ESTABLISHING HEALTH CARE AS A RIGHT IN THE UNITED STATES

Bob Mason, LCSW, CAC, CEAP

During the past 25 years there has been an increasing economic stratification of American society with the top one percent controlling more and more of the nation’s wealth. Chief executives’ compensation packages have exploded and tax cuts have dramatically expanded the gap between rich and poor. Against this backdrop, labor/management strife focuses on job security and outsourcing, on minimal raises except for high-level executives, on proposed changes in federal definitions of exempt/ nonexempt workers affecting eligibility for overtime pay, and on the shifting of health care costs in the form of higher premiums, co-pays, and deductibles for their insurance. In the United States, insurance continues to be considered an essential component in a health care system. But in 2003, the Census Bureau found that 45 million Americans were uninsured (DeNavas-Walt, Proctor, & Mills, 2004). In 1996 and 1997, 80 million Americans, 33 percent of those under age 65, were uninsured for at least a month, and 80 percent of the uninsured resided in working families. Given contemporary economic conditions and a failing health system, this assumption must be challenged.

Amidst all the debates about policy options, there is seldom debate on the fundamental question: Do Americans have basic economic human rights? The right to health rests on the answer to that question. Following is a brief history of the campaign for economic human rights in the United States and an NASW chapter’s involvement in it.

Reframing the Terms of the Debate: Economic Human Rights

President Franklin Delano Roosevelt expressed a deep understanding of the relationship between liberty and social and economic rights when he included “freedom from want” among the “Four Freedoms” he enunciated in his 1941 Inaugural Address. The notion of “Four Freedoms” was a conceptual precursor to the Universal Declaration of Human Rights (UDHR), promulgated by the United Nations in 1948 (Albisa, 2004).

The United States played a crucial role in drafting the UDHR, which enumerates the rights to education, food, employment under just and favorable conditions.

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From the Chair

Thanks are due to the past chair, Ramon Salcido, DSW, and other members of the first Poverty and Social Justice Section Committee whose terms expired last June: Inderjit Jaipaul, DSW, ACSW, LSW; Beth Lewis, DSW; and Nelrene Yellow Bird, LCSW, LAC. They were instrumental in the transition from a NASW national committee to a Specialty Practice Section. Special thanks to Mary Bricker-Jenkins, PhD, ACSW, the only returning committee member, who has graciously agreed to continue editing the newsletter. Mary’s willingness to serve has allowed an easier transition for the new Poverty and Social Justice Section committee members.

The current Poverty and Social Justice committee members are: Mary Bricker-Jenkins, PhD, ACSW, recently retired faculty member from Temple University School of Social Work; Carol Brill, MSW, the former executive director of the Massachusetts Chapter who now lives in California; Vince Ornelas, PhD, MSW, who serves on the social work faculty at California State University in Chico, CA; Constance Williams, PhD, MSW, retired faculty from the School of Social Policy at Brandeis University; and me, currently practicing clinical social work on the reservation of the Cheyenne River Sioux Tribe and its surrounding areas in western South Dakota.

The specialty practice section committees convene regularly to plan for the production and development of the Section Connection newsletters. Business is primarily conducted by conference calls or e-mail; however, all Section members meet annually at the national office in Washington, DC. This allows new section committee members to meet each other and also to “cross pollinate” with the other Section committee members. During the October 2004 meeting, our committee was fortunate to meet the outgoing chair, Ramon Salcido, who is now serving on the Child Welfare Sections Committee. We appreciate knowing that he remains an
available consultant to current Poverty and Social Justice Section committee members.

We had a busy agenda in Washington, DC, but we devoted time to becoming acquainted with one another, and we encourage you to do the same by contacting us directly or through the Section’s Web site at www.socialworkers.org/sections/povertyandsocialjustice/

We especially encourage you to participate in the online forum provided on our Web site. You may also use the Web site to submit articles or topics to be considered for the newsletter. Above all, in these challenging times, please keep us posted on what issues and challenges you are facing in your work. We can learn a great deal from one another.

