Southern Maine Workers' Center
maineworkers.org
info@maineworkers.org
207-200-SMWC (7692)
68 Washington Ave
Portland, Maine 04101

Follow our work:
facebook.com/maineworkers
Twitter and Instagram @MaineWorkers

Worker Support Hotline
(207)358-9211
workersupport@maineworkers.org

Enough for All:

"Give light
and people will
find the way."
-Ella Baker

A People's Report on Health Care

Produced by the Healthcare is a Human Right Committee of the Southern Maine Workers' Center

Acknowledgments

It takes a village! Thank you to everyone who contributed to the creation of this report.

Lead Writer: Cait Vaughan
Lead Editor: Samaa Abdurraqib

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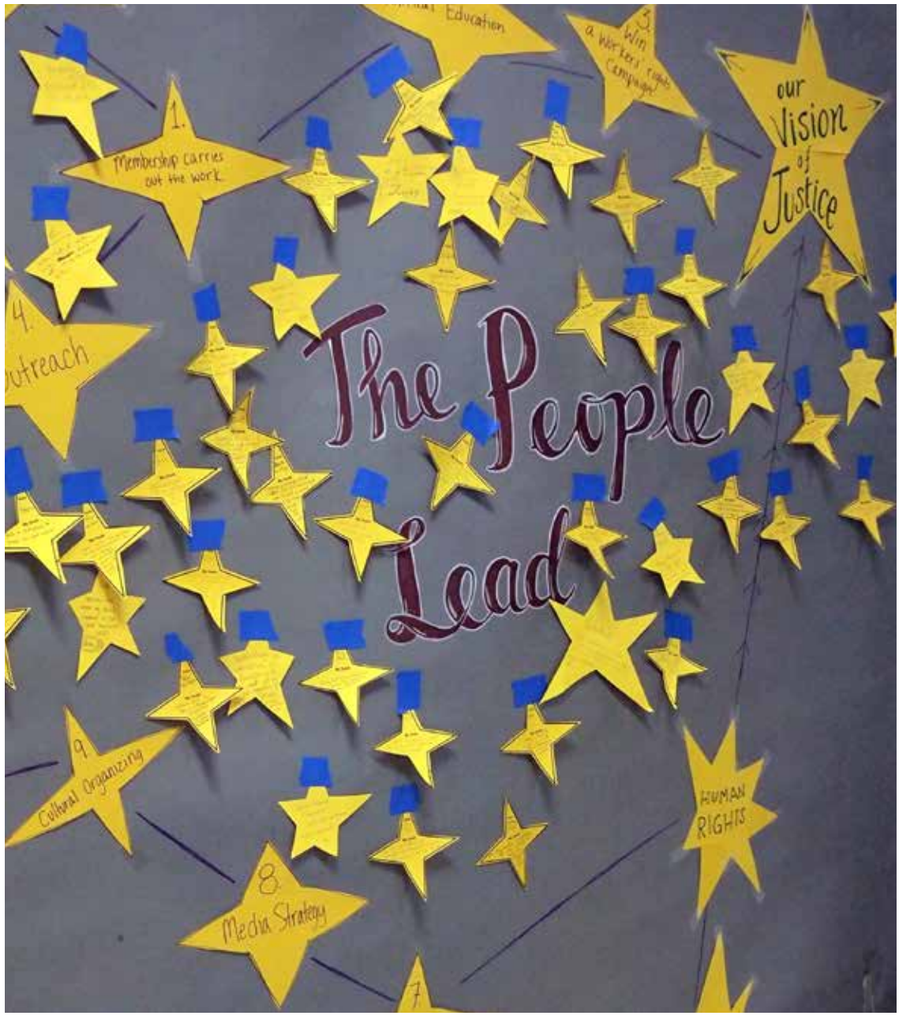

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Introduction

We are born with bodies, minds, and spirits that need to be nourished, maintained, and healed. We need resources to care for ourselves when we experience illness and shifts in our abilities. Our well-being is interconnected, and no one is truly cared for when family members and neighbors lack what they need to thrive. Our understanding of universal human **need** leads us to the conclusion that **health care is a human right** for every person.

