

BANISHING THE SLOGAN "A RIGHT TO HEALTH CARE"

Several weeks ago I wrote an opinion about the recent deterioration of the Oregon Health Planⁱ. It was explained there how ten years ago the Oregon Health Plan was famed for being the best example of achieving "near Universal health care". The grassroots effort and indeed the implemented plan were based on economic detail and carefully avoided commitment to any new right for Oregonians. The focus of the activists in Oregon on the financial side was extreme, dedicating from the earliest stages their plan to detailing which procedures and treatments would be affordable and allowable. They believed that committing to an approved list was the only responsible option (agreeing to ration needed care at the very outset of their plan).

I keep in touch with activists in Oregon largely through being a subscriber and occasional contributor to their list-serveⁱⁱ and they have continued graciously to allow me to participate despite my opposing viewpoint. Recently, there appeared a fascinating opinion from one of their activists (see July 20 message from Mark L.) which actually argued that using the slogan "Right to Health Care" was of little utility. The author recommended revisiting the idea that a much better slogan would be "Health Care Is Infrastructure" (which had been promoted in some earlier weblog). We do not know to what extent the HCAO organization as a whole is opposed to the "Right to Health Care" slogan, but there has not been any evidence that even in the light of the OHP's deterioration that there has been much thought of taking more of a human rights approach.

RECOMMENDING AN OBTUSE ECONOMIC SLOGAN, FOR WHO?

The recent suggestion to banish the "Right to Health Care" does at least clarify who exactly some of the HCAO activists are trying to organize. The new slogan will likely be quite effective in organizing all health care economists of liberal persuasion across their state. Even assuming that they are successful in organizing both of these individuals to the UHC cause, we have to wonder what plan for action will follow.

By contrast organizing around the "Right to Health Care" is straightforward, easy to grasp and appealing to the broadest swath of Americans. The simplicity of another acknowledged fundamental right similar to the "Right to Education" (K - 12) is powerful in its appeal. The parallel of the former concept to the latter also holds up under historical, philosophical and legal scrutiny.ⁱⁱⁱ A wonderful thing about organizing around the concept of a "Right to Health Care" is that it is extremely useful in approaching the most disenfranchised and underprivileged in our society. It cannot be over emphasized that getting these communities themselves involved in the struggle for a new health care system, brings a lot more than additional votes to the table. We need their input - we need a new health care system which will include everyone, which will provide access to everyone, which will not discourage the most vulnerable communities. We need this as part of restoring this nation to a vibrant democracy.

Interestingly, in the not too distant past of Oregon's failed campaign for "Measure 23" and in the first months thereafter, one of the most frequent self-criticisms was that the organizing leading up to the referendum did not target Oregon's communities of color, nor especially the underprivileged who were likely to be the most ardent supporters.^{iv} It doesn't seem that the self-criticism has been entirely taken to heart.

THE TRUTH ABOUT INFRASTRUCTURE

The point that Mark L. makes (or which he revisits from a previous author) is a completely valid one. Sure it seems absurd to propose "Health Care Is Infrastructure" as a slogan of any value, but the point about infrastructure is indeed true and also of considerable importance. Activists in Vermont have also focused on the concept of health care infrastructure, especially as it could enlighten presentations given to groups of businesspeople.^v

Briefly, it is important (perhaps enlightening to businesspeople) to realize that so much of our national health care expense (especially of the real portion going to care, rather than huge stockholder and CEO enrichments) goes towards infrastructure. That is to say, building and maintaining a viable health care system requires continual investment. Indeed this has never been more true than in the present era when we face real possibilities of terrorist attack in our cities. We not only need public health and emergency response teams though, we ALL NEED cancer wards, equipment and an array of specialists -in case we should ever get such a diagnosis (same for other deadly diseases, possible accidents). This system needs to be in place and well-maintained. The good maintenance that even the healthiest among us need now is undoubtedly best achieved by having that system up and running and serving the presently ill. It is correctly seen as a collective necessity to have a solid health care system (infrastructure), so that the presently ill and injured can serve to keep the system in good repair, as we wait for the time when our own family might need some particular specialized aspect of that system. So having a health care system available for everyone needs not be motivated by altruism at all! [See similarity to recent editorial "SHARING RESPONSIBILITY AND GENERATING WEALTH".^{vi}]. However none of this should suggest that our movement would want to adopt "Health Care Is Infrastructure" as a slogan.

ABOUT ENTITLEMENTS

There is another very vital issue brought out in the reconsidered opinion for banishing the "Right To Health Care". The cited discussion explicitly argues that we have to steer clear of what could be perceived as promoting "entitlements". In the first place as activists trying to raise the public awareness and reach out to broader constituencies we need to recognize that this word is racially charged. Don't we all know what images "entitlements" conjures up? Well, certainly those of us living in Jesse Helms and Strom Thurmond land do understand this (present author). Even if America continues to react powerfully to racist images, we should not be playing to those images in our strategy.

Second, we should ask what the alternative is to health care being a right, or entitlement? Should health care then remain a privilege for just the most fortunate, even as this group of Americans continues to diminish? That's going to be our winning position? Is there any middle ground between health care being a right we are all entitled to and it being a privilege? I don't think so, but please let me know. By the way, don't forget that several international treaties which we have already signed and which according to our Constitution represent "the supreme law of the land" already state clearly that our government is responsible for providing for access to health care.^{vii} What we're struggling for now in this, as in several other arenas, is for our government to live up to its promise and up to the highest standards of safeguarding human life and human rights.

Third, education, when it was being promoted decades ago as a right for children of all citizens, was confronted by exactly these same counter arguments: the costs are prohibitive, its not feasible, there was no clear plan to pay for the educational system etc. But as universal education became enacted in state after state, it first became a right of the people and thereafter systems were developed and tested which could fulfill that commitment. If our forbearers had shied away from the entitlement of education (K - 12) few of us would even have the wherewithal to be discussing such things as "health care" policies. At least I know that I would not coming myself from a blue collar background, son of poor second generation immigrants.

Maybe its time that we stood up for Human Rights (or in the pejorative 'entitlements') including the key basic social rights recognized internationally today. These are to be provided by each national government to the best of their ability for all their people without prejudice -that's the law even if unrecognized by a few renegade nations. Maybe there is a connection though between inclusion in an American health care system and our nation being a real and admired functioning democracy - as strong a connection as that between having a right to education and being a democracy? Maybe putting the struggle for universal access to care in any other context is not only second-rate strategy but also contributes to the general dissolution of our nation's core values?

ⁱ See message #99 at the discussion group

http://groups.yahoo.com/group/Right_To_Health_Care/

ⁱⁱ See the Discussion Group for the HCAO at <http://groups.yahoo.com/group/healthcareoregon>

ⁱⁱⁱ These can each be explored in considerable detail, each from their respective item in the "main menu" at www.RightToHealthCare.org

^{iv} See EINO's edited summaries of Oregon activists' discussion

<http://www.everybodyinnobodyout.org/Downloading/OrDisc2.pdf> and the earlier

<http://www.everybodyinnobodyout.org/Downloading/ORdiscn.pdf>

^v See a well-written exposition of this concept at <http://www.vthca.org/NewPerspective.htm>

^{vi} See <http://www.everybodyinnobodyout.org/Editorials/GenWealth.htm>

^{vii} For list of signed treaties see <http://www.righttohealthcare.org/Docs/Docs.htm> and for description of "supreme law of land" see US Constitution same page.