

# **THE RIGHT TO HEALTH CARE:**

A Discussion of the Historical Context and Current  
Philosophy of this Right in the United States

-- produced by Project EINO

Revised September 2003

Project EINO is based at [www.EverybodyInNobodyOut.org](http://www.EverybodyInNobodyOut.org) and is dedicated to the autonomous state organizations which have taken on the enormous task of grassroots organizing for Universal Health Care. These organizations and the activists within them constitute the critical leadership of the movement for Universal Health Care in the USA.

Project EINO is in dire need of funding, being funded for several years by two state activists of only moderate income. As of this first edition of "The Right to Health Care" (May 2003) the project has received no more than a few hundred dollars over our five years of operation. The project is actively seeking serious foundation support both for staff and expansion of services. In the meantime we greatly appreciate any individual donations (large or small) to help us continue our work until some initial funding is found.

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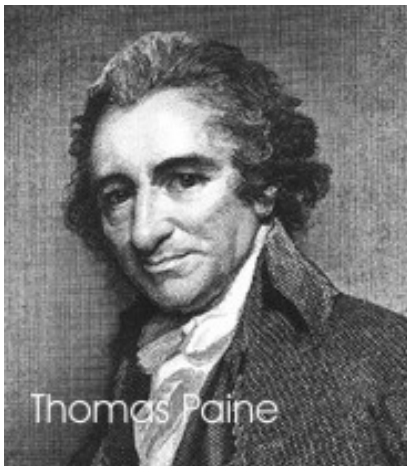
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## Human, Natural and Civil Rights

In the aftermath of the Holocaust, revelations coming from the Nuremberg war crimes trials, the atomic bomb, and other horrors of World War II people in a number of countries had a crisis of conscience and found they could no longer look the other way while tyrants jailed, tortured, and killed their neighbors. Steps were taken in the founding of the UN to attempt to hold all countries accountable for protecting these basic rights. Protection from arbitrary jailing, all forms of torture and assassination have come to be understood as almost a definition for "Human Rights". Indeed this is how the term is used most often by the major media in the USA, but the history and breadth of the concept is more profound.



Much earlier western civilization evolved the idea of "natural rights". These were rights which were logically a part of what it must mean to be human (essentially), therefore a right in which all humans must share, by virtue of their humanity alone. A civil right, on the other hand, is a right bestowed on individuals who are part of a particular society, bestowed on all or certain individuals by that society. "Fully recognized" individuals in such a society or nation (often known as citizens) have

such rights as long as they are and remain acknowledged as members of the society. Examples of the concept of "natural right" are Thomas Paine's "Rights of Man" (1792), the French declaration of "Rights of Man and Citizen" (1789) and the French declaration of "Rights of Woman" (1790).

Although it might seem from a philosophical consideration that "human rights" was a European concept, it is often considered more strongly associated with America than with Europe. Roots of applying the concept to real world situations (and thus developing the concept further also) date from the our Declaration of Independence (1776) and Bill of Rights (1791), predating other applications and the concrete developments of the concept. Thomas Paine was an active

personality and influential mind in America from 1776 to 1791 and from 1802 to his death in 1809. Although, like Ben Franklin (a signer of the Declaration of Independence), Paine was also an internationally important personality he can be considered thoroughly American, having fought in Washington's army and being a landed citizen of the young USA until his death. The fact that the concept of "human rights" philosophically predates the first applications which were in America and at the moment the USA was first conceived (philosophies of Hobbes, Locke and Rousseau also) does not diminish the widely accepted American nature of the concept. Indeed prior to the founding of our country all colonists were subjects of European states. The concept of human rights was inextricably linked to the founding of our nation - as it had never before been linked to the founding of any nation.

There are connections between civil rights and natural or human rights. Civil Rights empower the specified individuals within a given society to claim the corresponding "natural right". Usually a civil right is based on the idea that there is a pre-existing "natural right" that had yet to be officially sanctioned. Thus the "Right to Vote" for women (1920) and for African Americans (1856) recognized the humanity of these people, since all citizens (people of a nation) were already thought to require voting rights within a democracy. Having a voice in how they were governed was (if not a natural right of all humanity), at least, the natural right of anyone in a society professing to run according to democratic ideals.

In the modern era even our most conservative leaders invoke the "Right to Vote" and democratic ideals as fundamental to humanity. Thus President G.W. Bush's speeches on democratic process and the "Right to Vote" in Iraq in 2003. Interestingly, the same President also spoke of the right to universal health care and universal education in Iraq following the bombing campaign. Is he imposing foreign values on Iraqi society? Or, does he believe that these are "natural rights" which belong to all peoples of the world (all of humanity except the low income workers in the USA?). How could these rights be recognized as essential to Iraqis and yet withheld from people of his own nation?

