

The History of Health Care Reform and the Women's Health Movement

By Anne Kasper

Health care reform has long been a women's issue. Since the beginnings of the Women's Health Movement in the late 1960s, women have known that the health care system does not work in the best interests of women's health. When we think of the health care system and its component parts – doctors, hospitals, clinics, and prescription drugs, for instance – we are increasingly aware that the current system is not designed to promote and maintain our personal health or the health of others. Instead, we are aware of a medical system that delivers sporadic, interventionist, hi-tech, and curative care when what we need most often is continuous, primary, low-tech, and preventive care. Women are the majority of the uninsured and the underinsured as well as the majority of health care providers. We are experts on our health, the health of our families, and the health of our communities. We know that we need a health care system that must be a part of changes in other social spheres -- such as wage work, housing, poverty, inequality, and education -- since good health care results from more than access to medical services.

Health care reform in the U.S. was attempted many times during the last century. Our biggest successes occurred in 1965 with the creation of the Medicaid and Medicare programs, which have provided health care to millions of poor, underserved, and older persons. Most large scale efforts in reforming the system have focused on providing universal health coverage – creating a national health insurance program which would entitle every individual to health care as a right. To date every attempt has failed because the forces arrayed against universal health coverage see it as the end to the enormous profits made in the medical industry. With business ruling the day, it is no accident that the U.S. is the world's most powerful economic engine and simultaneously the only industrialized country without a universal health care program.

Committee for National Health Insurance

Women have played a consistent and determined role in health care reform efforts. In the early 1970s, the Committee for National Health Insurance, a labor-sponsored group in Washington, DC, organized the first conference on women and national health insurance. Labor unions, primarily the United Auto Workers from the early days of Walter Reuther as well as the Coalition for Labor Union Women, had long envisioned a national health insurance program for their rank and file. This first conference brought together women from around the country who were organizing to advocate for women's health issues. The Committee rightfully imagined that women would want to include a national health program in their advocacy agenda. Many of the women who attended the conference were the founders and early organizers of the National Women's Health Network, which would begin its work a few years later in 1976.

Secretary's Advisory Committee on the Rights and Responsibilities of Women

In the late 1970s and early 80s, Patricia Roberts Harris, the first black woman to be U.S. Secretary of Health and Human Services, convened the Secretary's Advisory Committee on the Rights and Responsibilities of Women (SACRRW). This public committee, one of the earliest federal efforts expressly designed to benefit women, was made up of 12 women members who were culturally and geographically diverse. The Committee, charged with looking at policies and programs with an impact on women and to advise the Secretary accordingly, reviewed the National Health Insurance (NHI) proposals being vigorously debated in Congress at that time. After reviewing the proposals, the Committee issued a

polite statement that said, "It is the opinion of the Committee, and many women's groups, that the legislative proposals pending do not precisely address some of the concerns women have when looking at a national health insurance plan." However, the work of the Committee did not stop there. It commissioned a research paper, "Women and National Health Insurance: Where Do We Go From Here?," which was designed to outline for the public some of the major issues and how women would be affected by a NHI plan. On May 2, 1980, SACRRW held a national conference of women's groups to discuss the complex issues of coverage, financing, and participation in a national health program. Materials from the research paper and the conference were later included in a SACRRW publication made widely available to the public.

Many of the insurance issues that are relevant to women today were addressed in the work of SACRRW more than 20 years ago. For instance, because health insurance is linked with paid employment, the result is frequent discrimination against women. Women find themselves without coverage if they do not work continuously or full time because of childbearing and family responsibilities. Many women work in small businesses or service sector jobs where health insurance is not a covered benefit. Health insurance for women who work at home is not available save for women covered by Medicaid or Medicare or through a spouse. Today, as in the early 1980s, reproductive health services are not fully covered for most insured women. The same is true for preventive health care.

At the national conference held by SACRRW, women's groups proposed ten principles as a guide to organizing and advocating on behalf of women and NHI. Among these principles was universal coverage or the inclusion of every individual living in the U.S. in a plan offering the same standard of comprehensive care. Other principles called for individual eligibility, meaning that women should be covered as individuals in their own right and not based on their marital or family status. Continuous coverage required that women's labor force employment should not act as a barrier and that pre-existing conditions or waiting periods should not exclude women from being covered. Other principles called for equitable financing, cost containment, and limited cost sharing. These proposed a shared, single-payer financing plan as well as limits on health care expenditures, deductibles, and co-payments. The principles also called for consumer participation and health care restructuring in a national system. With considerable foresight, this last principle adopted by the Committee and conference participants considered health care reform as an opportunity to create a system that promotes health, provides preventive and primary care, reaches the underserved, and empowers health workers.

The Campaign for Women's Health

A more recent major effort at the national level was undertaken by the Campaign for Women's Health. This coalition of more than 100 local, state, and national organizations began as a working group under the auspices of the Older Women's League. The Campaign became the most vocal advocate for women's interests in NHI during the Clinton Administration's attempt at health care reform. The work of the Campaign was based on a set of principles that look much like the ones articulated by SACRRW, although they were more elaborate and included the importance of a women's health research agenda.

