

Healthcare Is a Human Right National Bulletin

February 4, 2014

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Campaign updates

Vermont

The Vermont Workers' Center kicked off the legislative session with a boisterous rally at the Statehouse on January 8, guided by the theme of Health & Dignity 2014. (Check out the [video](#) VWC produced from speeches at the rally.) Under VWC members' watchful eyes, Governor Shumlin addressed a joint health committee meeting. This local [ABC news video](#) gives a good sense of the state of play on health reform in Vermont.

On January 30, the VWC returned to the State House for a Health & Dignity Day of Action. Watch a TV clip of a packed hearing for paid sick days [here](#). Later that day, Mary Gerisch testified at the House Health Committee about human rights standards for financing healthcare, which will be introduced as a bill.



Finally, in a moving gesture, [the legislature adopted a resolution honoring Peg Franzen](#), the late VWC president, describing her as “a giant among advocates for human rights.”

The following weekend was dedicated to leadership development: an advanced study on austerity led by VWC leaders, and a People's Policy Institute supported by NESRI.

Maine



With the start of the legislative season, the HCHR partners have been organizing for the expansion of MaineCare (Medicaid) and other legislation. On January 8, MPA and SMWC turned out 400 people at the State House to rally for expanded MaineCare. *Bangor Daily News* documented four people (including Drew) sharing their stories this [video](#), and MPA posted [photos](#) and a [description](#) of the event. A *Sun Journal* / AP article gives [background](#) on the MaineCare fight.

SMWC held its annual meeting on February 1. Seventy leaders came together and talked about their goals for the next five years.

On February 11, the Maine AFL-CIO will hold its annual lobbying day at the State House.

Pennsylvania

PPF-PA put out its first newsletter for members. Today, February 4, PPF will co-host a panel discussion in Pittsburgh to talk with the Vermont Workers' Center about the HCHR campaigns in Vermont and Pennsylvania.

Maryland

On January 18, HCHR-Maryland and United Workers held a Human Rights Dialogue. Two days later, leaders from both groups marched in the annual MLK Day March. United Workers has posted photos from the [dialogue](#) and [march](#).

HCHR-Maryland is coordinating a health care report with NESRI based on over 800 surveys the campaign has collected from people around the state. The report is scheduled to be released in early April (3 months or 100 days into the ACA exchanges) to try to capture public and media attention as people grow disillusioned with the ACA. The report will come on the heels of much press attention to the [disastrous rollout of Maryland's ACA exchange](#) and a new hospital pricing

system in which [the State will cap hospital spending and set prices](#). Since the 1970s Maryland has set the prices hospitals can charge all payers (insurance companies, public programs, and individuals). Now, the system will add a cap on overall hospital spending, with a view to stop incentives for hospitals to seek revenue through a high-volume of patients and instead focus hospitals' attention more on preventative care, which proponents say will [rein in overall healthcare costs](#).

Georgia

Borrowing a page from activists in North Carolina, organizers in Georgia held a Moral Monday rally to call for expanding Medicaid. People at the rally held up "Healthcare Is a Human Right" [signs](#).

Oregon

The 50+ member coalition [Health Care for All Oregon](#) held a meeting on Jan. 18. Fifty-four delegates from member organizations and 43 "individual observers" attended. At the meeting the coalition agreed to a new (non-voting) membership category for individuals:

Delegates to the January 18 Coalition meeting agreed on a by-laws change to include as "members-at-large" individuals who agree to the HCAO Mission Statement, participate in HCAO structures and activities, locally and/or statewide, and commit to one or more of the following: making a financial contribution to HCAO; working with one or more HCAO state-wide committees; organizing/supporting a local chapter. Such members are non-voting, but are eligible for nomination, election, or appointment to HCAO offices, including Board membership, committee chairship, officer positions, and membership on the Nomination and Elections Committee.

The campaign is currently hiring a half-time development coordinator.

Health news

HCHR news

In a great [article](#) in *In These Times*, Sarah Jaffe features Sergio, Nijmie, Drew, and Mary, writing that Vermont's law "resulted from years of on-the-ground organizing around the principle that healthcare is a human right--that it must be universal, equitable, participatory, transparent and accountable."

Most media coverage has not been as helpful. As Anja writes on the [NESRI blog](#), one-time ACA supporters are growing disillusioned with the law, and the mainstream media is looking for alternative models to report on. The [New York Times](#), [The Nation](#), [MSNBC](#), [The Atlantic](#), and even [Fox News](#) have all recently discussed Vermont, but the reporting is not always accurate and broadly neglects to explore how Green Mountain Care was won through the Workers' Center's grassroots people's movement.

In *Health and Human Rights*

The Vermont Workers' Center got a good profile in a *Health and Human Rights Journal* [article](#) in December that calls for a human rights approach to health in the U.S. The article suggests a

multifaceted approach for addressing access to health care plus the social determinants of health through community lawyering, litigation, policy advocacy, organizing, and education:

Vermont’s passage in 2011 of “An Act Relating to a Universal and Unified Health System” was the result of a grassroots campaign by the Vermont Workers’ Center to frame health care as a human right. The campaign brought together a wide range of constituents, including business, labor unions, community organizations, health care providers, and lawyers to lobby for a universal, publicly-financed, and equitable health care system in the state. Furthermore, using human rights principles, advocates averted a proposed amendment to the legislation that would have prevented undocumented immigrants from participating in the system. The campaign ‘was conceived as a vehicle for building a broad-based movement for social change, encompassing a social and economic justice agenda beyond the single issue of universal health care.’”

(This last quote is from Anja’s 2011 New Politics [article](#)).