In this new political climate, our work has particular importance. We, as a committee, are here to help keep you informed and to explore with you your thoughts, opinions, and work as it relates to poverty and social justice. We hope to hear from you often!

Sincerely,

Mary Anne Nulty, LCSW, DAPA
Chair, Poverty and Social Justice Specialty Practice Section Committee

FORTHCOMING IN THE SUMMER ISSUE. . .

Hazel Arthur, director of a BSW program in a Church of Christ university, writes about her efforts to teach Christian students to observe the ethical mandate to oppose discrimination on the basis of sexual orientation;

Carol Brill, former executive director of the Massachusetts Chapter, shares strategies and tactics regarding gay marriage;

Merril Harris explores the rural landscape and reveals who is doing social work and how it is being done;

Constance Williams shares her analysis of who is actually required to take “personal responsibility” in the US and the continuing impoverishment of those who do;

Vince Ornelas makes some connections between the struggles of the “little people” in the land of the “big box” merchandizing and the industries’ big winners. . .

. . . and more.
A Hundred Years from Today

You know how it is when a song keeps playing in your head. When you can’t turn it off, you begin conjuring up its associations from your memory banks, wondering what it meant, or means today. For weeks—actually, since I started working on this issue of our newsletter—the song “A Hundred Years from Today” has been on my mind. It’s not Frank Sinatra’s version. I suppose he sang it the way the writers intended, with a spirited promotion of unbridled hedonism that fit so perfectly with the drive for rapacious consumerism that fueled U.S. economic interests then and now.

I always liked, and am hearing today, Jack Teagarden’s gravelly delivery that chides the song’s self-indulgent message, urging perspective and consideration of the future. I think I was in high school when I first heard it. In any case, it was about that time that I started thinking more in terms of centuries than decades, and that’s what I’ve been doing since I began editing copy for this newsletter.

Mary Anne Nulty, writing about the 2004 presidential elections, calls for hope “at this juncture of history.” As I read this, I realized that I agreed with her sentiment, but for a different reason. I believe that we can have hope because we are technologically capable of producing the goods and services to meet the basic human needs of the world’s population, including our need for aesthetics and play, and even have enough left over for frivolity. Thanks to microchip-based production and distribution, and despite government and media-spun myths of scarcity, we are, in fact, in a state of overproduction on a global scale (see, for example, Buchholz, 2004; Kliesen, 2004; Nussbaum, et al., 2004; Robertson, 1998).

These myths provide a popular rationale for selling neoliberal policies, including the worldwide shredding of the welfare state apparatus; the myths provide a smokescreen for their beneficiaries—the captains of global economic markets. The piece by Ramon Salcido and Vince Ornelas underscores the global nature of the technologically-based transformation of world economies. Immigrants continue to flock to North America from increasing numbers of nations exploited by global corporate marauders. In some cases, of course, they come from nations that have nurtured technological skills, now able in a global marketplace to vie for the best contracts like free agents in the major leagues. In most cases, however, immigrants do drudge work for bottom-level wages, thus subsidizing free market enterprise by providing that pool of cheap labor that allows employers to pay less than livable wages to huge sectors of the labor force and by serving as convenient targets for ethnic animosities that keep workers from organizing around their common interests.

So, the world of 100 years from today is likely to be increasingly diverse, and whether or not that is a good thing depends on how we resist efforts to keep us from uniting. Nowhere was this more clearly evident than in the 2004 elections, in which both corporate-funded candidates pandered to jingoists and homophobes, and the winner was the one who was best organized to reach their followers through the most powerful of the mediating structures in U.S. society—the churches. I believe that it was not “moral issues” that led to the Republican victory, but solid organization...
by Republicans that implemented an agenda, the core of which was shared by both candidates. After all, most residents of the United States are religious, and every sacred text that I know of teaches justice as well as righteousness and enjoins us to concern ourselves with poverty and to welcome strangers. These are moral issues that were never framed as such by leaders of either party. Why did neither candidate have a plan for meeting basic economic human needs? Jesse Leah Vear, a leader of POWER, a poor people’s organization in Portland, Maine, underscored this point at the February 2005 retreat of the Poor People’s Economic Human Rights Campaign: “My neighbor didn’t even notice that both parties would make her poor when she’s 70, but she was really happy that the lesbians down the street couldn’t get married.” Such is the power of organization.