Working with women's health providers, activists, and others, we (I was the director of the Campaign) crafted a Model Benefits Package for Women (MBP), which spelled out in detail the comprehensive services needed by women in a reformed health system or national health program. Carol Weisman, in her book *Women's Health Care: Activist Traditions and Institutional Change*, said the MBP "may be the best available collaborative statement of

what women want in their health care." The MBP states that "All services which are necessary or appropriate for the maintenance and promotion of women's health should be included in a benefits package." For instance, the section on primary and preventive care calls for a shift toward services that are low-cost and provide hands-on care from a range of health practitioners in outpatient settings. The section on reproductive health care states that the full complement of reproductive services are an integral part of women's health and well-being and that these services must include maternity care, family planning, abortion, infertility, and care for sexually transmitted diseases in addition to the periodic gynecologic history and exam. The section on long-term care for women calls for a continuum of home, community, and institutional settings for medical services, health care, personal care, nutrition, counseling, and social services.

What's Ahead

Health care reform comes in waves, with periods of intense activity followed by dormant times when not much seems to be happening. A new wave of activity on health care reform has been rising in the states over the last few years, and with the 2008 presidential elections the issue has once again broken out as a high priority concern for voters around the country. We seem to be in the verge of a new national movement for major health care reform.

And no wonder. Today, more of us are uninsured than when President Clinton took office in 1992. Some 46 million individuals -- almost 20 percent of our population under 65 -- are uninsured. More than 80 percent of these individuals come from families where someone is working, and more than 70 percent are from families with one or more people working full-time, but despite this insurance is not available or is too costly. Even those who are insured face rising costs and shrinking benefits that put the quality of their health care at risk. With these facts in mind, the next wave of reform is beginning to take shape.

Many people concluded that one of the reasons the wave of health care reform failed during the Clinton Administration was lack of public support. The Clinton plan was crafted by policy makers in Washington, DC and debated primarily by power brokers within the Beltway. If we learn from our mistakes, advocates will make sure that the next wave of health care reform includes a meaningful effort to mobilize and engage people throughout the country in our efforts for change.

As we move toward this next wave of reform, it is time for women's voices to be heard. Raising Women's Voices for the Health Care We Need is a national initiative to support quality, affordable health care for all. We are working to raise women's voices for the health care we need. Our goal is to engage a broad array of women's health advocates in local, state and national health reform discussions to ensure that women's concerns and those of our families and communities will be addressed and the health care we get will truly be health care for all.

One final note: We should not expect that universal health insurance will end all our health care woes. Insurance coverage itself does not guarantee access to high quality health services. In the process of working toward a universal health system, women must work toward changing the existing bureaucratic, exclusionary, and profiteering system to one of equity, caring, and affordable health care delivery from which all individuals can be assured that their health and well-being will benefit.

Written by: Anne S. Kasper, Ph.D.
Revised and updated: 2008

An earlier version of this article was published on the Our Bodies, Ourselves website. We have reprinted here with permission. You can find it here:
<http://www.ourbodiesourselves.org/book/companion.asp?id=31&compID=68&page=3>.

Resources

1. "Women and National Health Insurance: Where Do We Go From Here?" The Secretary's Advisory Committee on the Rights and Responsibilities of Women (SACRRW), U.S. Department of Health and Human Services, 1980. Limited copies available from Anne S. Kasper, askasper@aol.com.
2. Anne S. Kasper and Eve Soldinger. "Falling Between the Cracks: How Health Insurance Discriminates Against Women." (Working paper originally prepared for SACRRW). *Women and Health*, vol. 8, no. 4, winter 1983.
3. *Principles*. The Campaign for Women's Health. Copies available from Anne S. Kasper, askasper@aol.com
4. *Model Benefits Package*. The Campaign for Women's Health. Copies available from Anne S. Kasper, askasper@aol.com
5. Carol S. Weisman. Women's Health Care: Activist Traditions and Institutional Change. Johns Hopkins University Press, 1998.
6. "Second-Class Medicine." Consumer Reports Online, September 2000.
7. "[Wellstone Pushes Health Care Plan](#)." The Progressive Populist November 1, 2000, vol. 6, no. 19, p. 8. P.O. Box 487, Storm Lake, IA 50588.
8. Carol Schreter. "The Case for Universal Health Care." [Women's International League for Peace and Freedom](#). In Peace and Freedom newsletter, vol. 60, no. 4, pp. 20,26.
9. Health Care For All. Maryland Citizen's Health Initiative, 2600 St. Paul Street, Baltimore, MD 21218, 410-235-9000.
10. [Health Care for All](#), Massachusetts.
11. Raja Mishra. "[State's HMOs Digging Deep to Wage War on Question 5](#)." The Boston Globe, September 17, 2000, p. A1, Metro/Region section.
12. [Universal Health Care Action Network \(UHCAN!\)](#), 2800 Euclid Avenue, Suite 520, Cleveland, OH 44115-2418, 800-634-4442.
13. "Just Health Care" Campaign. [The Labor Party](#), P.O. Box 53177, Washington, DC 20009, 202-234-5190.
14. "People Like Me" Campaign. [National Health Care for the Homeless Council](#), P.O. Box 60427, Nashville, TN 37206.
15. [Raising Women's Voices for the Health Care We Need](#), <http://www.raisingwomensvoices.net>.