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LSA-Pennsylvania

## Providing Care and Services in Challenging Times

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Note: LSA-Pennsylvania, a network of the 23 Lutheran social ministry organizations in the state, commissioned Dr. Resmer to write this ethical reflection paper on issues related to asset transfer and the funding of health and human services through Medicaid. It is hoped that the paper stimulates conversation that will inform ethical decision making.

Lutheran social ministry organizations in Pennsylvania have provided residential care and accompanying services for over 100 years.<sup>i</sup> This care, more often than not, grew out of a deep commitment by individuals, congregations and synods/districts to see that church members, as well as members of the community, were cared for. Grounded in Jesus' invitation to respond to those in need; indeed to see Jesus' own self in those in need,<sup>ii</sup> there was from the beginning an understanding that those without resources in particular would be cared for.

Organizations that began by providing residential services alone, today have become the sites of a broad continuum of care for children and adults with the accompanying services to maximize physical, emotional and spiritual well-being. Lutheran social ministry organizations have banded together in a nationwide alliance (Lutheran Services in America-LSA) in order to address the increased complexities of providing such a range of quality care and services. Together they advocate for active partnerships with communities, church and government necessary for the provision of their care and services.

At the same time, Lutheran social ministry organizations, individually and collectively, exist in an environment that has the potential to threaten their ability to continue providing the kind of care and services on which individuals and families, as well as communities, churches and the government count. One specific issue that has emerged is the reality that many individuals are transferring their assets to family members in anticipation of needing healthcare services as they age, relying on Medicaid to pay for

their care when it is needed. Deeply concerned about this environment, LSA in Pennsylvania is engaged in reflection on at least two basic ethical questions: what is at stake for organizations that provide services and care for children and adults when people with resources ‘artificially’ impoverish themselves with the expectation that Medicaid will pay for their care in old age; and, given this added burden on Medicaid, how is quality care possible for the children and adults who require the support of Medicaid, when Medicaid already does not reimburse at the cost of care?

#### DENIAL OF AGING/LACK OF PLANNING

We live in a youth oriented culture. Denial of aging and the realities that accompany aging and old age is wide-spread. There is an expectation that technological advances in medical care will allow aging adults to continue with physical activities as they once did in their 20’s.<sup>iii</sup> Plastic surgery no longer resides in a celebrity niche market but has found an eager audience in middle class America. Many Americans, beyond traditional retirement age, continue to work, some because of financial need, but as often as not because of emotional fulfillment and the desire to continue living an active and varied life.

Part of what feeds the denial of many middle class and upper middle class Americans is the fact that Americans are generally healthier and live longer. As a result, fairly healthy older adults either opt into a retirement continuum of care with the expectation that they will be advanced in years before they will become frail and need more intensive health

care services; or older adults live at home longer with the assistance of home health care services, requiring residential care in advanced old age if at all.

With regard to social ministry organizations, the primary effect of our denial of aging and old age is lack of planning for old age. While it is true that for people without resources planning for old age is a luxury they cannot afford, for those who do have resources, financial and otherwise, planning is essential. Yet, too many refuse to do so. Evidence of the lack of planning is many-fold: aging adults living in homes that are not conducive to physical limitations that often accompany old age; refusal to acknowledge that disability may lay in the future, therefore ignoring the possibility of carrying disability insurance; and certainly the lack of many to consider long term care insurance.

It is important to note that older adults, as well as children and adults who need residential care, but have limited resources or are poor, do not have the same ability to plan for their old age. They do, however, have access to a certain level of care and services through Medicaid, which was created to pay for the care of people living in poverty. The challenge for social ministry organizations that continue to be committed to providing care for people who are poor is the discrepancy between what Medicaid reimburses for care and the actual cost of care. While Medicaid reimbursement already lags behind the cost of care, in 2005 the U.S. Congress voted to cut an additional \$10 million from the Medicaid budget, further increasing the disparity between cost of care and reimbursement.

As a result of this mix of denial of aging, refusal to plan by many aging adults with financial resources, and the discrepancy between cost of care and reimbursement by Medicaid, many social ministry organizations find themselves in an untenable position. They remain committed to providing quality care and services for young and old alike without the financial resources to provide the kind of care they expect of themselves and that families and older adults have come to expect of them.

## ENTITLEMENT

Alongside the religious convictions that inspired the development of organizations to care for children and adults, an understanding of the ‘common good,’ that is, the notion that everyone participates in the goods of society, was also a significant part of the air that breathed life into the early provision of residential care. This notion of the ‘common good’ with its assumptions that all reap the benefits and share the responsibilities of life together has eroded in late 20<sup>th</sup> - early 21<sup>st</sup> century America. Many no longer know of the concept or understand the reality to which it points. Calls to participate in the ‘common good’ have all but been removed from our speech. In its place, an emphasis on the individual and the accompanying language of ‘entitlement’ has moved to center stage. Many Americans, including older adults, believe that they are entitled to resources, financial and otherwise, because they have earned them. Having earned them, it is their privilege to dispense with resources as they see fit. Influenced largely by a focus on the individual and individual families, many choose to keep their financial resources within their own family unit. Distribution of resources to other causes outside the family may be

continued or discontinued at will depending on the evaluation of the quality of services or activities carried out.

