Frequently Asked Questions

Who is the Maine Healthcare is a Human Right Campaign?

We are a statewide grassroots campaign that strives for universal healthcare in Maine. We will achieve this goal through building a people's movement that unites communities across our state, grounded in our human rights vision. We were founded in 2013 by the Maine People's Alliance, the Maine AFL-CIO, and Maine State Nurses Association.

What is our vision?

Everyone must be able to get the care they need, when they need it, regardless of how much money they have. We want a universal, publicly financed healthcare system that treats health care as a human right and a public good for all. This system must eliminate all barriers to accessing care, and it must be financed equitably, so that wealthier people make higher contributions than those who earn less. Access to care should be free at the point of service, which means no one should have to pay when they go to see a doctor or hospital. We all contribute in advance through the tax system. Our healthcare system must be accountable to the people, and we should all have a say in decisions about our own care and the system as a whole. It is our government's obligation to ensure a universal healthcare system that protects our rights, yet we suffer from a market-based system that treats healthcare as a commodity and leaves hundreds of thousands uninsured and many more underinsured. Only a state-wide people's movement can overcome this human rights crisis and bring us universal healthcare.

How can we win the struggle for universal healthcare?

We already have what it takes. Each other. History has shown that when people recognize their collective power, nothing is impossible. We must come together, get organized and build our own power throughout the state, so that we can overcome the entrenched interests and deep pockets of the insurance and medical industries that profit from market-based healthcare. That's why we are building a grassroots movement to change what's considered "politically possible." This requires a strong base in communities throughout the state who are ready to stand up for our human rights. Grassroots campaigns are already starting to change Maine and other states. After four years of organizing, our allies in Vermont succeeded in passing the country's first statewide universal healthcare law. We are ready to pick up this struggle in Maine. Universal healthcare is not some untested new idea – every industrialized country in the world has it! It is time for Maine, and ultimately the United States as a whole, to catch up.

Why is the healthcare crisis a human rights crisis?

The U.S. healthcare system has caused a human rights crisis because it deprives a large number of people of the healthcare they need. The most visible problem is the 50 million people without health insurance, 130,000 of which live in Maine; the most distressing is the number of preventable deaths, estimated to reach 101,000 people a year. This crisis is preventable, because it is not caused by a lack of resources; the United States spends more on healthcare per person than any other

country in the world. Yet our life expectancy is lower, our infant mortality higher, and we are overall in poorer health compared to people in other countries. We also have shocking inequalities in health outcomes, with people of color and low-income people in particular suffering from poor health. The market-based health system has separate and unequal tiers for different groups of people who receive unequal levels of care, which is in clear violation of the principle of equality. At the same time, the increasing barriers to accessing care, the burden of medical debt and the shortage of primary care doctors affect all of us, including people with employer-sponsored insurance. Our access to care is dependent on our ability to pay, not on our health needs. The profit interests in our market-based system devalue people's health, dignity and equality.

What are human rights?

Every person is inherently worthy and has basic rights simply because we are human. These human rights are common to all human beings, regardless of sex, race, ethnicity, national origin, language, income, religion, sexuality, age, disability or other factors. Human rights arise from our fundamental needs as human beings. For many centuries, people's movements have struggled for the rights of individuals and communities to live in dignity, freedom, equality and to be able to meet their human needs. We know that have these rights even if our government does not recognize them.

In 1948, all countries of the world signed the Universal Declaration of Human Rights, and governments have an obligation to respect, protect and fulfill those rights. Other international treaties have affirmed these obligations in greater detail, such as the American Declaration on the Rights and Duties of Man, the International Covenant on Economic, Social, and Cultural Rights, and the Convention on the Elimination of All Forms of Discrimination.

What are economic, social, and cultural rights?

Our human rights include political and civil rights familiar to us, such as the right to vote and the right to a fair trial, as well as economic and social rights, such as the right to healthcare. Everyone has the right to live in a way that is dignified and meets his or her fundamental needs. We all need to eat, have a home, stay healthy, learn and make a living. These needs give rise to our economic and social rights, which include:
- Healthy food
- Housing
- Health, including healthcare and a healthy environment
- Education
- A job with dignity
- Social protection and income security (e.g., when we become unemployed, sick, disabled, old, or need support for other reasons)

These needs and rights are interconnected. For example, it is difficult to be healthy if we live in a moldy or unsafe house. It is difficult to find a good job if we don't have a home or lack education. This is why the struggle for universal healthcare is linked to struggles for our other economic and social rights, such as campaigns for living wage jobs, adequate and affordable housing, and high-quality education.

What is the human right to healthcare?