So we must become even better at organizing, and in today’s world that means we must redouble our efforts to work from a framework that both preserves our diversity and transcends it. A human rights framework does that. It compels us to unite, but to listen profoundly to each other in order to do that. We are fortunate that, after decades of being silenced, voices of many marginalized groups can be heard today. In her review of Hunter and Hickerson’s *Affirmative Practice: Understanding and Working with Lesbian, Gay, Bisexual, and Transgender Persons*, Jennifer Przewoznik points us to an excellent resource for education and advocacy made available by NASW Publications. Providing census data on the population, she also reminds us that millions of our neighbors will suffer great harm if we fail to educate ourselves and seek justice.

Given all these recitations of devastations and manipulations wrought by the winners in the global economy—people whose expansionist interests, it is important to note, derive necessarily from the nature of their enterprise and transcend national allegiances—why would I have hope for the world 100 years from today? Ironically, the answer lies in Bob Mason’s article on the struggle to establish a right to health care in the United States. The utter failure of the market economy to meet the basic need for health care of an increasing number of the U.S. population reveals the nature of this juncture in history better than any esoteric economic treatise. At worst, people are going broke, declaring bankruptcy, losing their homes, denying themselves health care, even dying. At best, they are spending ever increasing proportions of their incomes on health care.

The federal government is devolving its responsibility to the states, and the states are tossing people off Medicaid and limiting care. Despite the U.S. technological superiority in medical technology and the fact that we spend more than any other nation per capita on health care, we rank only 37th in the world in measures of system effectiveness and 55th in measures of fairness of expenditures (World Health Organization data, cited in Albisa, 2004). So-called “middle America” is quite literally feeling the crisis in our bones, and we are beginning to unite to claim this basic human right. And as we organize, we will discover that we are not facing a system that will not meet our needs; we are facing one that cannot meet our needs. It cannot because, at this juncture in history, it is driven by the market motive—the need...
to make a profit and, therefore, to control ever larger sectors of the market apparatus. So there is a chance that the health care crisis will force us, the vast majority of Americans, to shun the insidious efforts to keep us from organizing around our common interests against both major parties, neither of which has been able to defy its corporate sponsors by crafting a viable plan for a healthy America.

There is a possibility that we will fully realize that the technology of today makes a new tomorrow altogether possible only at the expense of basic rights of the vast majority of the people of the world. This is, I believe, the true nature of this juncture in history. A hundred years from today, we will have made a choice between the path of unity in the interest of all and the path of manipulated disunity in the interest of the few. The former is a possibility if we act; the latter is inevitable if we don’t.

Sincerely,

Mary Bricker-Jenkins, PhD, ACSW
Editor, Poverty and Social Justice Section Connection

References

DIVERSITY IN CANADA: IMPLICATIONS FOR CROSS-CULTURAL SOCIAL WORK PRACTICES
Ramon M. Salcido, DSW, and Vincent Ornelas, PhD, MSW

Sharing an interest in cultural diversity, we were curious to determine if Canada had demographic patterns on the presence of ethnic minority groups that were similar to the United States. The purpose of this paper is to present demographic trends of persons of color—inclusive of visible ethnic minorities and immigrants—and to provide recommendations for cross-cultural social work strategies. In this paper a person of color is defined as a non-white person and includes Blacks, Asians, Latinos, and the like (Lum, 2004). Both the U.S. and Canadian Census use the category of “foreign-born” to classify a person who was born beyond either country’s respective national borders. Overall, the demographic profiles of Canada and the United States indicate that both countries are becoming increasingly multi-ethnic and multicultural.

