

# Talking **Health Care**

*This is the first in a series of talking points designed for progressive candidates for office. The first two pages offer language for overall framing of the issues. The following pages provide more detailed talking points and supporting evidence.*

*Focus on your message and especially on the values that underlie it. Respond to opponents as needed—there are responses to common opposition arguments at the end of this document—but don't get caught up defending your vision on opponents' terms.*

## **In this document:**

Headline messaging .....	1
Detailed talking points .....	3
Problem .....	3
Solution.....	9
Action .....	10
Responses to common push-back.....	11

## **HEADLINE MESSAGING**

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### VISION

The purpose of our health care system must be to guarantee *everyone* access to the health care they need.

### PROBLEM

But the prices charged by insurance, hospital and drug companies are out of control.

- *These prices deny us care by preventing us from going to the doctor and dentist and filling our prescriptions.*
- *They are also pushing people and businesses into hardship and debt.*

Health care profiteering hurts us all. Even those of us lucky enough to have insurance suffer.

- *The private insurance system robs our families and communities of health, wealth and wellbeing.*
- *Private insurers are hurting our businesses and draining our public budgets.*
- *Private health insurance companies interfere in our medical treatment and hold far too much control over our lives.*
- *Health care profiteering hurts us all, and it hurts the most vulnerable people in our communities the most.*

The problem isn't that insurance companies aren't following the rules. The problem is the insurance market itself, which treats our health care as a commodity rather than recognizing it as a human need and a human right.

The private insurance system isn't work for Americans, but powerful private interests are propping it up.

## SOLUTION

The only way to guarantee health care to everyone is by moving from the failing private insurance system to universal, publicly financed health care that guarantees health care for all.

- *Instead of paying premiums to insurance companies, we would all pay into the health care system through taxes. Everyone would be guaranteed the care we need, and none of us would ever have to pay more than we can afford.*
- *Universal public financing guarantees health care as a public good. That means that care is guaranteed for all of us based on our medical needs, not on how much money we have, where we work or where we were born.*

We need to end the corporate stranglehold over our lives and demand a transparent, accountable and participatory health care system.

## ACTION

To guarantee health care for all we're going to have to change the politics in Washington, but we can begin by taking action right here in \_\_\_\_.

## DETAILED TALKING POINTS

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### VISION

**The purpose of our health care system must be to guarantee *everyone* access to the health care they need.**

- Health care is a fundamental human need. None of us can live without it. We have a moral obligation to make sure that every single person is guaranteed access to quality, comprehensive care. Health care is a human right.
- The care we get should be determined by our medical needs, not by how much money we have.
- Our health care system is a reflection of our values. Are we a country that values human lives and taking care of each other? Or are we a country that places such high value on markets that we're willing to let corporations and the super-wealthy profit off of our sickness and our health?
- Good health benefits us all. When our family, coworkers and neighbors are guaranteed care and can live healthy lives, we're all better off.
- Our health care system can only guarantee care for each of us if it guarantees care for all of us. In a system full of holes, there's always a risk we could fall through the cracks. The only way to protect our right to health is to make sure we protect it for everyone else too.

### PROBLEM

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**But the private insurance market denies us care and slaps people with impossible bills.**

***Insurance costs are out of control.***

- The prices that insurance companies charge us are a barrier that keeps us from getting the care we need. With costs so high, we're being forced to skip going to the doctor and dentist and skip filling our prescriptions.
- Costs are out of control:
  - Insurance companies have been raising people's rates in many states by 30%, 40%, and even 50% a year.<sup>1</sup>
  - People who have insurance through work don't see the full cost of their insurance premiums deducted from their checks, but people with employer

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<sup>1</sup> ACASignups.net, <http://acasignups.net/2018-rate-hikes>

plans are now paying insurance companies an average of \$19,000 a year in premiums.<sup>2</sup>

- Out-of-pocket costs like deductibles, copays and coinsurance add up too. People are having to pay as much as \$14,000 out of pocket *on top of* their premiums.<sup>3</sup>

### ***Hospital and drug companies are gouging us too.***

- Hospital and drug companies are allowed to charge us literally however much money they want.
- A stay in the hospital can cost tens of thousands—even hundreds of thousands—of dollars.
- Prescription drugs can cost hundreds or thousands of dollars a month.
- Martin Shkreli and Mylan, the company that makes EpiPens, made headlines for price gouging cancer patients and parents and schools with kids who have life-threatening allergies, but they weren't bad apples; they were rational companies pursuing their mission of making money in the market. The problem is that medicines are not a commodity; they are a necessity. Our lives depend on them. As long as we allow the market to set prices for medicine, millions of us will be priced out.