The human right to healthcare is a part of our right to health, which goes beyond healthcare and includes a healthy environment, healthy work conditions, and other aspects of life that affect our health. The human right to healthcare means that everyone has the right to get the healthcare they need, when they need it, regardless of payment or any other factors. Healthcare must be provided as a public good to everyone, rather than a market commodity sold only to those who can afford it. Healthcare must be financed and administered publicly, and should be free at the point of access.

The protection of all human rights is guided by a basic set of principles. We use these principles to describe what a healthcare system based on human rights must look like:

Universality: Everyone must have access to comprehensive, equal high-quality healthcare.
Equity: Healthcare resources and financing must be shared equitably, so that everyone gets what they need and pays what they can. There must be no systemic barriers to accessing care.
Accountability: Government has an obligation to establish a healthcare system that meets human rights principles, and this system must be accountable to the people it serves.
Transparency: The healthcare system must be open with regard to information, decision-making, and management.
Participation: The healthcare system must enable meaningful public participation in all decisions affecting people's right to health care, including the design and operation of the system itself.

These human rights principles enable us to develop a roadmap for healthcare reform. We can assess any reform measures against these principles.

Do the laws of Maine or the United States guarantee our right to healthcare?

No, but we do not depend on the law for claiming our human rights. Human rights are not granted by governments; we have these rights by virtue of being human. We can and should demand that our government respect, protect and fulfill those rights.

The United States has committed to human rights by signing the Universal Declaration of Human Rights. However, it has ratified only some of the covenants and treaties that give human rights the force of law.

Do other countries recognize healthcare as a human right?

Healthcare is recognized as a human right in many countries around the world. A number of them have incorporated the right to healthcare in their constitutions, and many embrace the goals of health protection and a healthy society in their national policies. Some countries have had universal, publicly financed healthcare for over one hundred years, others have transformed their healthcare systems more recently. All spend much less money per person than the United States and many of them have a healthier population.

Why should we focus on universal healthcare in Maine? Don't we need this for all of the United States?

Yes, we need universal healthcare in the United States, and we can build on many decades of struggles for a national universal healthcare system. However, the last attempt resulted in the Affordable Care Act, what's now called Obamacare, which is not universal healthcare but just another set of market-based reforms. While Washington DC is busy with Obamacare, there is a lot of energy at the state level to go beyond those "reforms" and show state-by-state that universal healthcare is possible. Vermont has already achieved a breakthrough by passing the first universal healthcare law in the country. Once a couple more states follow, the domino effect will create the critical mass for national reform. Maine could be the next state! This is how Canada got their universal healthcare system, which was kicked off in Saskatchewan and spread from there.

Why does the Affordable Care Act fail to provide universal healthcare in Maine?

The Affordable Care Act (ACA) was passed by Congress in 2010 and most of its provisions will be implemented in 2014. It introduces some reforms to private health insurance, but it maintains and further subsidizes private insurance companies. It requires states to set up health insurance marketplaces, so-called Exchanges, where those without employer-sponsored coverage can purchase a private insurance plan. The federal government will subsidize the cost of those private plans for low-income people. It will also expand the Medicaid program for people living in poverty. Yet many people will remain uninsured: in Maine, 130,000 people currently lack health insurance. It's unclear how many will still lack insurance after the ACA goes into effect. Many more will continue to struggle with high premiums, deductibles and co-pays. In addition to premium payments, some individuals may have to pay up to $6000 in out-of-pocket costs per year.

The ACA fails to meet human rights principles. It leaves many people out, which means it is not universal. It continues to rely on the private health insurance model, selling access to care in the marketplace, which means it will remain unaffordable for many. People with more money can buy better access to care, which violates the principle of equity. Because it relies on the market, the ACA does not make healthcare a public good, which also means that the healthcare system won't be accountable to the people it serves.

Does the Affordable Care Act make it easier or harder to move toward true universal healthcare in Maine?

No law or policy can stand in the way of the people getting organized and demanding their human rights. The biggest obstacle to achieving universal healthcare in Maine is not technical barriers, but political will. And that is exactly what we are changing through grassroots organizing. As Maine starts implementing the Exchange as required by the ACA, we will look at how this affects people's access to care. We will show why we need to do more and move beyond the Affordable Care Act. The ACA allows states to do that after 2017. At that time, the federal government can grant waivers for states to establish their own healthcare system, with the help of federal funding, as long as that new system ensures better, not worse, access to care than the Exchange. In Vermont, the federal funds from the ACA will be used as a springboard for setting up a universal, publicly funded healthcare system.

Why have the recent reform efforts failed to make healthcare a human right in the U.S.?