Right now health care is treated as a luxury. Rather than promoting healing, our health care system categorizes some of us as worthy and others as 'less than' based on income, gender, geography, and race. People across Maine make daily, impossible choices between affording food and medicine, between paying rent and visiting the doctor. For years, Governor LePage and fellow conservative lawmakers have ramped up attacks on public assistance programs, aggressively targeting the livelihoods of immigrants, unemployed people, poor and homeless folks, and those living with addiction and disabilities. LePage's refusal to expand Medicaid partially explains why Maine is the **only state** in the nation since the implementation of the Affordable Care Act (Obamacare) that did not see an increase in the percentage of its population with health insurance.[1] There are wide gaps in coverage and the public safety net wherein many Mainers needlessly struggle and die.

The figures and stories gathered here reflect three years of ordinary people sharing conversations about their experiences with Maine's health care system. Strangers opened up with each other about their illnesses, losses and grief, struggles with money, and resilience. We moved from witnessing to affirming people's stories, and inviting them to become part of a movement. As we connected the dots between our diverse stories, we've come to believe that there is enough for all of us, and the lie that some are not worthy hurts everyone. **We collectively demand something better.**

"Is Health Care a Human Right? Yes! Just like breathing!"

– Veteran, Cumberland County

1 http://www.scholarsstrategynetwork.org/brief/how-punitive-public-policies-are-hurting-poor-families-maine

Key Findings

15% of respondents had no insurance at the time of the survey.

70% of Mainers have experienced gaps in insurance coverage.

28% of those individuals have gone without insurance for 3 or more years.

Half have gone without insurance for 10 years or longer.

96% of respondents agreed that health care is a human right.

71% stated that their right to health care is not currently upheld & protected.

90% believe that it is the government's job to protect our human right to health care.

13% reported experiencing discrimination based on their class, gender identity, sexual orientation, immigration status, disability, or race while accessing health care services.

44% who accessed free care (aka "charity care") at a local hospital described their experience as either *challenging* or *stressful*.

72% of respondents who receive employer-based insurance have seen their out-of-pocket costs rise.

10% *reported experiencing language barriers while accessing care, ranging from lack of medical interpretation and poor interpreting to use of inaccessible medical jargon.*

83% like the idea of a universal, publicly-funded health care system.

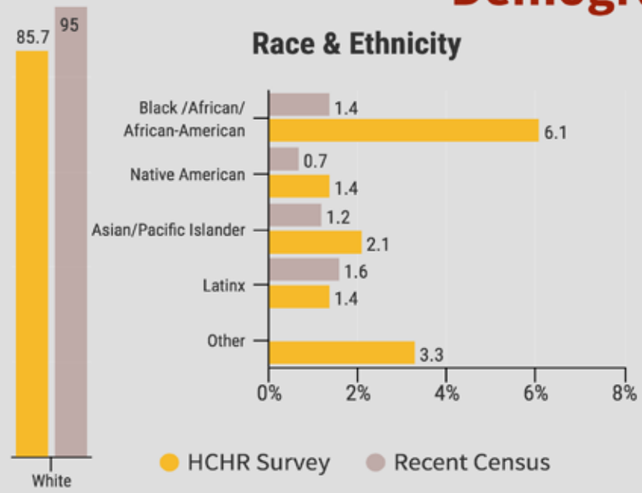
40% reported they stayed in a job just to keep health insurance

28% of those individuals were locked into low-income jobs

Two-thirds of the respondents who signed up for the Affordable Care Act described their experience as either challenging or stressful.

Demographics

Race & Ethnicity

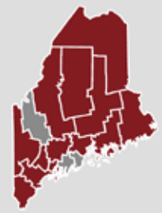


Income

76% provided income data, and **49% of those earned below the median annual income in Maine of $49,331.**

6% of those who responded earned more than double the median income.

