

Dear all,

The National Economic & Social Rights Initiative (NESRI) recently released an in-depth analysis of four single-payer bills that are currently in the U.S. Congress and State Legislatures. The assessment measures the bills against human rights standards, and shows that single-payer plans are superior to market-based proposals because they go further towards creating a system that is universal, equitable and accountable to the people.

The objective of the assessment is to take the health care debate from political expediency to factual analysis, and to encourage serious discussion of the single-payer plans that have gained such significant support from the public as well as from doctors and nurses.

This package presents a series of documents concerning our assessment of single payer proposals and the current debate regarding single payer proposals through a human rights framework.

1. Report: A Human Rights Assessment of Single Payer Plans
2. Press release
3. Summary version of the report for those wanting to learn more about single payer
4. Summary version of the report for single payer advocates
5. Photographs available for use (and link to our Flickr gallery)
6. Press clippings related to the report or single payer with a human rights perspective
7. Human Right to Health Care factsheet
8. NESRI's 10 Financing Principles for Health Care Reform

We invite you to explore these documents to gain further information about single payer systems from a human rights perspective.

Yours sincerely,

NESRI's Human Right to Health Team

Press Release

Tuesday, May 26, 2009

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New Report Casts Exclusion of Single Payer Option as a Question of Democracy and Human Rights

New York City - At a critical moment for health care reform in the United States, the National Economic and Social Rights Initiative ([NESRI](http://www.nesri.org)) has published an [in-depth assessment of single payer proposals](#), finding that single payer plans go further towards meeting key human rights standards than market-based plans.

The question of whether national leaders will consider a single payer system as an option for health care reform has become a question of basic democracy. Despite most Americans supporting a single payer solution, the Obama Administration and congressional leaders have denied it consideration. Key stakeholders such as health care professionals, patients and single payer advocates have been excluded from hearings regarding health reform, prompting courageous civil disobedience actions by health care advocates. One of the protesters at the recent Senate Finance Committee hearings, Dr. Margaret Flowers of PNHP Maryland, [said](#): *"We have entered a new phase in the movement for health care as a human right: acts of civil disobedience. It is time to directly challenge corporate interests. History has shown that in order to gain human rights, we must be willing to speak out and risk arrest."*

Donna Smith of the California Nurses Association, in [a recent article](#), fears that any health care reform bill that comes out of Washington will be falsely advertised as a "human rights victory". But what would a true human rights victory look like? NESRI's report addresses that question. The report analyzes four bills (Conyers HR676, Sanders S703/McDermott HR1200, Vermont S99/H100 and Minnesota SF118/HF135) against key human rights principles such as universality, equity and accountability. It shows that if health care reformers are serious about achieving a system that respects human rights, single payer proposals must be given consideration as they would vastly increase access to equal high-quality care and secure long-term financial sustainability.

NESRI's report is intended to support the efforts of human right to health care advocates by providing a serious analysis of the benefits of a single payer plan. Cathy Albisa, co-founder of NESRI, said: *"We have a fundamental choice to make as a country; we can either be guided by human rights that reflect our founding values or we can continue down the path of special corporate interests. The kind of health care system our government puts in place and what weight is given to the opinion of the American people in the upcoming debate is an important barometer of the health of our democracy and our ability to move towards a more equitable society."*

"A Human Rights Assessment of Single Payer Plans" is available for download at www.nesri.org.

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Realizing the Human Right to Health Care: The Role of Single Payer Proposals

Health care reform efforts are making headlines, yet our elected representatives are no closer to treating health care as a right rather than a commodity. Despite a growing movement for protecting health care as a human right, the proposals that come closest to achieving this goal among the current options, the popular single payer plans, are being undemocratically excluded.

Our representatives have an obligation to protect our human rights, including the right to health care. Therefore, the National Economic and Social Rights Initiative carried out a series of assessments of health reform proposals. These show that single payer plans are superior to market-based proposals because they go further towards creating a system that is universal, equitable and accountable to the people.

What is the human right to health care?

All people have a right to the health care they need. This is recognized in the Universal Declaration of Human Rights.

- ▶ **Universality:** Everyone must have access to equal high-quality and comprehensive health care.
- ▶ **Equity:** Costs and resources must be shared equitably, with everyone getting what they need and contributing what they can.
- ▶ **Accountability:** The people oversee whether public and private sector protect our health and deliver care as a public good.

What is “Single Payer”?

- ▶ National health insurance system
- ▶ Guarantees access to medically necessary health care for all
- ▶ Collects and administers funds through a single public agency
- ▶ Delivers care through private and public hospitals and doctors

Setting a human rights example: HR 676 - the ‘Expanded and Improved Medicare for All’ bill

- ▶ Entitles everyone to the best quality standard of care, free at the point of access.
- ▶ Includes everyone living in the United States.
- ▶ Financed through taxes and delivered by private doctors and non-profit or public hospitals and clinics.

Single-payer or market-based health care - which best protects our human rights?

