



Frequently Asked Questions

What is the Vermont Workers' Center? What does the Workers' Center do?

The Vermont Workers' Center is a democratic, member-run organization dedicated to organizing for workers' rights and living wages for all Vermonters. We seek an economically just and democratic Vermont in which all residents have living wages, healthcare, childcare, housing and transportation. The Vermont Workers' Center is committed to taking action on the full range of issues of concern to working people. By organizing rallies, public hearings and forums, publicizing people's stories and taking direct action, we support workers throughout the state who are trying to improve their wages, benefits, rights on the job, working conditions and communities

What are human rights?

Human rights are the basic rights that all people are entitled to. In 1948, the United Nations adopted the Universal Declaration of Human Rights, which includes access to medical care and other basic civil, political, economic and social rights, which are seen as the foundation of freedom and democracy.

The human right to healthcare is codified in Article 25, which states:

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.

What is the Healthcare Is a Human Right campaign?

The Healthcare Is a Human Right campaign is the Vermont Workers' Center's effort to help Vermonters win a system of universal healthcare that is equitable, is accountable to the people and eliminates all barriers to the enjoyment of the human right to health.

With tens of thousands of Vermonters lacking access to healthcare — and untold numbers “under-insured” — it is clear that our government has failed to fulfill its obligation of ensuring Vermonters' human right to healthcare. The Vermont Workers' Center believes this failure is the result of the influence of powerful special interests on our elected representatives. We believe the solution to this problem depends on a mass movement of Vermonters demanding a healthcare system designed to ensure public health rather than private profit. With enough Vermonters demanding meaningful reform, our elected representatives cannot justify a claim that healthcare for all is “not politically possible.” Through grassroots organizing around the state, we are creating a network of activists who are building this movement.

What does the Vermont Workers' Center mean by “Healthcare is a human right”?

We believe that the human-rights principles of universality, equity, accountability, transparency, and participation must be applied to the healthcare system.

In short:

1. Every person is entitled to comprehensive, quality healthcare.
2. Systemic barriers must not prevent people from accessing necessary healthcare.
3. The cost of financing the healthcare system must be shared fairly.
4. The healthcare system must be transparent in design, efficient in operation and accountable to the people it serves.
5. As a human right, a healthcare system that satisfies these principles is the responsibility of government to ensure.

Does the Constitution of Vermont or the U.S. give us the right to healthcare?

Human rights exist outside of law. Every person is entitled to human rights regardless of the embodiment (or lack thereof) of those rights in law.

The United States has not ratified the covenants and treaties that would give the Universal Declaration of Human Rights the force of law. Nor does the Vermont Constitution explicitly grant the right to healthcare. But we do not depend on law for our assertion of our human rights.

Do other countries recognize healthcare as a basic human right?

Healthcare is recognized as a human right in most countries around the globe. The United States is the only “industrialized” country that doesn’t provide healthcare as a right to every resident from cradle to grave. Countries across Europe, Asia, Latin America and the Middle East recognize that every citizen has the right to reach the highest attainable standard of health, has a right to appropriate treatment and to live without fear of getting sick. Humane countries recognize that in order to have a productive, happy society they must provide their citizens with the basic right to health.

Why isn’t healthcare treated as a human right in the U.S.?

We believe the failure to respect human rights is invariably the result of the corrupting influence of powerful special interests on government. In the case of healthcare policy, an examination of “reform” efforts reveals an uncanny desire on the part of elected representatives to preserve a system based on private health insurance participation despite clear calls from citizens for a publicly-financed, publicly-administered, single-payer system.

Would treating healthcare as a human right raise my taxes?

Besides reducing suffering and improving the quality of life for untold numbers of people, a system of healthcare based on human-rights principles would also greatly reduce the total cost of healthcare. If you currently pay premiums, deductibles and co-payments for healthcare, replacing those payments with an equitable financing system, such as a broad-based income tax, would probably reduce the total amount that you pay — and it would certainly help to protect you from the crippling financial burden of a catastrophic medical emergency.

Approximately 60% of total healthcare costs already come from our tax money. These costs include insurance for public employees (police, firefighters, federal employees, state employees, municipal employees, teachers, postal workers, the military and elected officials) and the many public federal and state programs (Medicare, Medicaid, VHAP, Dr. Dynasaur etc).

How would treating healthcare as a human right reduce the total cost of healthcare?

- If everyone had preventive and primary care, the need for much more expensive critical and emergency care would be greatly reduced.