Many people throughout the world accept that "human rights" evolve through history. The idea is that as societies become increasingly civilized and so ruled by law, rather than by the whim of one or several personalities, the just treatment of

all members of that society would naturally advance. History shows that "human rights" evolve as a concept as nations become "westernized" or attempt to appear democratic in nature. Governments regularly expand their lists of citizens' rights, although they have various mechanisms and various ways that new rights can be amended to the existing categories of rights. Multinational congresses and courts have also shown little reluctance to slowly expand definitions of "rights" and citizens' protections for all nations.

So much for the concepts and rhetoric of human rights. As most readers have probably already noted, expanding the national or international list of "Human Rights" or even the list of protected civil rights within a country does not necessarily mean that individuals are any more protected or will enjoy any of those new rights in practice. Indeed, the preceding paragraphs deal only with the basis and evolution of the concepts. It is always another matter to have the rights recognized in practice. Nonetheless, no one is going to be able to demand a right within any nation while the concept of that right has never even been put with ink on paper. So there is always the necessary first step, of gaining official recognition for a right.

### **What qualifies health as a protected right?**

Even if we could convince everyone in the USA that "human rights" have always been expanding as civilizations progress and that even "civil rights" have been expanding continually throughout our nation's history, there would likely still be many people resistant to this expansion in general and some who are opposed to the idea of health care, in particular, becoming a right in this country. They may say it just doesn't look like the list of rights needs such expansion. How carefully, though, have they considered the issue? Did any of the other more recently recognized rights in the US look like they belonged on the list (say in the view of 90% of Americans, or in the view of the most powerful men of the era)? Consider the right of the disabled to be provided with comparable secondary education facilities, or the right of girls to have some reasonable funding for their athletic programs at public universities. Or consider broader rights such as that of African American children to attend the same schools as white children, or the right of any person in this country to be seen and medically stabilized in any

Emergency Room in this country.<sup>ii</sup> How did these rights come to be accepted and formally established?

Is there something special about this point in history? So that it is reasonable to expect that expansion will now cease and the list will be considered complete for decades to come? Or such that the "Right to Education" belongs on the list, but the "Right to Health Care" does not? Or is it just a matter of how people are accustomed to thinking, combined possibly with their fears and prejudices? Let's consider for one moment what it means if health care is not a right.

It is useful to keep in mind that in modern U.S. society there are only two alternatives for a human need like health care, either it is to be considered a privilege for some (usually those who are sufficiently wealthy, and otherwise privileged), or it is a right to be respected for everyone. Opponents to considering health care a right may want it to be a widespread privilege (through incremental reforms of health) but they want it to remain a privilege. They do not want health care to be something which we all can expect and demand.

There are also some special arguments for the recognition of the right to health care, which don't pertain to other rights currently accepted or not. These arguments have to do with the fact that everyone is put at risk if public health (general health, of everyone) is allowed to fail. Diseases are often infectious, public health measures and prevention of dangerous health practices endanger wide sectors, whole geographic regions and at times the whole nation. Most plans for real UHC include a strengthening and integration with an expanded public health system.<sup>iii</sup> Of course, this will even more clearly be of benefit to us all money once our health costs are more strongly linked in a well-planned UHC system.

### **Existing Documentary Basis for the "Right to Health Care"**

The United Nations Declaration of Human Rights which was signed by all members of the general assembly (including the USA) in 1948. The signing of this document was obligatory for every nation which desired to participate and be represented in the world body.

Preamble:

Whereas recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world . . .

and Article 25:

Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

We have included some of the preamble of the former document since it bears so strongly on the preceding discussion of "natural rights". "Inalienable rights" sounds a lot like our own Declaration of Independence written 170 years earlier. Note that this, one of the founding documents of the UN, established largely on US instigation, relies heavily in its opening



statement and justification on the idea of certain rights belonging to all of humanity by mere virtue of their being part of the human family - the same idea as that of natural or essential human rights. Perhaps just as importantly these opening lines state that these rights are the necessary foundation for freedom, justice and peace. Let's assume that the words were well chosen after profound thought and that our nation's leaders were sincere in supporting these values, at least at the time.

Article 25 of this document goes well beyond just a superficial right to see a physician or other health professional (for a few minutes every 6 months?). No, it is explicitly the right to medical care, adequate to the preservation of their own and their family's well-being that is established here. And not just medical care

(which must include necessary mental health services to be adequate) but also social services as needed to meet the same end. Not content with just saying everyone in all the signatory nations has these rights, the document goes on to specifically state that the sick, disabled and elderly are entitled to security for their well-being. Another very important point is that the document does not just advise all signatory nations that they write, recognize and respect these as civil rights within their nations. Rather, it states that these listed rights are already recognized rights of the world body and the signatory nations. I repeat its not that "health care should be a right", its that "health care is a right".<sup>iv</sup>

In October of 1977 the U.S. signed the International Covenant on Economic, Social and Cultural Rights. This document recognizes:

The right of everyone to the enjoyment of the highest available standard of physical and mental health. [to be implemented by] the creation of conditions which would assure to all medical service and medical attention in the event of sickness.