Not surprisingly, this shift from the 'common good' to 'entitlement' as a central way of understanding life and the 'good' life at that, has influenced in no small way the desire and ability of social ministry organizations to provide care and services for older adults and others requiring residential care. Americans are notably averse to saving. Many who do save, intentionally 'artificially' impoverish themselves as they see the need for long term care and services rising on the horizon. Distributions of financial resources to family members is a way to protect financial resources with the result that they seek care and services without the financial resources to pay for them. This seems a tenable decision because of at least one myth: when older adults need care and services, that care ought to be free. Whether fueled by the mis-assumption that contributions to social security during their working life will now cover the cost of their care<sup>iv</sup> or a belief that having taken care of family and select others during their middle years it is now their turn or simply because they have not saved, older adults now turn to others to provide the care for them.

Older adults with financial resources are at record rates positioning themselves to enter into long term care in an impoverished state looking for Medicaid to pay for their care. The unexpected consequence of this kind of move is that care for all – children, adults, as well as older adults themselves - is jeopardized. The gap between cost and reimbursement widens at the same time that expectations of high quality care and services continues.

Yet, everyone bears a responsibility for the provision of quality care and services for those who need it. In order for all to receive not only the benefits but also to share the responsibilities of life together, individuals of faith and their families, churches and social ministry organizations together need to examine, discuss and live into the convictions that lay at the heart of ‘faith active in love.’<sup>v</sup>

## OUR CONVICTIONS

God creates us one for another (Gen. 1). We are from our beginnings people meant for human community. In families, immediate and extended, schools, churches and community we are nurtured and cared for and raised to be participants not only in our immediate circle but in the community and world around us. We are at base interconnected. The decisions we make in life, whether it be how to share ourselves, our time, or our resources affect the whole human family. Likewise, the decisions made by others affect us. Christians in particular recognize and respond out of this understanding of interconnectedness.

God is generous. The gifts of human relationships, our particular gifts and talents, as well as our financial resources come from God. Since all that we have has been given by God, it is not meant to be held in isolation on our behalf only, but is meant to be used to benefit our neighbor in need.<sup>vi</sup> This guides the actions of not only individuals and families but also congregations, synods/districts and social ministry organizations.

God cares for God's people through the whole of life and into death itself. Therefore, we can live each stage of life without anxiety because we know that we are in God's care (Matthew 6: 25f). At all points in life people are to be cared for as one cares for a child of God. Individuals, families, churches and social ministry organizations provide care appropriate to the different stages of life.

Jesus said, 'this commandment I give you, that you love one another as I have loved you.'(John 13:34). Loving as Jesus loves is to feed the hungry, clothe the naked, bring healing to the ill and welcome those who have been alienated from community. Loving as Jesus loves is at odds with activities that lead to 'artificial' impoverishment by those with resources. Very simply, 'artificial' impoverishment neither takes into account nor responds to our neighbor in need. Rather it increases the risk of those in need of care by deepening the financial burdens, and therefore the sustainability of social ministry organizations that provide residential care and services. In comparison, it is in the shared response of individuals and families with resources as well as social ministry organizations and churches that Jesus' invitation to love as he loves is realized.

God acts in the mundane activities of life to bring the fullness of life God wants for us. It is in the reaching out to another rather than turning away, through the daily commitment to provide care and services rather than serve only those who can pay, the decision of social ministry organizations, churches and government year in and year out to continue in a challenging partnership rather than going our own ways, that God acts on behalf of

all God's people. In the grappling of ethics committees and church councils and appropriation committees God works to bring about a full life for God's people.

God calls us to be faithful in our commitments and decision-making in community; and to be good citizens of the world. To this end, Christians especially commit to a life grounded in prayer, worship, study of Scripture, participation in a worshipping community and just action in the world. Social ministry organizations of the church, while providing care and service to all in need regardless of religious affiliation, and free of religious proselytizing, embody the care of God for the world in how they provide care.

#### ETHICAL CONSIDERATIONS:

Appropriate care and services for older adults and others is a shared responsibility of individuals, families, congregations, social ministry organizations, judicatories and government. As an increasing number of people with and without disabilities and special needs live into old age, financial resources are stretched to cover a broad range of commitments. In such an environment, even those well-intended will face difficult decisions. Decisions related to the realities of old age are emotionally laden and difficult. The provision of services to those who are poor, as well as those who have financial resources, let alone responding to those who have become 'artificially' impoverished pushes at even the most committed organizations. Congregations and judicatories, with increasing demands that they provide a broader array of activities and services, regularly

face the temptation to forget about their relationship with organizations that provide residential care and services.

