

This editorial was written by Project EINO's Director, Dennis Lazof, and posted on July 12, 2004.

## OUR RIGHT TO HEALTH CARE: It's more than a catchy slogan

One sees the slogan "Right to Health Care" around more and more these days. One even hears mainstream politicians talking about universal health care (UHC) again. Maybe, we can get people to think a little about what is behind the slogans and the campaign speeches this time around. Let's consider briefly some of the most straightforward definitions and implications.

### UNIVERSAL HEALTH CARE and THE RIGHT TO HEALTH CARE

Obviously the two concepts are closely related. However, one might begin to doubt that they are related at all, if one listens to what even some of the major "UHC advocating organizations" have to say. The doubts come not because the concepts are at all difficult, but because we are experiencing still (as in the early days of the Clinton administration) a vacuum in leadership on the issue UHC. It's as if the folks who claim to be leading the "UHC movement" were just too lazy to bother using the critical concepts logically and consistently, so anything goes. To be direct and honest about it, it seems so obvious that UHC must be "universal", doesn't it?

Schemes for "near-universal" access to health care, schemes for extending our current system to even the majority of people who are now without access and schemes which leave treatments excluded from many personal coverage plans cannot logically be equated with any "UHC" system. Either all Americans are covered and can access needed care, just like all French people, Germans, Brits or Australians can, or calling it UHC is just an attempt to deceive. "Universal" is not fulfilled with 95%, nor with 99%.

Now if we don't abuse language and aren't set on deceiving our audience, then arguing for universal health care is always pretty damn close to claiming that health care is a right and no longer a privilege. Making this claim (already well-founded on US law)<sup>i</sup> would include all Americans within the class of "health care covered, health care worthy and health care accessing population". This is just the same as how we consider primary and secondary education to be a right of every child. Granting a right to needed and appropriate health care, does not require discussion of which procedures are medically necessary and appropriate.<sup>ii</sup> Adoption of the "Right to Education" did not require a detailed plan of how each special and difficult case of education would be treated. In any case such a discussion would have to be based on the medical evidence bearing upon specific procedures as responses to specific symptoms and diagnoses.

### SUPPORT FOR UHC WITH DENIAL OF THE RIGHT TO HEALTH CARE

As absurd as it might seem, there are actually a great number of individuals and some prominent organizations which claim to be working towards establishing UHC and yet which just as vigorously deny that the public has, should have, or needs to have a “Right to Health Care”. Usually these individuals and organizations are firmly based in the academic world. Being a bit distant from the sufferings of working, low-income Americans and from the many middle-class Americans feeling threatened with the destitution of their families by virtue of health care misfortunes, these more privileged academic experts thrive in a world where privileges suit them fine. For some of them it may be reassuring that their own privilege appear to be available to everyone (or “to everyone willing to put in an honest day’s work”, etc.). With their own privileged status as their reference point these organizations are well-practiced in fighting off “rights”. They usually have worked out and propose some version of “UHC” as a privilege (there are only the two options either it’s a right or a privilege). They don’t see the point in framing the issue as a human rights and civil rights issue. They don’t see the point in acknowledging that underprivileged, low-income Americans themselves might be the strongest advocates for their needs.

#### ADOPTING THE “RIGHT TO HEALTH CARE” WHILE DENYING UNIVERSAL HEALTH CARE

We also have the individuals and organizations which are fine with sloganeering for a right to health care, but which are not really supportive of UHC. They often are deceptive in their language, mouthing the words “universal health care” but trying to garner support for extensions of our current system so that we will have 90% or 95% of our people with access to health care. Sure, this seems an absurd use of the “Right to Health Care” also, if one’s mind works logically at all. For it were a right of all Americans, how could it be okay to propose a system which leaves out tens of millions, or several million Americans? Is it okay to exclude 2% of our children from primary education? And who would like to volunteer their children to be excluded, even if the number excluded were very small?

To understand how illogically and packed with deceptive confusions some of the major players are who claim to be leading the quest for UHC, perhaps explains a great deal about why we don’t seem to be moving very quickly towards achieving UHC. Our slow progress seems to be at odds with the frustration and rage, to which so many health care professionals and so many working Americans give voice. Indeed, the most visible and well-funded UHC organization argues that UHC will be achieved through “solid incremental reforms”<sup>iiii</sup> and that the current grassroots work (which in reality is almost entirely focused on achieving UHC in some states first) is “by definition incremental reform”. No matter that this state by state progress is exactly how the “Right to Education” was realized by our nation.