National Demographic Profiles
The Canadian 2001 Census (Statistics Canada, 2003) reports 29.6 million people reside in Canada; approximately 3.9 million (13.4%) were classified as visible
minorities. The term “visible minorities” refers to “persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in color” (Department of Justice, 1995). Over two-thirds of Canadian visible minorities were of Asian Pacific backgrounds including Chinese, 1.02 million; South Asians, 917,075; Filipinos, 308,575; South East Asians, 198,880; West Asians, 109,290; Koreans, 100,660; and Japanese, 73,315. Asian populations account for 68.7 percent (2,737,185 people) of the visible minority population in Canada. Additionally, 662,210 (16.6%) of the visible minority population are Blacks and 194,680 are Arabs. Only 216,980 people of the visible minority population are identified as Latin American.

The U.S. Census Bureau indicates that 282.1 million people make up the American population (Spraggins, 2003). Latinos represent approximately 13.3 percent of the nation’s total population (37.4 million persons), while the country’s African Americans account for 13.0 percent (36.0 million) of the total U.S. population (Ramirez & de la Cruz, 2002; McKinnon, 2003). Additionally, Asian/Pacific Islanders compose about 4.4 percent (12.5 million) of the U.S. population (Reeves & Bennett, 2003).

**Demographic Characteristics of Immigrants**

The 2001 Canadian Census (Statistics Canada, 2003) indicates that the number of foreign-born people in Canada is 5.4 million people, or 18.4 percent of the population. In contrast, the proportion of foreign-born in the United States was 10 percent, or about 28.4 million people. Using the categories of the visible minority population, the

<table>
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<tr>
<th>Minority Group</th>
<th>Number</th>
<th>Percentage</th>
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<tr>
<td>Chinese</td>
<td>1,029,395</td>
<td>25.8%</td>
</tr>
<tr>
<td>South Asian</td>
<td>917,075</td>
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</tr>
<tr>
<td>Filipino</td>
<td>308,575</td>
<td>7.8%</td>
</tr>
<tr>
<td>Southeast Asian</td>
<td>198,880</td>
<td>5.0%</td>
</tr>
<tr>
<td>Korean</td>
<td>100,660</td>
<td>2.5%</td>
</tr>
<tr>
<td>Japanese</td>
<td>73,315</td>
<td>1.8%</td>
</tr>
<tr>
<td>Asian Sub-Total</td>
<td>2,627,960</td>
<td>66.0%</td>
</tr>
<tr>
<td>Black</td>
<td>662,210</td>
<td>16.6%</td>
</tr>
<tr>
<td>Arab/West Asian</td>
<td>303,965</td>
<td>7.5%</td>
</tr>
<tr>
<td>Latin American</td>
<td>216,975</td>
<td>5.5%</td>
</tr>
<tr>
<td>Multiple</td>
<td>73,875</td>
<td>1.85%</td>
</tr>
<tr>
<td>Total</td>
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</tbody>
</table>

*Source: Statistics Canada, 2003*

background of the immigrants residing in Canada included 35.4 percent, or 1,930,848 people who originated from Asia; 136,175 were born in the Middle East; and 159,660 were immigrant Latin Americans. Less than half of the total number of foreign-born immigrants to Canada originated from Europe.

In contrast, the 2000 U.S. Census data indicate that of the 28.4 million foreign-born people in the United States, 92 percent originate from three regions: 14.5 million (51%) from Latin America; 7.2 million (26%) from Asia; and 4.4 million (15%) from Europe (Shmidtley, 2002). In Canada, the largest proportion of the foreign-born are Asians, whereas in the United States, they are Latinos.