The UN Convention on the Rights of the Child Article 24:

The child has a right to the highest standard of health and medical care attainable. Nations shall provide special emphasis on the provision of primary and preventive health care, public health education and the reduction of infant mortality. They shall encourage international cooperation in this regard and strive to see that no child is deprived of access to effective health services.

This convention was not obligatory but was, nonetheless, signed in 1989 by every nation in the UN except for Somalia and the USA. Since the USA didn't sign this document it does not provide any precedent for our nation in commitment to the health of all children, although it does still demonstrate the general worldwide agreement on health care rights. It is unknown what part of this document our government found objectionable, except that only they and the regime in Somalia were keen enough to pick up on the problem. The remaining nations of the UN agreed that children have a right to not only regular primary care, but preventive

health care and public health education and that mothers have the right to the means of reducing the likelihood of their infants dying.

Neither are the legal precedents limited to international treaties. The Consolidated Omnibus Reconciliation Act of 1985 required all hospitals which receive any Medicaid payments to provide emergency care or immediate transfer to all individuals requiring such care. The right of confined and convicted inmates to adequate medical care is also well established<sup>v</sup>, as is the right of involuntarily committed patients with mental disorders to psychiatric treatment<sup>vi</sup>. Most states also have laws requiring hospitals to provide emergency care as a condition of licensing.<sup>vii</sup>

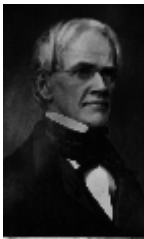
We are not arguing, of course, that the Right to Health Care is already a civil right in the USA, or that the treaties signed to date are already sufficient to bind the US government to protecting universal access to health care for all Americans. To the contrary, we do not believe that this is yet established in law. We do think it is important though to acknowledge the nearly unanimous position of nations on health care as a right, the relevant declarations already signed by the US and the generally accepted concept that health care is a human right. As explained above, human and natural rights once they are widely recognized tend to become codified as civil rights over time, at least in democracies, given adequate time for broad education on the issue and popular demand.

### **Historical Precedent - the Right to Education**

Project EINO considers the "Right to Education" to be a particularly relevant model for the "Right to Health Care". The "Right to Education" and the concept of "universal education" (UE) for primary and secondary school was not mentioned or considered at the founding of our nation and is still not in the bill of rights (as most of our rights are not). However, it is easy to demonstrate that there is a "Right to Education" or that UE exists in this country.

If one asks a hundred Americans whether their children have a right to go to elementary school, it is unlikely that more than one or two would even hesitate to answer "Yes". If any American were told that their child was not entitled to be educated at their local grade school and that neither was an alternative location

recommended by the county or state, there would be very few Americans who would just say "okay, my child is not entitled to an education and he/she can just sit home watching daytime TV instead". Quite the opposite, parents who do not put their children into school are vigorously pursued and questioned. Children can, in fact, be removed from their parents' home for not being prepared and sent off to school regularly.



Horace Mann edited the "Common School Journal" [note universal education was known as "common education"] and wrote twelve Annual Reports, including one in which he argued that economic wealth would increase through an educated public. It was therefore in the self-interest of business to pay the taxation for public education. In another he argued that education was a natural right for every child and a necessary responsibility of the State to insure that education was provided for every child. This led to the adoption of the first State law requiring compulsory attendance in school.

Like most of our rights, UE was established during long years of struggle begun by relatively few individuals, but pursued through broad education and eventually demanded by most Americans.<sup>viii</sup> This occurred at the state level and it occurred against an opposition very similar to the opposition we face today to UHC so many decades later. The first attempt at UE enactment in a state was in Virginia in the 1770's. The first state to enact UE was Massachusetts in the late 1830's (compulsory attendance was passed later). By the mid-1870's 60% of the states had enacted a UE provision and were attempting to see that all their children were attending primary school. By the end of the 1870's the federal government became involved mandating that every state should provide for universal education, at least for elementary education.

Like UE, UHC is likely to be achieved first within a state, then within many states and finally at the federal level. There are two reasons for this. First, because the chances of defeating the very wealthy opposition we face (with their resultant power to influence legislators) is much greater at a state level, where we have some opportunity to travel across the entire state educating every community and constituency and forcing the legislators to fall in line with the demands of people

within their districts. Second, it just stands to reason that conditions will be extremely severe (like hospital closings, ER's diverting ambulances, unaffordable premiums) and solutions adequately clear to the residents of one state years before the entire nation is so fully aware of the problem and what would constitute a genuine lasting solution.

Of course the struggle for UE did not end in the late 1870's either, that's just when it became recognized officially that education was a right in which every American should share. There still remained many struggles for high quality education for African Americans, for girls, for the disabled and for high attendance in education during primary and secondary school (not just for a couple of the most convenient weeks for the parents each school year). These struggles continue in some form today. The reality that a population of a state or country needs to remain vigilant and protective of their rights does not mean that it was not worthwhile to establish that they have those rights. Just the opposite, getting official recognition of a right allows people to successfully protect and assert those rights.

