The ACA at 10
The Future of Health Care Policy

By Dennis Kalob, Ph.D.

Author’s Note: As we go to press, the COVID-19 crisis is revealing the limitations of our current health care system and makes more urgent the need to address these problems.

By 2008, over 44 million Americans were uninsured. The health care crisis that had been building for years had reached a pivotal moment, coinciding with the hopeful election of Barack Obama. Despite having to deal with digging the U.S. out of the Great Recession, President Obama also decided to make health care reform a top policy goal.

It was a difficult struggle. Almost no Republicans were willing to support the health care reform effort and a number of Democrats proved resistant as well. What we ended up with in March of 2010 was the Patient Protection and Affordable Care Act (also known as the Affordable Care Act, the ACA, or Obamacare), which was the most significant health care reform since Medicare and Medicaid were adopted in 1965. It was not true universal health care, but it promised to move us in that direction.

Over the past 10 years, the ACA has proven itself effective at making health insurance and care more accessible—the number of uninsured dropped to well below 30 million.

Here are some key facts and features of the ACA:

• The ability of young people to stay on their parents’ health insurance until age 26.
• The end of “pre-existing conditions” preventing people from getting insured. People cannot be charged more because they have such conditions.
• The elimination of caps on health benefits.
• Originally, everyone was required to have health insurance or pay a penalty (in most cases). In 2017, Congress and the Trump administration eliminated the penalties so people are free not to have insurance (except in some states that initiated their own penalties).
• Health Insurance Exchanges or “marketplaces” are set up to provide a place for people to shop for insurance and select the plan that is right for them. Over 85% of those who have purchased insurance on the exchanges have qualified for a subsidy (which is available to those whose income is below 400% of the official poverty level).

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Here are some options moving forward:

- Free preventive care, including annual wellness visits, mammograms, and colonoscopies.
- An expansion of Medicaid, a program that is a federal-state partnership to provide health care coverage to poor people. The expansion allowed everyone under 138% of the official poverty level to gain coverage. A number of states resisted doing so and sued. The Supreme Court ruled that states can opt out. About half of them did initially; but then some have since come on board, as did Louisiana in 2016, the only Gulf South State to do so. Today, 36 states plus Washington, D.C. have expanded Medicaid. (The feds pay 90% of the cost.)

The ACA can certainly be seen as a major reform, but it is hardly earth-shaking. The fundamentals of the system remain intact. What it primarily did was place more regulations on the insurance industry and expand access to Medicaid. It moved 20+ million more people into either private health insurance (mostly subsidized) or public health insurance (Medicaid).

Meanwhile, most Republican governors and members of Congress, and more recently, the Republican President, all have attacked the ACA. Congress voted dozens of times to repeal all or parts of the law. Trump has rolled back some of the regulations. Opponents have used the courts to challenge the law.

As noted above, one court challenge allowed states to opt out of expanding Medicaid, which prevented millions of Americans from obtaining coverage and care.\(^4\) Now, the Supreme Court is set to hear yet another case challenging the ACA’s constitutionality.\(^5\)

If the Court does decide effectively to end the ACA, it would mean the loss of health coverage for millions of Americans. In the coming months and years, whether we face 25-30 million people without health insurance or 50 million, the question is What to do next? What do we do about the millions of uninsured and underinsured? What do we do about constantly escalating health care costs, which now amount to more than $11,000 per capita\(^6\) (the most of any country on earth)?

Health care costs are still the leading cause of bankruptcies in the U.S., and one-third of donations to GoFundMe campaigns are directed to health care expenses.\(^7\)

Studies have shown that thousands of Americans still die every year because they lack health care coverage.\(^8\)

By almost any measure, we have a health care crisis which needs to be addressed. Our system is riddled with inefficiencies, inequalities, and abundant personal horror stories. Leaving aside the desire by some to do nothing, or even to repeal what reforms we have already instituted, there does appear to be widespread interest in addressing these problems. Health care is reported to be a major concern of voters.\(^9\)

Here are some options moving forward:

- We can build upon the ACA. For example, we can continue to pressure state governments to expand Medicaid, and we can include a public option in the health insurance exchanges.
- We can lower the age of Medicare eligibility or even provide Medicare coverage to people of any age who wish to join this program.
- We can move to Medicare for All, similar to what people of Canada and some other countries enjoy (all other developed nations have some form of universal coverage). This would be true universal, single-payer health insurance. As with our current Medicare system, the government would act as the “insurance company,” collecting premiums in the form of taxes and paying providers for the care they give to patients.