Residents of 13 Counties



Age

84% provided their age; of those, **roughly one-third were between 18-34 years, one-third were between 35-54 years, and one-third were 55 or older.** Census data shows that nearly 19% of Mainers are 65 years of age or older.

Who We Are & Our Methods

Who We Are

This report is prepared by members of the Southern Maine Workers' Center's (SMWC) Health Care is a Human Right (HCHR) leadership team. The SMWC is a nonprofit, membership-led human rights organization committed to creating a grassroots, people-powered movement to improve the lives, working conditions, and terms of employment for Maine's working and poor people.

How We Organize

The HCHR campaign model is inspired by a grassroots movement spearheaded by the Vermont Workers' Center (VWC), which pushed a universal health care law through the state legislature in 2011. In winter 2013, SMWC leadership voted to adopt the five human rights principles utilized by VWC—**equity, accountability, transparency, universality, and participation**—to guide our work. We share a common vision of workers' centers rooted in human rights principles and organizing for racial and economic justice. We focus on issues that impact everyone, while building solidarity across difference. By centering relationship building, leadership development, and values-based conversations, we work to build people power to transform our communities for the long haul.

Survey Collection

Primarily volunteer organizers gathered more than 1,300+ surveys between February 2013 and March 2016. Surveys were most often completed during one-to-one conversations with an organizer. Committed to building a movement of working class and poor people, SMWC sought out people most directly impacted by our system's profit-driven model. The first half of the survey focuses on respondents' lived experiences navigating the system; the second half asks what their beliefs are surrounding our rights. This affirms the lived experiences of ordinary people as sites of knowledge invaluable to the process of developing humane public policy.

Endorsing Organizations

Eastern Maine Labor Council
Food AND Medicine
Health Equity Alliance
Maine AFL-CIO
Maine Family Planning
Maine Green Independent Party
Maine International Women for Freedom
Maine Unitarian Universalist State Advocacy Network
Peace and Social Concerns (of Durham Friends Meeting)
Maine Unitarian Universalist State Advocacy Network
NAACP Portland Branch
Peaceworks Brunswick Maine
Portland Outright
Southern Maine Labor Council
Veterans for Peace Maine
YWCA of Central Maine
Western Maine Labor Council

The Importance of Stories

The HCHR campaign is grounded in a practice of storytelling—with loved ones and strangers, at kitchen tables, food pantries, and rallies. **Our method of collection reflects a belief in the transformative power of telling and witnessing each other's stories to build unity, sharpen analysis of problems we face, and collectively demand our rights.**

In This Report

Featured Stories:

Throughout this report, we have highlighted just a few of the many stories we heard from people across Maine about their health care experiences.

"When I first came to the United States, one of my friends was sick and I told him to go to the hospital. He told me, "If you go to the hospital here they will accept you, but because of insurance, they will make you pay a lot of money!" I was shocked; I came here thinking the USA was like Europe, that health care access was easy and free. I'm noticing that there are a lot of very sick people right now. Many are showing first signs of more serious problems but they do not go to seek care.This means that those problems will become worse until later they are forced to go to the hospital anyway. The most important of all the human rights is the right to life. Of all aspects of life, the most crucial is health. The government must budget this as a priority, and give everyone access."

Heritier
Lewiston

Featured Organizations:

A new health care system must be accountable to communities and organizations that are already working to address health disparities and oppression; we lift up their work and communities' needs throughout this report.

New Mainers Public Health Initiative

New Mainers Public Health Initiative (NMPHI) is the first ethnic-based non-profit organization in Lewiston/Auburn working to empower and inform immigrants and refugees through education and self-advocacy about preventive health measures and health care service delivery to decrease health disparity.

Our organization works with the most vulnerable members of our community who are negatively impacted by the unidimensional for-profit health care system. Many immigrants in Lewiston/Auburn lack basic health insurance--face serious barriers to medical care and pay more out-of-pocket when they receive care.

Treating health care as a human right ensures that everyone can use the health services they need without the risk of financial ruin or impoverishment, no matter race, religion or socio-economic status.