### ***Health care costs are a barrier that prevent us from accessing care.***

- Private insurance prices us out of care.
  - High premiums force us into narrow plans that don't cover the doctors we want to see and don't cover the treatments and medicines we need.
  - Most of us have little or no coverage of crucial forms of care like dental care and mental health care.
  - Insurance companies keep raising our out-of-pocket costs like deductibles, coinsurance and copays. That stops us from being able to go to the doctor and fill our prescriptions.
  - Cost barriers are worst for the 30 million people who are completely uninsured. When our friends and neighbors can't get care, it hurts us all.
  - More private insurance doesn't solve the problem. Most people who are struggling to afford care already have insurance. The problem is that their private insurance plans don't meet their needs.
- Every year, health care costs force one in three adults under 65 in the U.S. to delay or forego care.<sup>4</sup> That's *63 million people*.
- Tens of thousands of people *die every year* because they are priced out of medical treatments that would have saved their lives.<sup>5</sup>

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<sup>2</sup> National Conference of State Legislators, <http://www.ncsl.org/research/health/health-insurance-premiums.aspx>

<sup>3</sup> HealthCare.gov, <https://www.healthcare.gov/glossary/out-of-pocket-maximum-limit/>

<sup>4</sup> The Commonwealth Fund, <http://www.commonwealthfund.org/interactives-and-data/surveys/biennial-health-insurance-surveys/2017/biennial-explorer>

<sup>5</sup> Various sources, compiled by Politifact, <http://www.politifact.com/truth-o-meter/statements/2017/jun/27/bernie-s/bernie-sanders-projection-thousands-added-deaths-g/>

***Health care costs are pushing people into hardship and debt.***

- Medical bills are the leading cause of personal debt in this country.<sup>6</sup> They're forcing people to wipe out their savings, move out of their homes, work extra jobs, and stay in abusive relationships just to survive.<sup>7</sup>
- Even relatively small bills can send whole families and communities into a financial tailspin. Half of Americans can't afford a surprise \$500 medical bill.<sup>8</sup> When people in our communities are forced to live in that kind of precarity, it destabilizes life for all of us.

**Health care profiteering hurts us all. Even those of us lucky enough to have insurance suffer.**

***The private insurance system robs our families and communities of health, wealth and wellbeing.***

- Almost every family has experienced what it's like to struggle to pay for care.
- We're all just one job loss, illness or accident away from a financial disaster.
- When people in our communities are sick and in debt, it hurts us too. By charging exorbitant prices and denying people health care, the private insurance system robs us of our health, wealth and wellbeing.
- We pay far more for health care than any other country in the world, but what do we get for it? Worse health and a whole lot of medical debt.
- Because so many people have been denied preventative care and treatment, the health of our communities and our whole country has suffered. This raises health care costs for all of us and puts us at risk of pandemic diseases.

***Private insurers are hurting our businesses and draining our public budgets.***

- Small and medium-sized businesses are struggling to pay private health insurance premiums for their employees, and costs keep going up every year.
- As the private insurance system drives up health care costs for employers, businesses have to raise prices and our public agencies have to shift more of their budgets toward employees' insurance premiums. The private insurance market is costing us all dearly.
- Low-wage employers don't pay for health insurance for their workers. They count on Medicaid and emergency rooms to provide their workers with care, which makes it hard for workers to get comprehensive care and pushes the tab onto the public.
- Our health care system is already mostly financed by the public. Two out of three dollars spent on health care are paid for by our government.<sup>9</sup> But because Medicare and Medicaid are increasingly contracted out to private insurers, insurance companies are pocketing our public money and pricing us out of care.