The movement for Medicare for All has been around for a while, but has recently picked up steam. It is being promoted by some elected officials and supported by dozens of national organizations such as Physicians for a National Health Program, the American Nurses Association, and the American Public Health Association.\(^10\)

Usually efforts to promote Medicare for All include a broadening of the benefits traditionally afforded Medicare participants, such as including vision and dental coverage, and lowering or even eliminating out-of-pocket costs for services.

Catholic social teaching affirms that health care is a human right.\(^11\) As such, it needs to be available to all, regardless of financial or any other status. The health and financial benefits of universal coverage to society as a whole and to millions of Americans would be monumental. It also is the moral thing to do. As Pope Francis reminds us,

\[\text{Health is not a consumer good but a universal right, so access to health services cannot be a privilege.}\]

ENDNOTES


2 Ibid.

3 For details on these and other features of the ACA: Obamacarefacts.com and healthinsurance.org/Obamacare.


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As we face another election cycle, we reflect on the role of citizen Catholics and our voting. When doing so, we recognize many factors in voting for candidates—salient issues in Catholic social teaching and the opportunity, competence, and character of every candidate.¹

In *Forming Consciences for Faithful Citizenship*,² the U.S. bishops describe our responsibilities for political life, forming conscience, and Catholic social teaching. They discuss human life, peace, family, religious freedom, option for the poor, economic justice, health care, migration, Catholic education, justice, violence, discrimination, care for creation, communications, media, culture, and global solidarity. The entire text is essential preparation for the upcoming elections. It also reveals that no existing party or platform comports with Catholic teaching—which effectively cuts across contemporary partisan divides.

The body of the document has remained unchanged from 2015 and is substantially the same since 2007. Only the covering letter was updated at the November 2019, bishops’ meeting. In that letter, the bishops note:

The threat of abortion remains our preeminent priority because it directly attacks life itself,³ because it takes place within the sanctuary of the family, and because of the number of lives destroyed. At the same time, we cannot dismiss or ignore other serious threats to human life and dignity such as racism, the environmental crisis, poverty, and the death penalty.⁴

In the full document, the bishops describe the principles underlying public issues. While the covering letter’s designation of abortion as “our preeminent priority” was debated strongly, the letter notes that other life issues cannot be dismissed or ignored. Four paragraphs earlier in the letter, they reflected the teaching of Pope Francis:

The call to holiness, he writes, requires a “firm and passionate” defense of “the innocent unborn.” “Equally sacred,” he further states, are “the lives of the poor, those already born, the destitute, the abandoned and the underprivileged, the vulnerable infirm and elderly exposed to covert euthanasia, the victims of human trafficking, new forms of slavery, and every form of rejection.”⁵

The bishops wrote in the document body, “As Catholics we are not single-issue voters. A candidate’s position on a single issue is not sufficient to guarantee a voter’s support.”⁶

The bishops specifically do not endorse or oppose candidates. It is explicit policy of the U.S. Conference of Bishops not to do so in elections or judicial appointments and that Catholic parishes and dioceses are forbidden to do so, although this message has not penetrated to every Catholic pulpit. The bishops’ focus is on the moral quality of issues and positions, leaving to voters the exercise of well-informed conscience and prudential judgment in choosing candidates.

The bishops acknowledge that, “These decisions should take into account a candidate’s commitments, character, integrity, and ability to influence a given issue.”⁷ It is not enough for a candidate or party to give “lip service” even to important moral issues. There also must be commitment to action that will produce change, a candidate’s intellectual capacity and relational skills to make a difference, and the opportunity in the specific political time and place to move an issue or value.