Key rights issues	Single payer / national health care plan	Market-based
Is health care protected as a right?	People are entitled to receive the care they need.	Health care is a commodity that most people have to buy.
Universal	Most single payer proposals include everyone in a national health plan.	Different groups get different coverage, and some may not be covered at all.
Affordable	Everyone contributes according to their means, through income tax or social insurance contributions. Care is free at the point of access.	People who can afford it buy insurance, others get subsidies or public coverage, yet others go into debt or forgo care altogether.
Equitable	Everyone is entitled to get the care they need, regardless of their ability to pay or any other factors.	Some people get better care than others, for example if they can pay more or are younger.
Comprehensive	All medically necessary and appropriate services are covered by the national health plan.	Insurance companies determine what they will cover, subject to regulation.
Available	Resources are allocated based on needs, with a view to improving the availability of primary care for all.	Resources are predominately available in communities where health care services are profitable.
High quality	Quality standards are set by the national health plan and good health outcomes are rewarded.	Market incentives tend to reward quantity of service or technology use, not health outcomes.
Accountable	Public agencies and governance boards are accountable to Congress, the President and the people.	Insurance companies are accountable only to their shareholders.

Human rights aspects of single payer financing strategies

- ▶ **Focused on health:** Eliminates market incentives, profit motives and all other factors that could take precedence over protecting people's health.
- ▶ **Universal and unified:** Establishes a single source of funding that enables reduced and streamlined administration and ensures that everyone can use the system in the same way.
- ▶ **Public:** Makes the collection and administration of health care funds fully public, so that health care becomes a public good to which all contribute according to their means.
- ▶ **Free at the point of use:** Nobody pays when they visit a doctor or use any other health care service.
- ▶ **Equitable:** Pays for health care through income taxes or social insurance contributions, which ensures that no one pays more than they can afford.
- ▶ **Centered on care:** Confers an entitlement to health care through social insurance coverage that is based on income and risk solidarity, not individual wealth, health status, age, or any other factor.
- ▶ **Responsive to needs:** Sends resources to wherever they are most needed, not just to those people and places that can afford them.
- ▶ **Rewarding quality:** Requires doctors and hospitals to meet quality standards, using health outcomes as an important measurement.
- ▶ **Cost effective:** Distributes funds according to health needs, not profit interests; funds derive from a single source, thus reducing administration costs.
- ▶ **Accountable:** Administers health financing publicly through agencies that are directly accountable to democratically elected representatives; enables people to take part in and challenge decisions relevant to their health services.

The struggle for universal health care: a human rights movement

If health care reformers believe that we have a right to health care, then they must give careful consideration to single payer proposals, which meet most human rights principles.

If reformers are serious about developing a system that is universal, equitable and accountable, they should note that single payer plans are far superior to market-based plans when assessed against these principles. The best single payer plans seek to entitle everyone to equal high-quality care. They treat health care as a public good to which people contribute according to their ability and which they use according to their needs.

It is time that single payer proposals are taken seriously by our elected representatives. Until they are, advocates will continue to demand the inclusion of single payer proposals in the democratic process, as part of the ongoing and growing struggle for our human right to health care.

For further information

Visit www.nesri.org, where you can find the following resources:

- ▶ Human Rights Assessment of Single Payer Plans
- ▶ Human Rights Assessment of Democratic and Republican Health Care Plans
- ▶ Human Rights Principles for Financing Health Care
- ▶ Basic information on the human right to health care

The logo for NESRI, consisting of the letters "NESRI" in a bold, orange, sans-serif font.

A Human Rights Assessment of Single Payer Plans

Health care reform efforts are making headlines, yet our elected representatives are no closer to treating health care as a right rather than a commodity. Despite a growing movement for protecting health care as a human right, the proposals that come closest to achieving this goal among the current options, the widely popular single payer plans, are being undemocratically excluded.

Our representatives have an obligation to protect our human rights, including the right to health care. Therefore, the National Economic and Social Rights Initiative carried out a series of assessments of single payer health reform proposals. These show that single payer plans are superior to market-based proposals because they go further towards creating a system that is universal, equitable and accountable to the people.

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Single payer bills

- ▶ Rep. Conyers' HR 676 'Expanded & Improved Medicare for All' would establish a national health insurance program administered by the government and delivered by non-profit private and public providers.
- ▶ Sen. Sanders' S 703 would establish a health insurance program funded by federal taxes but administered by the states and provide extra support to community health centers.
- ▶ Sen. Sanders' S 898 would allow five selected states to pilot a universal health care program, which could facilitate replication of successful examples at the national level.

Meeting human rights standards: a comparison of the bills

A human rights approach can be used as an analytical tool to analyze and shape different aspects of health policy. Based on the international human rights framework, NESRI has developed human rights standards and guidelines for assessing key aspects of health care reform proposals. These enable an in-depth analysis of how the health care system would work under different proposals and what strategies would be used to finance the system.

