Voices of the Vermont Healthcare Crisis:

The Human Right to Healthcare

Vermont Workers' Center

Human Rights Day

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www.workerscenter.org/healthcare

TABLE OF CONTENTS

1. Introduction

In 1998, the Vermont Workers' Center was started by a group of young, low-income, Central Vermont workers who wanted to build an organization committed to fighting for a broad range of issues affecting working people.

For years, the number-one concern among our members has been access to affordable healthcare. So for years, we participated in coalitions seeking universal healthcare. Once, we even allowed ourselves to believe that the legislation we desired might be imminent. But we learned that universal healthcare in Vermont was not yet "politically possible."

Our experience over many years of struggle eventually led us to the recognition that, to make universal healthcare politically possible, we must alter the landscape of the healthcare debate. We have to demand healthcare as the human right that it is, rather than continuing to allow it to be treated as a privilege, a commodity or a source of profit.

After much planning and research, in the Spring of 2008 we launched our statewide Healthcare Is a Human Right campaign. Instead of focusing on policy or the current piecemeal legislation, we began building a network of concerned Vermonters by going out and talking to people, developing relationships, sharing stories and beginning to reframe how we think about healthcare. With this network, we are building our capacity to mobilize citizens from every corner of the state, to put pressure on our legislature and administration to enact the change that we need.

One of the first things that we did, in this campaign, was develop a simple one-page survey which asked people about their experiences with healthcare and about the different ways the lack of affordable healthcare has affected their lives. We began collecting our surveys by knocking on doors, going to farmers markets and other local events, working our social circles– and through unions, community groups, churches and workplaces. Throughout the Summer and Fall, local organizing committees began coming together to do the work of interviewing, distributing and collecting surveys. These local committees helped us to reach all around the state, so we could gather the voices of Vermonters from the countryside, from cities and from towns.

As the surveys came in, we were astonished by the stories that we heard. We knew our current healthcare system had problems, but we learned that, in many ways, it was worse than we had imagined.

In addition to the healthcare surveys, we have also worked with our local organizing committees and partner organizations to convene healthcare human rights hearings around the state,

1. Introduction

to begin sharing Vermonters' healthcare stories in our communities. For each hearing, we have brought together a community listening panel, comprised of local religious leaders, healthcare professionals and representatives from community organizations.

Working with local organizing committees and partner organizations, we have now conducted well over a thousand surveys across the state. And more are coming in every day. This report is based on the first 1,200 of these surveys.

Acknowledgements: We wish to recognize the pioneering work of Vermont Health Care for All and thank the Vermont Campaign for Healthcare Security for the support that they have provided. We also wish to thank the Human Right to Health program of the National Economic and Social Rights Initiative for their help.

With only one full-time staff member devoted to this campaign, survey compilation and the development of the other materials that constitutes this report became the work of many dozens of volunteers–most especially volunteer report writers Bronwyn Fleming-Jones, Michael Corcoron, Matthew McGrath and David Kreindler and designer Tricia Ekenstam. In addition, many organizations have joined in to support the work of this campaign by collecting surveys and helping to organize local human rights hearings. Most especially, we wish to acknowledge the work of the Vermont Citizens Campaign for Health, ALANA Community Organization, Child Labor Education & Action at Brattleboro Union High School, the members of the Burlington Livable City Coalition, the Peace & Justice Center, Northeast Kingdom Health Care For All, St, Johnsbury Community Justice Center, the Northeast Kingdom Chapter of the VSEA, the Vermont AFL-CIO and Patricia Shine's Lyndon State College class, Macro Perspectives in Human Services.

Finally, special thanks go to all the hard-working volunteers who have made this campaign happen and to all of those (we mean you) who will get involved and whose efforts will make healthcare everybody's right.

2. Healthcare is a Human Right

"It is really possible for us to have a publicly financed healthcare system where people would no longer have to worry they couldn't afford healthcare. This is the way it is in other countries. Its regarded as a public good. They pay for it through taxes. They don't think twice about it. They never have to worry that if they got cancer they would lose their homes."

–Dr. Deb Richter, MD, a family physician in Cambridge, VT and leader of Vermont Health Care For All

"Of all the forms of inequality, injustice in health care is the most shocking and inhumane."—Martin Luther King, Jr.

Sixty years ago—December 10 1948—in response to the wide range of atrocities committed throughout the first half of the 20th century, the United Nations adopted the Universal Declaration of Human Rights. In Article 25 of this Declaration, the General Assembly proclaimed:

> *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…*

Most nations in the developed world now recognize healthcare as a human right and offer universal access.[1] In the United States, the idea of healthcare as a human right is one that has been overlooked. Instead, we allow healthcare to be treated as a commodity, a source of profit for insurance companies.