**Where do Visible Minorities and Immigrants Reside in Canada?**

Ontario and British Columbia host one-half of Canada’s total population; these

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provinces also are home to three-quarters of the total visible minority population (Statistics Canada, 2003). Ontario is home to 2.2 million visible minorities, and 836,400 live in British Columbia. The growth in visible minority populations is attributed to immigration; the Canadian Census indicated that only three out of every 10 people classified as visible minorities were born in Canada (Statistics Canada, 2003). The 2001 Canadian Census indicates that 90 percent of immigrants who arrived in Canada during the previous 10 years lived in one of the three provinces of Ontario, British Columbia, or Quebec (Statistics Canada, 2001). Of all immigrants who arrived between 1991 and 2001, about 58 percent were from Asia (including the Middle East in Canada’s data) and 20 percent from Europe (Statistics Canada, 2003).

Social Service Providers and Social Work Educators’ Response to Demographic Trends

On a service level, these changes require that social workers strive to develop culturally competent services for growing immigrant and/or ethnic minority populations. One strategy social service agencies can pursue is to offer programs to aid their staff in developing cross-cultural skills. Program administrators can apply the National Association of Social Workers Standards for Cultural Competence in Social Work Practice (2001). Information on the Standards is located on the NASW’s Web site: www.socialworkers.org/practice. Also, social service agencies can initiate efforts to subsidize language acquisition programs for social workers who are seeking to become bilingual and gain professional experience in working with immigrant and ethnic minority populations. A third tactic social service agencies can implement is to increase or initiate efforts to hire social workers who are bilingual and have professional experience in working with immigrant and ethnic minority populations.

As immigrants and ethnic minority groups follow economic opportunities to traditional and new areas of both countries, they may encounter anti-immigrant attitudes and racist practices including institutional racism (Martinez-Brawley & Paz Martinez-Brawley, 2001). Social work practitioners can join with immigrant rights organizations and faith-based groups to promote national policies or organizational practices that champion the achievement of social justice including culturally competent social work practice. Faith-based service providers have an extensive history of providing services to immigrants and ethnic/racial minorities and, therefore, should be included in these efforts.

Social workers and their host organizations face a number of challenges in dealing with shifting demographic trends. The existence of culturally sensitive programs is contingent upon the knowledge and skills of social workers; therefore, social work educational programs will also need to respond to these demographic trends and develop teaching strategies for implementing multicultural curriculum. We could infuse multicultural/diversity curriculum throughout a school’s curriculum and mission. Finally, as suggested by Hardina (1995), we could coordinate efforts between schools and departments of social work from Canada and the United States to share research findings and curricula that address race, ethnicity, and immigration.

References

The Census Bureau’s 2000 data indicated that the number of same-sex couples who revealed their status on the report rose by 344 percent since 1990. The Human Rights Campaign has estimated that same-sex couples in the United States could be undercounted by as much as 62 percent (www.hrc.org). Further, the Census only counts people who claim couple status. As of yet, there has been no comprehensive count of lesbian, gay, bisexual, and transgender (LGBT) people living in the United States.

The 2000 Census indicated that Pennsylvania has approximately 21,000 same-sex couples, for a ranking of sixth in the nation. Philadelphia is home to approximately 4,200 same-sex couples, the highest number in the state. Yet no school of social work in Pennsylvania currently offers a course on LGBT issues in social work. For schools and practice regions that are ready to address the needs of this population, a new resource is available.

Ski Hunter and Jane C. Hickerson taught in the School of Social Work at University of Texas at Arlington. Hunter, who still teaches there, has taught specific courses on LGBT issues in social work. As I made my way through the book, I often wondered what prompted them to collaborate on such an extensive work. I wonder if they, like myself, came to this topic after wondering whether students of social work are being adequately prepared to work with LGBT clients. Affirmative Practice reads like a veritable bible in its explanation of the needs of LGBT people in the social service industry. Hunter and Hickerson thoroughly navigate the many

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territories, both charted and uncharted, that social workers need to explore in the 21st century.