Human rights principles for health care systems		HR 676	S 703
Universal access to care	Universality	●	◐
	Affordability	●	●
	Equity	●	◐
	Comprehensiveness	◐	●
Availability of health care infrastructure and services		●	●
Quality of health care		●	●
Accountability		◐	●

Human rights financing strategies	HR 676	S 703
Focused on health, with comprehensive services	◐	◐
Universal and unified	●	◐
Public	●	●
Free at the point of access	●	◐
Equitable	●	◐
Centered on care	●	●
Responsive to needs	●	●
Rewarding quality	●	●
Cost-effective	●	●
Accountable	◐	●

● Fully meets human rights standards ◐ Partially meets human rights standards
○ Fails to meet human rights standards

Room for improvement

- ▶ S 703 would be fully universal if it included undocumented residents.
- ▶ S 703 could ensure that providers are solely focused on health by requiring all hospitals and clinics to operate as non-profits.
- ▶ HR 676 could guarantee comprehensiveness by explicitly including reproductive health services, thereby following the exemplary provisions in HR 3000, a rights-based bill for a national health service introduced by Rep. Barbara Lee in previous congressional sessions.
- ▶ HR 676 could further specify accountability mechanisms to ensure that its centralized system is fully held in check through oversight from the people.

Comparing the bills: strengths and weaknesses

Human rights principles		Conyers HR 676	Sanders S 703
Universal access to health goods, facilities and services	Universality	<ul style="list-style-type: none"> • Confers an entitlement to health care • Includes everyone in the United States 	<ul style="list-style-type: none"> • Confers an entitlement to health care in one's state of residence • Does not cover undocumented residents
	Equity	<ul style="list-style-type: none"> • Funded through a progressive tax rate • Equalizes access for all on basis of need • Seeks to reduce health disparities and provide culturally appropriate care to all 	<ul style="list-style-type: none"> • Funded through a flat tax rate • Removes access tiers but allows some state variations • Seeks to reduce health disparities and requires reporting on differences in health status
	Affordability	<ul style="list-style-type: none"> • Eliminates profit motive from health care • Free at point of use 	<ul style="list-style-type: none"> • Retains some for-profit provision by hospitals • Prohibits provider charges for covered services; unclear about other forms of cost sharing
	Comprehensive-ness	<ul style="list-style-type: none"> • Covers all medically necessary services • Does not explicitly include reproductive health services 	<ul style="list-style-type: none"> • Covers all medically necessary or appropriate services • Includes reproductive health services
Availability of health care infrastructure / services		<ul style="list-style-type: none"> • Requires states to assess health needs annually and to assure adequate access • Gives patients free choice of providers 	<ul style="list-style-type: none"> • Incentivizes development of regional planning mechanisms and take-up of primary care • Provides extra funds for community-health centers
Quality		<ul style="list-style-type: none"> • Requires providers to meet quality standard • Requires states to establish a quality assurance mechanism 	<ul style="list-style-type: none"> • Requires providers to meet performance standards and pass quality reviews • Uses health outcomes as a key measure of quality
Accountability		<ul style="list-style-type: none"> • Administered by the federal government using Medicare infrastructure • Advised by a national board that includes patient advocates 	<ul style="list-style-type: none"> • Governed by national board that includes "consumer" representatives • Places non-complying states under federal jurisdiction • Requires states to set up independent ombudsman offices

The struggle for universal health care: a human rights movement

If health care reformers believe that we have a right to health care, then they must give careful consideration to single payer proposals, which meet most human rights principles. The best proposal is fully guided by the goal of health protection for the whole society and entitles everyone to equal high-quality care.

To realize the human right to health care, reformers must treat health care as a public good to which people contribute according to their ability and which they use according to their needs. Single payer plans demonstrate how this can be achieved through collective, tax-based financing, guided by the principle of solidarity rather than competition. This ensures equal access for all individuals and communities and enables much greater responsiveness to health needs.

Human rights principles enable advocates to shift the reform debate from market-driven cost considerations to a vision of health as a social goal, realized collectively and guaranteed by government. Single payer plans offer feasible options for implementing that vision. Therefore, advocates will continue to demand the inclusion of single payer proposals in the democratic process, as part of the ongoing and growing struggle for our human right to health care.

For further information

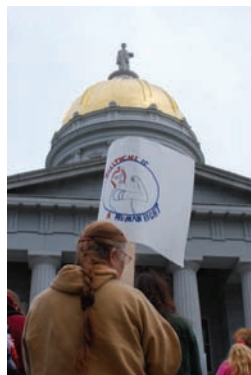
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Images

Available for download at <http://www.flickr.com/photos/nesri/sets/>



Press Clippings

<http://www.counterpunch.org/zeese05132009.html>

May 13, 2009

The Fires are It, Now Fan the Flames

A Populist Health Care Rebellion

By KEVIN ZEESE

Last week when I was one of the Baucus Eight, so-named because eight of us were arrested before Sen. Baucus, I hoped others would join us. Yesterday, they did. And, the single payer movement grew stronger. Before the hearing I joined nearly 50 people in a spirited protest outside the U.S. senate letting all who entered know we wanted a single payer national health care plan.

And, inside there were a series of protests.

As the hearing began, and Sen. Baucus was speaking a group of about 30 nurses, dressed in their red hospital uniforms, stood up and turned their backs on Baucus. They had pinned to their backs: "Nurses Say: Stop AHIP. Pass Single Payer." (AHIP is America's Health Insurance Plans – the health insurance industry lobby.)