Currently the United States spends more, per capita, on healthcare than any other country.[2] In 2007, health care expenses accounted for more than 16 percent of our nation's gross domestic product.[3] Yet, despite our high healthcare spending, the U.S. has been ranked by the World Health Organization (WHO) not 1st but 37th in overall healthcare system quality.[4]

The individual WHO statistics are actually shocking. For example: Cuba, which spends, per capita, one twentieth of what the United States spends on healthcare, has a significantly lower infant mortality rate.[5] So do Belarus, Croatia, the Czech Republic, Estonia and Hungary, along with Poland, Serbia and all of Western Europe, Scandinavia, Canada, Australia, New Zealand, Japan, Singapore, Korea and others.[6] When it comes to infant mortality, the United States ranks about the same as Thailand, which, like Cuba, spends about one twentieth, per capita, of what the U.S. spends on healthcare.[7]

Other healthcare statistics tell the same story: exorbitant spending on healthcare in the United States is not resulting in better health for Americans.

2. Healthcare is a Human Right

How is it possible that we are spending more and receiving less? The biggest source of waste is the lack of a single administrative system. In the government-administered portion of the U.S. healthcare system, administrative costs account for about 5 percent of spending.[8] In the private (insurance company) portion of the U.S. healthcare system, administrative costs can consume more than 30 percent of every healthcare dollar.[9] And in this latter "system," which seeks to control costs by denying care, not only is the waste of dollars much greater, but people needlessly suffer and die because they do not receive the care they need when they need it. Our healthcare system causes people to suffer and die so somebody else can make a profit. This system is no way to treat a human right.

Healthcare in the U.S. is overlooked as a right, but it is not alone. American citizens suffer human rights violations in housing, employment and job security, domestic abuse and violence, institutionalized discrimination based on race, gender, age, sexual orientation and disability and many other injustices. These issues are inextricably linked. A vicious cycle exists between inadequate healthcare and many other injustices: unaffordable healthcare costs are the leading cause of personal bankruptcy; poverty is the leading cause of homelessness, and homelessness is devastating to both physical and mental health. We can break this cycle only by treating healthcare as the human right that sixty years ago we proclaimed it to be. And by breaking this cycle, we empower ourselves to make other positive changes in our society.

In this report, we present data examining our current healthcare system and argue that the system of financing healthcare in this country is broken. These data represent the lives of people in Vermont being sacrificed because we have not yet realized that healthcare is a human right. It is time to make healthcare a human right and save these lives. We deserve healthcare not because we can pay but because we are human.

1. World Health Organization Statistical Information System
2. ibid.
3. Centers for Medicare and Medicaid Services
4. World Health Organization Statistical Information System
5. ibid.
6. ibid.
7. ibid.
8. Centers for Medicare and Medicaid Services
9. Costs of Health Care Administration in the United States and Canada Steffie Woolhandler, M.D., M.P.H., Terry Campbell, M.H.A., and David U. Himmelstein, M.D. in the New England Journal of Medicine

"When my employment status changed, figuring out how to have access to healthcare insurance was a huge ordeal filled with hurdles which became a full-time job. I spent a lot of time filling in paperwork, responding to requests for more paperwork, and essentially navigating a complicated bureaucracy. This bureaucracy is based on the idea that you have to qualify for this, that or the other program or service. So then we need all these gatekeepers to make sure the wrong people don't get through the gate, or that people don't get medical services they aren't 'eligible' for."
–Ellen Schwartz, Brattleboro

3. Healthcare Reform in Vermont

As the stories in Section 4 will illustrate, many Vermonters are suffering badly as a result of the State's inadequate healthcare system. More than 66,000 Vermonters—including 11,000 children—have no health insurance.[1]

Of those with health insurance, 180,000 are underinsured.[2] They cannot effectively use their health insurance, because of unaffordable deductibles, co-payments and other out-of-pocket expenses. And the cost of these health insurance plans, which are mostly provided as a benefit of employment, continues to rise dramatically. According to a September 2008 study by the Kaiser Family Foundation, annual deductibles—the amount that people pay out of their own pockets for medical care before their insurance coverage starts—jumped an average of 29 percent in the last year, to $1,344.

The numbers are painfully clear: there is a healthcare affordability crisis. This crisis is especially problematic in Vermont, where per-capita spending on healthcare is higher than the national average and is rising at a faster rate. The leading cause of personal bankruptcy is a catastrophic health event. One in three home foreclosures in Vermont is related to healthcare costs. And, of course, the vicious cycle of homelessness is intimately tied to issues of healthcare.

The effects of this crisis go deeper than affordability. As you will see, there is discrimination in the healthcare system. And the difficulty of obtaining and keeping healthcare can trap people in abusive relationships and unfulfilling jobs.

Many public officials and candidates in Vermont recognize the need for drastic improvements in the Vermont healthcare system. They often lament its flaws, in campaign literature and public statements. But while the state has made several efforts at reform, the reforms that have been put into law have ignored the human rights framework necessary to address the core problem in the current system: that it treats healthcare as a commodity rather than as a human right. Though these reform efforts may be well-intentioned, without a foundation in human rights, they cannot address the needs of all Vermonters.