People of faith and their families, as well as social ministry organizations, churches and judicatories live out these convictions in the following ways:

1. People of faith are called to be good stewards of the gifts they have received from God. This stewardship includes caring for one's family and for those who are in need of assistance in our community. It means that those who have resources plan for all stages of life, including the care and services that will be needed in old age. It would be naïve not to acknowledge the pressure individuals and families feel when it comes to protecting their resources. Many of us have grown up in a cultural environment that tells us that we are 'entitled' to what we have because we have earned it. The strong emphasis on the nuclear family as the locus of accountability leads us to believe that it is only our families who deserve to reap the benefits of our financial resources. Yet it is exactly in the face of these countervailing forces that individuals and families are called to exercise a stewardship of resources that not merely 'protects' what we have for our own, but 'puts to good use' our resources for our care when it is needed.
2. Congregations already provide support through financial gifts, volunteers and leadership for social ministry organizations, although competition for their time, attention and resources increases. Leaders of congregations are in a unique position to speak, teach and preach to life in relationship with God, self and

others. Congregations have the opportunity to witness to our interconnectedness by inviting members into conversations about what makes a life meaningful for people of faith; our calling to be in the world on behalf of others; and responsible decision-making through the whole of life.

3. While many congregational leaders have difficulty speaking about financial resources, not only on behalf of congregational ministry, but also the ministry of others, these same leaders stand in a relationship with individuals, families and a particular community that emboldens them to speak about responsible stewardship of resources. Social ministry organizations can partner with congregations educating adults about the importance of planning, and planning in particular for older age.
4. Synods and districts cannot be silent about the gospel that is carried in and through the care and services provided by social ministry organizations. Partnership with organizations becomes part of the way judicatories talk about the church's response to human need. Invitations are made to congregations and individuals to include social ministry organizations in their faithful stewardship of time, talents and resources.  
  
Further, judicatories, in partnership with state public policy offices, and through collective advocacy on the national level can speak out clearly, consistently and without end on behalf of more equitable distribution of funds for organizations that provide care and services for children and adults. Together, they are able to call for a restructuring of the health care system that embodies justice and fairness.

5. Social ministry organizations have a long history of providing care for people who are poor as well as for those who have financial resources to pay for their care. Now is not the time for organizations to stray from their commitment to the poor. Consistent with their values and historical commitments, they have the opportunity to continue to provide for those without resources. Development of protocols that address the reality of those with resources who are 'impoverishing' themselves is one short-term approach to the catch-22 many organizations find themselves in.
6. At the same time, social ministry organizations, collectively and individually, commit to advocating locally and nationally for a just and fair distribution of governmental resources that allows them to provide care for those in need into the future. They call for reimbursement that more closely matches the cost of care. Also, the creation of financial incentives to save for care in old age would lower the fear of aging adults of real impoverishment. With these two basic actions, government would be able to support organizations that on behalf of society care for those who are vulnerable, including older adults. In turn, social ministry organizations would be able to adjust the cost of care, no longer passing on the cost of what is not reimbursed to those with resources; and at the same time have resources that have been saved for old age available to provide the kind of long term care and services that define the Lutheran social ministry system.

The provision of care and services for children, adults and older adults is not the responsibility of any one group or organization. We all share responsibility for seeing that those who need care and services receive what they need. This requires that:

- Those with financial resources are generous with their time, talents and money for children and adults who need care and services;
- Those of us who are not yet in old age plan for our old age, moving through denial to conversations that address what we will need;
- Churches, judicatories and social ministry organizations together hold up the commitment to care for those who need care and are lacking in resources;
- Together we all work for a just society, where all are invited to contribute and all receive what they need.

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<sup>i</sup> A handful of organizations began over 200 years ago, many of them initially providing care for ‘widows and orphans.’

<sup>ii</sup> Matthew 25: 31ff.

<sup>iii</sup> The advances of particular note in this regard are orthopedic: replacement of knees and hips, repair of shoulders and torn tendons and ligaments.

<sup>iv</sup> The generally accepted calculation at this time is that social security lasts for approximately 15 years into retirement and then what one has contributed has been exhausted.

<sup>v</sup> ‘Faith active in Love’ is the term coined by George W. Forell in his book by the same title, published initially by American Press in 1954.

<sup>vi</sup> See Martin Luther’s treatise, ‘The Freedom of the Christian’ in *Martin Luther’s Basic Theological Writings*, ed. Timothy F. Lull (Fortress Press, 1999), p. 585f.

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