

# THE KANSAS CITY STAR.

## Behind ‘repeal and replace’ debate, a question: Is health care a fundamental right?

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Nothing in the U.S. Constitution guarantees Gary Sallee the clear-cut right to health care services.

The Oak Grove man knows that. But as a quadriplegic, he argues that taxpayers are better off helping to provide him in-home care — a publicly funded service at risk of deep cutbacks in Missouri — instead of paying much more for Sallee to live 24/7 in a nursing home.

“That would be a bad deal for everybody,” said Sallee, who was injured 30 years ago in a traffic accident.

It’s a harsh debate: Are Americans afforded a *right* to be cared for? Is the access to quality health care akin to the right to vote, the right to public education — or is it a commodity, like a car that gets you to work?

Many think the faceoff in Washington over efforts to “repeal and replace” the Affordable Care Act is rooted in a philosophic divide over whether the public has a duty to help everyone stay well.

To be blunt, is your being healthy a fundamental right?

“I believe it is a right,” said Julie DeJean, chief executive of The Whole Person Inc., a Kansas City nonprofit that assists people such as Sallee with in-home care subsidized by taxpayers. “But government is headed in a different direction. Judging people, and that’s a problem.”

By some accounts, this is a debate exclusive to the United States.

Much of the rest of the world established the right in 1948, with Article 25 of the United Nations’ Universal Declaration of Human Rights: “Everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including food, clothing, housing, medical care and necessary social services.”

Before that, the Declaration of Independence included among its “certain inalienable rights” life, liberty and the pursuit of happiness.

All of that sounds great, but more easily said in an era when health care wasn’t so expensive, said John G. Carney, chief executive of Kansas City’s Center for Practical Bioethics.

“There really are people who genuinely believe in solutions other than cutting people government checks or giving everybody a handout,” he said. “And they’re not being cold about it.”

Good health: a right, or a commodity?

“That’s a totally loaded question,” said Michael Cannon, director of health policy studies at the Washington-based Cato Institute, a think tank that trends toward hands-off government. “People who ask that question do so out of virtue-signaling: Should we prefer compassion or extortion? Of course we should be compassionate.

“The real question is, what system works? How do you drive down health care costs, improve the quality of care and prevent people from falling through the cracks?”

“Even if you declare health care to be a human right,” Cannon added, “every system around the world has people falling through the cracks.”

Sallee, 65, hopes not to be among them in this country.

A recipient of Missouri’s Consumer Directed Services program, Sallee got a letter last month alerting him to changes to in-home care guidelines that have provided him a helper every day for six hours. Someone to get him out of bed, bathe him, shop for groceries, fix meals, do laundry.

Under budget cuts signed by Gov. Eric Greitens, Sallee’s in-home care may be reduced to three hours a day. He said he couldn’t survive in that situation, and the likely outcome — round-the-clock care in a nursing home — would require Medicaid funding costing more than twice as much as the public pays for his care at home.

“I don’t feel I’m asking for a lot,” Sallee said. “All I’m asking for is for us to think of taking away some of the tax breaks for rich corporations and providing health care for people who need it. ...

“I’m tired of being shoved to the back burner. I feel a part of society just wants (disabled people) to go away and die somewhere.”

Greitens’ office on Friday did not respond to The Star’s request for comment.

Free-market health care advocates say the goal should be cost control, affordable access and options — not turning patients away.

“Everyone can agree that health care is a necessity of life. So are food, shelter and clothing. Yet no one is demanding universal ‘food care’ or universal government housing,” wrote retired physician Roger Stark, a policy analyst for the Washington Policy Center, in an op-ed piece for The Washington Times.

As for “food care,” Stark went on to note: “The private system of grocery stores and supermarkets guarantees access, choice and competitive prices for everyone. The free-market system is efficient, voluntary and fair.”

But unlike buying hot dogs and ketchup, getting needed treatment for a health emergency can bankrupt people, says Lawrence native Amy Miller, who was diagnosed with metastatic colorectal cancer in 2008 while living in Canada. Doctors gave her a 40 percent chance of surviving five years.

“Today, I am cancer-free. I am also debt-free,” Miller wrote in an email to The Star. “Both outcomes I attribute to having been treated in Canada and not the U.S.”

Basic health care coverage in Canada is taxpayer-supported, but long waits for treatment are common. And private health insurance to broaden coverage is available at a price, just as in the United States.

But Miller, who now lives in Switzerland, thinks Americans would be better off if policymakers embraced the concept of at least basic health care being a right, not a commodity: “Herein lies the problem with America’s commodification of health care. As long as we rely on private health insurers, we can only purchase access to health care. Only the might of law can force insurers to pay for procedures. ...

“When it really matters, those companies can and do fail their customers, often with deadly consequences.”

In a Pew Research Center poll earlier this year, 60 percent of Americans said the federal government should be responsible for ensuring health care coverage for all Americans, compared with 38 percent who said this should not be government’s responsibility.

Before the 1950s, all kids needing medical care at Children’s Mercy Hospital were treated for free. Philanthropists covered the costs. But the Rev. Dane Sommer, the hospital’s director of spiritual services, said modern-day drugs and innovations in medicine — many because of the competitive nature of the free marketplace — have made access to the best care far pricier and more complicated.

“In our culture, health care is not free, so we have to engage in a complicated discussion about reimbursement and how we’re going to pay for it,” Sommer said.

As Washington debates whether to repeal or improve the Affordable Care Act, now is the time to have that discussion, he said: “I do believe that quality health care is a right. But it’s not at all a simple issue.”