The nurses left the room to applause.

Then doctors, nurses and advocates stood up and one by one and spoke directly to Senator Baucus.

DeAnn McEwen, a registered nurse from California said: "Today is Florence Nightingale's birthday. Florence Nightingale said if there were none to hope for any better, there would never be any better. This country needs a single payer health care system."

Then, another RN from California stood up: "People at the table have failed Americans for 30 years. We want single payer at the table. We want guaranteed health care so we can give the care we need, when we need to give it."

She was followed by Dr. Judy Dasovich of Springfield, Missouri, who said "We request that single payer advocates be allowed at the table. Health care should be for patients not for profits."

Dr. Steven Fenichel of Ocean City, NJ followed adding: "It's a sense of outrage that brings me to your Senate chambers today. These people were entrusted by the American people to serve the American people's interests. And they are just serving the interests of the insurance companies and drug companies – the people be damned."

Jerry Call, a member of Physicians for a National Health Program from South Thomaston, Maine was the final advocate from the audience, speaking for the majority of Americans shut out from the discussion, and saying: "Sixty percent of Americans and sixty percent of physicians want single payer. Why aren't sixty percent of the people up front not single payer representatives?"

All five were arrested and taken away for booking. They were charged with Disruption of Congress, the same offense I will go to court for on May 26th.

Now, 13 have been arrested – the Baucus 8 have morphed into the Baucus 13 – demanding a seat at the table; merely urging that the most popular health reform among the people as well as among doctors, nurses and economists be part of the conversation.

Outside as each new Baucus criminal was walked before the crowd, now approximately 75 people -- they were all cheered. These are the democracy heroes. These are the types of people that change the

equation from money and profits to people and human rights. Tomorrow, there will be a march to the senate, a rally and an afternoon of nearly 1,000 people lobbying for real health care reform. An end to corporate insurance profiting from illness and not allowing doctors to practice medicine and nurses to care for patients. We have lit a fire, now we must fan the flame into a populist movement that breaks the corporate stranglehold in Washington, DC. The people need to be organized, persistent and insistent. We need to grow the single payer movement so it cannot be ignored.

More:

Visit ProsperityAgenda.US and join in efforts for single payer.

For a series of photos showing nurses and doctors being arrested in protest for single payer health care click the link below:

<http://www.flickr.com/photos/16992253@N06/3526172446/>

Kevin Zeese is Executive Director of the Campaign for Fresh Air and Clean Politics(www.FreshAirCleanPolitics.net) whose projects include Voters for Peace (www.VotersForPeace.US), Prosperity Agenda (www.ProspertyAgenda.US), True Vote and Climate Security (www.GlobalClimateSecurity.org)

Hundreds of Vermonters turn out for health-care rally



A large crowd gathers outside the Statehouse on Friday to rally in support of health-care reform. The contention that "health care is a human right" brought people to Montpelier to demand that Vermont move to implement universal health-care coverage.

By DANIEL BARLOW Vermont Press Bureau - Published: May 2, 2009

MONTPELIER – Holding signs declaring that health care is a human right, hundreds of Vermonters rallied outside of the Statehouse Friday afternoon in what quickly became the Woodstock of health care reform demonstrations.

Live folk music, elaborate costumes, political skits and a dunking booth for faux insurance company lobbyists were among the attractions at the Health Care is a Human Right rally as activists and politicians attempted to build a grassroots movement for reform.

An estimated 600 people swarmed over the Statehouse steps and lawn for the event, although the number fell short of the 1,000 people organizers expected for what was billed as the largest health care rally in the history of Vermont.

"You look good from up here," said U.S. Sen. Bernard Sanders, I-Vt., as he stood at the podium on the Statehouse steps to a roar of approval from the crowd. "You are part of a struggle to transform the basic values of the United States of America."

Sanders was greeted with rock star enthusiasm as he told the crowd that he sponsored a new bill creating a national single-payer universal health-care system – the first time such a bill has been introduced in the U.S. Senate since the death of Minnesota Sen. Paul Wellstone in 2002.

"You are saying loud and clear that health care is a human right for all people, not just the privileged or those who have a lot of money," Sanders said.

The protest comes at an unusual time at the Statehouse. Strapped for cash in the poor economy, lawmakers have been more focused on finding ways to cut the state budget than make major health care reforms.

Several lawmakers who support a single-payer health-care system said they expect the new administration of President Obama to enact reforms down the line and Vermont is poised to benefit from an influx of federal money to test out new models.

That relief can't come soon enough for people like Cindy Habiland of Wells. A nursing assistant, Habiland said she was forced to go without health insurance for more than year until a cancer scare convinced her to sign onto Catamount Health.

But that program requires most people to wait a year before coverage begins. She said she couldn't afford the hundreds of dollars a month that health insurance would cost her on the private market.

"I have lots of friends who have seen their health insurance plans downgraded," Habiland said. "And they are downgraded to a point where they only cover catastrophic care, which essentially means you don't have health insurance unless you're on your death bed."

There were some unexpected guests at Friday's rally. Opponents of abortion and physician-assisted suicide appeared at the rally and some minor scuffles and disagreements broke out as universal health care advocates tried to block their signs.

