for 38 to 48 years if we do nothing. In other words, Social Security is not going broke any time soon.⁵

....

... [T] here is no untapped bonanza to be claimed by putting Social Security money in the stock market. This step would add little if anything to average returns. It would simply add risk.⁶

....

... The administration’s proposal does not ‘fix’ Social Security but instead imposes significant new costs on the existing program coupled with significant cuts in benefits.⁷

5. Michael Rosen, Ph.D., Speech: The Facts Behind the Social Security Debate: Privatization Will Undermine the Security of Elderly Americans, at the Milwaukee Jewish Council for Community Relations (May 18, 2005).

6. *Id.* at 3.

7. *Id.* at 3.

So, if Social Security does not have to be "saved," why are we doing so?

I quote Heritage Foundation's research fellow David John, who spoke at the March 2005 Conference of the American Society on Aging/National Council on the Aging:

Private accounts make Social Security a better deal for people like my daughter, [Meredith]. . . . Meredith, a nursing student, who will turn [nineteen] in June, faces a Social Security future of higher taxes and lower benefits With a personal retirement account, . . . Meredith has the opportunity to do better than what the government will be able to pay her.⁸

Ah, the radical change in Social Security will create the ability to invest privately rather than collectively in a national retirement and disability insurance program. It is about Meredith! If Meredith and the rest of her generation can do better, then private accounts are a great idea.

Or maybe it is not about Meredith. Maybe it is about choice. The necessity of this choice is an argument made by columnist George Will in a 2005 *Newsweek* editorial:

The argument about Social Security reform has highly technical facets, but it also has this easily comprehended dimension: The age cohort that is least receptive to reform that enlarges individual choice is the elderly—a cohort composed of people who, all their lives, when they wanted coffee they ordered a cup—of coffee. The cohort most receptive to reform, those ages 18 to 29, is composed of people who, when they want coffee, take a deep breath and order something like this: a venti decaf nonfat extra, hot, no foam, with whip (whipped cream) three-pump vanilla (three shots of vanilla syrup) latte."⁹

AH, IT IS ABOUT COFFEE!

Young people have choices—music, entertainment, and coffee.

8. Paul Kleyman, *Social Security Debate Opens ASA-NCOA Joint Conference*, 26 *AGING TODAY*, Mar. 1, 2005, vol. 26 at 1.

9. George Will, *Tell That to Your Children*, <http://www.msnbc.msn.com/id/6803419/site/newsweek/pring/1/displaymode/1098/> (Jan. 17, 2005).

So, of course, they will have to choose their retirement future and will not care at all about others. The message is simple and told well: "Forget about the national community. *It is about you!*"

We are not waiting to save Medicare; we have already acted! Medicare has been "modernized" by The Medicare Prescription Drug, Improvement and Modernization Act of 2003.¹⁰ Note well the messages: prescription drugs, improvement, and modernization. The prescription drug benefit, available not through Medicare but through private insurance carriers, will cost most seniors \$3,600 for a \$5,100 benefit. Wonderful!

WHO WINS AND LOSES UNDER THIS BENEFIT?

The *winners* are:

- the pharmaceutical industry; it benefits from more sales, continued pricing freedom in the U.S., and no international prescription drug competition, and
- private insurance companies/managed care; their wins include increased payments and a boost to the long-term profitability of managed care plans.

The *losers* are Medicare consumers; they will have lost the opportunity for comprehensive, reliable coverage with real price moderation for prescription drugs.¹¹

If this is a flawed benefit for consumers, why is it law? Let us return to the Heritage Foundation, which according to the Medicare Rights Organization, launched a three-year, \$30 million media campaign advancing its Federal Employee Health Benefits Program model in 1995.

[T]he government would give an insurance company or a managed care firm a set amount of money to provide benefits. While the government's payments would be reduced, more of the costs would be shifted to people with Medicare who over time would absorb the rising costs of medical services. *This model is counter to the principle of collective risk-sharing that the Medicare program*

10. 26 U.S.C.A. § 26 (West 2005).

11. Families USA, What is Families USA? A newsletter? *The New Medicare Drug Benefit: How Much Will You Pay?* (Families USA: The Voice for Health Care Consumers), March 2005.

*is built on.*¹²

What are the messages? Increase consumer choice and “protect health care security,” so that Medicare will cease to exist as a social insurance program.¹³ The messages worked. Mark B. McClellan, Administrator of the Centers for Medicare and Medicaid Services, says, “The new Medicare is not just about saving the dollars. It is about making sure the dollars we do spend are really adding to quality of life and length of life.”¹⁴ The messages are that we will spend less money and you will have more choice. You will also live longer because Medicare is reformed.