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<sup>6</sup> The American Journal of Medicine, [http://www.amjmed.com/article/S0002-9343\(09\)00404-5/fulltext](http://www.amjmed.com/article/S0002-9343(09)00404-5/fulltext)

<sup>7</sup> Kaiser Family Foundation, <https://www.kff.org/health-costs/poll-finding/data-note-americans-challenges-with-health-care-costs/>

<sup>8</sup> Kaiser Family Foundation

<sup>9</sup> American Journal of Public Health, <http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2015.302997>

## ***Private health insurance companies interfere in our treatment and hold far too much control over our lives.***

- Insurance companies drive up our health care costs, interfere in our treatment, and force us to do deal with confusing coverage and painful billing processes.
- Insurance companies force our doctors and medical providers to deal with unnecessarily complicated and expensive billing.
- Just a few giant insurance companies and hospital companies now hold enormous control over our health care system and over our lives.
- We have no real say in how health care prices are set. Insurance, drug and hospital companies get to charge us just about whatever they want.<sup>10</sup>

## **Health care profiteering hurts the most vulnerable people in our communities the most.**

Our friends, neighbors and coworkers who most need care are precisely the people who the private insurance system hurts most.

- **People with chronic illnesses and people with disabilities** need access to ongoing care. Delivering care to people with serious medical needs isn't cheap, but it's exactly what our health care system should do. Instead, insurance companies limit what's covered, make it hard for us to claim benefits, and put people through tortuous claims and billing processes. These profit-driven practices deny us all care, and they fall hardest on people with ongoing health care needs. This forces needless suffering onto people and families who are already dealing with serious illnesses and disabilities.
- **Poor, working-class and middle-class people** are hurt by market pricing of health care. The care we get should be based on our medical needs, but private insurance companies decide who gets care based on how much money we have. This prices tens of millions of people out of health care access every year.
- **Immigrants** are denied access to Medicaid, Medicare and Affordable Care Act subsidies by discriminatory laws that base people's health care access on where they were born rather than on their medical needs. Immigrants are integral members of our communities and workplaces who have the same fundamental need for health care as the rest of us. It is immoral to deny care to any of us care because of where we happened to be born.<sup>11</sup>
- **People of color** face multiple barriers to care including financial barriers, fewer local medical providers, and limited access to culturally and linguistically appropriate care.

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<sup>10</sup> States regulate some insurance rates, but have allowed enormous increases in recent years, often approving higher rates than insurance companies have asked for.

<sup>11</sup> A common argument is that immigrants pay taxes into our health care system, which is true, but emphasizing this point can reinforce the notion that there are good people and there are bad people, and that only good people deserve health care. Health care is a universal human right. Even if someone is too poor to pay income taxes—or even if someone willfully and illegally underpays the IRS—there is never circumstance under which it is acceptable to deny health care to any human being.

These barriers to care layer on top of economic disadvantages in housing, employment, education and policing that rob communities of color of health and wealth. The end result is that Black and Native American children in many areas have life expectancies more than *ten years shorter* than neighboring White children.<sup>12</sup> This is a national disgrace.<sup>13</sup>

- **Women and transgender people** are denied care in multiple ways.
  - The Affordable Care Act improved women’s and transgender people’s health care access by requiring insurance companies to cover more reproductive care, but many people continue to be denied access to comprehensive reproductive care because of the assault on reproductive health care providers.
  - Women are disproportionately excluded from jobs that offer health insurance. Women face discrimination in hiring, promotion and pay, and often need flexible work schedules so they can juggle caregiving responsibilities at home. Because health insurance only tends to come with full-time, higher paying jobs, women who work part-time, lower-paying, women who do informal or freelance work and women who do unpaid caregiving work in their own homes are systematically denied access to care.
  - Transgender people are systematically denied care by the private insurance system. Transgender people are consistently denied access to comprehensive reproductive care and gender transition care, and because of discrimination in education, work and health care, transgender people are far more likely than cisgender people to live in poverty and to be uninsured.
- The needs of **people who are struggling with mental health and addiction** are not being met by the private insurance system. Overall, 26 million people with mental illnesses go untreated every year.<sup>14</sup> Opioid addiction has reached epidemic proportions because pharmaceutical companies have pushed prescription drugs and because private insurance companies have decided that it is unprofitable to cover comprehensive drug treatment and rehabilitation.

**The problem isn’t that insurance companies aren’t following the rules. The problem is the insurance market itself, which treats our health care as a commodity rather than as a human need and a human right.**

***Markets are incapable of guaranteeing health care for all.***

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<sup>12</sup> New York Times, <https://www.nytimes.com/interactive/2015/04/29/health/life-expectancy-nyc-chi-atl-richmond.html>, and PBS, <https://www.pbs.org/newshour/economy/live-affect-life-expectancy>

<sup>13</sup> On average, Latino, Asian and Pacific Islander communities have better health outcomes than Black and Native American communities, but national statistics obscure important differences within communities. Many poor Latino and API communities—and many poor White communities—are similarly subjected to poor public health.