Felix Callan of Waterbury Center, a retired Montpelier physician, and his friend, Roland Pepin of Montpelier, stood at the top of the Statehouse steps with their anti-abortion sign when a teenager supporting universal health care stuck his sign in front of their sign.

Both men said the aggressive tactics used to block out their message was uncalled for, especially since the Statehouse is know throughout Vermont as "the people's house."

"I don't object to anything they are saying," Callan said, who added that he doesn't want tax dollars to pay for abortions. "But we have every right to be here too."

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<http://www.guaranteedhealthcare.org/blog/donna-smith-sicko-patient/2009/05/05/doctors-single-payer-activists-arrested-make-history-sena-0>

DOCTORS, SINGLE PAYER ACTIVISTS ARRESTED, MAKE HISTORY AT SENATE FINANCE ROUNDTABLE



It has finally happened right here in the United States. Citizens who believe healthcare is a human right have been arrested and are being processed like criminals through the Southeast District of Columbia police station. Their crime? Asking for single payer healthcare reform – publicly funded, privately delivered healthcare – to be discussed during the Congressional hearings on reform. Doctors and other

single payer activists were handcuffed and went to jail today speaking up for single payer to be at the table in the Senate finance Committee's roundtable discussion on healthcare access and coverage. In stark contrast, Karen Ignagni, head of the industry lobby group American Health Insurance Plans (AHIP) was escorted into the room like royalty by staff members of the Senate committee. Clearly, the position of the United States Senate is not with the majority of Americans who support a national, public insurance system.


It made me physically ill to see Maryland pediatrician Margaret Flowers cuffed like a criminal and pushed out the door as the Senators waited to begin their staged roundtable discussion. It made me want to scream. It made me proud of them for being bold but ashamed that not one Senator spoke up for their own citizen-protestors and asked that they at least be allowed to speak. But the insistence that the citizens rising in protest be arrested continued from the chair with each incident.

Simply asking to have single payer be included and fully vetted is a crime. Profiting as the for-profit health insurance companies do at the expense of 22,000 American lives every year, however, gets you a run of the table in this healthcare reform discussion. Just ask the Senators who are drafting what this nation's health system will look like – and watch their behavior today – if you want evidence of how your voice will be heard in the process.

The protestors were stoic and respectful but direct. One by one they stood. One by one they asked why single payer reform was not "at the table" of 15 witnesses Senator Max Baucus and his finance Committee gathered to map out what sort of coverage Americans might expect in the Senate reform bill now being crafted.

Sen. Baucus eventually spoke and indicated that he was respectful of those who believe in single payer – as he acknowledged many of his constituents in Montana do – but he made no attempt to explain why no single payer voice has been included in any Senate discussion to date. He urged any others in the audience who might have any designs on speaking up like the protestors did to not do so, and then he moved on to his roundtable discussion.

The press seated comfortably at the press table first looked amused



and then puzzled by the procession of protest in the chamber. The C-SPAN cameras fixed on both the Committee's table at the front of the room and the witness table directly across from them could have easily picked up the protests but the network chose to keep their cameras fixed only on Chairman Baucus – though the protestors' words could be heard in the audience. Only two reporters of the 20 or so assembled were curious enough or industrious enough to rise and exit the room to see the arrests being carried out in the hallway.

While neither the Finance Committee or the press allowed their proceedings to be disrupted for very long, the air in the room and the atmosphere had changed -- the giddy and gleeful assembly of industry lobbyists who had been chattering in rapt anticipation of the coming of their carefully chosen witnesses could not deny that some brave and patriotic fellow citizens had just been hauled out for arrest for nothing more than demanding that a point of view held by a majority of patients, nurses, physicians and other healthcare providers be included in the national discussion.

While this Congress may pass something very different than single payer reform, it will not do so without hearing the cries of the people left so openly exposed to personal health and financial ruin by the corrupt system that celebrates only profit. The citizens who stood for the thousands and thousands of dead today will not let this democracy give itself completely over to the big money interests in healthcare. Not without a fight. Not on their lives or yours or mine.

Why we risked arrest for single-payer health care

Posted by [Mark Alberg](#) on **Friday, May 8, 2009**

By Margaret Flowers, M.D.

On May 5, eight health care advocates, including myself and two other physicians, stood up to Sen. Max Baucus (D-Mont.) and the Senate Finance Committee during a "public roundtable discussion" with a simple question: Will you allow an advocate for a single-payer national health plan to have a seat at the table?

The answer was a loud, "Get more police!" And we were arrested and hauled off to jail.

The fact that a national health insurance program is supported by the majority of the public, doctors and nurses apparently means nothing to Sen. Baucus. The fact that thousands of people in America are dying every year because they can't get health care means nothing. The fact that over 1 million Americans go into bankruptcy every year due to medical debt – even though most of them had insurance when they got sick – means nothing.


And so, as the May 5 meeting approached, we prepared for another one of the highly scripted, well-protected events that are supposed to make up the "health care debate" using standard tools of advocacy. We organized call-in days and faxes to the members of the committee requesting the presence of one single-payer advocate at the table of 15. Despite thousands of calls and faxes, the only reply – received on the day before the event – was, "Sorry, but no more invitations will be issued."

