Second Cycle
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The Vermont Workers' Center is a democratic, member-run organization dedicated to organizing for the human rights of the people in Vermont. We seek an economically just and democratic Vermont in which all residents can meet their human needs and enjoy their human rights, including dignified work, universal healthcare, housing, education, childcare, transportation and a healthy environment. We work to build a democratic, diverse movement of people affected by injustice that is locally focused, coordinated statewide, and connected nationally. We work with organized labor to strengthen workers' rights, and with other allied organizations in support of other human rights. We are committed to taking action on the full range of issues of concern to people most impacted by economic and social injustice, and to building strategic alliances nationally and internationally.

OUR STRATEGIC ORIENTATION

- We must grow a large and committed base to engage in collective struggle and build our power.
- We must act together to hold those in power accountable for ensuring our rights.
- We must make a leader of each of us and educate ourselves well in both history and strategy.
- We must use a consistent human rights framework to facilitate our organizing, develop our campaigns and formulate our policy positions.
- We must tell our own stories to counter the influence of mainstream media controlled by those in power.
- We must seek to fund our movement from our base, so that we are accountable only to our members.
- We must foster solidarity and build a broader movement by joining with other groups seeking economic and social justice.

The VWC does not have ECOSOC status.

I. SUMMARY

1. We are a Workers Center which has, over the past five years, launched the Healthcare is a Human right Campaign in the State of Vermont. Based upon a grassroots, door to door survey, we discovered that healthcare was a right of which residents of the State were largely unaware. We have also assisted other states in launching such campaigns,

including Maine, Oregon, Pennsylvania, Ohio and Maryland. The people of Vermont have had success in holding our legislators accountable for protecting the human right to healthcare, culminating in the passage of several State statutes which declare healthcare in the State of Vermont to be a public good, a human right, and a right which must be publicly administered and financed. Federal Law currently prohibits Vermont from immediately implementing such a system and instead requires its compliance with a for-profit insurance based system. Under that current Federal law in effect, the most vulnerable populations of Vermont suffer illness and death from lack of healthcare. It is clear from affiliation with Healthcare is a Human Right campaigns in other States that those same vulnerable populations are suffering nationwide. Grassroots groups working on these campaigns have found that the poor, the non-citizens, and certain ethnic groups are likely to be unable to afford health insurance from a for-profit company. If they are able to purchase the insurance, they frequently cannot access services due to lack of money for the co-payment and/or deductible. Health is treated as a commodity, allowing for-profit insurance companies to earn money on the denial of healthcare benefits to their insureds. Health insurance is frequently tied to employment, allowing employers to determine what "healthcare" their employees should receive. This is particularly true in light of recent Supreme court decisions upholding an employer's right to refuse to provide employees reproductive health care.

2. The U.S. should treat health as a human right, and allow all within its borders, regardless of citizenship, to enjoy that right. Universal healthcare laws should be passed on a federal level. Until those laws can be passed, the U.S. should do everything within its power, through administrative and executive action, to allow individual states to provide the healthcare that an insurance-based system cannot. Healthcare should be decoupled from employment, and access to healthcare must not be restricted by lack of ability to make co-pays or deductibles. States which deny healthcare to people within their jurisdictions should experience cuts in federal funding for other purposes. States should be allowed access to all federal funds collected for or on behalf of healthcare if those monies can be used to guarantee access to actual healthcare (not insurance) for the residents of that State.

II Legal Framework

3 The Federal Affordable Care Act [1] ("ACA") provided national health insurance exchanges in which all citizens were required to participate. Participation of citizens can be through an employer supplied health plan or can be purchased individually.

4. The State of Vermont passed legislation [2] for a "Universal and Unified Health System", which specifically states that healthcare is a "public good" which is "publicly financed".

5. Article 25 of the UDHR makes it clear that every person has the right to medical care.

6. Articles 7, 9, 13, 17, 24 and 26 of the ICCPR make it clear that all within the borders, not just citizens, are entitled to healthcare.[3]

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[1] 124 Stat. 119 *through* 124 Stat. 1025

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

7. The U.S. has accepted recommendations relative to healthcare from its prior UPR.[4]

III US Compliance with its Human rights Obligations

8. The ACA provides only health insurance, not healthcare, to any citizens within its borders. The availability of a for-profit insurance system does not, by its very nature, recognize that health is a fundamental human right. Instead, the message conveyed is that healthcare is available for those who can afford to pay an insurance premium, deductible and co-pay. Clearly the exercise of a human right cannot be conditioned upon the person's ability to pay for that right. To construct such a system vitiates the entire meaning of a human right; instead it accords an economic advantage to those who can afford it and denies access to those who cannot.
9. Even for those who can afford to pay ever-increasing premiums, deductibles and co-pays into a system allowing corporations to treat health as a commodity, they must be citizens in order to participate. This means that some of the most vulnerable segments of the US population, including immigrants and people living in poverty, are denied access to healthcare. Although emergency care is frequently allowed, illness and death frequently ensues due to lack of chronic care. And while medical technology within the U.S. advances rapidly, so do maternal mortality rates climb (from .7 % in 1990 to 3.8% in 2013[5]), and insurance companies' profit soar even higher[6].
10. Also under the ACA, employers are allowed to supply health insurance to employees, and are therefore allowed to tie employees to jobs that do not pay well or are unsatisfactory. Additionally, those employees are only allowed to exercise their right to health if they stay at those jobs, and only to the extent that their health needs agree with the employers' definition of healthcare. This is nowhere more evident than in the recent Supreme Court case [7] which allowed employers to refuse to allow their employees' coverage for reproductive health because it was inconsistent with the employer's religious beliefs on reproductive rights. Clearly a human right cannot be conditioned upon or decided by the religious beliefs of a person other than the one exercising that right. The companies withholding healthcare from their employees' plan were not religious organizations, but rather closely held corporations. To allow the exercise of one human right – in this case the company/owners religious beliefs- to result in the deprivation of another human right – in this case the employee's reproductive healthcare- completely defeats the principles of interdependence and universality