<sup>14</sup> National Alliance on Mental Illness, <https://www.nami.org/NAMI/media/NAMI-Media/Infographics/GeneralMHFacts.pdf>

- In the private insurance market, health care is only available to those who can afford it. That's the way that markets work: they set a price that gives access to some but prices the rest of us out.
- Markets are designed to make profits for investors, but they are incapable of guaranteeing our fundamental needs. It is immoral and inhumane to price us out of the care we need.
- Insurance companies routinely deny us essential care. They refuse to cover dental, vision, and comprehensive mental health care, and they put up cost barriers to keep us from accessing care that is supposedly covered.

## **The private insurance system is enormously profitable for the insurance, hospital and drug industries.**

- The health insurance industry—and its executives and owners—profit off of our sickness and our health. We pay insurance companies \$785 billion every year, and for what?<sup>15</sup> They skim profits off of our premiums, pocket public subsidies, complicate our lives, and do everything they can to avoid actually paying for our care.
- The CEOs of big insurance companies are paid an average of over \$20 million a year. That means that each CEO is essentially pocketing *7,000 people's annual premiums*.<sup>16</sup> Think about that.
- If you add in hospital, medical device and drug companies along with insurance companies, the average health care CEO makes *over \$40 million a year*.<sup>17</sup>
- It's not just CEOs: Wall Street investors are fleecing us. Health care spending now sucks up almost one in five dollars in the American economy.<sup>18</sup> The privatized health care system costs us far more any other health care system in the world.<sup>19</sup>

## **The private insurance system doesn't work for Americans, but powerful private interests are propping it up.**

- The companies and individuals who are profiting off of our sickness and our health are making enormous sums of money off of our backs.
- The for-profit insurance system is amoral, and bad economics too. So why are we stuck with it? A powerful set of political interests backed by health care corporations, Wall Street and the Koch brothers is trying to scare us out of demanding change. They are

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<sup>15</sup> IBISWorld, <https://www.ibisworld.com/industry-trends/market-research-reports/finance-insurance/carriers-related-activities/health-medical-insurance.html>

<sup>16</sup> Modern Healthcare, <http://www.modernhealthcare.com/article/20170427/NEWS/170429877>

<sup>17</sup> Based on a review of the 70 largest U.S. health care companies, 2014-2016, Axios, <https://www.axios.com/the-sky-high-pay-of-health-care-ceos-2442398819.html>

<sup>18</sup> Centers for Medicare & Medicaid Services, <https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/nationalhealthexpenddata/nhe-fact-sheet.html>

<sup>19</sup> NPR, <http://www.npr.org/sections/goatsandsoda/2017/04/20/524774195/what-country-spends-the-most-and-least-on-health-care-per-person>



doing everything they can to discredit public insurance and to pressure our legislators to put their profits ahead of our health.

## SOLUTION

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**The only way to guarantee health care to everyone is by moving from the failing private insurance system to universal, publicly financed health care that guarantees health care for all.<sup>20</sup>**

***Instead of paying premiums to insurance companies, we would all pay into the health care system through taxes. Everyone would be guaranteed the care we need, and none of us would ever have to pay more than we can afford.***

- Premiums, copays and deductibles are a barrier that keep us from getting the care we need. To guarantee care, we have to make sure that no one has to pay when they walk in the door to the doctor's office or fill a prescription. With publicly financed health care we would eliminate premiums, deductibles, coinsurance, copays and out-of-network fees.
- The best way to pay for health care is through our taxes. In the private insurance system, health care prices keep us from getting the care we need. By eliminating private health care costs and instead paying into the health care system through taxes, we'd only have to pay as much as we can afford, and all of the care that we and our families need would be guaranteed.
- By paying for health care through taxes, we could pay for health care *equitably*. We'd all pay what we can, nothing more, and would be guaranteed the care we need. Big employers and wealthy people would pay their fair share, and none of us would ever have to pay more than we can afford.