The HUMAN RIGHTS PRINCIPLES:

universality, equity, transparency, accountability, and participation.

UNIVERSALITY

means *everybody in, nobody out.*

We are told if we work hard, we can earn what we need. Survey respondents shed light on working people's realities:

- **72% of respondents with employer insurance at the time of survey experienced increases in out-of-pocket costs.**
- **62% of respondents had experience in jobs that did not offer health care benefits.**
- **40% of respondents stayed in a job in order to keep insurance.**

"As a trans woman, my medical autonomy is almost non-existent."

– Charlotte
Androscoggin County

Our job status changes, but our need for care is constant. Full-time work does not always result in affordable health care access. An illness or disability can make it impossible for someone to hold a job. **Work does not make us human, and health care access should not be based on employment status.**

"After getting braces on as a teen and then losing health care coverage, I ended up in a desperate situation. Though most people only wear braces for a matter of a year and a half to three. I ended up having my top braces on for five years, and my bottoms for seven and a half. Now, at 38 years old, I have mostly false teeth because my teeth rotted underneath the metal. A health care system that adheres to human rights principles would mean I wouldn't need to stress about something as basic and necessary as care for my teeth. It would mean that at younger than 40 I would not have a mouthful of false teeth. I would not have to spend thousands of dollars every seven or so years for new teeth."

Sass Winthrop

Condemned to Substandard Care

A system that treats health care as a commodity instead of a right best serves those who already experience privilege due to factors like whiteness and wealth, while excluding and condemning People of Color and poor folks to worse health outcomes. SMWC organizers engaged in many challenging conversations around the state about which groups "deserve" health care. Some white folks expressed that African immigrant neighbors don't deserve health benefits because "they aren't from here." Working class people complained about homeless and poor folks "taking advantage" of welfare. The truth is that the current system doesn't work for most of us. While we argue over scraps, CEOs of insurance companies take home salaries in the millions. As Rachel from York County put it, *"Wealth is created from our health needs."*

Our current system of coverage, rather than care, deepens racial health disparities & promotes worse health outcomes for People of Color and immigrants. Nationally,

- More than half (55%) of the total 32.3 million nonelderly uninsured are People of Color.[1]
- Black people are twice as likely as white people to fall into the coverage gap that exists in the 19 states, including Maine, that have not expanded Medicaid.[2]
- Among the nonelderly population, nearly a quarter (23%) of lawfully present immigrants & four in ten (40%) undocumented immigrants are uninsured; this is compared to one in ten (10%) U.S. born and naturalized citizens.[3]
- Nearly one in five lawfully present immigrant children (17%) and nearly one in four undocumented immigrant children (23%) are uninsured compared to 6% of citizen children.[4]

1 http://kff.org/disparities-policy/report/key-facts-on-health-and-health-care-by-race-and-ethnicity/
2 http://kff.org/disparities-policy/issue-brief/disparities-in-health-and-health-care-five-key-questions-and-answers/
3 http://kff.org/report-section/health-coverage-and-care-for-immigrants-issue-brief/
4 Ibid.

EQUITY

means we all put in what we can & take what we need.

Putting in What We Can

Inability to afford ongoing preventative care often results in lower income people accessing emergency rooms as a substitute for primary care. In our survey, 35% of respondents had used a Free Care through a local hospital during a period when they were without primary care. 35% also reported developing more serious health problems after delaying care because of concerns about cost. This payment system promotes debt, not health.

Taking What We Need

We require different types of care, and our diverse needs must be honored in our health care system. Services that many women and transgender people need to access—like abortion and hormonal therapy—are stigmatized and subjected to unnecessary legislative control. Still, access is only one of the major barriers that marginalized communities face. Queer, transgender, People of Color, Indigenous, and immigrant patients often encounter providers without adequate cultural and linguistic knowledge to properly deliver care. Integrating this principle requires opening up the system to everyone, as well as fundamentally transforming how we think about, legislate, fund, and deliver health services. **Equity raises the standard of what it means to provide care.**

The principle of equity acknowledges that 1) people have access to different and unequal resources, like money, and 2) health needs vary from person to person, so care options should be accordingly diverse. Equity helps us shift focus from personal responsibility to our collective needs and the combined resources available to meet them. In an equitable and universal health care system, someone's care is tied to their status as a human being, not to the dollars in their bank account.