The proper, but not exclusive, role of the laity, then, is to apply principles to policy applications⁸ and then to consider policy applications in a complex calculation that scrutinizes candidates, their qualities, and capacities. The overarching responsibility of each voter and every officeholder, however, is to the common good of the community, state, nation, and world. The common good and human dignity remain the most fundamental principles of Catholic social doctrine.

ENDNOTES

3. Ibid., 22.
4. Ibid., 29.
6. Forming Consciences, 42.
7. Ibid., 37.
On August 7, 2019, seven chicken processing plants in six small towns in central Mississippi were the targets of the largest immigration raid in U.S. history. Early that morning 650 U.S. Immigration and Customs Enforcement’s (ICE) agents arrested 681 Hispanic workers, restrained the workers in plastic handcuffs, and transported them to a military hanger in Flowood, Mississippi to be “processed.” After a terrifying day, 300 workers, mainly women with small children at home, were released with electronic monitoring devices on their ankles. Most of the other workers were transported to immigration detention centers in isolated locations in central Louisiana, three to four hours away.

Numerous organizations—local, regional, and national—became immersed in responding to families and individuals impacted by the raid. This article explores the pivotal role that Mississippi churches and faith-based organizations played in serving the needs of traumatized immigrant families and communities torn apart by the raids, accompanying them in their darkest hours.

Emergency Assistance
The raids occurred on the first day of school, resulting in scores of children being stranded at school or coming home to empty houses. Local church volunteers helped coordinate meeting children after school, many of whom were crying and distraught. Fr. Michael O’Brien, Pastor of Sacred Heart Catholic Church in Canton, MS, stood with parishioners until 4 AM outside the town’s chicken processing plant the evening of the raids, waiting for workers to be released.¹

As has been the case with nearly every large immigration raid impacting Latino immigrants in the past 20 years, overnight local churches became emergency response centers for raid victims and their families.² The response to the August 2019 ICE raids was ecumenical in nature. Seven local churches representing three denominations (Catholic, Methodist, and Baptist) served as emergency assistance hubs.³ For weeks after the raids, volunteers, many associated with Jackson-area churches, dropped off carloads of diapers, powdered milk, and canned foods. Non-profits and churches prepared meals for hundreds, and volunteers from many local churches came by daily to serve meals, distribute supplies, and organize after-school activities for the children.⁴ By early September, sites were at capacity for the material donations they could store.⁵

As Dorothy Balser, Director of Parish and Community Engagement at Catholic Charities Diocese of Jackson (CCDJ), explained to me in a February 2020 interview, cash donations quickly started pouring in to CCDJ and to individual churches in raid-impacted communities. The Catholic Extension Service,
which has long supported Catholic churches in rural Mississippi, made a $100,000 donation to CCDJ to pay rent and utilities for victim families within days of the raids. Over the next six months, CCDJ received approximately $150,000 for emergency assistance from individuals and religious communities.  

The largest amount of cash assistance to raid victims has come from ActBlue, a web-based giving platform that raises funds for progressive groups and Democratic Party candidates. ActBlue quickly identified six nonprofit organizations for donors to contribute to the Mississippi raids response. By August 15, ActBlue had raised $915,297 for these organizations.  

Several eventually chose to donate part or all of the funding they had received through ActBlue for direct humanitarian support. Members of the Mississippi Immigration Coalition—a group of local, state, and national nonprofits that formed the day of the ICE raids to help coordinate legal services, humanitarian aid, volunteer efforts, and policy advocacy—decided that the organization best suited to distribute the aid was Catholic Charities Diocese of Jackson. By late December, CCDJ had received $426,630 in ActBlue money through the Coalition, which was distributed at church sites to pay rent and utilities for 376 families (approximately 600 adults and 900 children) impacted by the raids.  

Because most of the humanitarian aid funding was due to run out by March, in early 2020 families were increasingly forced to make a difficult decision: remain in central Mississippi, a place many had called home for decades; relocate with family members or friends in other parts of the U.S.; or return to their countries of origin.  

Advocacy  
Two days after the raids, Mississippi’s Episcopal bishop, Methodist bishop, Evangelical Lutheran bishop, and two Catholic bishops released a statement condemning the raids and calling for Christian unity and humanitarian support for raid victims’ families, noting “an urgent and critical need at this time to avoid a worsening crisis.”  