For example, the most recent effort by the legislature to reform healthcare was the passage of the Catamount Health in 2006. The goal of the legislation, according to its architects, was to provide a way for some of Vermont's uninsured population to obtain affordable insurance.[3] Those who are eligible can join a managed care plan with private insurers Blue Cross Blue Shield of Vermont or MVP Health Care, where the cost of the deductible

3. Healthcare Reform in Vermont

is based on income. But the plan, even according to its own advocates, does little to solve the problem. Accordingly, only 20–25 percent of eligible Vermonters have enrolled in the program.[4]

Catamount suffers from the same flaws as other private insurance plans. It can deny coverage for pre-existing conditions, and it charges monthly deductibles and co-pays for prescription drugs and doctor visits, which can be prohibitive to people with low-incomes. For example, someone in Catamount earning $23,520 per year would have to pay almost seven percent of their income even before receiving care.[5] Since there are additional out-of-pocket expenses for doctors, emergency room visits and prescription drugs, the plan discourages participants from seeking needed health care.

Our healthcare survey results show clearly that Vermonters view healthcare as a human right and desire a universal system. So where are the politicians?

In fact, some Vermont legislators have pushed for plans that treat healthcare as a human right. In 2005, a bill that would have taken a step towards insuring all Vermonters in one risk pool was vetoed by Governor Jim Douglas.[6] Another bill, introduced by Representative Topper McFaun, a Republican from Barre, would provide hospital coverage to all Vermonters, but that bill has gone nowhere.[7]

Universal healthcare legislation has not been able to pass into law in large part because public officials lack the will to enact it. They claim that real healthcare reform—the kind of reform that would treat healthcare as a human right rather than as a commodity—is "politically impossible." That term, *politically impossible*, means that industry lobbyists, not Vermonters, hold sway in the Vermont statehouse and executive offices.

The question of what is "politically possible" is where Vermonters can make a real difference. Through grassroots organizing, public advocacy and a willingness to fight for basic human rights, we can change what is politically possible—and bring healthcare to all Vermonters.

1. Green Mountain Care website
2. "Costs & Implications of a Single Payer Healthcare Model for the State of Vermont", Ken Thorpe, 2006
3. New England Rural Health News, August 2006
4. Vermont Public-Interest Research Group
5. Vermont Public-Interest Research Group
6. H.524, Green Mountain Health Bill
7. H.304, the Vermont Hospital Security Plan

4.1 Uninsured

"Healthcare is well on its way to becoming the next disaster."

–Laurie Larson, Health Care Advocate at the Vermont Office of Health Care Ombudsman, Burlington

One of the most troubling characteristics of Vermont's current healthcare system is how many people it leaves out. Approximately 66,000 people—11 percent of Vermont's population—currently have no health insurance at all. This statistic includes more than 11,000 children.

Those without insurance are left to fend for themselves. They invariably lack comprehensive preventive care. And after deferring needed care too long, they must often rely on expensive and incomplete treatment at emergency rooms, which can leave them bankrupt or crippled by debt.

Families USA estimates that more than two working-age Vermonters die each month due to lack of health insurance. Between 2000 and 2006, the estimated number of Vermonters between the ages of 25 and 64 who died because they did not have health insurance was more than 200.[1]

Duane M. Young, 46, of Brattleboro is one of those unfortunate Vermonters who goes through life with no health insurance. Young works as a logger, which is one of the most dangerous jobs in the world. His only insurance is Worker's Compensation. But he says that, as dangerous as his profession can be, "life is scarier when you step out of the woods."

"I try to stay focused and block out the risk. I got hurt badly, five years ago," says Young, who is also a musician. "Recently I hurt my knee—meniscus tear. Nice doc gave me a cortisone shot and free advice: 'needs surgery.'

1. "Dying for Coverage in Vermont", Families USA, April 2008

4.1 Uninsured

Be down for two weeks? That's not going to go over good. Surgery is not a transmission for your truck; it's a giant investment. So I keep working and babying that knee."

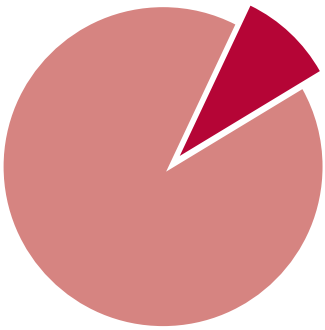
Young said he is too nervous to ski or engage in other activates that he would otherwise like to do and that life without insurance is a constant struggle.

Laurie Larson, Health Care Advocate at the Vermont Office of Health Care Ombudsman, said Duane's problems are all to common under our current insurance system, which will offer subsidies to the poorest people but leave many working class folks exposed.

"I witness this injustice every day," Larson said. "Healthcare is well on its way to becoming the next disaster."

"If you're a middle-bracket guy like me, they're like 'you make too much,' but you don't make enough," Young said. "I'd love to see change. Let's have some change."

"Life is scarier when you step out of the woods."
–Duane M. Young, a logger from Brattleboro



Approximately 66,000 people–11% of Vermont's population–currently have no health insurance at all.

4.2 Underinsured

"[When people are] being billed for budget-breaking thousands and scores of thousands of dollars . . . even those we count as 'insured' are underinsured."

