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Now More Than Ever: Growing the Movement for the Right to Health Care and Economic Justice

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Last week, Vermont's governor announced [1] he would not move forward with implementing a universal, publicly financed health care system in his state. While it remains possible for the state legislature to propose and enact a public financing plan, the governor's unilateral decision has complicated the path to meaningful health care reform.

Vermont's 2011 universal health care law, Act 48 [2], commits the state to provide health care as a public good to all, equitably financed, by 2017, and requires the governor to put forward detailed plans for public financing. Governor Shumlin is still expected to submit proposals next week, after repeated delays, maneuverings behind closed doors, and missing the legal deadline of January 2013. He will not, however, recommend implementation options to the legislature. Act 48 includes a set of opt-out clauses – conditions that must be met to ensure the success of Green Mountain Care, the universal system - and the governor indicated that, at least in his opinion, economic conditions cannot be met.

NESRI is working with the Vermont Workers' Center [3] (VWC) to prepare an analysis of the financing information released by the governor, and to put forward an alternative model, which will infuse the Healthcare Is a Human Right Campaign's 2012 financing proposal [4] with data from the governor's calculations. We have partnered with the VWC and its Healthcare Is a Human Right Campaign since 2008, supporting the development of a pioneering movement for human rights. Over the years, the Healthcare Is a Human Right Campaign has taken its struggle for equitable, public health care financing to unprecedented successes, culminating in the enactment of Act 48, which incorporates key human rights principles and now stands as a challenge to any politician seeking to opt out of financing reform. By growing a grassroots movement guided by human rights principles [5] and led by people most impacted by the health care crisis, the campaign built the power to change what is politically possible in health care reform. This movement has now expanded to other states [6], where social justice groups are adapting the lessons learned in

Vermont.

The current challenge has opened up an opportunity for new learning as well as for a fresh assessment of the broader context in which rights-based movements operate. The focus on health care financing is intended to open pathways for addressing a range of economic and social rights violations. Within the myriad of critical issues affecting our right to health, it is financing that gets to the core of economic justice. This is less about a specific advocacy focus on “single payer” - a single source of insurance payments to providers, which is not technically possible at the state level, given federal insurance programs – than about turning a market commodity into a public good.

Health care reform is an economic justice issue because the private health insurance system epitomizes the failure of ensuring human rights through markets. This means the struggle for equitable, public health care financing is about nothing less than transforming a key part of the capitalist economy into a people’s economy that prioritizes public goods. Although dauntingly complex, such a transformation is not primarily a policy challenge, but a political one. The question is not whether public financing is technically possible, but what it will take to make it politically possible.

Governor Shumlin did his best to obfuscate this distinction between policy and politics, showcasing figures [7] that suggest a shift to public financing may not a workable policy in his state. Yet a closer look at those figures reveals what political observers have suspected for a while: Shumlin made a political rather than a policy decision [8].

Health care financing is first and foremost a budget and revenue issue, and local, state and federal governments have yet to recognize, let alone fulfill, their human rights obligation of developing spending policies that meet people’s fundamental needs and raising revenue equitably to fund needs-based budgets. Vermont’s governor adopted austerity measures in line with national trends, and shielded corporations and the wealthy from more equitable taxation.

That is why, since the passage of Act 48, the Vermont Workers’ Center and NESRI broadened the health care focus to include budget and other economic justice issues [9]. Unsurprisingly, winning the policy arguments for treating health care as a public good proved to be easier than expanding the political will to adequately and equitably fund public goods.

The obstructive role of big businesses, inside and outside the health care industry, cannot be underestimated. In Vermont – not a state with many large corporations or health insurers – significant corporate opposition was well concealed, not the least because of the policy projection that many businesses will benefit almost as much from publicly financed health care as individuals. For larger corporations, however, perceived financial stakes, market ideology, and power interests – control over workers’ benefits – acted in concert to incentivize maintaining the status quo. Combined with the pro-business thrust of the federal ERISA law, which bars governments from directly interfering with corporate self-insurance, the political costs of transforming health care financing clearly outweigh its policy merits, at least in the eyes of politicians. In proposing a flat payroll tax – at a rate much lower than big businesses currently pay but much higher than current contributions from very small businesses - Governor Shumlin protected self-insured companies such as IBM, General Electric, National Life, and other multi-state corporations from sizable double payments (for both their own plans and the universal system) but tanked universal, publicly financed health care in his state.

Radical social and economic transformations are pushed by powerful expressions of popular will. When people power grows, politicians will follow, as they did in Vermont in 2011. We cannot rely on even the most well-meaning elected officials to spearhead radical change, or on an electoral strategy that elevates ‘the right individuals’ to positions of power. As history has shown,

meaningful and lasting change requires strong grassroots movements, led by people most affected by human rights violations, and these movements start in people’s communities, not in governor’s mansions, state legislatures, or Washington DC.

The Healthcare Is a Human Right Campaign never tied its success to the fate or fickleness of politicians. Grounded in the principles of human rights and the imperative of eliminating injustice and unnecessary suffering, it has retained the moral high ground even as the governor abandoned his human rights commitments in a most undemocratic fashion [10]. Similarly, Healthcare Is a Human Right campaigns elsewhere in the country are not consumed by political processes that lack the basic democratic principles of transparency, accountability and participation. The developments in Vermont expose the systemic deficiencies of the political process and the ineffectiveness of even the most persuasive policy arguments in the harsh face of political power. They call for bolder, bigger mass organizing efforts that unite people in the struggle for their rights, demanding budget and revenue policies that secure adequate public funding for health care, education, housing, good jobs, and social protection programs. Our support for such movement building must be unwavering, now more than ever. The political backlash in Vermont demonstrates the urgent need for engaging people, organizing communities, building leadership, changing the discourse, and connecting people united in their vision for justice and human rights.

December 23, 2014 - 12:14pm — anja

In partnership with communities, NESRI works to build a broad movement for economic & social rights, including health, housing, education and work with dignity. Based on the principle that fundamental human needs create human rights obligations on the part of government and the private sector, NESRI advocates for public policies that guarantee the universal and equitable fulfillment of these rights in the United States.

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Links:

[1] <http://governor.vermont.gov/sites/governor/files/GPS%20Health%20Care%20Speech%2012.17.2014.pdf>

[2] <http://www.leg.state.vt.us/docs/2012/Acts/ACT048.pdf>

[3] <http://www.workerscenter.org>

[4] <http://www.nesri.org/sites/default/files/GMCFinancingPlan-VWCproposal.pdf>

[5] <http://newpol.org/content/reviving-progressive-activism-how-human-rights-movement-won-country%E2%80%99s-first-universal-health>

[6] http://www.huffingtonpost.com/anja-rudiger/beyond-obamacare-in-many-states_b_4378433.html

[7]

<http://governor.vermont.gov/sites/governor/files/Michael%20Costa%20Health%20Care%20Presentation%2012.17.2014.pdf>

[8] <http://www.rutlandherald.com/article/20141220/OPINION04/712209920/1018/OPINION>

[9] <http://www.nesri.org/programs/the-peoples-budget-campaign-in-vermont>

[10] <http://www.workerscenter.org/news/release-healthcare-human-right-campaign-responds-shumlin-s-failure-act-universal-healthcare>