In many respects, this book is a small miracle. Often times when reading about LGBT theory or practice, there is an assumption that the reader has background knowledge in LGBT culture. There are no such assumptions placed upon the reader of this book. Hunter and Hickerson divide the text into five parts, the first being “History and Context.” Discussing everything from the McCarthy Era blacklisting of homosexuals to the recent explosion of debates over gay marriage, the authors provide a generous helping of historical content that prepares the reader to engage in a more contextualized analysis of what it means to work with LGBT persons.

From the beginning, the authors use the term “same sex-gender” rather than simply “same sex,” the latter being the popular phrase in the American vernacular. The use of “same sex-gender” is important because it creates a trans-friendly space where a mainstream audience can begin to recognize the differentiation between sex and gender. The authors cite a study of transgender persons in therapy, indicating that one of the most helpful strategies offered by a therapist is “respect for their sex-gender expression.” This sets the stage for a thorough explanation of how gender might be perceived to a transgender person and, further, how something as seemingly static as gender can be an oppressive force in the lives of our clients.

The other four parts—“Knowledge and Theory,” “Practice: History and Affirmative Practice Requirement,” “Practice with Individuals, Couples, Families, and Larger Systems,” and “Special Groups and Practice”—read like a how-to guide for working with LGBT clients. What is surprising, at least to me, is that the book works. The text has something to offer everyone, irrespective of the reader’s previous knowledge of LGBT issues. Having said that, it seems that the first 70 or so pages of the book are intended for the most novice of readers. If you have a working knowledge of LGBT issues in American society, Part I will seem a bit elementary. It is for those people who do not have the knowledge under their belts, though, that the book will provide the most powerful experience.

Although every social worker would do well to read Affirmative Practice, it is most expressly needed in the classroom. Excerpts from this text, if not the entire book, should be on the reading lists of every school of social work in the country. Similarly, schools should use the book as a resource, drawing from its rich list of supplementary articles and Web sites found scattered throughout the pages and at the end of every chapter. It is when we begin to move toward a collective recognition of our own inadequacies as a profession that we will challenge ourselves and, in turn, challenge the systems that allow for whole populations to remain underserved. This book acts as a solid foundation for increasing one’s knowledge about working with LGBT clients, but the learning cannot end here. It fills a gap, though it will take readers turning its pages and engaging in dialogue and action about its content for real change to occur.

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Writing this less than a month after the November elections, I am struck by the magnitude of the challenges we are facing as social workers at this juncture in history. The outcome of the elections has made it clear how deeply divided politically we are as a country, and the discourse surrounding the elections has revealed that a climate of fear currently exists with regard to our future. This is understandable given the fact that poverty is on the rise and our nation continues to be involved in the Middle East war, thereby increasing the likelihood of more acts of terror against our citizenry here and abroad. In addition, it now appears that we have a political climate that is not conducive to the well-being of growing numbers of the impoverished, or to our health care system, or to the viability of our environment.

Before wringing our collective hands in despair, we would do better to think about how to make the proverbial lemonade out of this batch of lemons. Let us take our cues from Tom Daschle, the former U.S. Senate Minority Leader from my new home state of South Dakota, who, in his speech before the Senate following his loss in the election, called for a focus on hope. We cannot afford to lose hope in this situation and neither can society afford for us to do so.

Bob Schneider and Lori Lester define social work advocacy as, “attempting to systematically influence decision making in an unjust or unresponsive system” (Schneider & Lester, 2001, p. 65). It’s time to roll up our shirtsleeves! If we fail to make ourselves heard, we will, in fact, be contributing to the fulfillment of those very fears our society currently harbors.