–Rabbi Joshua Chasan, Burlington

While the plight of Vermont's uninsured is often cited as the major injustice of our current healthcare system, it is arguable that an even greater problem is the number of people who are underinsured. These people must delay or forgo necessary care because they lack the money for out-of-pocket expenses, such as deductibles or copays, or because of the limits on coverage imposed as a way for private insurers to ensure their own profits. It is estimated that an astounding 180,000 Vermonters—nearly a third of the population—is underinsured. Even people with reliable employment, good wages and insurance are vulnerable, as the cost of health insurance is increasingly being shifted from premiums to out-of-pocket expenses.

"[When people are] being billed for budget-breaking thousands—and scores of thousands—of dollars . . . even those we count as 'insured' are underinsured," says Rabbi Joshua Chasan, who served on the community listening panel at the Burlington Human Rights Hearing on October 23, 2008.

Jim Hyde, self-employed from Fair Haven, is one of the many Vermonters who face this crisis. For years, he had a healthcare plan from Blue Cross Blue Shield with a $5,000 deductible, which he described as "halfway decent." But the cost of healthcare has risen dramatically in recent years, well past the rate of inflation, and along with many others across the state, the amount he had to pay went up considerably.

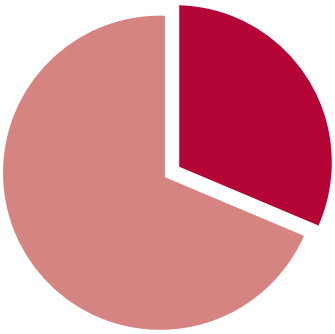
4.2 Underinsured

"In recent years it went sky high through the roof. I had to raise my deductible in order to afford the policy, and now I'm paying $310 a month for a $10,000-deductible policy," Hyde said.

And when Hyde was hospitalized recently, he was left with a $6,000 bill. "It's the best [health insurance] I can afford," he told the Workers' Center.

Laurie Larson, Health Care Advocate at the Vermont Office of Health Care Ombudsman, knows this problem all too well. "My office exists because the health care system is in such a mess. The office of the Health Care Ombudsman advocates for people of all incomes to resolve problems and complaints with their health care needs, including issues with insurance as well as with providers," she said. "We receive about 2,500 calls per year. Our annual caseloads include calls from every county and 'most every town in the state."

"I had a $5,000 deductible plan. In recent years it went sky high through the roof. I had to raise my deductible in order to afford the policy, and now I'm paying $310 a month for a $10,000 deductible policy."
–Jim Hyde, Fair Haven



180,000 Vermonters–nearly a third of the whole population–is underinsured.

SOURCE: 2006 VT Legislative Report: Costs and Implications of a Single Payer Healthcare Model for the State of Vermont by Kenneth E. Thorpe

4.3 Healthcare Forgone

"Many people who are burdened by soaring health care costs may put off a visit to the doctor or a necessary treatment because they feel it is no longer affordable. They can be putting their lives in jeopardy."

–Jennifer Henry, RN at Fletcher Allen Health Care and President of the nurse's union

In a system in which healthcare is treated as a commodity, those with limited financial resources often avoid or postpone necessary care, on the assumption that they cannot afford it and worried about the devastating effect of medical bills on their family's finances. In fact, 6 in 10 Vermonters polled have refrained from getting care because they felt they could not afford it.

This common problem is one of the great, tragic injustices of our healthcare system. It is responsible for both needless suffering and needless death.

Nancy Hoedecker, a nurse from Brattleboro, has unfortunately seen the horrific consequences that can result when people avoid or postpone medical care due to their concerns about being able to afford it. Her husband, despite having a persistent sore in his mouth, for financial reasons had avoided seeking treatment. When, at the urging for his wife, he finally had the sore examined, they learned that it was Stage-IV tongue cancer, which had by then metastasized and spread to other parts of his body.

The delay in seeking treatment severely limited his treatment options—and his chance of recovery. He was treated through a State program, but he passed away of the disease soon afterwards, leaving Nancy to wonder if his life could have been saved if they did not happen to reside in the only developed nation that does not provide healthcare to all of its citizens.

4.3 Healthcare Forgone

"It's a real feeling of hopelessness, not knowing what's going to happen," she said.

Nancy's story is, sadly, all too common. People with no insurance, or with insurance that they cannot afford to use, often avoid seeking care—both treatment for serious injury or disease and the routine preventive care that could detect problems before they become serious.

Not only is this situation entirely wasteful—avoiding preventive care leads to far more expensive treatment later on—but it also causes thousands of Vermonters to risk their own health.

"Many people who are burdened by soaring health care costs may put off a visit to the doctor or a necessary treatment because they feel it is no longer affordable. They can be putting their lives in jeopardy." says Jennifer Henry, RN at Fletcher Allen Health Care and President of the nurse's union. "The people who do not have access to affordable health care can end up suffering through a serious illness, requiring more complex care for an illness that was completely preventable or easily treatable."

