

# Building Local Support for the Human Right to Health Care

University of  
Connecticut, School of  
Social Work

Anja Rudiger, Ph.D.

National Economic &  
Social Rights Initiative

April 28, 2011



# The Human Right To Health



Governments have an obligation  
to respect, protect, and fulfill

our “right to a system of health protection which provides  
equality of opportunity for people to enjoy the highest  
attainable level of health.”

**International Covenant of Economic, Social and Cultural Rights**

(Legal interpretation by UN Treaty Body in General Comment 14)

# Normative Principles for Right to Health Advocacy

- ▶ **Universality:** Everyone must have access to equal high-quality and comprehensive health care
- ▶ **Equity:** Costs and resources must be shared equitably, with everyone getting what they need and contributing what they can
- ▶ **Accountability:** The people oversee the provision of health care as a public good, shared by all



Human Right to Health

# Health Care in the United States

- ❑ **Market-based approach:** health care is a commodity sold to those who can afford it. Market imperatives take precedent over social goals.  
→ **Universality**
- ❑ **Stratification:** tiered system with different categories of people receiving different access to and levels of care. → **Equity**
- ❑ **Personal responsibility, private gains:** individual mandate to buy private coverage; five largest insurance companies make a profit of \$12 billion, while 101,000 people die unnecessarily each year.  
→ **Collective responsibility, accountability, public good**

Human Right to Health

# The Path to Change

No legal or political recognition of right to health care



No universal health care system



Market imperatives and high private health spending



Poor health outcomes and deep inequities



Human right to health advocacy

Human Right to Health

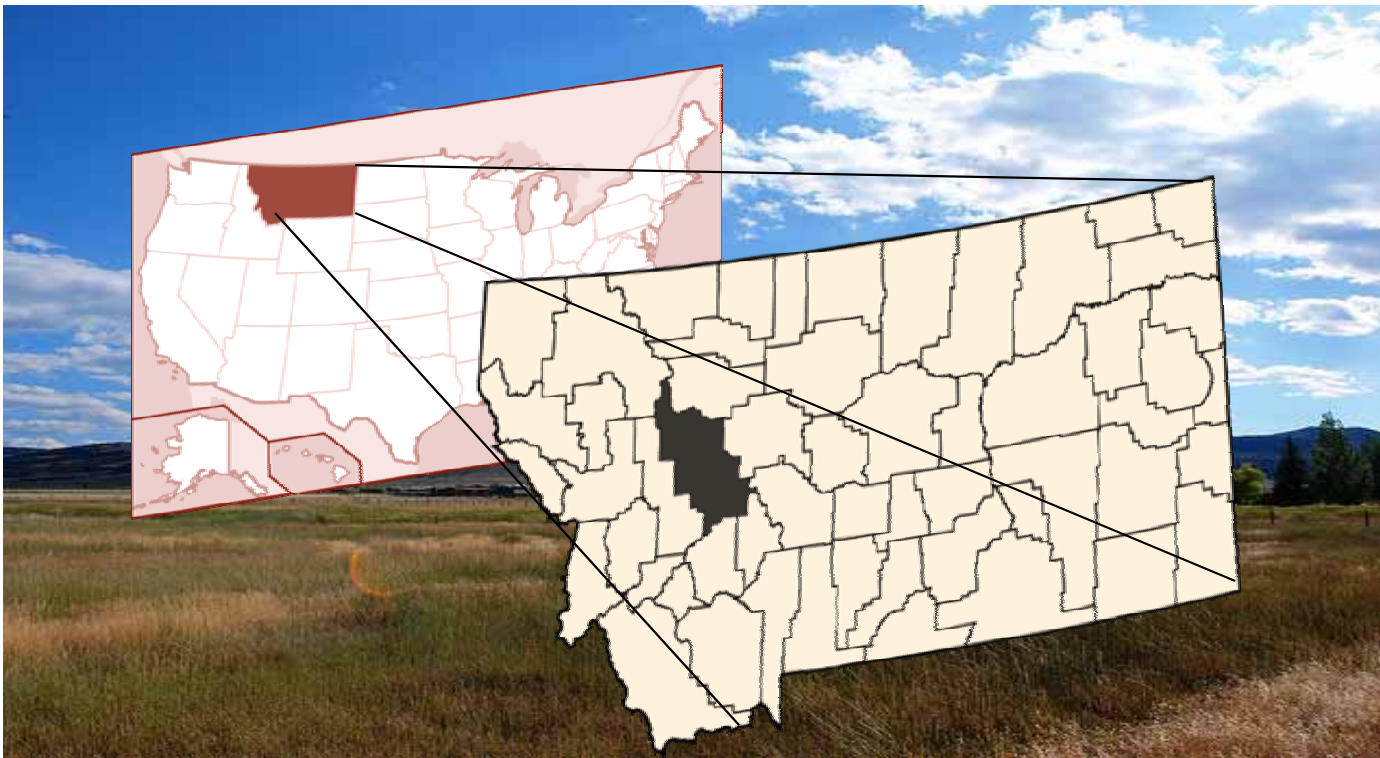
# The Right to Health as a Catalyst for Change

- ❑ **Shifting the discourse:** from a commodity to a rights frame
  - ❑ **Changing practice:** community-based actions for protecting health and realizing the right to health care
  - ❑ **Changing policy:** towards a publicly financed and administered health care system at local, state and national levels
  - ❑ **Changing law:** embed human rights principles in state constitutions, other state and local laws and regulations
- ➔ **Organizing and movement building:**  
unify people through normative frame of universal rights

