Reflections on Bipartisan Solutions to Addressing Poverty

Tommy Thompson

Introduction

What causes poverty? How does healthcare play into the development of poverty in this great country of America? The realization that it is just not one simple factor is commonly accepted.

Two examples that helped me form policy when I was Governor of Wisconsin can provide guides to answering these questions in a meaningful way. As Governor, I realized early that I could make policy but if I did not have the involvement of the people who would be impacted by my policies, it probably was not going to be very effective. I wanted to do something about welfare reform; not to change welfare just to save money, but to reform the system to give people a chance — to give those that did not have a job an opportunity to really live a better life. To begin, I brought individuals in and had lunch with them at the Governor's residence — individuals on welfare and living in poverty. I specifically asked them to agree to not allow anybody else to be in the room. Over lunch, I asked: Why are you not working? What are the barriers? What is the impediment to really going off welfare and getting a job?[1]

The conversation was very simple and straightforward and once they got over the reluctance to talk, the conversation went something like this: "Well Mr. Governor, if I go to work, I lose half my healthcare." My response, "What if I provide healthcare for you?" Well then, they said, "Who's going to take care of our children if I go to work?" I said I would provide daycare. "Well I do not have any education. I dropped out of school, I got pregnant," was next. I said, "So what if I provide education for you?" The response: "That would be great but the jobs really are not in the central city or where I live." I said, "What if I provide transportation?" The enthusiastic response was, "Absolutely that's what we want. We want somebody to listen to us, to help us, to develop programs that we need in order to go to work."[2] That's exactly what I did with the W-2 Program in Wisconsin — which became the blueprint used across the country and it was very successful. I had 100,000 cases on welfare and reduced that down to 6,000 before I left and took the job as Secretary of Health and Human Services.[3]

I share this story to show that individuals who are impacted — who are struggling with poverty, on welfare, who really want to work — are true stakeholders. We can't do it alone, and it has to be bipartisan. When I was creating the W-2 program in Wisconsin,

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I had to bring Democrats in because they controlled both the House and the Senate.[4] I realized early on that if we would bring people in who are impacted and have efforts that were truly bipartisan, we would be amazed how much we could get done. President Ronald Reagan taught me not to care who gets the credit, as long as the job got done.[5] If you share credit, it makes a big difference because people want to be involved and be helpful.

When I went to Washington, D.C., to be Secretary of Health and Human Services, the big problem at that time was: how do we get drugs to those in need — specifically senior citizens who were suffering and didn't have the money to buy prescription medicines?[6] President George W. Bush said, "Tommy, it's your responsibility. Make me look good. You come up with a solution to help seniors get affordable access to needed prescriptions."

I went back to what I did when I was working on welfare. I brought people in who were impacted — including the elderly, pharmaceutical associations, and those with chronic diseases that are expensive to treat — and asked them, "How do we arrange for affordable medicines?" I approached the challenge with a broader view: if you're sick, you can't work and if you can't work, you're not going to be able to get a job and you're going to spiral into poverty. What I am talking about is Medicare Part D — which did have early opposition, but also bipartisan support in the United States Senate with Senators Max Baucus and John Breaux, and other really great senators who wanted to see a solution.[7] Today, it remains an incredibly important program that is very popular — with a 92% approval rating.[8]

What I have found in all of my work and public life is that there is a tremendous amount of good will among good hearted individuals who want to solve problems. The formula is simple: bring individuals in who are affected and impacted, make sure they are involved, and do it on a bipartisan basis, as we did with W-2 and Medicare Part D.

There are countless examples of partisan solutions that have not stood the test of time, the Patient Protection and Affordable Care Act being the most recent example. Democrats wanted to pass the law, and they passed it only with Democrat votes.[9] Republicans should have tried to push harder and come up with some solutions and maybe we would not have the mess we have right now.[10] When you're dealing with big social issues in America, you've got to have a buy-in from both political parties and buy-in from those who are impacted.

The articles in this Symposium represent real efforts to diagnose the state of affairs and come up with solutions. And that is the key: let's really find out what is happening out there and try and bring in the individuals who are going to be affected by whatever policy prescription we arrive at, and let's do it on a bipartisan basis.

I found early on in my career that there is no good Republican answer and no good Democrat answer. But if you combine proposals from each together, you can have the kernels of great ideas from both — you're stronger, you're better off, and you're able to get things done on a bipartisan basis. In our current environment, there is just too little of people working together to develop bipartisan solutions. We've become too fractured, too partisan, too polarized. The passion and real dedication to the work of tackling the challenges of poverty contained here should give us hope that we will see a renaissance of bipartisan efforts at bipartisan solutions — solutions that draw on the wisdom of the real people affected.

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Note

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