"It's a real feeling of hopelessness, not knowing what's going to happen."
–Nancy Hoedecker, RN, who lives in Brattleboro

6 in 10 Vermonters polled have refrained from getting care because they felt they could not afford it

4.4 Healthcare Denied

> "The hospital might say that it "accepts" your insurance. But do you know that the physician that treats you in the ER might not? Nor the radiologist, pathologist or anesthesiologist?"
>
> –Laurie Larson, Health Care Advocate at The Vermont office of the Health Care Ombudsman

While there are statistics available about the uninsured and underinsured, there is another group of healthcare victims whose rights are violated "under the radar." Many people, often after deferring care because of out-of-pocket costs, reach a point where they can no longer avoid medical attention. Long overdue for treatment, they may be turned away by administrators and doctors alike because they either lack insurance or carry a plan that does not profit caregivers. Linda Ryan, Director of the Samaritan House in St. Albans, spoke about this phenomenon, explaining that she knew of "[doctors] who had met their quota for medicare, and they weren't taking any new patients."

Keith Meigs, also from St. Albans, lacking health insurance went to the hospital for debilitating back pain. About his visit he said, "One of the doctors wanted to keep me over for observation. An hour later, [a nurse] comes back, says 'nope, doctor says you've got to go.' And it's because I have no health insurance. They gave me another Demerol, stuck me in a wheelchair, and out the door I went." Without taking care of his injury, the hospital sent him packing. He was left untreated, in pain and with a bill for $1,000. In order to live day-to-day with some quality in his life, he later agreed to receive the care he needed, paying out-of-pocket. Afterwards, he explained, "[I] lost my house, lost my two cars and had to start from square one."

4.4 Healthcare Denied

Keith is not alone. Many other Vermonters are forced to pay incomprehensible fees for the care they need, and many are simply denied that care. Or they choose to live with a diminished quality of life rather than commit themselves to overburdening debt.

"One of the doctors wanted to keep me over for observation. An hour later, [a nurse] comes back, says 'nope, doctor says you've got to go.' And it's because I have no health insurance. They gave me another Demerol, stuck me in a wheelchair, and out the door I went."
–Keith Meigs, Federal contracted worker, St. Albans

4.5 Dental Care

> "We get calls all the time from people saying, 'I need a root canal. I need a crown. Where can I go to get this? I have no insurance. I have no money.' And we have nowhere to send them."
>
> –Dr. Ellen Grimes, Program Director of the Vermont Technical College Department of Dental Hygiene, Williston

Dental care is an essential part of healthcare. According to Dr. Ellen Grimes, Program Director of the Vermont Technical College Department of Dental Hygiene, "The mouth is part of the body, and a lot of diseases that effect the mouth also effect the [rest of the] body." Dr. Grimes warns, "gum disease can lead to heart disease and stroke," while small infections in the mouth, when left untreated, have the ability to spread and develop into critical medical problems.

Yet dental care is often not an integral part of a healthcare plan. According to a 2005 study by the Vermont Division of Health Care Administration, 47.3 percent of all residents are not covered by an insurance plan that pays for routine dental care, though nearly 71 percent of children under the age of 18 have dental coverage.1

The same study finds that of Vermont families who live at or below the Federal Poverty Level (FPL), only 35.8 percent have access to routine dental care, while 61.8 percent of Vermont families between 300 and 399 percent of the FPL have similar access. In other words, dental care belongs to those who can afford to pay for it. In treating dental care as a commodity instead of a right, our healthcare system is, in effect, forcing the less financially privileged to make choices between health concerns and other primary needs.

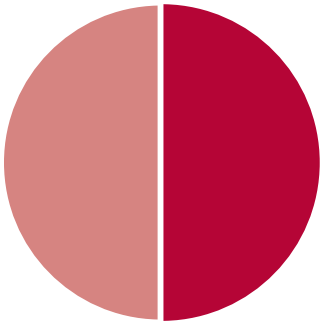
With nearly half of all Vermonters lacking any dental care plan--and many of the rest unable to pay the out-of-pocket fees for the plan that they do have--it is not unreasonable to assume that many Vermonters are merely delaying

4.5 Dental Care

necessary treatment until their dental health problem becomes too painful to ignore. And the eventual cost of delayed treatment is always greater than that of the early care that would have made it unnecessary.

In addition to physical health issues associated with delayed care, there are social and psychological concerns as well. Marie Larrabee is a Burlington resident, who, while looking for work, takes advantage of a popular State assistance program. Her dental care plan allows for a cleaning once a year. The rest of the care that she needs is not covered. She does not go a month without a toothache and finds it hard some days to eat because of the pain. "Besides the pain," she expressed, "my teeth are in such bad condition [that] I can't imagine going on a job interview and being able to make an impression on a potential employer." There is a cultural stigma associated with damaged or missing teeth that constitutes a huge hurdle for many people to overcome, a hurdle that would be unnecessary if dental care were treated as a human right.

"My teeth are in such bad condition [that] I can't imagine going on a job interview and being able to make an impression on a potential employer."
– Marie Larrabee, Winooski



Nearly half of Vermont residents are not covered by a dental care plan.

SOURCE: 2005 study by the Vermont Division of Health Care Administration

4.6 Medical Debt

> "With the loss of jobs comes loss of income, loss of medical insurance, loss of hope . . . . "
>
> –Stephanie Struble, Opportunities Credit Union, Burlington

Another great injustice of the current healthcare system is the burden that medical debt can impose on families and individuals.

