

Health Care as a Basic Human Right: Moving from Lip Service to Reality

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The 1946 Constitution of the World Health Organization declares that the highest attainable standard of health is a fundamental right of every human being, without distinction of race, religion, political belief, economic or social condition. Two years later, the General Assembly of the United Nations adopted the Universal Declaration of Human Rights, including the right to a standard of living adequate for the health and well-being of all persons and their families, and the right to medical care, necessary social services, and security in times of unemployment, sickness, disability, old age, or any other lack of livelihood in circumstances beyond a person's control.

Although these rights have been internationally recognized for over 60 years, they are currently not guaranteed in the United States. Today, 46 million Americans have no health insurance. Over the past two years, 87 million lacked coverage at least temporarily, and an even greater number lack adequate insurance or access to the support and services they need if they become functionally limited. Even insured individuals worry that serious medical problems could lead to loss of coverage or unaffordable costs.

This year we have a new opportunity to guarantee that all Americans have access to the care they need at a cost they can afford. Barriers in our healthcare system, such as high costs, lack of access, and inadequate quality of care have long prevented millions of Americans from obtaining the care they need. The current economic crisis makes it all the more urgent that we act now to remove these unacceptable barriers. By enacting the legislation essential to do so, we can fulfill an important commitment to the American people.

In addition to guaranteeing affordable health care for all Americans, such reforms should also improve health care quality by reducing medical errors, ensuring that patients receive appropriate care, investing in prevention and wellness to help people live healthier lives and avoid the need for high-cost medical care, and providing a safety net for long term care.

Affordable coverage is a key element of health reform. The United States has the highest health care costs per capita in the world. Health insurance premiums cost the average family of four more than \$12,000 a year, and experts predict this cost could double by 2016. Between 1999 and 2008, health insurance premiums rose by 119%.

Lack of insurance often leads individuals to delay seeing a doctor or avoid follow-up care, which leaves the uninsured and underinsured in poorer health and with shorter life expectancy. Being underinsured also leads to significant medical debt, high out-of-pocket expenditures, and financial stress that often forces families to choose between paying for medical needs or paying for food, rent, and other necessities.

Congress has acted in the past to create strong public programs to provide health coverage to specific populations. Medicare, Medicaid, and the Children's Health Insurance Program provide reliable coverage to the elderly, low-income persons, children, and the disabled. But these programs are not designed to protect all Americans. Millions of working Americans rely on their employers to provide health insurance, and millions more find themselves without it.

Employer-sponsored health insurance has been a source of coverage for generations of Americans, but the rising cost of providing such coverage has become increasingly unsustainable for many businesses and jeopardizes the security of many families. Too often, the cost of providing care forces employers to make difficult decisions about whether to reduce coverage or discontinue health benefits altogether. The current economic crisis is compounded when so many Americans are losing not only their jobs, but also this access to affordable health insurance.

Individuals who cannot afford comprehensive coverage may settle for inadequate coverage, or forgo coverage altogether, in spite of their health and their financial security. A recent study by Harvard researchers found that half of all personal bankruptcies are caused, at least in part, by medical expenses, and that such medical bankruptcies occur at an alarming rate. Every 30 seconds in the United States a family is forced into bankruptcy because of unexpected medical expenses.

Ensuring coverage alone, however, does not solve the problem. The right to health requires reliable medical care. A 1999 report by the Institute of Medicine estimated that as many as 98,000 persons die annually in the United States as a result of preventable medical errors, and that these errors cost up to \$29 billion a year.

Four key factors in our health system contribute to lower quality care. The fragmentation of the system leads to unsafe conditions. Not enough attention is paid to preventing medical errors and improving the delivery of care. The IOM report galvanized greater public concern about patient safety and the quality of care in the current system. Recent national estimates suggest that quality is improving, but the pace of change is slow. What is needed is a health system with specific incentives for physicians, nurses, and other providers to improve patient safety and increase the quality of care they deliver.

Our aging population, the incidence of chronic diseases, and even the constantly increasing advances in medical science contribute to the com-

plexity of providing care in a modern setting. An important response is to improve the coordination of care that patients receive. In the American Recovery and Reinvestment Act, enacted earlier this year, the nation made a commitment to improve health care quality and coordination through the adoption of modern information technology. The use of electronic medical records and electronic prescribing is an important step toward ensuring that physicians have access to more complete information about patients and the care they need. Improving quality in health reform should build on these investments and encourage providers to integrate care more effectively.

Such investments must focus on more than just the acute care provided in hospitals and doctors' offices. Public health, prevention, and long-term services and support are also major components of health reform. Every person should have access to preventive care, and the system should be redesigned to help individuals maintain good health, not just to manage illness.

In fact, the current system focuses almost entirely on incentives for sick care, not prevention. Poor diet, physical inactivity, smoking, and alcohol use account for 38% of deaths related to chronic diseases. In recent Congressional hearings, doctors testified that as many as 100,000 lives could be saved each year through the use of five basic services: a daily aspirin, an end to smoking, immunizations for influenza, and low-cost or even free health screenings for colorectal disease and breast cancer.

Ensuring access to long-term care and support as part of health reform is vital for individuals to maintain their maximum functional capabilities, and reduce needless deterioration. Health care reform must obviously include coverage for acute illness and injury, but it should also guarantee that long-term care, services, and support are available to all Americans who need them.

Despite spending more per capita than any other nation in the world, the United States is ranked 37th by the World Health Organization in terms of health outcomes. Last year, health care expenditures in America totaled over two-trillion dollars, and heart disease, diabetes, prostate cancer, breast cancer, and obesity account for 75 percent of those costs. Available evidence clearly shows that the prevalence of these conditions can be reduced by lifestyle changes and preventive care. A relatively small investment in prevention can generate large savings and dramatically improve the quality of life for millions of our citizens.

Prevention efforts also need to address conditions in the economic, social and physical environments that make it difficult for people to make healthy choices. For example, limited access to healthy food sources or neighborhoods not conducive to physical activity can reduce peoples' ability to make choices good for their health. These factors particularly affect low income and minority communities, which suffer a disproportionate burden of chronic disease and are less likely to have access to preventive services. Making these services more widely available will lead to a much greater

impact of reform in improving the health of Americans and reducing health costs.

The time has come to recognize quality, affordable health care as a basic right for all Americans, not just an expensive privilege for the few. President Obama has called on Congress to enact comprehensive health reform legislation, and now is the time to do it. As a nation, we can't afford to delay any longer.