***Universal public financing guarantees health care as a public good. That means that care would be guaranteed for all of us based on our medical needs, not on how much money we have, where we work or where we were born.***

- With publicly financed health care:

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<sup>20</sup> Universal, publicly financed health care is sometimes called "single payer" (because a single insurance payer, the government, would replace all existing private and public insurers) or "Medicare for all" (because expanding Medicare to everyone is one way to achieve universal care). Use whatever term feels comfortable to you, but be aware that using terms like these may confuse people who aren't familiar with the specific health care policies and programs they reference. These specific meanings of these terms can also give rise to distracting debates on terminology. Whatever term you use to describe your policy vision, be sure to communicate the core principles: that we have a moral obligation to guarantee healthcare to everyone, and the only way to guarantee care is through a public, tax-financed insurance system that provides health care as a public good for all.

- Questions about our insurance and our finances would never again get in the way of our care.
- Care would be guaranteed to everyone who needs it, not just to those who can afford it.
- Personal traits like our gender, immigration status or particular medical needs would never again be used to deny us care.
- Medical decisions would be made by doctors and patients without interference from insurance companies. Insurance companies and medical bills would never again get between us and our doctors, our dentists or our medicines.
- We all have the right to get the care we need without insurance companies putting up barriers.

***We need to end the corporate stranglehold over our lives and demand a transparent, accountable and participatory health care system.***

- The private insurance market is accountable to corporate shareholders, not to the public and not to our human right to health care.
- We need to get insurance companies out of our lives, and we need to regulate the prices that hospital and drug companies are allowed to charge for treatments and medicines.
- Health care is necessary for our individual health and our collective wellbeing. We cannot allow private profiteers to deny people care.
- The health care system can only meet our needs if it is democratic, which means that it must be transparent to the public, accountable to our needs and give us meaningful participation in the decisions that affect our lives.
- Too many legislators have taken money from health care industries and are more accountable to their donors than to their constituents. It's up to us to hold them accountable and demand a democratic health care system.

## ACTION

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**To guarantee health care for all we're going to have to change the politics in Washington, but we can begin by taking action right here in**

**\_\_\_\_\_.**

***As a candidate, I pledge to:***

- For local elections:
  - Support our community clinics and public hospitals. That means putting our money where our values are and budgeting for health care in our local budgets.
  - Explore models that counties like San Francisco, Los Angeles, and Howard County, Maryland, have used to guarantee health care as a public good for local residents. It's especially important for us to protect the health of our community

members who are denied access to Medicaid, Medicare and Affordable Care Act subsidies because of their immigration status.

- Pass a resolution recognizing that health care is a human right and calling on our state and federal legislators to pass a bill for universal, publicly financed health care.
- For state elections:
  - Stand up to insurance companies and work to pass a law to create a universal, publicly financed healthcare system that guarantees care as a public good to everyone in the state.<sup>21</sup>
  - I know that's no simple matter. The insurance industry and its allies are powerful. In the meantime we can also increase equity, transparency, accountability and participation in our health care system and move towards treating health care as a public good by:<sup>22</sup>
    - Expanding—and improving—Medicaid.<sup>23</sup>
    - Holding public hearings to make sure that legislators are hearing from the public about how the health care is affecting their lives.
    - Increasing transparency of drug costs, insurance rates and other health care prices to bring to spotlight health care profiteering.

***But this isn't just about me. This is about all of us.***

- It's not enough for us to vote once every two years and then trust the people we elect to do the right thing. That's why I'm taking action by standing up and running for office. But this isn't just about me. This is about all of us. The only way we're going to claim our right to health care and build a society we need—a society that guarantees our fundamental needs and lives up to our values—is if we actively work together to change what's politically possible.

## RESPONSES TO COMMON PUSH-BACK

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*Your opponents will try to throw you off your message. Don't let them. Stick to your talking points and keep the conversation on your terms, emphasizing the core values that you're using to connect with people.*

*That said, you'll face a few counter-arguments repeatedly, so you'll want to be ready. Here are some common opposition arguments and some guidance on how to respond.*

**Opposition argument: This is a tax hike. We can't afford it.**

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<sup>21</sup> Even if passing a universal health care bill isn't yet possible in your state, taking a firm public stand for universal health care helps build momentum.

<sup>22</sup> For further policy ideas, contact ben [at] nesri.org.

<sup>23</sup> In states that have already expanded Medicaid, there is still plenty of room to fill gaps in the program, such as by using state funds to further expand income eligibility and eligibility for undocumented immigrants, covering additional treatment like dental care and removing barriers like copays and work requirements.