First, we need to remind ourselves that 49 percent of the people in this election voted in a manner that shows an awareness and concern about the issues important to social work. Those of us who practice in “micro” and “macro” systems alike are adept at finding common ground and bridging polarities. We do this by throwing out emotionality and bringing in the facts, thereby creating an environment that encourages the kind of thinking that will allow for innovative, viable solutions to evolve. I believe that as individuals and collectively as a profession we must continue our effort to hone these skills and to energetically bring them into every situation we encounter in order to become the “voice of reason” so desperately needed in these times. As professionals, we need to bring our expertise into every client consultation, into every budget discussion, and to every negotiating table in every agency in this country and in every jurisdiction, from the tiniest municipality to the largest governing body.

Let us continue to clarify our principles, fine-tune our ethics, and look for inventive ways to exert our influence. One place we might begin is to connect with other professions that share our values in order to amplify our message and become a more powerful voice when speaking.

Above all, let us set an example minute-by-minute and day-by-day that speaks to all who know us about how we as social workers advocate for harmony in this world. The Lakota People say: we are all connected and what is good for one is good for all, and what hurts one hurts all of us—including our
brothers and sisters, the earth and water, the plants and the animals. Society’s decisions must consider the outcome for at least the next seven generations because we exist for all our relations and not just for ourselves.

Mary Anne Nulty, LCSW, is a clinical social worker for Catholic Social Services on the Cheyenne River Sioux Reservation and in the rural ranching community of Lemmon, SD. She has also taught social work on Presentation College’s Lakota Campus, maintained a private practice in suburban Washington, DC, and worked for a number of years in the juvenile justice system in Virginia. She has served on the NASW-VA Chapter board of directors and on the Private Practice Specialty Practice Section Committee. Mary Anne also served as a delegate from Virginia to the NASW Delegate Assembly from 2000-2003. She can be reached at manulty@sdplains.com

**Reference**

racial lines and behind the program of the poor (ending, not reducing poverty), the visible leadership of the poor, and a program of changing people’s hearts and minds through grassroots organizing (Bricker-Jenkins & Baptist, in press).

Social Workers Campaign for Economic Human Rights in Pennsylvania

About five years ago, the Social Policy Committee of the National Association of Social Workers—Pennsylvania Chapter and Pennsylvania State Representative Lawrence Curry joined KWRU in a strategic partnership to initiate a dialogue about economic human rights and ending poverty. What emerged was the “Curry Resolution,” H.R. 473, establishing a Select Committee of the Pennsylvania House of Representatives to explore the integration of human rights standards in the Commonwealth’s laws and policies. The committee held one hearing on November 14, 2002, and, based on the testimony and its findings, recommended a continuation of the charge through November 30, 2004 under H.R. 144. Three hearings were held in 2004, and a lengthy report and recommendations were delivered to the House on the last day of November. The committee hearings served not only to promote legislative attention and action, but also to provide a grassroots organizing focus in local communities, where people who live in poverty, professional social work allies, and other advocates came together to testify. These grassroots efforts established an infrastructure for continuing efforts to bring the same groups together in local economic human rights committees.

The five recommendations of the Select Committee included the establishment of a “task force to evaluate the multiple systems that provide services and supports so that individuals can access their economic human rights,” initiatives on housing and living wages; further study of education, sustainable employment, transportation, and nutrition issues; and the creation of a “task force to investigate health care financing in Pennsylvania” (Report of the Select Committee on House Resolution 144, 2004).

The health care task force, which will include uninsured and underinsured persons, will have the responsibility to issue a plan by December 31, 2005, to be implemented a year later. The plan must meet at least the following criteria:

- Provide access to a range of preventive, acute, and long-term health care services;
- Maintain and improve the quality of health care services offered;
- Provide portability of coverage, regardless of employment;
- Provide affordable health care for all Pennsylvanians; and,
- Provide cost containment measures and a cost analysis of the plan.

A key feature of the H.R. 144 report was the recognition of the web of relationships connecting the various economic human rights. For example, a person who works at a job earning less than a living wage is unlikely to have health insurance; may have to rely on a strained, if available, public transit system; is unlikely to live in both safe and affordable housing near well-funded schools and a supermarket with fresh affordable produce; and may suffer from food insecurity if not outright hunger. The poor—and sometimes

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unsafe—working conditions that often accompany low-wage jobs, the lack of health insurance, poor diet, unsafe housing, and the emotional stress of living in poverty may lead to more frequent and serious illness resulting in being fired. This vicious cycle can only be broken by codifying the indivisibility of economic human rights.

