

Congressional Conversations:

Horse Slaughtering or Poverty and Health Care?



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With precious few legislative days between Labor Day and the end of the year, Congress could have chosen to address any number of serious issues—from reducing troop levels in Iraq to making sure the country is safe five years after Sept. 11. Those who represent us in Washington could also have used some of their time on Capitol Hill to discuss health care and the new Census Bureau estimate that 46.6 million people were uninsured last year, more people than live in 24 states and the District of Columbia.

Instead, on September 8, one of only 11 legislative days scheduled for the month, the U.S. House of Representatives confronted the issue of horse meat exported from the U.S. to countries where it is eaten for dinner. Following nearly four hours of debate on the topic, the House voted 263-146 to ban the slaughtering of American horses for food.

We Americans do not find a meal of horse meat very palatable. And many of us object to the notion of consuming an animal that is considered a companion, a champion, and even an icon. Having never contemplated the issue before it hit the House floor, I did a quick scan of the arguments on both sides. Animal rights and other advocates make a compelling case for banning the slaughter of these beloved animals when the purpose of the slaughter is to enable fine restaurants in Europe and Japan to feature them as a delicacy. At the same time, opponents of the ban argue, the horses are slaughtered humanely and their owners offset the economic loss of the animal by selling it for that purpose.

According to news reports published as the House deliberated, approximately 88,000 horses were slaughtered in the United States last year. During the same time period, approximately 18,000 people died because they did not have health insurance.

However we feel about the horse meat it is but one example of our nation's misguided priorities. Banning horse meat became a national to-do because the House of Representatives made it one. During the few days left to get something done in Congress this year, lawmakers could have ignited a conversation about poverty and health care, using the newly released census figures as a starting point for an examination of serious problems that are not going away and that are intolerable in a nation as wealthy as ours.

Since the House focused on other issues before the election, many people around the country did not hear much about the census report, including its finding that 37 million people still live in poverty. Combined with the growing number of people who lack health insurance, unchecked poverty is an injustice that affects families—working women and men and their children—who should not want for life's basic necessities. Sadly, horses took precedence in the nation's capital.

The horse slaughter ban is not yet law—the Senate will have to approve it before sending it to President Bush for final authorization. So this issue may well surface again. If and when it does, let's hope it is resolved quickly, so that attention can shift to some other problems in our country, including the census report and the startling facts it lays out.

THE RITUAL

Every August the Census Bureau issues a report called *Income, Poverty and Health Insurance Coverage in the United States*. This report highlights how many of our friends and neighbors live below the poverty line, how many struggle for health care, and how many work hard every day but still lack basic insurance coverage. The report is more than a statistical exercise; it is a reflection of how national policies have left behind an increasing share of the most vulnerable.

In this year's report, for instance, we learn that the total number of uninsured individuals has reached 46.6 million, up from 45.3 million the year before. Some 8.3 million children did not have health insurance last year, and the number (and percentage) of uninsured full-time workers increased once again between 2004 and 2005.

"Compared to 2000—the year before Congress passed the first of several major tax cuts for the wealthy—5.4 million more people are living in poverty, 6.7 million more Americans are uninsured, and median household income is down by nearly \$1,500 in real terms," the National Women's Law Center said in commenting on the new census figures.

These numbers can easily obscure the human side of the problem. As Sr. Carol Keehan, DC, CHA's president and chief executive officer, noted in a press release responding to the Census Bureau's report, "While the annual ritual of fixating on the latest census data prompts a flash of attention or brief debate of the statistics, the exercise can leave many numb to what the data *really* represents—women, men, and children who daily live without accessible and affordable health care."

The census report starkly highlights ongoing economic and health care disparities. According to the report, for instance, whites still earn \$18,000 more per year than blacks, and \$12,000 more than Hispanics. Roughly one in four of those living in poverty are black, even though blacks represent only 13 percent of the overall population. In other words, a black person in this country is almost three times more likely to be impoverished as a white person.

These economic disparities translate to the health care system, where minority populations face more widespread obstacles to affording or obtaining the services they need. Thirty-two percent of Hispanics were uninsured in 2005, compared with 20 percent of blacks and 11 percent of whites.

When minorities access the health care system, they frequently encounter additional barriers to receiving high-quality care. A recent study by the Commonwealth Fund concluded that minorities often do not receive proper preventive care, frequently lack confidence in the health care system, are less likely to have a regular doctor, and are more likely to skip care for chronic conditions.¹ When the health system is not readily available to

them, minorities seek primary care in the emergency department, maintain high levels of medical debt, and are largely dissatisfied with the quality of care they receive, according to the Commonwealth Fund.