We would expect that even after a "Right to Health Care" were officially sanctioned and protected in law, there would be an on-going effort by the opposition and some of the more privileged members of our society to underfund, discredit and undermine the right and public access to health care resources. It will become the responsibility of all citizens to protect our right and demand that it be respected.

### **Opposition to the "Right to Health Care"**

We mentioned in the preceding section that the opposition to UHC is similar to the opposition to UE some 150 years ago. What we meant was (1) that many of the arguments are exactly the same and (2) the real, often unspoken, reason for the opposition is also the same. The most frequently heard objections to UHC and the concept of a "Right to Health Care" in particular are that we cannot afford it and that we should not trust government ("big government" they say now) to provide this efficiently. These are both objections built on myth and insurance industry propaganda (that industry being our main opponent). The reality is that we actually pay extra in this country (roughly double) so that we can have much

of our population uninsured and poorly insured.<sup>ix</sup> It would be cheaper to eliminate the excessive administration<sup>x</sup> which decides at each step of our medical diagnosis and treatment who is insured for what, and to what extent. The alternative is just to have everyone share in the same coverage (one risk-pool). It is a fact that we pay about twice per capita what all other industrialized nations pay for health care, even though those other countries insure everyone.

The objection about government efficiency and corruption is likewise based entirely on myth. Overhead administrative costs for Medicare are 2-3% while they are 15% for private insurance (not counting the insurance brokers, the insurance administrators in the physician offices and in hospitals, the health plan administrators at large employers offices etc.). This is all health care money which could be spent on care. Other waste comes in from splitting up risk-pool, so that those who most need coverage are exactly those who are left without it - they are sick or at higher risk of becoming risk (elderly, or with prior conditions) and are charged often several times as much as the young and healthy for coverage. Furthermore, in splitting up the population into various little groups of insurees, there is the lack of bargaining power with the pharmaceutical industry, lack of coordination for technology and capital improvements by regions and many other features of a disunited system.

Some people do seem to actually believe that others should suffer pain unnecessarily (which could be treated or alleviated), illness and early death (and the same for their families) when they get sick or have an accident simply because they don't work for the correct employers, or because they are not wealthy, or because they are working three part-time jobs rather than one full-time job. Sometimes people will believe this even when they are shown that this suffering is unnecessary, both in the sense of the condition being treatable and/or preventable with straightforward measures and being something which would entail no significant cost to society. These people are real believers in privilege. Many of them are foolish enough to believe that privileges are earned (against all data indicating that most people remain in the social class to which they are born).

Neither does it matter to them that these misfortunes are not caused by the sufferer's own poor choices. I wish that exercising regularly, eating right and not smoking were sufficient to assure one of good health - but no it is not, neither is

any list of lifestyle choices. I have known some of these "libertarians" who have changed their convictions when they themselves are the ones to suffer misfortune (or their child). In other words, most often this is often an excuse for greed. Some people can't understand the cruelty and inhumanity of the suffering unless it hits them personally. Anyway these real believers in privilege are relatively few and do not constitute any significant opposition. The vast majority of Americans believe that all working people, all people who have contributed what they can to our society, should enjoy basic rights allowing them to lead productive lives and that this is beneficial for society as a whole.

### **Physicians and the AMA**

The American Medical Association, many state Medical Societies and a large number of US physicians believe that health care is not and should not be a right. Likely, they would say the same about primary and secondary education. The physicians in this category of opponents usually claim that they support UHC, or that they support the idea of everyone being able to get "basic care" but they object strongly to the idea that health care is a right. Whether such opponents (whether physician or other profession) claim to support UHC or not these people will have a difficult time finding their words, once you ask them to explain why they think health care should remain a privilege for just certain Americans. They might try to convince you that they don't support it being a privilege either, but they cannot really find an appropriate word or terminology for the "middle ground" (we would argue that none exists). Why do many physicians take this position?

In the first place physicians are a rather privileged group within our society (perhaps rightfully). In general, their own lifestyles and the relative comfort of their families, the security of their neighborhoods does not tend to awaken either an awareness of their own privileged status, or the relative fear that so many working families live in should serious illness (and the associated economic ruin) befall them. Furthermore, physicians irrationally conclude that potential patients will arrive in their waiting rooms and demand care -if they have this right, that they as physicians will not be able to decide which patients to take. This is irrational because there are already (and necessarily) laws in place regarding refusal to care for patients and on what basis such refusal is allowed. Physicians

don't feel restricted in this way currently, because they rarely feel any need to refuse care to anyone (at least anyone who survives the insurance/credit check).