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3 ICCPR Concluding Observation number 15 Adopted by the Committee at its 110thsession (10–28 March 2014)

4 UPR accepted recommendation number 195 from the 2010 UPR of the United States
5 http://www.who.int/gho/maternal_health/countries/usa.pdf?ua=1

6 http://ir.wellpoint.com/phoenix.zhtml?c=130104&p=irol-newsArticle&ID=1867098&highlight=

7 BURWELL v. HOBBY LOBBY STORES, INC. ( )
No. 13–354, 723 F. 3d 1114, affirmed; No. 13–356, 724 F. 3d 377, reversed and remanded.

11. Spouses frequently stay in abusive relationships in order to continue health insurance for a chronic condition of themselves or their children. In an insurance based system, the commodity of health is available only to those who can pay for it.
12. Even acknowledging the inability of the US Government to enact a law without the support of Congress, there has been little or no effort by that government to allow States within its jurisdiction to implement a system which will actually allow access to healthcare according to principles embedded human rights law. An independent Board has been appointed to ensure that those principles are adhered to in all aspects of healthcare reform. Vermont has enacted its Act 48, but must still comply, until 2017, with the ACA insurance based system. Act 48 also provides that healthcare will be governed in the State of Vermont by the principles of universality, equity, transparency, participation and accountability. The Vermont statute which could have allowed for residents within its borders to obtain universal healthcare, decoupled from employment and available to all regardless of citizenship, cannot proceed without waivers from the Us Government. Those waivers cannot yet be applied for by Vermont or any other States with innovative systems. Other states might likely follow suit if the system of universal care can be shown to be successful. The Federal Government should be encouraging its States to do that which upholds its human rights obligations to health for all persons, even if it is felt that such cannot immediately be accomplished on the federal level.
13. There is a particularly large group of the poorest persons in the U.S. who cannot afford premiums under the ACA. The US Government envisioned those persons being covered by Medicaid, a federally funded State program. States, however, are left independent to accept or deny Medicaid funding based upon their own formulae. Many States have not expanded their Medicaid eligibility. The persons caught in that gap are those who are the poorest. They are not eligible for federal subsidies because they are too poor, and it was assumed they would be getting Medicaid. This leaves at least 4.8 million adults without any form of healthcare, and without ability to access such care. Premiums of $240 per month with additional out of pocket costs of more than $6,000 per year do not recognize healthcare as a human right.[8]

II. CONCLUSION

14. The US is violating the UDHR by failing to institute a system that allows healthcare access by those in poverty and those who are not citizens. This in turn creates a non-system of healthcare which discriminates against various minority groups, and against all in poverty. The UDHR does not condition health upon ability to pay, citizenship or any other condition. By failing to allow access to healthcare, and allowing health to be a for-profit commodity of health insurance companies, the US is not protecting nor serving the human rights of its residents.
15. Particularly as to those vulnerable groups such as immigrants, the US has previously been advised that it must provide healthcare to all of its residents. This was recommended in the prior

[8] http://kff.org/health-reform/issue-brief/the-coverage-gap-uninsured-poor-adults-in-states-that-do-not-expand-medicaid/

UPR (and accepted by the US[9]) and has been more recently stressed very strongly in the ICCPR review of the U.S[10]. No executive or administrative action has been taken to eliminate this situation nor to provide access to healthcare for non-citizens.

16. The right to healthcare, for thousands of employees, continues to be tied to their employment, causing them to suffer employment in abusive situations and subjecting their reproductive health to the personal views of their employers. This is very clearly a violation of the human rights of every employee finding him/herself in this position. Continuing to treat health as a commodity for the profit and exploitation of health insurance companies cannot but exacerbate this violation.

17. The right to health is so basic and fundamental as to impact the exercise of other rights guaranteed in ratified human rights instruments and treaties. It is crucial to one's ability to enjoy family, home, and dignified work.

18. Public funds collected by the federal government must be used to increase access to this human right, by allowing allocation to States who wish to support that right.

19. Most residents of the US do not even know that they have a right to access healthcare. They have been lead to believe that only by virtue of health insurance can they be healthy, and necessarily conclude that their inability to pay for health insurance is a condition of their existence. The US Government should fulfill its obligations to educate the public about healthcare, and acknowledge, to the States and their residents, that such a right exists. Exercise of a right cannot be accomplished unless one has knowledge of that right.

20. State governments should be required by the US government to educate their residents about their human right to access healthcare, and other human rights, and their federal funding should be conditioned upon their ability to be held accountable for such education.

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[9] UPR accepted recommendation number 195 from the 2010 UPR of the United States "Ensure the realization of the rights to food and health of all who live in its territory."

[10] ICCPR Concluding Observation number 15 Adopted by the Committee at its 110thsession (10–28 March 2014) " Finally, the Committee expresses concerns about the exclusion of millions of undocumented immigrants and their children from coverage under the Affordable Care Act and the limited coverage of undocumented immigrants and immigrants residing lawfully in the U.S. for less than five years by Medicare and Children Health Insurance, all resulting in difficulties in access of immigrants to adequate health care."