We knew that this couldn't be correct. We had heard Sen. Baucus say on that very same day that "all options were on the table." And so, the next day, we donned our suits and traveled to Washington. We had many knowledgeable single-payer advocates in our group. And as the meeting started, one of us, Mr. Russell Mokhiber, stood up to say that we were here and we were ready to take a seat. And he was promptly removed from the room.

In that moment, it all became so clear. We could write letters, phone staffers, and fax until the machines fell apart, but we would never get our seat at the table.

The senators understand that most people want a national health system and that an improved Medicare for All would include everybody and provide better health care at a lower cost. These facts mean nothing to most of them because they respond to only one standard tool of advocacy: money, and lots of it.

The people seated at the table represented the corporate interests: private health insurers and big business and those who support their agenda. The people whose voices were heard all represented organizations which pay huge sums of money to political campaigns. These interests profit greatly from the current health care industry and do not want changes that will hurt their large, personal pocketbooks.



And so, we have entered a new phase in the movement for health care as a human right: acts of civil disobedience. It is time to directly challenge corporate interests. History has shown that in order to gain human rights, we must be willing to speak out and risk arrest. We must engage in actions that expose corporate fraud and corruption. We must make our presence known.

And that is why the eight of us, knowledgeable health care advocates and providers, most of us parents, some of us grandparents, spoke out one-by-one at the Senate Finance Committee. And it is why we will continue to speak out and encourage others to do the same. Our voices must be strong enough to drown out the influence of corporate dollars.

Health care must become the civil rights movement of this decade. The opportunity is here. And we can create a single-payer national health care system.

Yes, we can.

Dr. Margaret Flowers is a pediatrician in Baltimore and co-chair of the Maryland chapter of Physicians for a National Health Program (PNHP). Her statement was co-signed by Mark Dudzic, Labor Campaign for Single Payer; Russell Mokhiber, Single Payer Action; Carol Paris, M.D., PNHP; Katie Robbins, Healthcare-NOW!; Pat Salomon, M.D., PNHP; Adam Schneider, B'more Housing for All; and Kevin Zeese, ProsperityAgenda.us.

Voices for Reform: Demonstration at Baucus' Missoula office just one of many across state

By MICHAEL MOORE of the Missoulian



Military veteran Stephen Millhouse participates in a rally for a single-payer health care system outside the Missoula office of Sen. Max Baucus on Friday afternoon. "I want everyone to have access to the same kind of health care that I get through the VA," says Millhouse. Photo by ALISIA MUHLESTEIN/Missoulian

Advocates of single-payer health care sent Sen. Max Baucus a blunt message Friday: Put single-payer on the discussion table.

"We're here to tell Max Baucus to listen to us, not to insurance companies," said organizer Bill LaCroix.

Baucus, of course, is chairman of the Senate Finance Committee and will be one of the chief architects of legislation designed to reform this country's troubled health care system. Baucus has angered advocates of single-payer - read government-funded and government-run - health care by saying it's not politically feasible. This week, however, he met with single-payer advocates in Washington, D.C.

"Sen. Baucus and people advocating for a single-payer system share the same goal: providing quality, affordable health care to every American," Baucus spokesman Ty Matsdorf said Friday.

Folks gathered on the sidewalk outside Baucus' downtown Missoula office weren't so sure. They carried signs suggesting Baucus is too beholden to the insurance lobby to make substantial change.

"Corporations aren't us - listen to us," said one sign.

"Max - listen to voters, not lobbyists," said another.

The rally's featured speaker was Kathie McClure, the Atlanta mother who quit her job as a lawyer to hit the road for single-payer health care.

McClure, who runs a Web site called VoteHealthCare.org, now tours the country in a purple bus she bought on eBay, making the case for health care reform.

"The expense of health care is being dumped on working Americans," McClure said to loud applause. "We have to speak up for the change we need."

McClure quoted the well-known statistic about how the United States spends the most on health care, but ranks 37th worldwide in health care outcomes.

"Other countries are doing better than we are," she said. When McClure said that Baucus "represents" her interests as well as those of Montanans, several people got loud.

"Misrepresents is more like it," bellowed one man.

McClure characterized the battle to reform health care as a fight for America's future as a just nation.

"We are in a battle for the soul of our country," she said.

Harry Goldman drove down from Ronan for Friday's rally. Goldman is angered by Baucus' refusal to consider a single-payer option.

"If the private sector is doing such a good job with health care, they should welcome the debate," Goldman said. "But they can't do it better, and that's why they don't want a debate."

What, Goldman said, would it take for Baucus to consider single-payer instead of the private-public combination he appears to support?

"Will it take 1,000 people in the street?" Goldman asked. "Here we are."

More than 200 gathered outside Baucus' office on Friday. And a small group rallied nearby to protest single-payer. Armed with signs decrying socialized medicine, they kept to the other side of the street and generally stayed quiet.

Back across the street, though, retired physician Mary Stranahan whipped the crowd into cheers by describing America's health care system as a tottering drunk.