# Montana: Protecting the Human Right to Health Care at County Level

Lewis & Clark County Board of Health Resolution:

- Recognizes the human right to health care
- Sets up task force to plan a local universal health care system





# Process and Partnerships



**The City-County Board of Health**  
Initiator and early champion

**The Universal Health Care Task Force:**

Community-led, all-volunteer

Two-year unfunded work program

➤ Phase I: Community needs assessment

➤ Phase II: Action plan

**Partners:**

Montana Human Rights Network

NESRI

**Supporters:**

County Health Department

FQHC



# Community Health Needs Assessment

## Qualitative research with community:

- Trained & supported Task Force
- 9 focus groups, 56 participants

## Participation objectives:

- Engagement with reform process
- Awareness-raising through discussion of health needs and rights

## Research objectives:

- Data on unmet health needs, use of services, barriers to access
- Feedback on human rights approach
- Ideas for local measures



# Community Experiences and Needs

## Human rights standard of **ACCESS**:

Access to care is universal, equitable, and not dependent on payment

*“If you don’t have money, then you don’t have the right to care.”*

(Focus Group participant)

## Human rights standard of **AVAILABILITY**:

Care is available where and when needed

*“... how come so many doctors turn people away and so many hospitals and so forth? And all these services are not available to people when they should be? If their Hippocratic Oath says that they’re not allowed by even inaction to harm people, then that makes no sense.”* (Focus Group participant)

## **Human rights standard of QUALITY:**

Care must be medically appropriate, timely, continuous, and patient-focused

*“I’m going to get into a different dentist that will take payments because this [dentist] broke one tooth, pulling one out, and I was reminded twice that I was getting the service for free.”* (Focus Group participant)

## **Human rights standard of ACCEPTABILITY & DIGNITY:**

Care provision must respect dignity, be culturally appropriate, responsive to needs

*“We’re human beings; it doesn’t matter whether we make \$7 an hour or six digits a year. We’re humans and we all have something to offer. ... Why can’t we get good health care?”* (Focus Group participant)

# Views on Human Rights and Public Goods

Around two thirds of participants consider health care to be a human right.

*“It’s everyone’s right as a human being.”* (Focus Group participant)

Most participants see a collective obligation to help everyone be as healthy as possible.

*“I’d be willing to pay my share, according to my income, to have something that took care of everybody.”* (Focus Group participant)

# Community Ideas for Local Reform



- ▶ Expand financing options to enable access for all
- ▶ Expand health services, esp. primary care and the FQHC
- ▶ Improve care-coordination
- ▶ Increase transportation
- ▶ Treat patients with respect and respond to their needs

Montana

# Task Force Draft Action Plan

- ❑ Create a new, community-based health care plan in the county:
  - ▶ e.g. CO-OP health plan, single payer-type plan, consider local income tax
- ❑ Expand FQHC services and geographical areas served
- ❑ Ensure that tax-exempt hospital meets community's health care needs
- ❑ Initiate a statewide referendum to recognize the human right to health care



Montana

# The Role of Human Rights in Local Reform



## Using a human rights framework:

- ▶ as a tool to raise awareness and engage people
- ▶ as a vehicle for participation and empowerment
- ▶ as a basis for conceptualizing and demanding policy change
- ▶ to tap into ethics of caring for neighbors, community spirit, common good



# Vermont's *Healthcare Is a Human Right* Campaign

Best practice example of using human rights for

- organizing and movement building
- policy analysis and advocacy



# What the VT Workers' Center Has Achieved

Vermont...

- ❑ may become first state to embed human right to health care principles in law
- ❑ may become first state with a universal, publicly financed health care system
- ❑ mandated the state to design a system based on the Campaign's principles
- ❑ recognizes in statute that health care is a public good



Vermont's Healthcare Is a Human Right Campaign

# Human Rights and Grassroots Organizing

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



Vermont's Healthcare Is a Human Right Campaign

# Human Rights and Policy Advocacy



- ❑ Health care as a right: changing frame & discourse
- ❑ Campaign principles: universality, equity, accountability, transparency, participation
- ❑ Human rights analysis & assessments
- ❑ The “People’s Team”: human rights in the legislative process – a principled position
- ❑ The politics of agency: whose rights, whose voice?

Vermont’s Healthcare Is a Human Right Campaign

# A Universal and Unified Health System in Vermont

The state will create Green Mountain Care  
*“to provide, as a public good, comprehensive, affordable, high-quality, publicly financed health care coverage for all Vermont residents in a seamless manner regardless of income, assets, health status, or availability of other health coverage.”*

➔ **public good, universality, equity**

The state will *“achieve health care reform through the coordinated efforts of an independent board, state government, and the citizens of Vermont, with input from health care professionals, businesses, and members of the public.”*

➔ **accountability, transparency, participation**



Vermont's Healthcare Is a Human Right Campaign



# Why Human Rights?



## *Human rights...*

- ❑ arise from people's fundamental needs
- ❑ prioritize the needs of the most disadvantaged groups
- ❑ offer substantive standards
- ❑ place people at the center of policy and practice
- ❑ help shift power to the people

# Contacts



National Economic & Social Rights Initiative (NESRI)

[www.nesri.org](http://www.nesri.org)

Montana Human Rights Network

[www.mhrn.org](http://www.mhrn.org)

Vermont Workers' Center

[www.workerscenter.org](http://www.workerscenter.org)