Of course most physicians want to appear to be "advocates for their patients" and advocates for the "better health of society" thus all the claims of backing universal or (in the case of the AMA for example) near-universal health care by physicians and physician organizations. It must also be pointed out that a small portion of physicians have been in the forefront of the struggle for both the "Right to Health Care" and for genuine universal coverage in the USA<sup>xi</sup>. These brave and principled souls have given invaluable testimony to the need for UHC and been among the strongest proponents for UHC. Some 8,000 physicians signed on to a proposal for single-payer national health insurance in August of 2003.<sup>xii</sup>

### **An Essential Feature of Democracy?**

“If we’re going to have a successful democratic society, we have to have a well educated and healthy citizenry”. - Thomas Jefferson



In this straightforward way Thomas Jefferson expressed the theme that underlies most of the arguments in this pamphlet and did so very early in our nation's history. We have argued that as societies advance towards greater democracy (civilization?), the rights of their members expand. We argued that the Right to Education is a legitimate model for the Right to Health Care. We have also provided some background about the historical opposition to both the

Right to Education and, now, the Right to Health Care and wrote about the broad education and struggle that would be necessary to get the Right to Health Care widely acknowledged - to make it a right which we could all demand and protect. We have not yet explained how it happened that eventually the "Right to Education" won out and received overwhelming support from industry, as well as widespread demand from the populace and thus came to be mandated by the federal government.

It came to be appreciated that indeed a strong democracy and a strong economy built on innovation and dedication to common ideals (like justice, equality of

opportunity) required an educated populace. This became increasingly clear to industry as America progressed through the later 19th century (the industrial revolution). During their lives workers needed ability to adapt to technical changes both at work and at home in their neighborhoods. This was a need both of advancing industries and of a skilled, adaptable workforce. While the conversion of business interests to this concept was vital to the rapid change in accepting UE, this conversion of business would never have proceeded so quickly, had not the ideas already been popularized more broadly through society. The long years of struggle to demonstrate the social advantages in those states accepting "Right to Education" were necessary to win over a critical number of the more far-seeing business interests.

We believe that a healthy citizenry will soon become recognized in a way analogous to an educated citizenry as crucial to a functioning democracy, a nation which once again has broad support and the trust of low-income workers as well as the more privileged and deep pocketed sectors of our nation. The value in having a healthy citizenry will become equated with the "Right to Health Care", just as the value of having an educated citizenry became understood as a "Right to Education" for the populace.

Given that it will be less expensive to have everyone covered for all their medically-indicated health care needs, than is our current patchwork system, and that it will have such tremendous advantage for us socially and in terms of competitive business advantage, we are sure that soon industry will see the light. Automobiles produced in Detroit cost an extra \$1500 due to our higher health care costs than do cars produced a few miles north in Windsor Canada (where the taxes paid cover health care for everyone in the country!). How long do you think US industry will be blinded by their fascination with "reserved privilege"?

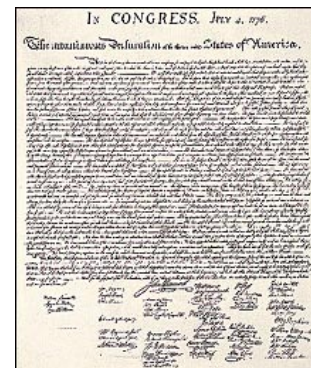
All men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness.

-- Declaration of Independence, July 4, 1776

Let's turn for a moment back to the beginning of this pamphlet where we were discussing the basic concepts of natural, civil and human rights. Now one of our

rights declared and undersigned in the founding document of our nation is the right to life, liberty and the pursuit of happiness. In fact, this is the first right ever listed or claimed for the people of our nation. What could the "right to life, liberty and the pursuit of happiness" possibly mean if it doesn't mean being able to fully engage with society and one's local community in a creative way of the individual's choosing. And I don't know how we can consider all individuals allowed such pursuit when we refuse to provide them with the resources to maintain and protect their health – even when such resources can be provided by our society more inexpensively than it is to withhold the same.

Indeed, we need to ask how a society is justified in calling itself a democracy when some of its citizens are kept from exercising their "rights" by virtue of poverty, ethnic background (ethnic minorities being disproportionately uninsured), or by virtue of health circumstances when those are circumstances which we as a society could easily alter to allow full participation? How can we exercise our right to vote, free speech, public assembly and to inform ourselves about current issues in our nation and communities, if only some privileged group can preserve their good health and so be fully engaged?



## **UHC Organizing and the Right to Health Care**

Most of the currently recognized state grassroots UHC organizations have a strong focus on the "Right to Health Care". Thirteen of the twenty organizations<sup>xiii</sup> represented on the map at the Project EINO homepage boldly claim this right on their own internet homepages, in their mission. Note that beyond these 20 there are many more state organizations which work in the health policy arena and also proclaim that health care is a right. Unfortunately some of these advocate for UHC, but contend that eventually addition of incremental health reforms will amount to achieving UHC<sup>xiv</sup>. Other state organizations advocate for UHC but do not mention the "Right to Health Care". Why don't all UHC advocating organizations support the "Right to Health Care"? How does

demanding this right alter an organization's strategic approach to achieving the goal of UHC?