THIS IS NOT ABOUT EVERYONE’S HEALTH CARE. IT IS ABOUT YOU!

In April 2005, the U.S. Senate and the U.S. House Budget Committee reached a budget agreement that will cut Medicaid appropriations by ten billion dollars in the next five years. In many states, Medicaid is already being drastically cut back.¹⁵ Tennessee Governor Phil Bredesen “is in the midst of a court fight to reform Medicaid in Tennessee, called TennCare, and cut up to 323,000 people from the rolls. Under his plan, about one million Tennesseans would retain coverage with reduced benefits.”¹⁶

Florida Governor Jeb Bush proposed capping Medicaid spending and giving each participant a voucher. In an attempt to create a Medicaid marketplace, Bush said that the plan would foster competition.¹⁷

The states and the federal government see huge problems in Medicaid. It is the health care provider for fifty-three million people, and it costs too much. To quote Mark McClellan:

12. Medicare Rights Center-Medicare History, *The History of Medicare and The Current Debate* (Aug. 13, 2005), <http://www.medicarerights.org/maincontentheritage.html> (emphasis added).

13. *Id.*

14. Kate Schuler, *Extreme Makeover: New Rules on Medicare Could Cause a Seismic Shift in the Way Medicine is Practiced* 18, 20, in FEDERAL AND STATE OUTLOOK ON HEALTH CARE, (Supp. to CQ WEEKLY June 6, 2005).

15. Chris Frates, *Colorado Voters May Decide on Funding for Colleges; End of Public Aid Would Seek to Avert Fiscal Crisis*, Denver Post, Feb. 15, 2004, at B01.

16. Associated Press, Washington Post, *Toss Out Medicaid and Start Over, Embattled Tennessee Governor Says*, MILWAUKEE JOURNAL SENTINEL, June. 12, 2005, at 28A.

17. *Florida Governor Outlines Voucher Plan In Bid to Create Medicaid 'Marketplace,'* 29 OLDER AMERICANS REPORT, Jan. 14, 2005, Vol. 29 No. 2, at 9.

Medicaid is facing a lot of challenges. Everyone agrees it is not sustainable in its current form. The challenge we all face is coming up with ways of reforming Medicaid to fulfill its mission better. When Medicaid was created it was basically a welfare program, and now it is a main source of coverage and assistance for low-income and otherwise needy Americans. We need to make sure it gets the authority and design to keep up with its changing mission.¹⁸

To deal with this “reform,” U.S. Secretary of Health and Human Services Mike Leavitt has created a Medicaid commission and has unilaterally appointed all voting members. According to the Older Americans Report, Leavitt’s ideas are to “us[e] Medicaid dollars to provide more people with a somewhat less generous package of benefits.”¹⁹

Message: There are too many poor people—too many poor, old people—who depend on Medicaid for long-term care services. The federal government cannot afford this care nor can the states. And most importantly, everyone agrees it is not sustainable in its current form.

THIS CARE IS NOT FOR YOU, AND REFORM IS ABOUT YOU!

The messages of 2005 are clear: “save,” “modernize,” and “reform.” Most of all, choose! The reality is not being told. Those who do not agree with these drastic changes have no message. The results of these changes will most certainly recreate an elderly cohort of paupers, make prescription drugs even less affordable for our elders, and ignore the health care and long-term care needs of the poor.

So can there be messages crafted, which when told well and often, re-establish the notion and the ownership of a national community? For those who clean the halls of Meredith’s nursing school, for those whose lack of affordable prescription drugs will lead to pain and suffering, for those families with children with disabilities, and for parents who need home care, new messages must be found.

18. CQ Weekly, *A Conversation with Mark McClellan* 30-31, in FEDERAL AND STATE OUTLOOK ON HEALTH CARE, (Supp. to CQ WEEKLY June 6, 2005).

19. Older Americans Report, *Leavitt Creates His Own Medicaid Panel; Democrats Refuse to Participate*, OLDER AMERICANS REPORT, May 27, 2005, Vol. 29 No. 21, at 161-162.

We all have a choice today. The choice is to reject the clean slate of starting over and to build on the social programs we know are successful for all of us: Social Security, Medicare, and Medicaid. The "hazards and vicissitudes of life" are not selective; they occur in our communities and in our families. They may some day hit us! We, as a national community, can use with pride our own messages of choice and choose to care. We can choose to share. We can choose to declare: "We are in this together! **It is all about us!**"