"I am a healthy person who relies on the health care system to manage two auto-immune and chronic diseases. I always comply with prescribed medications and doctor's advice, but our system makes it as hard as possible for people to get their needs met. I have had to change doctors from year to year. I have been forced to change brands of medications to the detriment of my health, and I've spent countless hours contesting rulings from my insurance provider(s). I have had providers writing letters and making calls of appeal to the insurance company on my behalf to no avail. I believe that an equitable system is one in which you give what you can and you take what you need. It would mean that managing my health would no longer feel like such a financial and emotional burden on my family."

Natasha
Springvale

TRANSPARENCY

means we know how decisions are made & how our systems work & are managed.

Transparency means that everyone has easily accessible information about 1) what things cost, 2) how the system is funded, 3) who makes decisions, and 4) available care options. Currently, all of this information is not easily within reach. **This lack of transparency we accept as the norm is a symptom of an intentionally confusing, profit-driven system.**

"When I went to the doctor to have some standard screenings done, I was told, "We don't think you have cancer, but we want to do one more thing… just to put it to rest." No conversation about how much this will cost or contacting my insurance to see if it's covered. Then I get this bill for almost $3,000! I sure didn't get peace of mind. When I think about all the things I could do for my health with that $3,000...Our healthcare system needs to be transparent about the cost of the services prior to receiving services."

Sandra
Westbrook

HEALTH EQUITY ALLIANCE

The Health Equity Alliance (HEAL) is a non-profit agency providing direct service and advocating on behalf of Maine's LGBTQ+ community, people living with HIV/AIDS, and people who use drugs. By facilitating collaboration, education, advocacy and action, HEAL empowers those communities most affected by HIV to improve their health and wellbeing and affect social and cultural change.

Lack of insurance is an immense barrier to care for marginalized populations. In addition to struggling for adequate, affordable coverage , our clients lack access to culturally competent care and are constantly forced into a position of educating their providers about their identities and the care they need.

When publicly-funded, culturally competent healthcare is treated as a human right, our clients will have access to providers who understand and respect their many identities regardless of their financial means. Our community will be one step closer to a world in which all people are valued and celebrated, and health disparities are nonexistent.

"Mental health services have been mostly inaccessible to me. I have multiple diagnoses but have not been able to access care."

— Anonymous
Cumberland County

ACCOUNTABILITY & PARTICIPATION

mean ordinary people have clear avenues for providing feedback to power-holders and engaging in decision-making about our health care.

A System for the People

We envision a system that is built for the people and answers to us! Our conversations with Mainers all over the state highlight a pervasive sense of powerlessness under our current system: more than 90% of respondents agreed that the government has an obligation to protect our human right to health care, yet, more than 70% of respondents reported that they do NOT feel that their human right to health care is currently protected in Maine.

"People have trouble getting what they need. There's lots of red tape."

– Juanita
Somerset County

"The past five years of navigating treatment for debilitating chronic pain has been greatly guided by MaineCare policy. I am deeply grateful to have had access to care. There have, however, been obstacles. MaineCare only allows 2 visits per injury per year, unless it's for recovery after a surgery. This was a significant barrier when dealing with years of chronic pain that could have been supported by steady access to non-invasive physical therapy. Also, there have been several medications that I have been prescribed which have not been covered by MaineCare. This means that I have been funneled toward surgeries and procedures that have increased my symptoms as well as narcotic pain medication that I have struggled to avoid an unhealthy dependence on. We need to take a deeply transformative approach to the entire health care system and integrate the human rights principles at every level."