Vermonters who lack health insurance often rely on emergency room care when major medical problems arise. These folks are then confronted by astronomical bills, which inevitably create a financial crisis for them and their families.

Even those with insurance are often exposed to crippling bills, due to the benefit limits of their health insurance policies. In fact, illness or the resulting medical bills are responsible for approximately half of all personal bankruptcies in the United States.[1] And of those bankruptcies, three quarters are of individuals who had health insurance when they first became sick.[2]

Stephanie Struble works for Opportunities Credit Union, in Burlington, a community development credit union with a social mission to serve low-wealth Vermonters. She has seen firsthand how medical bills can ruin the lives of Vermont residents. Her agency has had to deny 371 loan applicants in the first six months of 2008 alone, due to the applicants' low credit ratings. Of those who were denied, 161 applicants faced a combined total of $569,000 of medical debt.

"The impact of this debt is that people cannot qualify for loans [because] their debt-to-income ratio is too high," Struble said. "They cannot get a mortgage loan to buy a home or

1. "MarketWatch: Illness And Injury As Contributors To Bankruptcy", Health Affairs Journal, by David U. Himmelstein, Elizabeth Warren, Deborah Thorne, and Steffie Woolhandler
2. ibid.
3. ibid.

4.6 Medical Debt

a car loan to purchase a reliable automobile. They receive higher interest rates on existing loans; they receive higher interest rates on credit cards; they receive higher rates for car insurance, and they cannot find employment when credit matters to the employer."

She added, "Our healthcare system must change in order to protect Vermonters' basic financial well-being." The worsening economic crisis and rising unemployment, Struble said, is likely to add to the problem. "With the loss of jobs comes loss of income, loss of medical insurance, loss of hope . . . . "

Sandra Schlosser is a Burlington resident with health insurance. Sandra told us that her daughter, also insured, "Went to the hospital—one visit—it was $6,000, and for whatever reason, our insurance paid nothing." Even though Sandra and her husband together make only $40,000 a year, they were given no assistance with the bill. While she will continue to pay $20 a month for the next 7 years, what she wants to know about her health insurance premiums is, "what are we getting for that money?"

"Supposedly we have a great program . . . as long as we don't get sick."
–Sandra Schlosser, Burlington

1 out of 4 Vermonters surveyed have been unable to obtain credit because of unpaid medical bills or, know someone who has.

Excluding mortgage debt, medical debt is second only to credit card debt[3]

4.7 Healthcare and Homelessness

> "Medical debt and sudden medical illness are major causes of homelessness in our community."
>
> –Julie Winn, Case Manager Committee On Temporary Shelter (COTS), Burlington

According to a report published by the Vermont Housing Finance Agency in 2007, Vermont has the highest rate of homelessness in New England.[1] Between 2000 and 2007, the average length of stay in homeless shelters increased from 12.9 to 32.5 days, and an increasing number of homeless Vermonters are being turned away from shelters.[2]

While the reasons for homelessness are complex, poverty and trauma are clearly foremost among them. An increasing number of families in Vermont are just a single illness or one large medical bill away from homelessness.

The relationship between healthcare and homelessness is a vicious cycle that is difficult to break, under the current healthcare system. A typical scenario is a situation in which an individual becomes ill, cannot access necessary medical care, is unable to work—or fired—and consequently becomes unable to pay for housing. The individual is then forced onto the streets, where his health deteriorates.

Cases like these are reviewed at homeless shelters and organizations like the Committee On Temporary Shelter (COTS), where Julie Winn is a case manager. "I see folks who have accrued thousands of dollars in debt and [are] just not able to pay it back, so it trickles into all aspects of their homelessness—applying for employment . . . housing . . . finding a job," explains Winn.

It is not difficult to see how lack of healthcare causes homeless people to suffer. But it is also important to recognize that lack of healthcare coverage is often a root cause of homelessness.

FOOTNOTE: United States Conference of Mayors–Hunger and homelessness survey. A 2005–2006 status report on hunger and homelessness in America's cities.

1. Vermont Housing Finance Agency: Family Homelessness in Vermont
2. Vermont Housing Awareness Campaign
3. "The Physical and Mental Health Status of Homeless Adults," Housing Policy Debate by Dennis, Levine and Osher

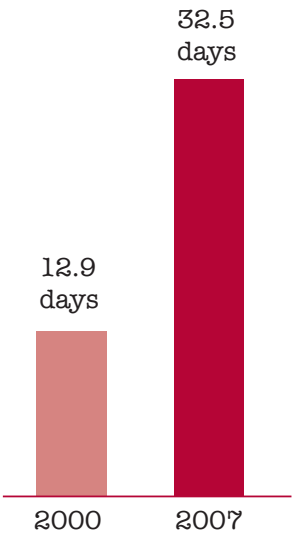
4.7 Healthcare and Homelessness

Tony Daniels, formerly homeless and a prominent community activist, has worked with the homeless at the Safe Harbor Clinic, in Burlington. He says that because of the bureaucracy of the current healthcare system, many homeless people do not know how to access healthcare. "Some of them don't even know where to begin," he says. "'Where do I start? How do I get health insurance? Who do I go to? I don't even know how to fill out the application.'"