There are two major strategic approaches which are taken by grassroots UHC organizations – usually blended in some proportion. One is to focus on the “Right to Health Care”, the other is to emphasize the economic advantages of having a UHC system (for individuals, businesses and society as a whole). Project EINO , like most organizations presents a blend of the these two approaches, however we always attempt to emphasize first and foremost, that “Health Care is a Right”. We take this approach because we feel that education and mobilization of the greatest number of Americans will proceed more directly from working with those most disadvantaged and at-risk in the present system. These people know they need the to have health care as a right, since they have little chance of sharing in it as a privilege. The state grassroots movement needs to be built on this very broad constituency.

If you don't think there is a broad constituency consider that 3 out of every 10 Americans were without health insurance for some time during a recent two year period<sup>xv</sup> and that those with inadequate insurance (often excluding the care for known conditions with which they suffer) are at least as many again as those entirely without insurance<sup>xvi,xvii</sup>. And this majority of Americans (if it does amount to 6 of every 10) does not add in those who in the future are likely to lose their coverage if a tenuous job situation fails, or if a chronic illness returns (often exclusion riders are written for pre-existing conditions, stipulating that the insuree must go through a period of some length without treatment for the "pre-existing condition").

So, if there is a large number of Americans who are ready to support the "Right to Health Care" and if grassroots organizing needs the support of these people to pass legislation (or influence legislators) why do some UHC-advocates fail to promote the "Right to Health Care"? First, many advocates fail to appreciate the key role that the currently healthcare-underpriveleged will play in achieving universal access to care. Physicians, in particular, while wishing to be recognized as advocates for the uninsured are often of the mind that it is the political influence of their colleagues (those they can convince) and themselves that will

initiate legislative change (their organizations therefore are not authentically grassroots - as they do not reach into most communities).

Then there are the folks who consider 98% or 95% or 90% insured to be "effective universal health care". This is a deceptive use of language. Universal can only be universal - "covering nearly everyone" even if it were a goal worth pursuing would not be equivalent (by a long shot) to universal coverage. Do you think many parents in the USA would stand by while their children were refused a primary school education and say "fine, the system covers nearly everyone"? Well then who exactly is it okay to leave out of our health care system? And if anyone (even 2%) are to be left out then how do we know that any of us (or our families) will not someday be among that 2%? So we all immediately become at-risk as soon as we approve "nearly everyone" as close enough to universal. And what is so bad about there being a "Right to Health Care" that we have to settle for 98% coverage rather than coverage for all Americans?

There are also organizations on the scene currently which are demanding the "Right to Health Care" and which claim to be working in support of UHC, but which don't know the difference between working for UHC and working on incremental health reforms. Work on UHC demands an overall ("global") rebudgeting for health care and reconsideration of how public money targeted for health care is to be spent. Incremental health reforms, meanwhile, seek to add certain programs and expand others in the current system and they seek consideration of only additional sums for those additions and expansions. Incremental reforms rarely reap cost-savings from streamlining administration or other efficiencies which can be built into a new system.

To pretend that one day incremental reforms will add up to a system which covers everyone is dishonest and denies 20th century history. What can the "Right to Health Care" mean really, for individuals who are satisfied with the give and take of incremental health reforms (annual budgeting)? Which of us would cling to our belief that our children have a right to be educated, if we were told we might have to wait 6 years or more to get them started? Or that whether they could attend 2nd grade would have to wait on how state budget funds get allocated next spring? We would contend that it is not a right at all, if its not something all Americans share in as soon as it becomes officially recognized.

Conservatives are often opposed to "entitlements" (having a right to anything). But the right of all children to primary and secondary school is now accepted (it was forced upon conservatives) and so eventually will health care, as the whole society benefits, as it fulfills our democratic promise, as its the only way to protect any of us and as it costs us no more than we are paying already. Such conservative thought is often based on a perception that "other Americans" are basically lazy. Frequently, this attitude is seems poorly disguised as racist. Of course, many conservatives are ready to embrace those entitlements that make economic sense and that strengthen the nation. Libertarians, on the other hand, oppose all government functions, public libraries, firehouses and public schools. None of them has ever had to live by their own ideals and deep down they know that even some public health care will be there for them if they should need it due to calamity (even if they spent a lifetime railing against it).

The "Right to Health Care" belong snecessarily, then, to the struggle of UHC both for strategic reasons (motivating the vast numbers of excluded and threatened Americans in a way they can understand) and for solid reasons of principle: 98% is a long way from 100% when your life can only be saved by a treatment in that 2% of uncovered procedures, or if your family is somehow in that unlucky 2% of fully uncovered Americans.

## **Conclusion**

We are not mistaken in claiming that "Health Care IS A Right" of all Americans (as some have criticized us), even though this is a right which most definitely needs to be more formally established and broadly accepted. The historical precedents and the international consensus, the treaties already signed, the opinions expressed by so many of our leaders leave no doubt that health care is a right. It is our task at present to push this concept forward for wider acceptance, while we dispel the myths upon which our opposition relies.

Every gun that is made, every warship launched, every rocket fired signifies in the final sense, a theft from those who hunger and are not fed, those who are cold and are not clothed. This world in arms is not spending money alone. It is spending the sweat of its laborers, the

genius of its scientists, the hopes of its children. This is not a way of life at all in any true sense.