- **Your goal:** Don't let yourself get caught in a back-and-forth on cost savings. Begin by undercutting their claim by emphasizing how much we're paying now and how publicly financed insurance would eliminate private health care costs. Then re-center the conversation by reminding people that the point of the health care system is not to save money, but to get people the care they need.
- **Sample response:** Paying for health care through taxes wouldn't cost us more. In fact, it would cost us a lot less. Right now we pay for more for health care than anyone else in the world because insurance companies and drug companies are burning and pocketing most of what we spend. By paying for health care through taxes, we'd completely eliminate private insurance costs. We would pay zero premiums, zero deductibles, zero co-insurance, zero co-pays, zero out-of-network fees. Zero. So we wouldn't be spending more through taxes: we'd be shifting what we're paying to private insurance companies now into the public sector. And because we'd stop paying for insurance companies' profits and all the extra billing they force doctors offices to do, over time we'd save money too. Private premiums penalize you for being sick and penalize you for being poor, but with taxes, we could pay *equitably*: big employers and wealthy people would have to pay their fair share, and none of us would ever have to pay more than we can afford.

**Opposition argument: This a government take over of health care. It would eliminate our freedom of choice and get between us and our doctors.**

- **Your goal:** Undercut your opponent's claim by emphasizing what everyone intuitively knows, which is that costs, not some government bogeyman, are the real problem we're dealing with. Re-center the conversation by turning your opponent's words on their head, affirming a shared goal of focusing health care on patients and providers, but emphasizing that the real problem is how profit-driven insurance companies (and drug and hospital companies) are interfering with our treatment and putting up barriers to care.
- **Sample response:** This notion of "consumer choice" is a false choice. When it comes to health care, we're not consumers. We're human beings, human beings who have medical needs. We don't need a "choice" between equally extortionate insurance plans that don't meet our needs. That's no choice at all. What we need is guaranteed access to care. And I totally agree that we need to be able to make decisions about our health with our doctors. The problem, though, is that profit-driven insurance companies get in the way. They make their money by jacking up our costs, refusing to cover all of the care we need and interfering with our treatment. The way to guarantee access to care and protect the doctor-patient relationship is to get profit-driven insurance companies out of our health care system. To be clear, I'm not talking about changing how health care would be delivered. Our hospitals, doctors and dentists would keep providing care just as they do now. What I'm talking about is changing how we pay for care. Paying together into the health care system through our taxes would be far better than paying premiums to insurance companies. We would guarantee care to everyone; make sure the rich pay their fair share and none of us ever have to pay more than we can afford;

make the whole payment system simpler, more transparent and more democratic; and we'd finally stop insurance company profiteers from interfering with our care.

**Opponents' argument: Universal health care isn't politically possible. We should focus on smaller reforms.**

- **Your goal:** Undercut your opponent's claims by acknowledging the forces we're up against but naming a few historical examples of big changes we've won in society. Then re-center the conversation by reaffirming your values and vision and emphasizing that health care is a moral issue and that we have to work together to build political will.
- **Sample response:** I get that this isn't easy. We don't have the political will to overcome the opposition of the insurance industry and pass universal health care. Not yet. But before we abolished slavery, before we won voting rights for women and Black people, and before we won marriage equality, people told us those dreams were politically impossible too. But did the abolitionists, suffragists and civil rights organizers listen to them? No. They kept pushing, not because it was easy, but because it was the right thing to do. Today we face a similar choice. I think that years from now people will look back at this time astonished. They'll wonder about the excuses we made to ourselves to justify something as morally unconscionably as the denial of essential health care to millions of people. I'm not willing to compromise my values because the opposition is too strong. I'm running for office because I am committed to standing up for our communities and standing up for what's right.

**About the National Economic and Social Rights Initiative (NESRI)**

In partnership with communities, NESRI works to build a broad movement for economic and social rights, including health, housing, education and work with dignity. Based on the principle that fundamental human needs create human rights obligations on the part of the government and private sector, NESRI advocates for public policies that guarantee the universal and equitable fulfillment of these rights in the United States.

*For more talking points and resources, visit [www.nesri.org/resources](http://www.nesri.org/resources).  
If you have questions or suggestions, email [ben \[at\] nesri.org](mailto:ben@nesri.org).*