The relationship between homelessness and healthcare is cyclical. Lack of healthcare can cause and prolong homelessness. And it causes unnecessary suffering within an already disadvantaged community.

The solution is clear. Tony Daniels explains it. "We want to ease the suffering of the homeless and prevent unnecessary deaths. We want to eventually end homelessness. One step towards that is we need to see healthcare as a human right."

"Some of them don't even know where to begin. 'Where do I start? How I get health insurance? Who do I go to? I don't even know how to fill out the application.'"
–Tony Daniels, Burlington community activist who was formerly homeless



Vermont has the highest rate of homelessness in New England, with an average stay length increased to 32.5 days in 2007 up from 12.9 days in 2000.

Nearly one half of the homeless population have chronic illnesses, two times as much as the housed population.[3]

4.8 Healthcare and Domestic Violence

> "Somebody may well stay in a relationship to access the healthcare benefits that are available–say, through the spouse's job. So they are getting their healthcare benefits, but they're also getting abused at the same time."
>
> –Darrel Morris, Case Worker Women Helping Battered Women, Burlington

The connection between healthcare and domestic abuse is distressing. Without universal healthcare, health insurance is wielded as an instrument of power and control—and as a justification for abuse. Twelve percent of the Vermonters that we surveyed reported that they have stayed in an abusive relationship to obtain healthcare, or have known someone who has. Alarmingly, this figure is likely an underestimate of the actual number, due to the sensitive nature of this matter and the difficulty of reporting abuse.

One Vermonter recounted the following story. "My father was an abusive alcoholic. My father would constantly threaten my mother that without him and his health insurance, she would never be able to make it on her own. She would never be able to afford health insurance. The fear of not having healthcare prevents us [from having] the freedom to make choices."

Unfortunately, cases like this are not uncommon. According to Darrel Morris, a case manager at the organization Women Helping Battered Women, there is a variety of ways in which an abuser can use healthcare coverage as an instrument of manipulation and control. The abuser may threaten to terminate coverage if the abused leaves the relationship, may cancel coverage for children and can use costly healthcare premiums as a justification for not giving the abused a cash allowance. As Darrel Morris says, "Somebody may well stay in a relationship to access the healthcare benefits

4.8 Healthcare and Domestic Violence

that are available—say, through the spouses job. So they are getting their healthcare benefits, but they're also getting abused at the same time."

If healthcare were treated as a right, and each individual were able to access necessary care on his own, we could eliminate a major source of vulnerability for many domestically abused Vermonters.

"My father was an abusive alcoholic. My father would constantly threaten my mother that without him and his health insurance she would never be able to make it on her own. She would never be able to afford health insurance. The fear of not having health care prevents us [from having] the freedom to make choices."
–Anonymous

More than 1 in 10 Vermonters polled has stayed in an abusive relationship for the health benefits or know someone who has.

4.9 Healthcare and Discrimination

> "Trying to get the proper documentation in order to receive care is a nightmare."
>
> –Melinda Bussino, Director, Brattleboro Drop-In Center

According to our survey results, 1 in 5 Vermonters has suffered some form of discrimination in their attempts to obtain medical care. Vermonters experience discrimination based on factors such as, race, gender, age, sexual orientation, residency and economic status, to name a few. Though discrimination in medical care is illegal, under the current healthcare system discrimination is difficult to identify and therefore change.

Maria Hernandez is a "documented" resident living in Burlington, who has tried many times to obtain medical care. Each time, she has been unsuccessful either due to her non-citizen status or lack of medical records.

Melinda Bussino, director of the Brattleboro Drop-In Center, works to help people obtain healthcare. Bussino explained that many people are denied care because of incomplete paperwork. Yet trying to obtain the needed paperwork, she says, "is a nightmare."

In one instance Maria Hernandez was suffering from appendicitis, and her appendix ruptured while she delayed seeking treatment. Her daughter reports, "She was in really bad pain for three days—four days—and she wanted to go to the hospital. But she was afraid."

Cases like Maria's are not uncommon. Throughout the state, victims of discrimination are neglected every day.

4.9 Healthcare and Discrimination

Another Vermonter, who identifies as transgender, has said that medical care providers do not believe that she practices safe sex because of her sexual orientation and gender identity. This Vermonter went on to say that it is difficult for the transgender community to access health care because of "homophobic, heterosexist health providers that create [an] uncomfortable environment."

Article 2 of the Universal Declaration of Human Rights is simple. It states, "Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status." In other words, "everyone" means everyone.

"She was in really bad pain for three days–four days–and she wanted to go to the hospital but she was afraid."
–Daughter of Maria Hernandez, Burlington parent

1 out of 5 Vermonters surveyed have themselves experienced discrimination or known someone who has been discriminated against during an attempt to receive healthcare

4.10 Healthcare and Employment

"The costs of healthcare have risen so dramatically that it's becoming difficult even for small business owners to afford coverage for themselves let alone their employees."