Bethany
Falmouth

"As a registered Nurse in a small rural emergency room department, I care for patients who often arrive to our facility sicker than they should be. They are from working families afraid to seek care sooner due to concerns about medical bills, or elderly patients already struggling to pay. Regular physician office care treatment would have made ER services unnecessary. These people, however, are fearful of losing their savings, or their homes after a major illness. I have seen patients leave our ER against medical advice and die within a day or two. Their financial situation and lack of affordable health insurance was the deciding factor in their choice. Our healthcare system is broken, and even when you pay for health insurance there is no guarantee that your care will be covered. There needs to be a fair system for everyone."

Terrylyn
Millinocket

Jihan
Lewiston

"I work primarily with immigrant communities with limited English proficiency and low literacy rates. These factors impact their ability to understand the information being conveyed or to find needed health services and interpreters. This creates obstacles and greater disparities. It is crucial to identify other factors that contribute to a person's overall health such as: safe and clean housing, well paying jobs, social supports and equal opportunities. The current health care system puts unnecessary barriers in place for people who already face hardships. Communities have cost effective ideas to resolve prevalent social and health issues. A health care system that adheres to human rights principles means everyone gets access to much needed services and resources with no barriers. It also means money, power, and resources are distributed equally among communities regardless of race, class, gender, or location."

If our health care system is to truly serve the people, it must be accountable to us, *not* shareholders and bottom lines. Currently, costs of coverage—even through the ACA—steadily climb at a faster rate than wages. **Our current system works us over rather than working for us.**

"I need dentures and MaineCare won't pay for it. I have no teeth left."

– John
York County

maine family planning

Maine Family Planning provides the full scope of reproductive health care to people of all genders at 18 locations in Maine, including contraceptive care, abortion, LGBTQI services and minor gynecological services. We work with schools and youth-serving programs across the state to provide comprehensive, evidence-based sexuality education. Our public affairs and advocacy program works with lawmakers & community leaders to maintain & improve access to reproductive healthcare (including abortion) and to advance the health, safety, and success of all Mainers and their families.

Our patients are directly affected by but the health care crisis in Maine—facing challenges of access, treatment & affordability of necessary wellness visits, screenings and other reproductive needs. Health care is a human right and a necessary public health need for the growth of thriving communities.

RECOMMENDATIONS

The Principles in Action: Building a Human Rights Health Care Policy

We believe the solution to our health care crisis is the development of a statewide, publicly funded universal health care system grounded in human rights. As we call on state legislators to advance solutions, we present the following vision for a policy that meets human rights standards and will benefit all Maine people.

Universality & Equity address the quality and accessibility of care people will experience under a new system. In a system that upholds these principles:

- **All state residents are automatically enrolled.** There are no exceptions, including people who are homeless, do not have employment or income, and immigrants with or without documentation. Everyone benefits, including those enrolled in existing public programs, such as Medicare and Mainecare. There is no convoluted enrollment process.

- **Care is comprehensive.** There is a focus on our right to safe, effective, and therapeutic preventative care. Baseline services include dental, vision, hearing, mental health services, addiction treatment options, reproductive health and family planning services like abortion and contraceptives, as well as gender affirming care.

- **There is a single, system-wide standard of care.** There are no tiers or plans. The system's infrastructure promotes a robust provider landscape, where patients have choice. Relationships between providers and patients are central to achieving positive health outcomes, and profit-makers have no role in care decisions.

- **Health needs determine the allocation of resources.** Communities experiencing the greatest health disparities must receive an equitable share of resources to address systemic barriers that drive poor outcomes. Rather than centering budgetary concerns and working outwards, the system must be creative, flexible, and responsive to population needs.

- **Care is free at the point of service.** Premiums, deductibles, and co-pays present significant cost barriers for lower income Mainers, and must be eliminated to ensure that people access medical care when they need it, without concern about out-of-pocket costs.

