More service cuts for the vulnerable

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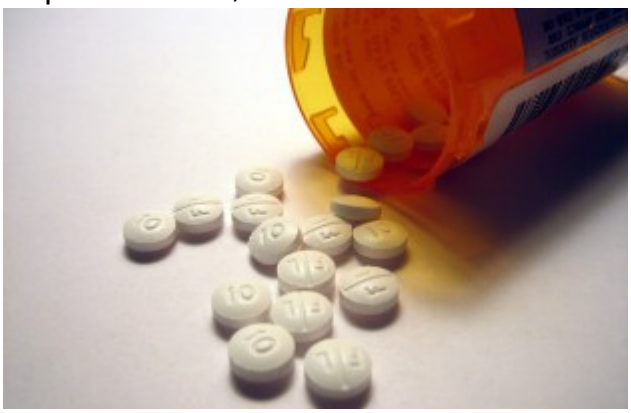

My father-in-law comes over two mornings a week to watch the kids while my husband and I work. He's very good with them, and they love their Grandpa John. It is a gift beyond measure that they have been able to spend their first years in his care.

The sky was darkening on a recent Tuesday morning, so I put the kids in the car and went to pick John up at the bus stop so he wouldn't have to walk and get drenched. The rain had just started when we met him a block from the stop. His head was down, and he didn't greet any of us as he climbed into the car. He simply started listing the things that were going wrong. He seemed not even to hear my older daughter as she chirped her hello.

John suffers from bipolar disorder. He has managed his condition for years with the careful attention of one who ruminates obsessively on details. Accessing the resources he depends on--housing, health care, food stamps--is a full-time job. With the help of a gifted counselor and a finely tuned cocktail of prescription drugs, he has been able to maintain some degree of stability. But change, understandably, is a source of incredible stress.

The sort of change that most terrifies John--and my husband and me--came unbeknownst to us in April, when the Illinois Department of Healthcare and Family Services sent an informational memo (pdf)

to its providers listing a host of cost-saving changes to its prescription-drug coverage for Medicaid recipients. The changes became effective two weeks later.

We didn't know this then, of course. We discovered that Lexapro was no longer covered when John went to pick up his prescriptions earlier this summer and the pharmacist reported that they couldn't fill that one. It took days for John to get physician's authorization to receive a "preferred" antidepressant; by that time, he'd gone cold turkey off the drug he'd been relying on for a decade. Antidepressants, and other prescriptions that affect brain chemistry, aren't like other drugs; even slight changes in dosage can have serious side effects. Changes are supposed to be made sparingly, carefully.

John's been holding it together pretty well this summer. He's an amazing man. But that rainy morning, he tearfully told me that he didn't trust himself with the baby. He would never commit suicide, he assured me, but he confessed that as he watched the lightning flash while walking from the bus stop, he hoped it would strike him.

"I am too old for this," he said. He is 57.

As a pastor, I know something about tight budgets and tough decisions. But I also know that being in a community--whether civic or religious--means finding a way to care for the most vulnerable among us. Recent political rhetoric has focused on notions of shared sacrifice. But John and others on Medicaid cannot afford the sacrifices made by governments on their behalf.

Over the years, I have had several parishioners with serious mental illness. They have been generous in their giving to the church; they always seem to be picking up something extra for the food pantry. And there are things I am trained to do to help them. I can listen to their concerns about world events; I can lead them in prayer. Suburban buses and ride services are infrequent, so I can offer rides to the bank and the pharmacy. I can help with tax returns and with proving their ongoing eligibility for government services.

But if the nation and the states are intent on balancing budgets on these people's backs, my efforts will

not assuage their many needs. For my father-in-law's sake, I am thankful that a lightning strike's location is hard to predict. But the greater risk to those with mental illness is the regularity with which they are targeted for service cuts.