- President Dwight Eisenhower, and World War II hero



Does humanity worldwide, and within each nation have a right to see their riches and resources go first toward fulfilling the basic human necessities of food, shelter from the cold and the basics of health care which their nation can afford? Are we doing all we can to limit the expenditure on weapons, armies and destruction? Is it moral to argue about what life-saving drugs we can afford to make available to the working families of our own nation and the elderly

who have worked whole lives away?

And to entertain such arguments even when these people will die without them? Why don't we give equal scrutiny and public comment on what a reasonable military budget would be? What are our goals as a nation in this respect? How do we expect to impress any allies or potential allies that we hold human life to be precious? How are we to be taken seriously as the promoters of peace and justice?

"Of all the forms of inequality, injustice in health is the most shocking and the most inhuman."

Dr. Martin Luther King at the National Convention of the Medical Committee for Human Rights, Chicago, March 25, 1966.



Dr. King is unquestionably recognized as the foremost civil rights leader in the USA during the modern era. And in this short quote from that March day in 1966 we see that Dr. King fully recognized the centrality and importance of health care justice to society. Not the denial of the right to vote, or the right to eat at any lunch counter, or to ride in the front of the bus, or to attend any school - but the lack of access to health care that is the greatest injustice in our society. Simply, it denies an individual the full expression of self and ability to make use of any other granted right, or privilege.

### **Other Resources at Project EINO**

Project EINO offers **free emailed news summaries** on the topic of the uninsured and struggle for UHC. The list is secure and not used for any other purpose, nor shared or sold. Recipients do not see the email address of anyone else. They are delivered in one concise email note twice each month. The full articles are available by clicking on current news from our website.

Project EINO offers an expansive and searchable **Frequently Asked Question** list in 13 thematic areas (eg. one on the Right to Health Care). These are often linked to data and statistics. They are written so as to be useful to state legislators and interested, but not necessarily expert, citizens of any state.

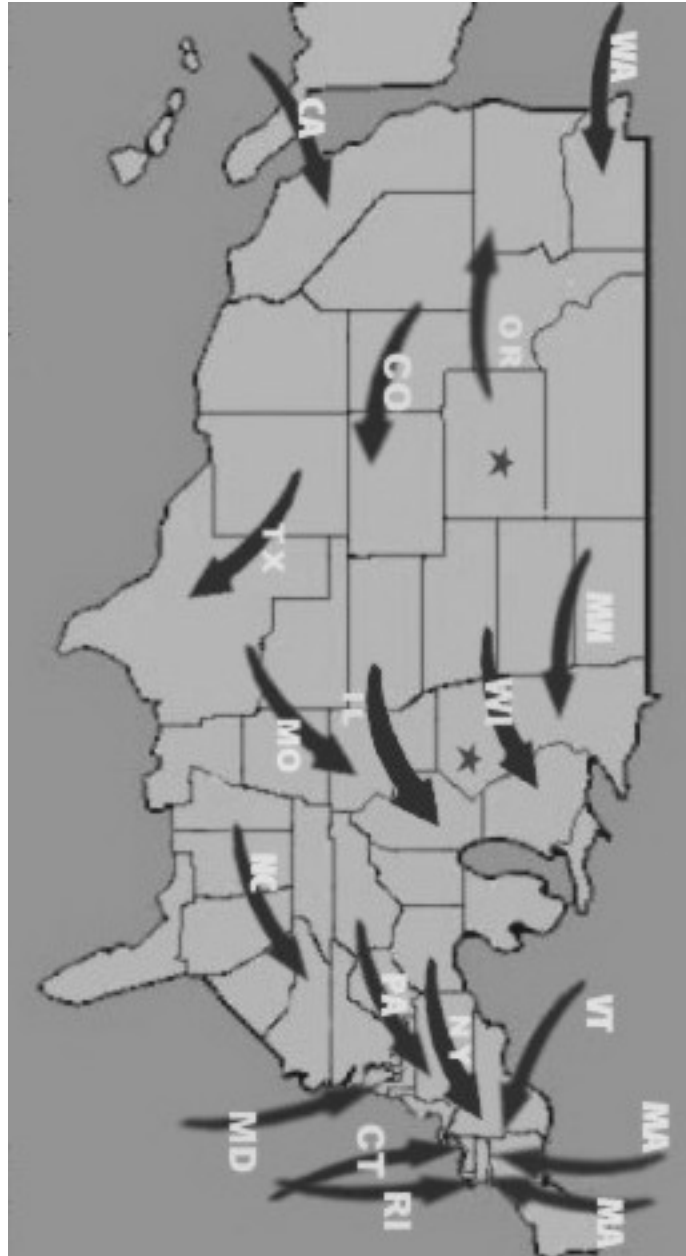
We offer all of our pamphlets, including this one, as **free downloadable e-booklets** in Acrobat format. We will send sets or bundles of printed pamphlets to organizers in any state at our cost (including standard USPS shipping). We do not

intend that any of our publications be reproduced, or printed out elsewhere. See menu item "For Download" at our website for current selection.

