The health-care gap: Both Bush's and Kerry's plans are inadequate

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After bandaging a stranger's wounds, the Good Samaritan in Jesus' famous parable instructs the innkeeper to provide whatever further care is needed—he will foot the bill. Such an action, Jesus tells us, defines what it is to be a neighbor.

This part of the parable might inform reflections on health care in the U.S., where 44 million of our neighbors lack health insurance and as a result do not receive adequate care. The uninsured miss out on routine, preventive medical care that others enjoy. They live constantly on the verge of economic disaster—one serious illness or hospital stay will send them into bankruptcy.

Americans are not so callous toward their neighbors as to let them die in the streets. At least, hospitals don't turn away the people who show up at the emergency room. In this respect, we don't "pass by on the other side." But unlike the Good Samaritan, the medical system all too often does not consider what happens after people's wounds are bandaged—after they leave the emergency room—or how they might have been prevented from getting sick. It doesn't stick around to provide continuing care. Such a system is inefficient, inadequate and unneighborly.

Both presidential candidates have laid out plans to address the gap in health insurance. George Bush would give people tax credits for health insurance payments and allow "health savings accounts" by which people could set aside tax-free funds to use for medical care. John Kerry would increase the number of those eligible for Medicaid and direct the government to pick up the cost of catastrophic health bills, with the aim of driving down the cost of ordinary insurance premiums.

This is not the place for a detailed comparison or evaluation, but it can be noted that Bush's plan would reduce the number of uninsured by 1.8 million, Kerry's by 27 million. (Kerry would pay for his reforms by repealing Bush's tax cuts for those earning over \$200,000.) Given the 44 million who need help, both plans are inadequate. A conversation on how Americans together can care for their neighbors' health is sorely needed. Jesus was the Great Physician, and Christian groups have over the years been in the forefront of building and staffing hospitals. Those who receive the lowest level of care should be the object of the community's healing efforts. As the Good Samaritan demonstrated, genuine care is comprehensive and ongoing, not just occasional. We should think about how things are going back at the inn and find ways to pay for the care.