- Public healthcare systems tend to have dramatically lower administrative costs than private systems (5% vs. 30%). Eliminating multiple systems with different rules and exclusions would also reduce the administrative burden on healthcare providers. And, of course, eliminating private health insurance companies would eliminate money spent on profits and on corrupting the political system.
- With a single “risk pool,” the healthcare system administrator would have more power in negotiating the price of pharmaceuticals and medical equipment. And public governance boards could better allocate healthcare resources.
- With universal healthcare, medical malpractice insurance would not have to cover the cost of future medical care that might result from a judgment against a provider.
- Under the current business model of health insurance, not only is there a tremendous amount of waste by the duplicity of multiple insurers, there is the whole apparatus of red tape in a system set up to pocket insurance premiums and deny payment for care. By eliminating the needless overhead of gatekeepers and profits of insurance companies, shareholders and medical debt collection agency sharks, we will be able to use our money on providing healthcare to all and still save money.

Wouldn't a government-financed healthcare system result in rationing?

Every healthcare system has some form of rationing. A more useful way of framing the question is: *Does the healthcare system allocate its resources in an efficient, effective and humane manner?* In the United States, we currently ration healthcare in many ways. For example, we ration healthcare according to employment status, according to age, according to gender, according to geographic or political location, according to social relationships, according to health history and according to willingness (and ability) to battle against health insurance company bureaucracies. These forms of rationing are both inhumane and illogical.

The United States currently spends far more per capita on healthcare than the rest of the “developed” world, yet the healthcare system in the United States provides relatively poor care. We believe that treating healthcare as a human right would result in less rationing — not more — because, for the same amount of money, we could buy a healthcare system that is more universal, more affordable and of higher quality.

Instead of providing relatively inexpensive preventive care, we treat people who lack access to primary care in expensive hospital emergency rooms, and we almost always do so after their health conditions have advanced and become more expensive and more difficult to treat successfully. Those of us who can still manage to buy health insurance are subsidizing this illogical and increasingly unaffordable system, so all of us are either directly subject to some form of rationing or increasingly at risk.

So, yes, a government-financed healthcare system would result in rationing, just like any other healthcare system. But it would undoubtedly result in much less rationing than our current system.

Doesn't Vermont already do a good job providing healthcare to those who can't afford it, with VHAP, Dr. Dynasaur and Catamount Health?

Though Vermont does more than most other states, and these programs provide quality care for some who would not otherwise have coverage, there are more than 60,000 Vermonters still

uninsured and hundreds of thousands more are under-insured. And, because these programs do not effectively address the need to control healthcare costs, they are unsustainable. Each day, healthcare becomes more unavailable to more Vermonters.

We do not have the option of doing nothing or even of continuing our patchwork approach to improving healthcare in Vermont. Nothing but a single, unified healthcare system can control the rising costs of healthcare and provide necessary care to everyone.

Why should someone with good, reasonable health insurance support this campaign?

We believe that every person deserves comprehensive, quality healthcare simply by virtue of being human. Don't you? If not, then ask yourself: which of your neighbors, friends or family members do you believe should be denied healthcare?

Public healthcare systems like Medicare — which provides universal coverage for senior citizens — do a good job of providing quality healthcare with little money wasted on administrative overhead. We simply want to include everyone and cover all medically necessary care and medication.

If you have a private health insurance plan, perhaps provided to you as a benefit of employment, consider the fact that good, reasonable private health insurance is disappearing. Fewer employers are offering this benefit at all, and, among those that do, rising costs are increasingly being shifted onto employees. Your healthcare premiums, deductibles and copays are paying for a system that provides expensive critical and emergency care to people who lack the basic primary and preventive care that might have made their expensive care unnecessary. You are also paying for administrative overhead that wastes much more of your healthcare dollar than any public system. And you are participating in a system that has no way of controlling the ever-rising cost of healthcare. What is your strategy for dealing with the rising cost of your “reasonable” health insurance plan? Is it better than our strategy?

Finally, it is indisputable that a healthcare system based on human-rights principles would cost dramatically less than the current system. Less money wasted on healthcare would strengthen our economy, which would benefit everyone.

Isn't government-guaranteed healthcare “socialism”?

Public policy that recognizes healthcare as a human right is not a radical idea. After all, except for the U.S., all of the developed world provides healthcare to all of its citizens, and only a few of those countries (e.g. Cuba, Sweden) could be called “socialist.” Healthcare systems around the world demonstrate that there are many ways of accomplishing universal healthcare. We do not believe it is necessary for healthcare providers to work for the government or for government to manage hospitals or other medical institutions. We believe, simply, that it is government's responsibility to ensure the human rights of its people. Put another way: since a market-based system is designed for profit, rather than human rights, we believe that healthcare should not be a market-based system.

Here in the U.S., we currently finance many public services such as police, fire departments, armies and schools the way we are proposing to finance healthcare. We doubt that anyone calls the Vermont State Police “socialists.”

Imagine if we treated other public goods the way we treat healthcare. When you call 911, the

dispatcher would ask if your situation is covered by your insurance policy, before sending help. Imagine having to decide which 911 policy you will need and then having to pay a deductible and copays when an emergency arises. Or, worse, imagine having to decide whether you could afford to pay for the “help” provided by the police, before dialing 911.