We offer searchable **archived news summaries** (a year and a half approximately) and searchable summaries of **documents and reports**. Original full copyrighted articles and full reports are variously available at the publishing institution (some free, some for a modest charge, some rather highly priced).

We hope to offer much more in years to come, but that will depend on support that we receive and how much time we are able to dedicate to this endeavor.

## The Autonomous State UHC Organizations



## **EINO's Three Essential Principles for UHC Organizing**

**UNIVERSAL** EINO considers universality to be absolute. As long as any one can be left out of the system of accessing high quality health care services and products due to circumstance or status there is both cause for concern and doubt as to whether anyone is guaranteed access. If there is a loophole that one person could fall through, suffering loss of access to needed treatment, then that loophole surely threatens many. The motivating concept of insurance from the consumer's standpoint is that we ought to be covered particularly when we meet great misfortune and that is when for-profit insurance corporations will most likely hope to exclude us.

**NON-INCREMENTAL** We consider it imperative that any serious proposal for universal health care include a timetable for implementation. A plan which is designed to move things in the right direction and is hoped to reach the goal of universal health care at some unspecified date is NOT a plan for universal health care, rather a plan to extend the status quo. In most states several new programs have been added over the last 30 years which have "moved us in the right direction", yet the rates of uninsurance and underinsurance are much greater now than they were 20 years ago, due to as many setbacks as those gains.

**FINANCIAL FEASIBILITY** Finally, the country needs a stable health care system with facilities not perilously poised to collapse. Such collapsing facilities deny needed services at each new challenge in order to keep their doors open. Thus, an unstable system is not one that can be depended on to provide for everyone when it is needed. The plan for genuine UHC must be based primarily on providing for the population's health care needs. Only secondarily, should it be considered how private for-profit businesses can participate and contribute towards this end. This is what we mean by the system not being "market-driven". While all components necessary to the provision of health care need long-term financial viability, the solutions to the present crisis cannot be developed with a primary goal of keeping profits high for certain industries, corporations or individuals.

## References

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- <sup>i</sup> See later discussion on Declaration of Independence in section entitled "Essential Feature of Democracy"
- <sup>ii</sup> See 1985 Consolidated Omnibus Reconciliation Act requiring all hospitals which receive any Medicaid payments to provide emergency care or immediate transfer to all individuals requiring such care.
- <sup>iii</sup> See [www.EverybodyInNobodyOut.org](http://www.EverybodyInNobodyOut.org) FAQ areas on "Personal Responsibility" and on "Features of an Improved Health Care System" with references therein.
- <sup>iv</sup> See conclusion of this pamphlet, where we return to the wisdom of "health care IS a right"
- <sup>v</sup> "Evolution of a Civil Right" *Medicoleg News* 9(2):4-8, 1981.
- <sup>vi</sup> "The constitutional right to health care", *NEJM* 320:788-9, 1989
- <sup>vii</sup> "A Right to Health Care", *Health Matrix* 4(2):277-295, 1994.
- <sup>viii</sup> For the detailed history see the first 60 pages of *SCHOOL: The Story of American Public Education*. Tyack, D.E., J.D. Anderson, L. Cuban, C.F. Kaestle, D. Ravitch. Beacon Press 2001
- <sup>ix</sup> See international comparisons from FAQ at [www.EverybodyInNobodyOut.org](http://www.EverybodyInNobodyOut.org) "Financing" section and question on budget constraints.
- <sup>x</sup> See FAQ at [www.EverybodyInNobodyOut.org](http://www.EverybodyInNobodyOut.org) "Financing UHC" section and question "But the funds still have to come from somewhere"
- <sup>xi</sup> Most notably Physicians for a National Health Program at [www.pnhp.org](http://www.pnhp.org)
- <sup>xii</sup> See proposal published in *New England Journal of Medicine* in early August 2003 and summarized at <http://www.physiciansproposal.org>
- <sup>xiii</sup> See map on homepage at [www.EverybodyInNobodyOut.org](http://www.EverybodyInNobodyOut.org)
- <sup>xiv</sup> For example organizations affiliated with UHCAN ([www.uhcan.org](http://www.uhcan.org)) a national organization which emphasizes incremental health reform as a legitimate road toward UHC.
- <sup>xv</sup> See Institute of Medicine report at [www.iom.edu/iom/iomhome.nsf/WFiles/Uninsured3FINAL/\\$file/Uninsured3FINAL.pdf](http://www.iom.edu/iom/iomhome.nsf/WFiles/Uninsured3FINAL/$file/Uninsured3FINAL.pdf)
- <sup>xvi</sup> See FAQ area on underinsured at [www.EverybodyInNobodyOut.org](http://www.EverybodyInNobodyOut.org)
- <sup>xvii</sup> Conservatively estimated at about as many again. See introduction to *Health Care Meltdown*, by Bob LeBow