

# Health Care is a Human Right

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**Using Human Rights for  
Health Care Advocacy**

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# Human Rights: A Useful Frame and Tool Set?



- Organizing and movement-building
- Public education
- Communications and messaging
- Policy advocacy
- Legal advocacy

# Vermont Case Study

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After years of organizing by the **Healthcare Is a Human Right Campaign**, Vermont is now the first U.S. state...

- ✓ with a law for universal, publicly financed health care
- ✓ with human right to health care principles in law
- ✓ with a commitment to providing health care as a public good
- ✓ with a broad-based human rights movement for health, education, housing, work, and a healthy environment



# What Worked: Human Rights in Organizing

- ❑ **People-centered:** listening, storytelling, surveying, peer education, testifying
- ❑ **Unifying:** common ground, inclusive, respecting differences, tackling power relations, democratic decision-making
- ❑ **Participatory:** bottom-up, organizing, mobilizing, claiming rights



Vermont

# What Worked: Human Rights in Policy Advocacy

- ❑ **Changing the debate:** health care as a collective right
- ❑ **Leading with values:** principles of universality, equity, accountability, transparency, participation
- ❑ **Changing policy priorities:** upholding human rights standards
- ❑ **Developing political agency:** people's presence in the legislature



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# Key Lessons from the Vermont Model



- identify people's **needs** and elevate the voices of the crisis
- claim **rights** and recognize government **obligations**
- support people's **agency** in effecting political change
- foster **unity** across issues and communities
- start changing **power** relations

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# Using Human Rights: What's in the Toolbox?



- ❑ **Frame:** needs, rights, government obligations
- ❑ **Principles:** advocacy grounded in values
- ❑ **Standards:** value-based tools for analysis

# The Human Right to Health

- ❑ Governments have an obligation to respect, protect, and fulfill our universal **right to a system of health protection**.
- ❑ Everyone has an equal right to the facilities, goods, services, and conditions necessary for the realization of the highest attainable standard of health. This includes:
  - ❑ equitable access to appropriate health care
  - ❑ healthy food & water, adequate housing, a safe workplace, a healthy environment, etc.

## Other Advocacy Frames

- ❑ Cost-saving frame: single-payer advocacy
- ❑ Defensive frame: against Medicare cuts etc.
- ❑ Legal frame: client-focused advocacy on Medicaid etc.
- ❑ Social determinants frame: focus on underlying causes beyond health care
- ❑ Disparities or civil rights frame: focus on non-discrimination, inclusion, equality (procedural)
- ❑ Group or issue specific rights frame: women, immigrants, reproductive rights

# Campaigns Based on Values or Solutions?

- ❑ Every campaign is a battle over the framing of an issue between those who hold power and those seeking change.
- ❑ Facts & figures for a technical policy solution do not create a long-term commitment from people to fight for social change.
- ❑ We must frame an issue in a way that engages people directly and deeply.
- ❑ We must have an understanding of a problem's root causes, so that our solution addresses common roots, not symptoms.

# Value-Based Campaigns

- ❑ **Value-based:** health care advocacy as a struggle for human rights against a profit-driven market system.
- ❑ **Consciousness-raising:** people analyze their position, conditions and power in society.
- ❑ **Collectivity beyond self-interest:** from interest group actions to a struggle based on values and principles.
- ❑ **Transformational:** from advocacy for a specific policy to a struggle for rights, with a unifying vision and guiding principles.

# Current Frame: Health Care as a Commodity

- ❑ **Market-based system:** care is sold through insurance plans
- ❑ **Insurance industry:** incentivized to maximize profit, not care
- ❑ **Rationed access to care:** access based on payment, health status, age, gender, race/ethnicity, immigration status, geographical location

## ➤ **Exclusion and inequity:**

System has separate tiers for different categories of people receiving different levels of care

# Human Rights Frame: Health Care as a Public Good

- ❑ The **right** to health care entails a government **obligation** to ensure everyone can exercise this right on an equal basis.
- ❑ Health care is a public good that belongs to all and is overseen by the people. It must be financed and administered publicly, and should be free at the point of access.
- ❑ We get the care we need, and we pay what we can.



# Rights-Based Health Care Advocacy

- ❑ Change prevailing policy paradigm:
  - Commodity, privilege → human right
  - Private profits → public good
  - Individual responsibility → government obligation
- ❑ Change health care financing:
  - Coverage → care
  - Private market and subsidies → public, tax-based
  - Segregated access, different levels of care → direct access to comprehensive health care for all

# Human Rights Standards and Principles

## Standards of the Right to Health Care:

The right to health care means that health facilities, goods and services must be **accessible, available, acceptable**, and of good **quality** for everyone, on an equitable basis, everywhere.

- Analytical focus on specific policy solutions



# Human Rights Principles

**Universality:** Everyone must have access to equal high-quality and comprehensive health care.

**Equity:** Health care resources and financing must be shared equitably; everyone gets what they need and pays what they can.

**Accountability & Transparency:** The people must be able to oversee the provision of health care as a public good.

**Participation:** Government must support people's participation in decisions about how their right to health care is ensured.

➤ Normative focus on basic values



# UNIVERSALITY

Everyone is included and can meet their needs



# EQUITY

Everyone contributes what they can and gets what they need



# TRANSPARENCY

All information related to decision-making should be clear and accessible to all



# ACCOUNTABILITY

The people are able to oversee and guide how government is protecting and fulfilling our rights



# PARTICIPATION

Everyone has a meaningful say in how decisions that impact us all get made

Principles and Standards

# Using the Principles in Advocacy

## Universality:

- Universal means everyone – including immigrants
- Universal care means care for our entire body – no “benefits packages”

## Equity:

- Equitable financing – based on ability to pay, public, tax-based, free at the point of service
- Unity across issues and identities, structural approach, focus on changing power (not just policy)

# Using Principles and Standards: Assessment Tools

- Would the system provide healthcare to all?
  - Would the system eliminate different tiers of access?
  - Would payment be collected independently from the use of care?
  - Would people pay for health care based on their ability to pay?
  - Would the system take into account that some communities and individuals need more care and different services than others?
  - Would the system ensure that communities are involved in determining how their health needs are met?
- Analytical and normative principles combined: offer moral high ground, steer away from trade-offs, simple to use

# Why Human Rights?



Because *human rights*...

- arise from people's needs
- are claimed in people's struggles
- prioritize most disadvantaged groups (race, class, gender)
- reflect shared values and offer principles
- place people at the center of practice and policy
- build the power of the people

# Using Human Rights to Build a Movement

Human rights denials are neither accidental nor isolated.

Human rights principles serve as:

- ❑ a compass for a unified human rights movement
- ❑ a rights-based framework for policy demands
- ❑ a tool for analyzing structural causes and solutions





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