

**Making affordable healthcare a right**  
**Letter to the Editor**  
**Boston Globe**

December 12, 2004

THE GLOBE notes in its Dec. 1 editorial "Improving Health" that healthcare in Massachusetts has "gained a new urgency in recent weeks." True. And you say that a working consensus leading to meaningful reform must include the governor, key legislators, and the business community, as well as the healthcare industry. Right again. In addition, you say the process will be long and complex and must be based on good objective data about who the uninsured are. True.

However, to ensure that all the talk and all the fact-finding don't end up an empty exercise, something more than just another healthcare reform is needed. In both 1988 and again in 1996, bold thinking and earnest negotiations led to major access expansions and significant improvements in the state's healthcare system -- only to erode and crumble with the next downturn in the business cycle. This is why we are faced today with the human desperation and rank inefficiencies summed up in the data -- 650,000 uninsured, employers cutting benefits or dropping coverage completely in the face of double digit premium hikes year after year, workers dropping coverage when it is offered after a 58 percent increase in their costs over four years; providers buried in paper trying to care for patients without the coverage they need to pay for the care they should get.

If recent history is not to repeat itself, a renewed effort at healthcare reform in Massachusetts must include passage of the proposed amendment to the state constitution making access to affordable, comprehensive healthcare, like public education, a guaranteed right. The standards set out in this amendment guarantee a healthcare system that will meet the tests of time. Today's solutions can be revisited and renegotiated, any aspect of the system can be fine-tuned or even changed in fundamental ways. But, however the system is altered, the result must meet the amendment's criteria: ensure that affordable, comprehensive health and mental health care are available to all residents.

Do we really want citizens to enjoy broad, effective healthcare? Do we see that it is in everyone's enlightened self-interest for our schools to receive healthy children ready to learn, and for our workforce to be flexible and productive, not just for a heady two or three years but in the long run? If so, let's make it the law!

GEORGE EASTMAN  
Clinical psychologist  
Cambridge