The use of the word “socialism” adds little to a debate about healthcare. One has to wonder why in the United States some people fear this word more than they reject the greed that allows obscene profiteering while tens of millions of people lack the care that they need. Let’s ask, instead: *Isn’t a market-based healthcare system inhuman?*

Isn’t the federal government taking care of healthcare reform?

Congress has recently passed H.R. 3590, the "Patient Protection and Affordable Care Act", and H.R. 4822, the "Health Care and Education Affordability Reconciliation Act of 2010," and the President has issued a companion executive order preventing the Hyde amendment from being circumvented.

Though the full effects on Vermont of this federal legislation are unclear, what is clear is that this legislation fails to satisfy the human rights standards of universality, equity, accountability, transparency and participation.

The federal legislation includes many positive elements, such as expanding access to healthcare for the poor and increasing regulation of health insurers. But because it is based on the principle of a health insurance mandate, the legislation actually entrenches the treatment of healthcare as a commodity rather than a human right.

The federal legislation does far too little to address the fundamental problem of the United States’ healthcare system: the rising costs of healthcare. Without addressing this fundamental problem, the legislation will leave at least 23 million uninsured and many millions underinsured — stuck with the same inadequate private health insurance plans that have failed to protect people from financial ruin brought on by serious illness or injury.

In excluding undocumented workers, women seeking reproductive healthcare and many of the working poor, the federal legislation simply fails to satisfy the goal of establishing universal healthcare.

It is hard to explain or justify a healthcare reform approach based on a health insurance mandate and lacking in comprehensive cost controls by any logic other than that of treating healthcare as a source of profit for the health insurance, pharmaceutical and other medical industries. In fact, the federal legislative process has from the start been co-opted by economic interests that make the satisfaction of human rights principles impossible.

With the federal “reform” efforts so corrupted by the influence of industries profiting from the current healthcare system -- and with the resulting legislation so frustratingly inadequate to the task of creating a system of healthcare that is universal, is equitable, is accountable to the people and eliminates all barriers to healthcare -- we must continue to work for meaningful healthcare reform in the Vermont Statehouse.

Answers to specific questions about the new federal legislation can be found [here](http://www.workerscenter.org/fedfaq) (<http://www.workerscenter.org/fedfaq>).

Vermont, like all states, is facing a serious revenue crisis. Can we afford to provide healthcare to all at a time like this?

The lack of affordable universal healthcare presents us with not just a humanitarian crisis but also an economic crisis. The high cost of our current healthcare “system” is responsible for many of the economic problems that we now face, and the rapid rise of healthcare costs creates an economic situation that is unsustainable. The current healthcare “system” has no way of controlling these costs other than by denying the care that people need. There are ways of controlling healthcare costs without reducing the quality of care, but implementing effective cost controls requires a real healthcare system not merely a collection of insurance plans.

Rather than seeing healthcare reform as an added burden on our economy, we should see it as a form of economic development. With healthcare as a human right, we could eliminate the single largest cause of personal bankruptcy. We could eliminate the single largest barrier dissuading would-be entrepreneurs from starting new businesses. We could reduce the cost of local government and schools. And, of course, we could live longer, healthier, more productive lives.

What is Act 128?

Vermont Act 128, which passed in the spring of 2010, is legislation that recognizes in statute that healthcare is a public good. The main thrust of Act 128 is the design of a complete, comprehensive healthcare system for Vermont that satisfies human-rights principles. (For a complete synopsis of Act 128, go [here](http://www.workerscenter.org/act128) (<http://www.workerscenter.org/act128>).

The first step in designing Vermont’s new healthcare system is hiring an expert to do the designing. Act 128 gave this responsibility to the legislature’s joint commission on health care reform and the joint fiscal committee, which, in late June 2010, hired a team lead by Dr. William Hsiao of Harvard University.

Dr. Hsiao’s team is responsible for designing three healthcare system options that the 2011 Vermont legislature can choose from, so that implementation of Vermont’s new human-rights-based healthcare system can begin in July 2012.

One of the three designs must be a publicly administered and publicly financed “single payer” system. The second must be a so-called “public option” plan. The third design option is left to the designer, who has referred to this option as “a viable and practical” single-payer system.

By January 19, 2011, Dr. Hsiao’s team must publish a draft of the three design options and provide 15 days for public review and comment.

After reviewing the public comments and revising the design options accordingly, Dr. Hsiao’s team must submit a final proposal, an analysis of the three design options and a recommendation to the legislature and the governor by February 17, 2011.

Act 128 does not require the legislature to take any additional action. Without the efforts of Vermonters to ensure that a new healthcare system that satisfies human rights principles is created by new legislation, the work of Dr. Hsiao and his team would amount to little more than an

academic exercise.

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