Most of the pastors of the churches that became emergency response centers were vocal in their condemnation of the raids and how families, especially children, were being harmed. For example, Fr. Roberto Mena, pastor of St. Michael the Archangel Church in Laurel, MS, quoted by several major media organizations about the trauma caused by the raids, including the New York Times, Times, USA Today, San Francisco Chronicle, AP, CNN, MSNBC, and The Economist.  

At a Congressional hearing on the raids held November 7 at Tougaloo College, Fr. Odel Medina, pastor of St. Anne’s Catholic Church in Carthage, MS, read a heart-wrenching letter from the 13-year-old son of a parishioner detained in the raids. Fr. Medina implored Congress to reform our broken immigration system.  

Several advocates I spoke with believe that the public visibility of the impact the raids had on children was a major factor in the outpouring of support for raid victim families. Nevertheless, pastors strove to be apolitical when criticizing the raids. In the 2016 election, Donald Trump won 58 percent of the vote in Mississippi, including at least 56 percent of votes cast in four of the five counties where the raids took place. Fr. Michael O’Brien told the Catholic News Agency in late August that he wanted his parishioners to put politics aside and help impacted families: “I let the people know in no uncertain terms, these are my parishioners, and my parishioners are in trouble…I didn’t give them too much of a choice, you know, either.”  

Other Needs  
Legal clinics organized by the Mississippi Immigration Coalition also were held at church parish halls, which additionally served as sites for community information meetings, community organizing, and trauma counseling. Pastoral counseling to confused and traumatized parishioners became a major component of pastors’ efforts after the raids as well.  

Conclusion  
Early in his pontificate Pope Francis presented his vision of the Church in the world—that of a “field hospital” for the wounded. Perhaps nowhere has that vision been more fully realized than the church response to the 2019 Mississippi ICE raids.

ENDNOTES  
3 Emergency assistance sites in Mississippi were: Sacred Heart Catholic Church in Canton; St. Anne’s Catholic Church in Carthage; St. Michael the Archangel Catholic Church and Trinity Mission Methodist Center in Forest; Immaculate Conception Catholic Church in Laurel and; St. Martin de Porres Catholic Church, and Church of the King Baptist Church. Several churches also became sites for legal clinics, trauma counseling, and community meetings. [From Mississippi Immigration Coalition emails]. The Episcopal and Presbyterian churches in Canton were very supportive of Sacred Heart Church’s emergency response, while the Methodist church in Laurel supported Immaculate Conception’s work. [From September 3, 2019, email from Dorothy Balser, Director of Parish and Community Engagement, Catholic Charities Diocese of Jackson.]  
5 Email from Dorothy Balser, September 2, 2019.  
6 Interview with Dorothy Balser, February 6, 2020.  
7 The six organizations are El Pueblo in Biloxi, ACLU of Louisiana, MacArthur Justice Center at the University of Mississippi, Mississippi Center for Justice, Mississippi Immigrant Rights Alliance, and the Southeast Immigrant Rights Network. From August 19, 2019, Mississippi Immigration Coalition Fundraising Report—ActBlue Campaign, author’s files. The Southern Poverty Law Center donated an additional $50,000, making the total $965,297 by August 19, 2019.

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From 1972 to 1976, there were no executions in the United States following the Supreme Court decision in *Furman vs. Georgia*. The Supreme Court ruled that capital punishment violated the 14th Amendment and the 8th Amendment prohibition against cruel and unusual punishment because it was arbitrarily administered at best and racially biased at worst. Capital punishment was reinstated following the *Gregg vs. Georgia* decision in 1976. The *Gregg* decision stated that as long as there were policies to prevent the implementation of the death penalty arbitrarily or erratically, the death penalty was constitutional. In short, the death penalty could not be a mandatory sentence and had to be based on the circumstances of the case.

Time has revealed the concerns expressed in the *Furman* case to be valid. Furthermore, the standard established in the *Gregg* case is clearly incapable of being satisfied. To be certain, as I will illustrate using Louisiana as an example, capital punishment remains arbitrary at best and racist in practice. The immorality of the death penalty can be discerned on four grounds.