–Doug Hoffer, Policy Analyst, Burlington

In 2007, 65 percent of Vermont adults with health insurance received their insurance as a benefit of employment.[1] In our 2008 survey, more than half of the respondents told us that they had stayed in a job in order to keep the health insurance benefit provided by their employment, or they knew someone who had done so. In other words, a significant number of working Vermonters are working at their jobs not because it is what they want to be doing but because otherwise they would lose their healthcare.

Meanwhile, the rates we pay for employer-sponsored plans are rising at a staggering pace. According to the Kaiser Family Foundation, since 1999 the insurance premiums of our nation's employer-provided plans have risen 119 percent, while in the same period workers' earnings have climbed only 34 percent.[2]

In Vermont, where 68 percent of businesses employ fewer than 100 workers, we are especially affected by the rising cost of employer-sponsored health insurance.[3] Increasingly, small business owners are unable to afford coverage for their staff and still stay in business. Ariel Zevon, the owner of a small retail store in Barre, explains, "I have a family with no healthcare and a business with employees that I can't provide healthcare to because it's been unaffordable. We tried when we first opened . . . but couldn't afford it."

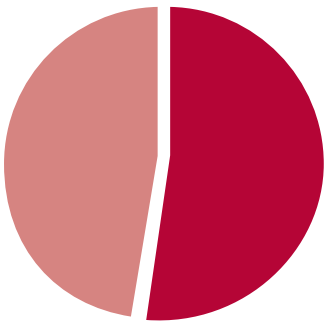
1.
2. 2008 Kaiser Family Foundaton/HRET, Employer Health Benefits Survey[pending]
3. VT Dept. of Labor, http://www.vtlmi.info/cewsize2007estab.pdf

4.10 Healthcare and Employment

Zevon is not alone. According to Burlington independent policy analyst Doug Hoffer, "Small businesses are less likely to offer insurance to their employees. When they do [offer insurance], the employee contribution is typically a bit higher."

In addition, as the cost of insurance premiums continue to rise, often the sensible choice for the employer is to switch to a policy with higher deductibles or co-pays. In this way costs are shifted onto employees, who find themselves with health insurance that they are unable to use, because of the out-of-pocket expense. Hoffer explains that many people now, "suffer through whatever their [medical] problems are because they just don't have the money, even though they have coverage. It's a bit of smoke and mirrors."

"I have a family with no healthcare and a business with employees that I can't provide healthcare to because it's been unaffordable."
–Ariel Zevon, Small Business Owner, Barre



54% of people surveyed know someone who has stayed at a job solely because of the health insurance benefits.

5. Conclusion

Sixty years after the United Nations' Universal Declaration of Human Rights, we celebrate that document as a vision of social justice. It is a vision of justice that arose from a period of human history in which the world was wracked by horrific violence, tyranny and oppression. It is a vision of a world that had not yet ever existed.

Now, like our forebears, we live in a world that suffers from horrific violence, tyranny and oppression. And we see the Universal Declaration of Human Rights as a challenge poised before us. It asks us: *How much longer will you tolerate injustice? How much longer must people suffer?*

Here in Vermont, our neighbors, our friends and our families are suffering and dying needlessly, because we have not yet realized the universal right to healthcare.

We suffer and die because we cannot afford to pay for health insurance.

We suffer and die because we have health insurance that we cannot afford to use.

We suffer and die because we forgo healthcare–fearing bankruptcy or ruinous debt.

We suffer and die because we are abused by the spouses and partners who provide our access to health insurance.

We suffer and die because we cannot fill out forms or provide documentation or answer questions. Or because we do not understand the answers.

We suffer and die because health insurance plans omit parts of our bodies from their coverage.

We suffer and die because denying healthcare is more profitable than providing healthcare.

5. Conclusion

Here, in the United States, we suffer and die needlessly because we allow a human right to be treated as a commodity, a privilege of those who can afford to pay, a reward that divides those who have it from those who lack it and a source of profit for those who claim to ensure our care.

The struggle for universal healthcare is a fight against extremely powerful interests whose profits depend on healthcare remaining a commodity instead of becoming a human right. Those profits are unprecedented in our history; they are horrific, and they oppress us.

Sixty years after the proclamation of the Universal Declaration of Human Rights, we find ourselves facing the greatest disparity in wealth that this country has ever known. And, in the halls of power, we are told that a human right is not a political possibility. We see a connection, here, and we see a solution.

Over 95 percent of the Vermonters that we asked believe that it is time for our public policy to recognize healthcare as a human right. At our healthcare human rights hearings, Vermonters continue to recognize that they are not alone in their suffering–and that their suffering is not their fault.

We are building a network of people, a mass movement capable of demanding the change that we need. On May 1, 2009, Vermonters from every corner of the state will converge on the Statehouse, in Montpelier–thousands of Vermonters proclaiming *Healthcare Is a Human Right*. We will demand this human right. In doing so, we will be a catalyst for change nationwide. And we will learn that, struggling together, we can make our vision of justice become reality. Join us.