

Protecting the Medicaid Program and Strengthening our Social Justice Compass

By Rabbi Jack Moline

Agudas Achim Congregation

Early in the morning service you can find the blessing that a traditional Jew recites at a time most of us do not associate with prayer. It is often called *asher yatzar* after the first two words unique to this particular blessing. It celebrates the small miracle of our functioning bodies. The blessing ends with a description of God as “healer of all flesh and worker of wonders.” But it is the middle of the blessing – the simple statement of fact – to which I want to turn my attention in these remarks devoted to the current discussions about Medicaid. In the middle of the *asher yatzar*, we acknowledge that God has create within the human body various orifices and openings. And with the kind of language meant to reflect both respect and intimacy with the Holy One, the blessing continues: It is revealed and known before Your sacred throne that if one of them should open or one of them should close, it would be impossible for us to rise and stand before You. Teaching this blessing always provokes a certain amount of nervous laughter. Each of us has had an encounter with the involuntary opening or closing of one or another of our orifices and openings. Those things that are dependable, those conventions of control on which we have learned to rely are essential to the dignity we consider to be a rightful entitlement. A loss of control or an inability to function feels like a betrayal of our bodies by our bodies. Like an infant or like a person close to the end of life we feel, well, vulnerable. In such a circumstance, pain or discomfort or sheer embarrassment would prevent us from standing erect and showing respect to those in our presence.

I want to affirm that Jewish tradition says nothing about Medicaid *per se*. Medicaid is a particular legislative program designed to address the health care needs of those least likely to be able to meet those needs themselves – children, people without economic resources, people with disabilities and the elderly. In other words, these are the most vulnerable people in our society.

But if Jewish tradition says nothing about Medicaid, it most certainly says something about providing medical care for the vulnerable. Even the most irregular visitor to synagogue can’t help but hear the exhortations to God and to ourselves to care for the vulnerable – the orphaned, the widowed, the poor. The Torah insists on our obligation to those at a disadvantage in society. The prophets, whose message of fidelity to God’s expectations is consistent in every chapter, have a sharp focus on those without resources of their own.

From the Talmud to Maimonides to the *Shulchan Arukh* we are instructed to seek out communities in which medical care is available and a priority. In Aramaic, in Hebrew, in Yiddish and in English we constantly wish each other *assouta, labri’ut, zei gezunt* and “you should live and be well.”

Of these matters, I hope you need no convincing. Different people may disagree on the particular way to deliver medical care. For most of the people in this room who are, thank God, healthy and insured,

we can content ourselves with the resources with which we have been blessed. But I would guess that there is not a person in this room who does not have a relative or even a personal experience with a health crisis. God willing, the crisis passes. Unfortunately, some of those crises become chronic conditions. But in either event, you know the importance of available care.

Since 1965, our country has taken the responsibility of providing an infrastructure for the neediest among us to receive the care they need. More than a third of the children in this country receive some Medicaid benefits, and many millions of elderly citizens who need assisted living at home or in a residential facility. Medicaid is not automatic, like Medicare – people must register and qualify. And though there are standards for eligibility, because Medicaid is funded in partnership between the federal and state governments, coverage varies some from state to state.

If it sounds to you like a lot of bureaucracy, you are correct. It is a bureaucracy that has been in place for almost fifty years. It has become part of the fabric of civic expectations – sometimes called entitlements – in our country. And whether or not it was the best approach to a necessary challenge in 1965, it has served the vulnerable members of our society pretty well, just as the resources you can afford have served most of you pretty well.

As a society, and as a Jewish community, we have come to rely on Medicaid to provide necessary medical care for those who need it. You yourself may or may not ever need its benefits – for your sake, I hope you never do. But millions of vulnerable people depend on Medicaid to restore them to the essential dignity of basic health, and to care for them when that dignity is compromised. We cannot deny them what we ourselves expect.

Those needs are met significantly by the social service systems run for the benefit of the general public by religious communities, most notably the Lutherans, the Catholics and the Jews. Our old age and nursing homes, our clinics, our home health care, all of which serve people without regard to creed or color, depend on Medicaid to deliver current levels of service. And believe me, no one is sitting around idly waiting for patients to show up.

The economic challenges facing our country have impacted the federal government's ability to fund Medicaid with its current tax dollars. Some legislators in Washington have proposed cutting both the cost and the bureaucracy of Medicaid by changing the way it is provided. Instead of partnering with states, the new proposal would provide block grants to each state, fixing the limits of the federal government's expenditures and leaving triage – the decision on how to spend the money – to individual states.

Without question, the block grant program would leave the program with no choice but to reduce services to vulnerable populations because it would drastically cut available dollars; it is that simple. The block grant proposal does not make Medicaid more efficient by rooting out waste, fraud or abuse. It does not promote new advances in health care, like telemedicine or innovations in home health services. It does not relieve the regulatory restrictions that many complain about. Instead, it says to the individual states, essentially, "You work it out and leave us alone."

And it is this approach that ought to violate our Jewish sensibilities. Again, not because there is something inherently Jewish about the Medicaid status quo, but because our values insist that the vulnerable be cared for. And my friends, I do not have to persuade you that the increasing percentage of the Jewish population that has come to rely on Medicaid benefits to assist in providing for their aging parents and their aging selves, that is, you and I and a lot of others, should demand that those entitlements be addressed before they are precipitously curtailed.

This abrupt change in the system is the systemic equivalent of loss of control over the opening and closing of the necessary functions of our bodies. The sudden loss of funding, the closing of the dependable flow of resources would make it impossible for the institutions that care for the children, the disabled, the elderly and the poor to stand in support of those who depend upon them for basic dignity. We are not among those who rely on the belief that God, healer of all flesh and worker of wonders, will pick up the slack. We declare this blessing each morning and at our own vulnerable moments of each day to remind ourselves of our collective responsibility for the health and well-being of each other.

I ask you, please, to educate yourself on Medicaid, and perhaps to give some serious consideration to longer-term ways to address the momentary economic challenges. And then, please, urge our Senators and Members of Congress to join the Jewish Council on Public Affairs and The Jewish Federations of North America in opposing drastic cuts to or block granting of Medicaid.

Rabbi Jack Moline, jmoline@usa.com