CHILDREN AND WORKING FAMILIES

With the number of uninsured children growing—to 8.3 million last year from 7.9 million in 2004—the urgency of improving the situation should seem to grow in tandem. But it does not.

The logic seems so simple: When children do not receive proper health care, they are more likely to miss school or have trouble paying close attention in class. Insured children who can easily and regularly access the health care system show better development and health outcomes, improved academic performance, and help create long-term savings for the system by preventing illnesses that can be expensive to treat.

Next year, Congress will consider reauthorizing the State Children's Health Insurance Program, which provides health care to many children but does not reach many others who are eligible. At the least, this debate will present yet another opportunity to examine options for expanding coverage and access to this population. If there's time to talk about horse meat in the House and in the pages of our nation's newspaper, then certainly there's time and space to talk about children's health care.

This is especially true given the public's view on the subject. According to a public opinion survey conducted for CHA by the Republican research firm Public Opinion Strategies, 70 percent of likely voters agree that providing affordable, quality health insurance to all children in the United States should be one of the top priorities of Congress and the president. Similarly, 65 percent of those surveyed said the federal government should take financial responsibility for covering uninsured children.

Each year, the Census Bureau report also reminds us that many of the uninsured are in working families. Forty-five percent of the uninsured worked full time in 2005; another 13 percent worked part time. Despite the widespread perception that the uninsured are also unemployed, the facts continue to tell a different story, a story this nation should be ashamed of. It is the story of people who work hard each day and earn a paycheck to care for their families but do not

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have enough left over to afford health insurance. Such people are then forced to make choices between doctor visits and car payments, groceries and medicine. Certainly, repairing our health care system will require tradeoffs—but not tradeoffs that leave children and working people without even the most basic coverage.

WHAT WE CAN DO NEXT

The census report reminds us of many things we already knew—that systemic poverty is a real and a growing problem in this country and that millions of hard-working people lack health insurance coverage and suffer the consequences, which can be deadly. Unfortunately for the national dialogue on health care, the report once again this year touched off a single news cycle and was quickly forgotten. In Congress, it did not generate a debate on the House floor. From the White House, it did not get much (if any) mention.

In the aftermath of Hurricane Katrina, President Bush acknowledged the poverty that was exposed and pledged to address it directly. In a prime-time speech from New Orleans's Jackson Square, 17 days after the Aug. 29 hurricane, he said, "All of us saw on television, there's . . . some deep, persistent poverty in this region. . . . That poverty has roots in a history of racial discrimination, which cut off generations from the opportunity of America. We have a duty to confront this poverty with bold action."

As it happened, reports Michael Fletcher in the *Washington Post*, "poverty's turn in the presidential limelight was brief. Bush has talked little about the issue since the immediate crisis passed, while pursuing policies that his liberal critics say will hurt the poor. He has publicly mentioned domestic poverty six times since giving back-to-back speeches on the issue in September [2005]. Domestic poverty did not come up in his State of the Union address in January, and his most recent budget included no new initiatives directed at the poor."²

On TV, night after night in September 2005, a devastated New Orleans showed us vividly the poverty and disparities that are alive and well in

the United States. But nothing has happened. Since 2000, both the number of people in poverty and the rate of poverty have climbed, and even after Katrina—and a presidential call to action—nothing has happened.

There have been no bold initiatives from Washington on poverty, no deliberate effort to make sure that poverty remains a topic of the national conversation. The same is true for health care and the uninsured.

If Katrina cannot reshape that reality, what will? If lawmakers are banning horse meat instead of taking on poverty and a broken health care system, how far have we come since last September? Well, not very far. But that doesn't mean all hope is lost. It does mean that we all have a role to play in helping redirect the conversation.

The Catholic health ministry did an outstanding job contributing to the Citizens' Health Care Working Group, which is using public input to make recommendations to President Bush and Congress on how to improve the U.S. health care system. Roughly 10 percent of the comments sent to the Working Group were from Catholic health care—real evidence that our collective voice does matter and can be heard.

In the absence of a national call to action, it is up to us to keep the pressure on. The Working Group is but one example of how inspired and active the Catholic health ministry can be when it comes to the issues we care about most. Let's continue to show that we will not stay quiet until the pressure we've helped build has turned into a solution. ■

NOTES

1. Michelle M. Doty and Alyssa L. Holmgren, *Health Care Disconnect: Gaps in Coverage and Care for Minority Adults: Findings from the Commonwealth Fund Biennial Health Insurance Survey (2005)*, Commonwealth Fund, New York City, August 2006, available at www.cmf.org/publications_show.htm?doc_id=386220.
2. Michael Fletcher, "Bush's Poverty Talk Is Now All but Silent: Aiding Poor Was Brief Priority after Katrina," *Washington Post*, July 20, 2006, p. A4.