"Health care is a stumbling drunk and he's finally hit the bottom," Stranahan said. "Max, hear us!"

LaCroix then began a sing-song chant - "Are you listening? Are you listening?"

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Human Right to Health Care

The human right to health guarantees “the creation of conditions which would assure to all medical service and medical attention in the event of sickness.”

- International Covenant on Economic, Social and Cultural Rights, Art. 12

What Are the Key Principles of the Human Right to Health Care?

- **Purpose of Health Care:** A health care system must be designed to protect health, social well being and dignity.
- **Universal Access to Quality Care:** Human rights standards require that access to comprehensive, quality health care must be available and affordable for all.
- **Equity:** A health care system must ensure that resources, including health facilities, goods and services, are equitably and fairly distributed.
- **Non-discrimination:** A health care system must provide care without discrimination on any basis, including income, immigration status, race, religion, ethnicity, gender, disability, sexual orientation or any other status.
- **Private sector accountability:** The privatization of the health sector must not constitute a threat to the availability, accessibility, acceptability and quality of health care to all.

Components of the Right to Health Care

Access: Access to care must be universal, and protect everyone’s health on an equitable basis. Facilities, goods, and services must be affordable and comprehensive for all, and accessible where and when needed.	Availability: Adequate health care infrastructure (e.g. hospitals), goods (e.g. drugs), and services (e.g. primary care doctors, mental health care) must be available in all geographical areas and to all communities.
Acceptability and Dignity: Health care institutions and providers must respect dignity, provide culturally appropriate care, be responsive to diverse needs, follow medical ethics and protect patients’ rights.	Quality: All health care must be medically appropriate and of good quality, guided by quality standards and control mechanisms, and provided in a timely, continuous, safe, and patient-centered manner.

What are the Government Obligations to Ensure the Human Right to Health Care?

- Recognize the human right to health care in national and state level legislation;
- Adopt a national health strategy and plan of action based on principles of universality, equity and accountability
- Provide legal and administrative remedies for violations of the right to health care; and
- Hold the private health care industry accountable for ensuring equal access to health care for all.

Implementing the Right to Health Care

Do Other Countries Recognize Health Care as a Human Right?

Yes. The right to health care is included in a number of national constitutions and the European Union Charter, and countries around the world have embraced national policies that define the goal of health care to be health protection and a healthy society. Moreover, every other industrialized country,¹ and even South Africa, has adopted a national health care plan ensuring access for all.

Years When Governments Enacted Universal Health Care

Germany	1883	Canada	1966
Switzerland	1911	Denmark	1973
New Zealand	1938	Australia	1974
Belgium	1945	France	1978
United Kingdom	1946	Italy	1978
Sweden	1947	Portugal	1979
Greece	1961	Spain	1986
Japan	1961	South Africa	1996

Does the United States Recognize the Human Right to Health Care?

No. The United States has failed to recognize a universal human right to health care on a national level, and has not even adopted national principles that would distinguish the human rights and public health goals of health care from the pursuit of profits.² This failure is reflected in a health care financing system that leaves 47 million people without any health insurance. Health care is treated as a commodity, not a shared public good.

Can the U.S. Afford Universal Access to Health Care Without Lowering the Quality of Care?

Yes. The United States is already the world's biggest health care spender, exceeding countries that provide universal access to health care. According to the U.S. government's General Accounting Office, "If the U.S. were to shift to a system of universal coverage and a single payer, as in Canada, the savings in administrative costs [10 percent of health spending] would be more than enough to offset the expense of universal coverage."³ Such a shift would not require decreasing the quality or scope of services. Instead, it would require redirecting health care dollars spent on wasteful administrative costs by insurance companies and advertising by pharmaceutical companies, as well as eliminating unjustified and excessive private sector profits.

What Are the Greatest Obstacles to Achieving Universal Quality Care for All?

The greatest obstacles to achieving universal quality care for all include the lack of a national health care plan that ensures that costs and benefits are shared as public good, with everyone contributing according to their means and receiving care based on their needs. The current, fragmented market based system does not set the protection of health as the ultimate and primary goal of a health care system. The private sector is not adequately regulated to ensure that profiteering does not interfere with everyone's equal access to quality of care.

¹All Organization for Economic Cooperation and Development (OECD) countries except Korea, Mexico and Turkey.

²For more on the cultural and moral foundations missing from U.S. health policy, as compared to other industrialized nations, see Lawrence D. Brown, "Comparing Health Systems in Four Countries: Lessons for the United States," *American Journal of Public Health*, January 2003, Vol. 93, No. 1.

³"Canadian Health Insurance: Lessons for the United States," 90 pgs, ref no: gao-03-672sp. Full text available online at www.goa.gov.

Human Rights Principles for Financing Health Care

Ten Financing Principles for Health Care Reform

The goal of a healthy society is embedded in human rights principles and shared by health care reformers in the United States. Yet most reform plans assume that we can realize this goal as a by-product of fragmented, market-based health care services. As a market good, however, health care is by definition exclusionary, sold only to those who can pay, and readily exhaustible, depleted by private interests that literally “take their cut” from available resources through profit, leaving less for the public at large.

