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March 2020 Addendum to Summary of report on *The Right to Health: How financing affects the right to health care in the U.S.: The impact of the COVID-19 pandemic*

Submission by the National Lawyers Guild (NLG), <https://www.nlg.org>; International Association of Democratic Lawyers, <https://www.iadllaw.org/>; People's Action Institute, <https://peoplesaction.org/institute/>; Rights and Democracy Institute, <https://www.rights-democracy.org/>

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The pandemic widely exposes inadequate, unsustainable and inequitable financing and lack of universal access to health facilities, goods and services.

Facilities

The pandemic is causing greater loss of health and life because facilities are private and organized for profit. Since 1975, less profitable hospitals have been closed and hospital bed count has been downsized. The U.S. now has 925,000 beds for 331 million people; it had 1.5 million in 1975 for a population of 216 million. Global Health Security ranks the U.S. 175th of 194 countries in access to health care. (Margaret Flowers, MD, Truthout, 3/31/20). The most adverse impact is on people in rural areas and poorer urban neighborhoods, causing disparate mortality in violation of common Article 2. Nursing homes and long-term care facilities are dominated by investor-owned chains, like the Life Care Center in Kirkland, WA, part of the largest chain in the U.S. and an epicenter for transmission of COVID-19. Patient care in nursing homes is delivered under private insurance subject to less regulation, and centers rely on low-waged workers denied sick leave (who also don't have unions to represent them).

Goods

Basic supplies for the general public for preventive measures, such as wipes and hand sanitizers are unavailable. Masks, gloves and other PPE for health care workers are unavailable and workers are being ordered to reuse equipment. Physicians have been fired for criticizing hospital violations, such as ER physician, Ming Lin, at St. Joseph's Medical Center in Bellingham, WA. (3/19 and 3/29/20, Seattle Times). Because of reliance on market demand and no regulations, hoarding, price-gouging and competition between states for supplies is common. New York and California are competing for masks.

Services

Politicians and the rich and famous have access to testing and to treatment if they test positive for COVID-19. During the week of March 23, 2020, a 17-year-old boy in Los Angeles County died of COVID-19 because he was denied treatment for lack of insurance.

Congress continues its failure to consider and act to make health care a human right. Two bills based on human rights principles are pending, one in the Senate and the other in the House of Representatives. These bills provide global budgeting for all hospitals, regardless of whether they serve poor people, and provide universal care to all residents, free at the point of access.