



## **Misinformation fueling attacks on Disability program**

By Former Rep. Charlie Melancon, (D-La.) - 05/29/12 11:41 AM ET

“Cutting waste, fraud and abuse” is Washington D.C.’s most tired cliché. But it is also becoming perhaps its most dangerous.

Elected officials across the political spectrum widely accept that the federal government needs to eliminate some of its bloated and redundant programs. Entitlement reform will be crucial to any plan to balance the federal budget and pay down our national debt.

But if you listen closely, the term “waste, fraud, and abuse” is code for something much more disturbing. The phrase provides budget hawks cover to conduct budgetary witch hunts and gut vital government programs that so many Americans depend on to survive. One such program, Social Security Disability Insurance (SSDI), may be next in their sights.

America’s only hope to defeat this War on the Disabled is the resolve of Democratic leaders in Congress. And with powerful players, such as Senator Tom Coburn (R-Okla.) and the Cato Institute, leading the SSDI reform crusade, Democrats will have their hands full. But this fight is far too important to concede.

Officially established in 1956, SSDI provides benefits to people whose mental or physical impairments prevent them from maintaining gainful employment for more than a year, or may result in death. To receive a modest monthly stipend, a “claimant” needs to have worked in recent years, paid into the FICA system and ultimately must provide objective medical evidence that clearly demonstrates an inability to work.

According to David A. Morton III, a physician and former Social Security Administration medical consultant, “the federal government often requires physician examinations and treatment notes, mental health records, bloodwork panels, and reports of imaging studies (MRI, CAT scan, and X-rays).”

Despite what critics of the SSDI claim, a simple doctor’s note doesn’t cut it. In fact, SSDI eligibility has never been more difficult, as conditions such as diabetes, mental retardation and even HIV, face tougher standards.

Understanding the rigorous qualifying criteria and process undercuts detractors’ argument that SSDI is an extension of unemployment benefits during this slow economy, and the current system provides a safety net to those who deliberately choose not to work. The suggestion is misguided and uninformed, especially considering that SSDI benefits pale in comparison to even a minimum wage job. SSDI benefits are like a life preserver. They are clearly not a luxury liner, as some would suggest.

Importantly, a fully funded SSDI program is about more than just assisting Americans with disabilities – it is about strong families, neighborhoods and communities.

A recent report from the American Constitution Society highlighted the societal costs when people with disabilities are improperly denied SSDI benefits. According to the paper, “these costs include the concrete consequences from increased home foreclosures and evictions, homelessness, family dissolutions, bankruptcies, welfare payments, strains on Medicaid and other residual indigent health care systems from postponed care, and sometimes even death.”

The National Law Center on Homelessness and Poverty (NLCHP) concurs. NLCHP recently reported that restrictions on who can provide a claimant’s medical evidence are making it harder for eligible homeless Americans to secure the SSDI benefits. Current agency rules state that only a doctor can diagnose a claimant, not the nurse practitioner or physician’s assistant who usually run health clinics accessible to the homeless. As a result, a mere 14 percent of our nation’s homeless population receives SSDI benefits, when an estimated 40 percent are entitled. The report connects denying benefits to disabled homeless people leads to an increase in expenses incurred at emergency rooms and hospitalization nationwide.

The fact remains that making it more difficult to qualify for SSDI, and cutting SSDI benefits, would be a “kick the can down the road” approach that won’t have any measurable impact on American taxpayers, or the federal deficit. That strategy may appear pennywise today, but will prove to be pound foolish tomorrow.

President Franklin Delano Roosevelt once said, “The test of our progress is not whether we add more to the abundance of those who have much, it is whether we provide enough for those who have little.”

That message is still relevant today and should provide a moral compass for Democratic members of Congress who may be faced with tough budget choices in the coming months.

Let’s get the federal government’s fiscal house in order, but we simply cannot do it on the back of America’s disabled.

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