No matter, also, that “incremental health reform” is a simple concept and well understood by both health policy experts and most folks on the street to mean tweaking of the current system, just as it has been continually tweaked for the last 50 years. Such tweaking yields good years when the number of uninsured recedes and bad years when the number

grows – it always has. So how can major “our citizens organization” get away with their deception? Well sure they have not permitted any open discussion of their principles for many many years, not at their own conferences among their supporters and certainly not between any of the major players in the current “movement for UHC”. That’s the vacuum of leadership, theirs and that of the other well-funded organizations and some of the most prominent personalities.

#### AN INCLUSIVE AND DIVERSE SOCIETY – A Functional Democracy

While we are speaking of the elite and privileged among us who are trying to imagine what universal health care would be and how it might serve privilege, another glaringly obvious fact seems worth pointing out. Clearly, framing a struggle for UHC within the context of human and civil rights would have the greatest appeal to Americans of all classes and ethnic communities. Especially it might instill some hope and motivation among the most underprivileged and marginalized communities, since they can readily appreciate what it would mean to have a right to be cared for professionally and receive medically necessary treatments, just like their children have a right to education. How futile, though, to be arguing details of economic planning and lists of allowable medical circumstances, drug formulations etc and hoping that such arguments will lead to a united movement demanding UHC! How much more sensible it would be to make the struggle for UHC an integrated part of the struggle for respect of our nation’s diversity. At the same time, then, we could promote a greater participation and sense of inclusion in a real functioning democracy.

#### HONESTY AND CHALLENGING HYPOCRISY

Usually, honesty wins out eventually and hypocrisy becomes apparent. Unfortunately, truth does not always win out “in time”. Certain moments favor change. These can pass and it can be a very long time before similarly favorable conditions remerge. Even with the multiple health care crises our nation faces today and the assuredness that costs will continue spiraling further out of control and out of reach of even middle-class families, we are losing one such great moment when health care could have been made a major issue of this election. It might have actually resulted in a new way of thinking about what a health care system is and what our health care system needs to be. Polls have shown for the last few years that broad support exists for fundamental change (even in the face of a virtual media blackout on the our system’s fundamental problems). We continue to suffer immeasurably from the vacuum in leadership and we have to wonder when we will have such a chance again.

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<sup>i</sup> There are 12 relevant federal laws listed, excerpted and annotated at [www.RightToHealthCare.org](http://www.RightToHealthCare.org), several of which are US-signed international treaties, declared “supreme law of the land” by amendment IX of the US Constitution (1791).

ii (a) Other than the insurance industry who has been deciding up until now what would and would not be ‘reasonable medical cost’ in our private employer-based system? And this while that industry’s interest is definitely in opposition to that of every ailing needy insuree whose coverage threatens their profit. (b) Currently, under law we have signed, nations have the obligation to fulfill the right to health of their citizens. In this fulfillment they must facilitate, provide and promote the public's right to health, according to the General Comment of the UN's ESCR Committee (Paragraph 36 of General Comment 14, of the UN Committee on ESCR, 2000). See [www.RightToHealthCare.org](http://www.RightToHealthCare.org) click on” legal documents”. (c) Why do we now suddenly have to talk about costs and limits to care, just because we seek agreement that assurance of access to quality health care should not be just for a select group of Americans. Let’s agree on this principle first. (d) We would still not have universal education (K – 12) if we had been required to work out all the costs and special cases to educate every child before we agreed on the principle.

<sup>iii</sup> As incredible as it seems the national UHC organization with the greatest exposure and resource base actually supports incremental reforms to get us to the goal and has refused to discuss this principle for many years now even at their own meetings with supporters. See [www.EverybodyInNobodyOut.org](http://www.EverybodyInNobodyOut.org) click on uniquely EINO from main menu and then on UHCAN (UHCAN’s own webpage is linked). Incremental reforms are understood by most activists to be the same old game of cutbacks and expansions that we have been playing for the last six decades – not at all similar to achieving UHC. Note also that the insurance industry itself supports the idea of incremental changes as the way to address the crisis of uninsurance, they do this both directly and through their front organizations like “CoveringTheUninsuredWeek” and similar organizations which they fund.