The market-based system is working well for those who profit from it – insurance companies, pharmaceutical companies, private hospitals, etc. They have a vested interest in preserving the system and continuing to deny us our human rights. These corporations are also very influential with politicians, and they spend a huge amount of money on lobbying. The federal reform effort showed how powerful those corporate interests are, because they succeeded in getting even more money channeled to insurance companies. The reform's focus was on strengthening the market rather than improving the health of our population. But we can change by getting organized. We may never have the money, but we have the numbers. History shows that a mass movement of people can be more powerful than the money of a few.

What progress has been made on universal healthcare in Vermont?

In May 2011 Vermont became the first state in the country to pass a law for a universal, publicly financed healthcare system. This law commits the state to set up a system by 2017 that provides healthcare as a public good to all residents. It is also the first law to include the five human rights principles of universality, equity, accountability, transparency, and participation. This breakthrough was brought about by a grassroots human rights movement led by the Vermont Workers' Center's Healthcare Is a Human Right Campaign. The campaign is now focusing on how the healthcare law will be implemented. The goals are to ensure that the system will be financed equitably, through progressive taxation, and that it will provide comprehensive healthcare to all, rather than a restrictive insurance benefits package. Because coverage is not care, the campaign is asking reformers to adopt a new and different approach to designing a healthcare system, based on the goal to provide all medically necessary care to everyone who needs it.

Are there campaigns in other states for healthcare as a human right?

Yes, over the past year we've seen new Healthcare Is a Human Right campaigns emerging in Maryland, Oregon and New Mexico, and there is also interest in other states. Many state-based groups want to learn from the success in Vermont, which means they see that political change can only happen through grassroots organizing and they emphasize a human rights vision over technical or cost arguments.

Will treating healthcare as a human right ensure high quality healthcare?

The United States currently spends far more per person on healthcare than the rest of the industrialized world, yet we receive relatively poor care for all that money. The World Health Organization ranked the United States number 37 in the world for the quality of our health system, yet we were number 1 for spending per person. Our national Institute of Medicine recently reported that the U.S. population is in poorer health and lives shorter lives than people in other high-income countries. The report listed free-market capitalism and the uneven distribution of resources among the reasons for our health failures. This includes our for-profit, market-based healthcare system that costs us so much money but puts up systemic barriers to getting quality care. A key problem is that even after the Affordable Care Act will be fully implemented, healthcare will continue to be

rationed based on a person's income, age, immigration status, and geographical location. Those who can pay less, are older (but not old enough for Medicare), are recent immigrants or live in rural or inner city locations receive poorer care than others. This is not the case in countries that have universal, publicly financed healthcare. Once healthcare is provided as a universal public good, then there are no more insurance middlemen who can deny care, no loss of access to care in case of unemployment or changing jobs, no wasteful financial incentives for doctors to use expensive tests, equipment or procedures regardless of whether these are useful or harmful to a patient, no shortage of primary care doctors, and no concentration of hospitals in the wealthiest areas. Guaranteeing the right to healthcare will reduce suffering, shift to a focus on people's health rather than monetary gain, and improve the health of our population.

How will universal healthcare reduce the cost of healthcare?

In a universal, publicly financed system people will pay into the system based on their ability to pay. The cost to individuals and families will be based on what they can afford, which means that low-income people will pay much less than wealthy people. This will likely mean that costs will go down for most people.

Moving to a publicly financed, single payer system will save money overall. First of all, if people stay healthier because they have better access to care, including early access to preventive and primary care, the need for expensive critical and emergency care will be reduced. Second, publicly financed healthcare systems have much lower administrative and management costs than private, for-profit systems. For example, Medicare has around 3% administrative costs, compared to 30% for private insurers. Under the current business model of health insurance, there is a vast amount of purposeful waste and red tape that serves to deny access to care. A system with just one public single payer will have vastly reduced administrative and management costs, which will also benefit healthcare providers who are now dealing with multiple insurers and their different rules. Such a system will also have more power in negotiating the price of pharmaceuticals and medical equipment, and will be better positioned to allocate healthcare resources where they are most needed.

Doesn't Maine already do a good job providing public healthcare?

Although Maine has some important public programs in place to support those who can't afford private, market-based health insurance, there are still 130,000 people uninsured and many more are underinsured. Our current programs do not effectively address everyone's healthcare needs, nor do they control costs to individuals and to the state. A patchwork fix like the Affordable Care Act is not going to work, because it doesn't address the underlying problems. We need a meaningful, long-term solution in form of a universal and unified healthcare system that serves all people in Maine.

Why should someone with good health insurance support this campaign?