ACA news

Medicaid opt-out will kill thousands: In a [report](#) on Health Affairs blog, PNHP-aligned Dickman, Himmelstein, McCormick and Woolhandler find that the 25 states not expanding Medicaid coverage will cost somewhere between 7,000 and 17,000 people their lives, including as many as 150 in Maine and 1,500 in Pennsylvania.

How the ACA affects the number of people without insurance	Maine	Penn.
No. currently uninsured	126,202	1,520,611
Predicted no. uninsured post-ACA	101,234	1,229,171
No. of uninsured who would be insured if state opted in	34,289	435,088

How many people would be helped by Medicaid expansion	Maine	Penn.
Fewer people with depression	-3,137	-39,811
More diabetics with access to diabetes meds	1,862	23,625
More women with a mammogram in past 12 months (ages 50-64)	1,055	12,484
More women with a pap smear in past 12 months (ages 21-64)	1,886	23,881
Fewer people with catastrophic medical expenditures	-953	-12,780
Fewer deaths (high estimate)	-157	-1,497
Fewer deaths (low estimate)	-31	-398

The report also quantifies how many people are projected to remain uninsured under the ACA in all 50 states:

State	Current # uninsured	Estimated uninsured post-ACA
Maine	126,202	101,234
Maryland	732,544	383,423
Pennsylvania	1,520,611	1,229,171
Vermont	42,836	22,830

Data on medical debt among individuals and families with insurance: Two new reports highlight how vulnerable people are to financial burdens and medical debt even if they have health insurance.

- The [CDC reports](#) that when someone is uninsured, their whole family can face financial burdens. Nationwide, 27% of families experience a financial burden from medical care and 21% are carrying medical debt. Families in which some members are insured and others uninsured are actually more likely to face financial burdens than families in which no one has insurance.
- The Kaiser Family Foundation (KFF) reports that [one in three people with health insurance has trouble paying medical bills](#), and more than two-thirds of people struggling to pay medical bills have insurance. Based on 23 in-depth interviews with people in medical debt, KFF found that the leading cause of medical debt is cost sharing: deductibles, copays and other out-of-pockets costs. Other common factors include out-of-network charges, coverage limits, exclusions, high premiums, unpaid time off work for medical treatment or caregiving, finance charges on credit cards, and difficulty of staying on top of paperwork and bills.

USA Today picked up on this theme, publishing an article called, "[Medical debt will persist despite health law](#)".

Data on the ACA coverage gap: KFF released an [issue brief](#) in December explaining the coverage gap created in states that are not expanding Medicaid. KFF reaffirms [reports that first emerged in the fall](#) that people of color are particularly likely to fall into the gap (in large part because so many African Americans live in Southern states not expanding Medicaid). The report includes a handy [infographic](#) illustrating the coverage gap, plus data on who falls into the coverage gap in Maine and Pennsylvania:

Race/ethnicity	Maine	Penn.

Everyone	24,000	281,000
Black	-	62,000
Latino/Hispanic	-	29,000
Other	-	-
People of Color	-	102,000
White	23,000	180,000

Fact sheets on [Maine](#) and [Pennsylvania](#) help explain who's covered by Medicaid/CHIP and tax credits, and who falls into the gap. Similar fact sheets for [Maryland](#) and [Vermont](#) illustrate who's covered by Medicaid/CHIP and tax credits.

Broad support for Medicaid expansion: In a [new poll](#) from the American Cancer Society Cancer Action Network of registered voters in Florida, Iowa, Kentucky, Michigan, New Jersey, New Mexico, and Texas, most people (between 58-70%, depending on the state) were in favor of their state accepting federal funds for Medicaid expansion.

International news

Indonesia launches universal healthcare: Indonesia began unrolling its nationwide universal healthcare coverage program last month, joining [Ecuador](#) as a recent adopter of universal healthcare. Whereas Ecuador enshrines the right to healthcare in its constitution, however, Indonesia is stitching together a patchwork system of insurance coverage. Indonesia's National Health Insurance Program, the world's largest national health insurance scheme, is supposed to ensure insurance coverage to every citizen and legal resident (though, it seems, not undocumented immigrants) to the fourth largest population in the world (247m). The new system will [merge administration](#) of health insurance with workers' compensation, provident funds, pensions, and death benefits. It is unclear, however, whether this is in fact a universal, public insurance plan: many if not most people will remain on employer-sponsored or other private insurance, but the national government will provide [significant subsidies](#) for low-income people and funding for community health clinics.

Even the World Bank is on board with HCHR. "Health care is a right for everyone, in every country, rich or poor," [World Bank President Jim Yong Kim said](#).

Austerity and human rights in Europe: The European Commissioner for Human Rights has released an issue paper explaining how [austerity undermines human rights](#) and laying out actions governments must take during economic downturns to safeguard human rights, including "ring-fencing public budgets to protect at least the minimum core levels of economic and social rights at all times" and instituting human rights budgeting similar to the VWC's

proposals for a People's Budget:

“Implementing the duty to maximise the availability of resources for the full realisation of economic and social rights involves constant monitoring and oversight over how public money is spent, what it is spent on, how it is raised and whom it benefits.

Comprehensive screening of budget and fiscal policies for human rights compliance improves the accountability and transparency of economic policy processes by allowing for open, public debate over budgeting priorities.”

Meanwhile the European Committee on Social Rights has scolded the Spanish government for recent legislation [denying health care to undocumented immigrants](#). It remains to be seen how Spain will respond. Prior to the recent change, Spain was the only country in the world explicitly including undocumented people in its universal health care system.