The Right to Health: How financing affects the right to health care in the U.S.

I. Financing systems used in the U.S. have a systemic impact on the right to health care. The US has a duty to support the right to health care by **adequate, equitable and sustainable** financing.

A. Despite the great outlay on health care overall ($3.6 trillion in 2018, 18% of GDP), particular funding is **inadequate**. This reinforces existing problems of inequality and discrimination in care. The system financing is the reverse of equity, with greater resources flowing to institutions and people with greater wealth rather than those with less wealth.
   1. Inadequate and inequitable per capita funding for indigenous peoples (through Indian Health Service).
   2. Denial of public financing for reproductive health care, including abortions.
   3. Insufficient funding and targeting of resources to minority populations, e.g., Americans of African descent, who have grossly disparate mortality rates.
   4. Unavailability of funding for health care of immigrants, with means and other testing related to citizenship statuses.
   5. Stigmatization of mental health care, lack of funding and racial discrimination in allocation of resources for mental health correlate with high suicide, addiction and overdose mortality rates. The impact is most severe on Native Americans, Alaska Native peoples, veterans and senior citizens.

B. The use of general taxes, increasingly from individual income and social security taxes, while reducing corporation tax to fund health care, is **unsustainable and inequitable**. It burdens lower income individuals and increased implementation of user fees (premiums, co-pays, deductibles) burdens individuals in 1st-3rd income quintiles.

C. The financing of health care is a **non-sustainable system organized to provide profit** for private businesses as main object rather than health care. The search for profits and profit incentives in law, exemplified by massive denials of care by insurance companies, are antithetical to the human right to health.
   1. The US has the most costly system in the world, and it produces inferior outcomes of well-being and life.
C.2. Sustainability is being sacrificed through a process of privatizing our public, single payer systems (Medicare by the Medicare Advantage program, Veterans Administration through 2018 Mission Act). Funding for the public systems is being diverted to guarantee profits for private companies, which raises the cost of the administration of the systems.

II. Violating the elements of health care financing affects the right to an adequate standard of living. (Interdependency principle)
A. Denial of the right to health care contributes to the increasing levels of economic inequality, with low income individuals more likely to go bankrupt and face economic ruin. Growing economic inequality has impacts on the rights to health and life, including decreased life expectancy.
B. Racial inequality has a negative synergistic effect on health. It affects sufficiency of income and resources available for individuals to pay for privatized health care.
C. The denial of health care affects and is affected by housing and sufficient (basic or adequate) income.

III. Violations of the right to health care-detail (partial)
A. Universal access
   1. Everybody in-for 2018, 30 million+ estimated without health insurance
   2. 2018, underinsured- 71 million+
   3. Not all residents are counted immigrants who are undocumented, children, seniors
B. Affordability
   1. No cost controls, insurance premiums rising in 2018 as before PPACA (2010)
   2. Medical costs are cause of more than 65% of bankruptcies
   3. Continuing employer-based insurance- result is greater costs passed on to employees through high deductibles (e.g. $5000), co-pays, etc.
   4. Current single payer systems like Indian Health Service and Medicare don’t cover 100% leaving low income individuals paying enormous portions of income for medical care and resulting in high medical debt
C. Equality/non-discrimination
   Continuing gross discrepancies in outcomes, e.g., maternal mortality for Black women increased from 2017-2019.
D. Quality (highest attainable standard of physical and mental health)
   1. PPACA based on inferior and better care depending on ability to pay
   2. Rule-making to allow inferior quality of insurance under PPACA
E. Quality and Availability- no duty for physicians to accept Medicaid, Medicare patients

IV. Recommendations requested: 1) Funding through public funds of a full, transparent national dialogue on health as a human right and single-payer financing 2) Support for national legislation to create a single-payer system that fully meets for all residents the principles of a human right to health care.