A society disposed to protect both bodily and financial health requires that health care be treated as a public good and provided collectively, rather than as a commodity sold in a marketplace dominated by private interests. The following ten principles for financing health care emerge from human rights standards recognized in the United States and around the world. They are intended to guide the design of a sustainable, cost-effective system that secures comprehensive health care for all.

1

Focused on health	Health care financing must be completely aligned with the central purpose of a health system: protecting people’s health.
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The goal of a healthy society must take precedence over factors such as market imperatives, profit motives, and the vagaries of policy and budget cycles. A health care system should be financed in a way that guarantees and secures comprehensive health care for everyone, consisting of all preventive care, screening, information, treatments, therapies, and drugs needed to protect people’s health, including mental health, dental and vision care, and reproductive services.

2

Universal and unified	Health care financing must secure automatic access to care for everyone and avoid separating people into different tiers.
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How health care is financed must not lead to differences in how people receive health care, either with regard to access, quality, or outcomes. Everyone must be included and get automatic access to equal high quality health care, guaranteed throughout their lives and appropriate to their needs. Financing mechanisms should produce a unified health care system and not give rise to different tiers of access or coverage. When everyone is part of the same system, and can access and use it in the same way, the system itself is stronger and more sustainable since everyone benefits from supporting it.

3

Public	Health care is a public good that should be publicly financed and administered.
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Health care is a public good that belongs to all of us, and burdens and benefits must be shared equitably by all. The government has a duty to guarantee everyone equal and easy access to public goods. It can best meet this obligation through public financing and administration of health care, as this minimizes the disincentives to providing care that characterize the business model of private insurers. Steps toward a public system may include expanding public programs such as Medicaid and Medicare, establishing a strong public insurance plan option, and effectively regulating the private insurance sector.

4

Free	At the point of access, health care services must be provided without charges or fees.
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When visiting a doctor, clinic or hospital, patients should not have to pay. Health care funds should be collected independent of the actual use of care, to avoid creating a barrier to care. Services must be provided based on clinical need, not payment, regardless of the financing mechanism used.

5

Equitable

Health care financing must be equitable and non-discriminatory.

Finances for health care provision must be raised and spent in an equitable way. General progressive taxation constitutes the most equitable mechanism, followed by sliding scale social insurance contributions. Whichever model the government adopts, financial contributions from individuals must be according to ability to pay, in order to be affordable for all (e.g. on a sliding scale starting at zero). They must be assessed in a non-discriminatory way, i.e. they cannot differ on grounds of health status, gender, age, employment or any other status except income. In a similar fashion, corporations should be required to contribute to the costs of the health care system.

6

Centered on care

Care should be financed as directly as possible, without intermediaries. Insurance coverage, if used as a vehicle for financing care, works only if based on the principle of risk and income solidarity.

The key function of a health care system is to provide care, not coverage. If insurance coverage is used as a vehicle for financing care, this can only benefit all if those who happen to enjoy better health or higher incomes contribute at a level that helps support the whole system, including those in poorer health or with low incomes. This grounds the system in the principles of risk and income solidarity and means that insurance must include everyone (guaranteed issue), spread costs and risk across society as a whole (community ratings, large pool), guarantee comprehensive benefits to all, and collect contributions based on ability to pay.

7

Responsive to needs

Resources must be allocated equitably, guided by health needs.

Health care spending must be guided by health needs and rectify existing disparities in resource allocation and infrastructure development. Resources must be used equitably for the benefit of all, while recognizing that some communities and individuals may need more care and different services than others. Communities should be involved in determining how their needs are met, and their participation should be fully funded.

8

Rewarding quality

Financing mechanisms must reward the provision of quality, appropriate care and the improvement of health outcomes.

Health care spending must reward quality, appropriate care, and improved health outcomes, rather than profit-seeking, marketing, unnecessary medical procedures, poor coordination, or other interests or effects not linked to protecting health. If care is financed through private insurance, regulation must ensure (through measures such as medical loss ratios) that resources are not diverted away from quality care. Similarly, we should reward providers who focus on quality and outcomes rather than volume, deliver primary care, provide medical homes, and serve communities and areas in need.

9

Cost-effective

Resources must be used effectively and sustainably to protect the health of all.

Financial resources in the health care system must be used for the benefit of the whole society, leaving no one behind and investing in communities whose health has not kept up with that of the rest of the population. Wasteful or uncontrolled spending in some areas restricts opportunities for protecting health in others, so the cost-effectiveness of interventions should be taken into account (e.g. through needs assessments, global budgets for hospitals, control of capital expansion and technology projects, etc.).

10

Accountable

Financing mechanisms and procedures must be accountable to the people.

Whether public or private, all financing mechanisms and procedures must be transparent and accountable to the people for whose benefit they exist. The people have a right to participate in the oversight of financing structures, and the government has a duty to ensure that financing decisions are based on the human rights principle of universal, equitable health protection. Monitoring and evaluation systems, as well as appropriate public and private remedies, must be put in place to enable the public to measure and oversee progress toward meeting human rights standards.