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I was pleased to receive so many communications from people voicing their very legitimate objections to proposals to reduce Social Security, Medicare or Medicaid. I regard the enactment of these programs as landmarks of progress in America. Before the passage of these programs, a very large number of older people, who were neither wealthy nor had wealthy younger family members, faced lives of deprivation at retirement. Of course, people who think that these programs have put large numbers of older people into a luxury they did not previously experience, are speaking from ignorance. Between them, with all their flaws, they do a great deal to alleviate the poverty that many older people would otherwise experience.

For that reason, I have been firmly opposed to efforts to increase the retirement age for either Medicare or Social Security, to charge Medicare recipients more for their health benefits, to reduce in various ways the cost of living increase for Social Security recipients, or to put restrictions on coverage under Medicaid. As an example of the ignorance that many critics have of the way these programs actually work, they are not aware of the fact that Social Security recipients now suffer from a cost of living formula that does not adequately reflect the true inflation costs that older people face, especially the high percentage of their income they must spend on medical costs, and they do not realize that there have been no recent cost of living increases at all. The proposal to further reduce the cost of living adjustment would condemn older people to continuing to fall behind inflation.

I was one of many who argued strongly that no budget or debt relief proposals should reduce these programs. I was especially critical of the budget plan that passed the Republican House under the leadership of Chairman Paul Ryan, which would have ended Medicare for people not already 55. While he argued this would not hurt Medicare for those already receiving it, the fact is that if people under 55 were being forced to continue to pay taxes to support Medicare while being denied its benefits, that would have generated great pressure to cut back existing programs as well.

I was similarly troubled when our Democratic President, Barack Obama, appeared to be advocating a change in the cost of living formula that would cut it back from its already inadequate level. I am pleased that we were able to dissuade him from pushing that. And while the Ryan plan passed the House with the threatened cuts to Medicare, the Senate rejected it.

This brings me to the debt ceiling bill. There is good news and bad news here. The good news is that we were able to make it clear that Social Security has not contributed to the deficit; in fact it has helped keep the deficit down because the budget figures have counted Social Security revenues as offsets to deficits elsewhere. Indeed, before 1983, there was no



protection for funds paid into Social Security. Today, we have made it clear that if Social Security is credited as it must be with the taxes paid in and the interest on that, there is enough money to pay full Social Security benefits for decades. And if we reach a point in the future where there is a need to increase Social Security funds, we should do that by raising the level on which payroll taxes are now levied, which cuts off at about \$100,000 a year.

So the good news is that the debt relief bill that passed makes absolutely no change in Social Security. It does not increase the retirement age; it does not reduce the cost of living; it does not in any way alter that program. Of course that does not mean those who would like to do so will not try in the future, but our success in beating back any efforts to reduce Social Security benefits or eligibility in any way speaks well for our ability to continue to do that.

We were similarly successful in our efforts to prevent any cuts in Medicaid. The bill that was passed does not reduce Medicaid in any way.

The news is less good with regard to Medicare. Those of us who strongly support this program and consider its adoption a very proud moment in American history were successful in preventing the Ryan plan from being included so that Medicare will not end for people under 55. And we were able to reject efforts to charge Medicare recipients more. But the plan included one attack on Medicare that was one of the reasons that I ultimately voted against it. It gives a 12 Member super-Congressional committee the right to make recommendations for further deficit reductions, which cannot be amended when they come to the floors of the House and the Senate. And included in this is the right to propose cuts in Medicare for up to 2%. This is supposed to be restricted only to cutting what providers receive, but the fact is if Medicare were to cut doctors' fees even further below what they can receive in non-Medicare plans, some older people would have trouble receiving medical care. This is especially the case for those who find it hard to travel, and who live in areas where there are not a great number of doctors. Beyond that, I believe the hospitals are very important entities in our society, not simply as places where medical care is dispensed, but as important sources of employment. In the district I represent, hospitals are the single largest source of employment in some of the bigger cities, particularly those where there are employment problems dating from unfair trade policies that destroyed the industries that once prospered there.

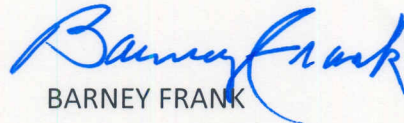
I did vote for the President's healthcare bill last year because it left Medicare essentially in place, but did make some cuts in some aspects of what Medicare providers get. I am convinced that those cuts will not cause a restriction in access, but I believe that any cuts on top of that would do so. Ironically, many of my Republican colleagues, who were critical of the healthcare bill because they alleged – incorrectly in my view – that it would hurt recipients by cuts to providers, strongly supported even deeper cuts this time.

I voted against this bill primarily because it would exempt our expenditures in Iraq and Afghanistan from any of the budget cuts that apply elsewhere. I do not think we should continue to spend well over \$125 billion a year in those countries where we not only engage in military activities but try to build roads and bridges, etc. These programs are subject to vast



corruption and often do more harm than good. Cutting the amounts we can spend for local police and firefighters without enacting a limit on Afghanistan and Iraq is terrible public policy.

It is true that things could have been worse; we were able to beat back efforts to charge Medicare recipients more or reduce the cost of living increase for Social Security. But I regard those programs as the minimum that we should be doing and I was therefore not prepared to vote for a program that would cut back in either of them, and since this cut in Medicare described above, that was one of the main reasons I voted against the bill.

  
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