- **Health disparities are actively & systematically addressed.** In a largely rural and aging state, with a growing immigrant and Muslim population, many Mainers are currently marginalized, even if they are privileged enough to have insurance. Specific initiatives to ameliorate geographic and cultural barriers must be included in any policy solution. These can take many forms, including: establish widespread and accessible transportation options for rural patients; invest in the creation of robust community health worker programs to support immigrant patients' full access and agency; and, incentivize competency trainings for providers, so they can deliver care that is a) patient-centered b) culturally relevant c) trauma-informed, and d) leverages a patient's existing strengths and supports available within their family and community.

Transparency, Accountability, & Participation describe how the new system is funded, governed, and administered. The system must assess and proactively work to eliminate current health disparities, reduce bureaucracy, and promote strong patient-provider relationships. In a system that upholds these principles:

- **Health care is treated as a public good, managed by a public entity.** A publicly-run system is accountable to the people using it, rather than those seeking financial gain, and it is accessible to all. We must keep the administration of our health care system within the public sector, and refuse to contract out to private corporations who profit off our communities' health needs.
- **There are multiple & intersecting mechanisms for public participation.** A new system must evolve in response to people's experiences with it. To ensure accountability to residents, communities, and Mainers' human right to health, local community boards, statewide commissions, and annual public hearings will be created. Representatives will reflect the diversity of Maine's patients and providers. In addition to these mechanisms, we advocate for the creation of population-level access points for participants seeking information or to report incidents. These might include staffed hotlines, online reporting systems, as well as community health liaisons (similar to ACA navigators).
- **Information about our health care system is publicly available & easily accessible.** Information about financing, public health data, and any annual reports or evaluations must be made publicly available. Special attention should be paid to creating documents that are written in accessible language for a variety of literacy levels, as well as translated versions in languages is use by immigrant communities. System administrators should partner intentionally with trusted community organizations and service providers who can assist in sharing information with people most disenfranchised.
- **Resources are used effectively.** Privatization funnels revenue into administrative bloat, not direct care costs. Effectiveness of resource management should be measured primarily by decrease in health disparities, rather than merely achieving lower per-capita health costs.

Financing: One of the biggest barriers to winning a universal, publicly funded system is that many people believe our economy cannot afford it. The most important step we must take is agreeing that there is enough to care for all of us.

A progressive financing plan would ensure that everyone pays a fair share. We recommend three elements, including:

1) A progressive income tax, where higher wage earners pay more than workers who earn less. This is a sliding scale that goes down to zero for people living at a certain level of poverty.
2) A progressive payroll tax, where larger employers with significant wage disparities pay more than smaller employers who pay their workers higher wages. This incentivizes larger employers to fairly compensate workers, while accounting for the benefits small businesses make to local economies.
3) A tax on non-wage wealth. There is a small percentage of the state population who accumu late wealth from stocks, interest, dividends, etc. rather than through working hourly or salaried jobs. This tax ensures that a wealthy minority don't leave the ordinary, working majority to cover all the costs.

This diversified financing strategy creates a broad enough tax base to ensure our system is not underfunded, and that sufficient money goes into communities with lower incomes and more health needs. Under this system, an overwhelming majority of Mainers will spend less money and be guaranteed care.

Conclusion

"The day that Carlos pulled me out of the snow bank while I screamed at God was the day I knew how important he'd be to my life. I'd already lost so much--so many people I loved. I was so sick at that time. I was dying of cancer, had AIDS, had buried my partner, my mother, and now was writing my brother's eulogy from my sickbed. Carlos showed up as an angel in my life. He helped me continue when I wanted to give up.

Carlos was sick, too--with Parkinson's. Only when he went to the hospital after we'd been friends for years did I learn he was also dying of AIDS. He'd kept his secret from friends and family; they never knew he was gay. Carlos trusted me, though, and he let me in. There we were, two gay men in Aroostock who were both croaking. I felt like he was the only one who could understand the depth of my pain. We needed each other: but eventually, I had to go to Portland for the treatments I needed.