National and State Initiatives Promoting Health as a Human Right

The Pennsylvania Health Care Reform Task Force is modeled after one being formed in Illinois. Maine is implementing reforms that link government and private market systems with incentives to provide coverage for all residents in that state. Massachusetts and North Carolina are pursuing amendments to the state constitutions establishing health care as a right. California enacted a “pay or play” plan which would require employers to provide health care coverage or pay into a state pool that would provide it. While this act was defeated in a November referendum, the fight is not over. Large employers, including Wal-Mart and McDonalds, contributed substantial funding to defeat the act, but California has a “single payer” Canadian-style plan wending its way through the legislature.

There are various bills in Congress, including John Conyers H. B. 626 that calls for a national health plan similar to the Canadian system of government financing and private delivery of health care. Representative Tammy Baldwin, a Democrat from Wisconsin, introduced and gained 44 co-sponsors for H.R. 2979 in the last Congressional session. It would “amend the Social Security Act to provide grants and flexibility through demonstration projects for states to provide universal, comprehensive, cost-effective systems of health care coverage, with simplified administration.” This legislation dovetails nicely with the recommendations of Henry J. Aaron of the Brookings Institution and Stuart M. Butler of the Heritage Foundation (2004).

However, most health care reform advocates strongly believe that any success at transforming the system will rely on the states being laboratories of reform as they were with the Comprehensive Health Insurance Plan (CHIP). The Bush Administration’s “ownership society,” promoting Health Savings Accounts, and the solid Republican majorities in the House and Senate would seem to doom any progressive approaches.

The attendees of the November 2004 National Universal Health Care Action Network Conference, which attracted more than 150 leaders and staff from groups in at least 30 states and Washington, DC, affirmed a need for bipartisan approaches to health care reform and the bewildering complexity of the problems and proposed solutions. Within the context of the need to appeal to a large voting constituency, the phrase “affordable health care for all” replaced the poorly understood “universal health care.”

This change represented more than semantics or a marketing catch-phrase. Clear presentation to the public is critical to grassroots organizing and successful electoral politics, two of the three corners of what is dubbed the Wellstone triad. Good public policy is the third. In 2001 the late Senator from Minnesota wrote, “Policy provides direction and an agenda for action; grassroots organizing builds a constituency to fight for change; and electoral politics is the main way, in the absence of sweeping social movements, that we
contest for power and hold decision-makers accountable for progressive public policy.” It remains to be seen whether bi-partisan politics as we know them can ensure affordable health care; however, the sweeping social movement to claim our economic human rights is growing and is likely to change the political debate and dynamic. How ever we claim our rights, social workers have a stake in the outcome and a role in the process. Many lives hang in the balance.

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**References**


**Resources**

Families USA
www.familiesusa.org

Labor Party’s Just Health Care Proposal
http://www.justhealthcare.org/w_index.html


Universal Health Care Action Network
www.uhcan.org

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**PROPOSED SECTION NAME CHANGE**

The NASW Poverty and Social Justice Specialty Practice Section leadership has proposed renaming the Poverty and Social Justice Section as the Social and Economic Justice Section or Social and Economic Justice and Peace Section. We would like your input on whether you support a name change. Please let us know if you would like to keep or change the name of your section by voting online at http://www.socialworkers.org/sections/poverty/surveys/0405Name/default.asp Voting is limited to Poverty and Social Justice Section members only. Please vote by: May 30th.
STAND UP FOR OTHERS

Everyone can be a positive source of change. Wear and share a “Stand Up for Others” wristband to show your commitment to helping others. Wristbands are available at www.socialworkers.org or call 800-759-6614.