Every person needs healthcare, so access to care should not depend on whether someone happens to have good insurance. Is it really acceptable that some of our neighbors, friends or family members

cannot get the healthcare they need? Hospitals and other healthcare facilities, just like fire departments and schools, require a collective investment because they have to be there for everyone and cannot be funded by any one person alone. These are public goods that we have to support together; they should belong to all of us. Some of us already have good insurance from the public Medicare program. Why shouldn't this be available to everyone? Those who have private health insurance through their employer have seen their costs increase tremendously over the past few years. Moreover, more and more employers are dropping health insurance altogether. Those that offer coverage require higher contributions from workers. That's because private premium dollars pays for the administrative waste, high executive salaries and private profits in the market-based system. What may seem like reasonable insurance now is actually supporting an unsustainable healthcare system that denies tens of millions the care they need and drains our economy. A more efficient universal system would benefit everyone, even those who currently have insurance. We must create a system that works for all of us, not just for a few. We are in this together, and only together can we realize the human right to healthcare for all.

Why should union members support this campaign? What would happen to Taft-Hartley plans in a universal system?

As health insurance costs rise across the board, employers tend to pass those costs onto workers, in the form of higher premium contributions, deductibles, co-pays, and reductions in coverage. On average, workers now pay over 25% of the cost of employer-sponsored plans. One in three workers now has a high deductible plan. Although union members have fared far better than nonunion workers, collective bargaining gets increasingly burdened by health insurance negotiations. Maintaining healthcare benefits results in lower wages and even job losses as employers seek to reduce labor costs. Union members are not isolated from the healthcare crisis affecting the country as a whole.

Federally regulated health insurance plans would not be directly affected by setting up a state-wide universal healthcare system. This includes Taft-Hartley plans, which are multi-employer insurance plans that cover workers of several employers in one industry through collective bargaining agreements with one or more local unions. They provide portability of certain benefits and continued coverage for workers moving from employer to employer within the industry covered by the plan. Taft-Hartley plans are protected by federal law, so they wouldn't simply disappear in a universal system. Yet they may no longer be desirable. Universal healthcare decouples access to healthcare from employment, and therefore ensures the portability of healthcare benefits when changing jobs. If Maine had universal healthcare, it could also arrange to pay for the healthcare its residents received in other states, as long as they continued to live in Maine. Transitioning out of employer-based insurance could be very beneficial to union members. They could bargain for higher wages instead of fighting over premiums or employer contributions in every contract. Taft-Hartley plan contributions could also be redirected to other kinds of benefits (childcare, retirement, education benefits, etc.).

For a universal healthcare system to work, union members would have to stand in solidarity with other workers as well as those without jobs to ensure that everyone's financial contributions to healthcare get pooled in a way that ensure access to care for everyone.

Is there a difference between human rights and single-payer advocacy?

The human right to health is much broader than a specific healthcare financing system. It requires that our health is protected and improved, and it offers principles and standards so that we can assess how this can best happen. Human rights are our basic values; they refer to the way we want to live, not to technical policy solutions. Even people who aren't sure about health policy issues can relate to the call for a healthcare system that enables everyone to get the care they need. Because key principles of human rights are universality and equity, we tend to describe a human rights-based healthcare system as "universal, publicly financed healthcare" (public financing is best placed to ensure that contributions are made collectively, by all of us according to our abilities, and not based on our use of care, which is an important aspect of equity).

"Single payer" is a specific policy solution for how to finance a healthcare system. Depending on how they are designed, single payer proposals tend to meet key human rights standards. "Single payer" usually refers to a public insurance system which collects and administers insurance funds through a single public agency. Everyone is covered in this system, independent of their employment or any other factors. Private, for-profit insurance companies would be eliminated. Yet coverage does not necessarily amount to care, so there are other issues a healthcare system needs to address once the single public payer is in place. For example, in single payer proposals the delivery of care through hospitals and doctors usually remains largely private, so the healthcare system has to figure out how to ensure that providers are available where they are needed, and that the care they provide is patient-centered and non-discriminatory, among many other things.

Why are we not focusing on passing a single payer bill right now?

We need to organize for our human right to healthcare and build a big and powerful movement that we can sustain throughout a long struggle. That's why we're not starting by putting forward specific policy solutions or lobbying for a bill in the statehouse. First we need to engage people directly and deeply, tell our stories and understand the common root causes of our problems. This will enable us to grow and build long-term commitment from more and more people to join us in the struggle for real change. We need to bring many different communities together with a unifying vision and values, and ensure that no one will be able to divide us. Once we have sufficient power, we can start bringing proposals, such as those for a universal, publicly financed healthcare system, to our elected officials.