After strokes, falls, and losing his sight and mobility, Carlos's condition worsened, and he entered hospice, covered by MaineCare. He asked me to stay with him while he died, so I went back to Aroostook. In the depth of winter they pulled hospice from Carlos because MaineCare provided only three months of services. He'd lived too long. Carlos resisted going to a nursing home. I knew I couldn't take care of him on my own, but we didn't have money for anything else. By the time Carlos finally agreed to go, there were no available beds and we were out of options. Together, Carlos and I decided I had to abandon him. I brought him to the hospital, and I said, "I'm abandoning him." I said those words and they still stay on my soul.

I've provided end-of-life care for several people, including my partner of 27 years and my mother. I've also spent a fair amount of my own life navigating the health care system as a long term survivor of cancer and AIDS. But when I think about why I'm involved in the Health Care is a Human Right Committee, I think of my time with Carlos. I never should have had to abandon my best friend so that he could get health care.

Mark
Houlton & Portland

Looking back on my own life and health care struggles, I see that as a white man, I've received better care than Carlos did as a Black man, and that's why I'm still alive. I fight for a health care system with truly universal coverage and equitable high quality care.
I fight for Carlos."

We know the **healthier our communities become,** the more powerful we are to fight oppression on all fronts, and the closer we are to **creating the world we all need and deserve.**

Join us!

Southern Maine Workers' Center and the Health Care is a Human Right Committee

SMWC is building a grassroots movement for human rights in Maine. Our programs, including our Health Care is a Human Right and Work With Dignity committees, are member-led. We need your leadership to change what is politically possible and win a campaign for universal health care in Maine. Contact our HCHR organizer Ronald Flannery to get involved: ronald@maineworkers.org.

- Learn more about SMWC's work visit www.maineworkers.org or call 207-200-SMWC.
- Become a member of SMWC: maineworkers.org/get-involved/become-a-member/
- Attend an upcoming HCHR member meeting. Find out when they are by joining our mailing list.
- Start an Organizing Committee in your community and help our movement grow.
- Share this report by hosting a dinner or discussion group with your friends, or help us to organize a public report release event in your town.
- Tell your story; we'll continue to share personal stories in blog posts and at public forums about why universal health care matters to folks like you.

The Maine Health Care is a Human Right Coalition

SMWC is a member of the statewide HCHR coalition, which currently also includes steering committee members Maine AllCare and the Maine State Nurses Association (MSNA). This coalition formed to become a more powerful force for universal health care by increasing our geographical reach, sharing our resources, and developing a shared strategy. Maine-based organizations can sign onto our points of unity and become endorsers. Contact ronald@maineworkers.org if you want more information.
To learn more about Maine AllCare, visit www.maineallcare.org.
To learn more about MSNA, visit www.nationalnursesunited.org/msna.
Follow the Coalition on facebook.com/MaineHealthCareIsAHumanRight/

The HCHR Collaborative – www.healthcareisahumanright.org

Nationally, SMWC is part of a four-state HCHR Collaborative–including the Vermont Workers' Center, Put People First! Pennsylvania, Health Care is a Human Right Maryland, and the National Economic and Social Rights Initiative (NESRI)–that collectively strategizes and strengthens one another's movements, while raising the national profile of the call for truly universal, equitable health care. Healthcare Is a Human Right campaigns share several integral and interwoven elements, each of which is a critical part of our model and theory of change. Our campaigns:

- Build permanent organization among people most impacted, including through creating organizing committees in people's communities around each state, anchored by a grassroots base-building group that grows, develops and maintains grassroots leadership, and is governed by the people it organizes
- Develop leaders in an ongoing process that raises consciousness, advances collective learning and political education, and enables fully participatory decision-making on goals and strategy
- Use a human rights framework and apply human rights principles to all activities
- Change the public and political debate by telling people's own stories in a way that elevates people's agency and leadership and illuminates the structural failures of the current system
- Hold power holders accountable for ensuring human rights
- Grow the broader human rights movement by uniting constituencies and allies across issues and divisions and challenging oppression at all levels

Southern Maine Workers' Center | maineworkers.org | info@maineworkers.org
207-200-SMWC (7692) | 68 Washington Ave | Portland, Maine 04101