First, it is immoral for a society through the state to take a human life. Capital punishment rests on the assumption that for the society to protect itself, the state must be given the right to execute individuals. It is as if civil society was incapable of protecting itself through incarceration. Society does have the right to protect itself and it has a right to punish crime. The right to police is necessary to the sustainability of any civil society. However, both society and the state do not have the right to deprive an individual of their natural right to live. The means to remove the threat a person may pose from society through incarceration exists.

Second, in order for the death penalty to be remotely justifiable, the criminal justice system would have to guarantee that no innocent person would be sentenced to death and executed. The criminal justice system can make no such guarantees. According to a 2016 article published in *Southern University Law Center’s Journal of Race, Gender, and Poverty*, from 1976 to 2015 Louisiana executed 28 human beings.  At the time this...
article was published in April 2016, nine people had been wrongly convicted and sentenced to death by the State since 1976. That number now stands at 11. It is inhumane, immoral, and an exercise in the most grotesque form of public policy negligence to continue this practice in light of a criminal justice system that cannot guarantee that no innocent person will be put to death. There is no acceptable margin of error in this regard. There is no acceptable rate of executing innocent people—other than zero.

Third, sentencing and the application of the death penalty in Louisiana is quantifiably skewed racially. The last White person in Louisiana to be executed when the victim was Black was a soldier found guilty of stabbing two enslaved Black women with a bayonet in 1752, which predated the French and Indian War. The data presented in the above article shows that between 1976 and 2015, a Black male convicted of killing a white female is 29.9 times more likely to be sentenced to death than a Black male who kills a Black male and is 10.8 times more likely to be sentenced to death than a Black male who kills a Black female. The racial disparities even extend into the appeals process, where cases of killers of Whites are clearly less likely to be reversed. This reveals a racial bias in the application of the capital punishment and exonerations.

Lastly, the death penalty cannot be justified morally in current law from the Bible. It is common for those who defend the death penalty to invoke the Bible as proof of the inherent morality of capital punishment. It is true that the Bible mandates the death penalty for those who commit murder. When capital punishment is placed in full context, however, the Bible does not limit the death penalty to murderers. The Bible requires the death penalty for idolatry in Deuteronomy 13:6, taking God’s name in vain in Leviticus 24:16, working on the Sabbath in Numbers 15:32-36, and for rebelling against one’s parents in Deuteronomy 21:18-21. The Bible also condones slavery in Leviticus 25:44-46 and Ephesians 6:5, including the selling of a daughter into slavery by her father in Exodus 21:7-11. Now, the vast majority of us agree that the Bible generally is a good guide for moral behavior, but it is not the same as a contemporary, morally valid criminal code.

Catholic social teaching is clear in its opposition to the death penalty on the grounds that it is state sanctioned killing of another human being. The practice violates the fundamental belief that all life is sacred until natural death. The death penalty also violates the notion of the preferential option for the poor because those who are executed overwhelmingly tend to be poor themselves. Supporters of the death penalty often point out that the Church has historically supported the death penalty. While this is true, the Church clearly—acknowledging its own history of support—has moved away from this previous position to the current position in the Catholic Catechism that holds the death penalty as “inadmissible” and calls for its abolishment.

Continuing the death penalty in Louisiana is an admission by the state that the prospect of executing an innocent person and the racial disparities in applying capital punishment are secondary concerns to the erroneous belief that the death penalty is a deterrent and is morally justifiable. Supporters of the death penalty should ask themselves two questions: how many innocent men and women executed is the magic number to cause me to rethink my support? How big must the racial disparities in applying the death penalty get before I reconsider whether the state has the right to execute a person? Capital punishment is an antiquated, flawed, and unjustifiable practice that must be abolished.

ENDNOTES

2 Ibid., 73.  
3 Ibid., 71.  
4 Ibid.  
5 Catechism of the Catholic Church, 2267.
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8 Interview with Dorothy Balser, February 6, 2020.
9 Ibid.
11 Email from Fr. Roberto Mena, January 16, 2019.
15 Interview with Fr. Roberto Mena, December 12, 2019.