
ECONOMIC HUMAN RIGHTS VIOLATION REPORT

HEALTH CARE ADDENDUM

Location: _____ Date: _____
Name: _____ Phone: _____
Address: _____ Race/Ethnicity: _____
_____ Age: _____ Gender: _____

The following Article from the Universal Declaration of Human Rights tells you what all human beings have a right to expect. Please answer the questions below about what you may have been denied, and attach any supporting documentation or other evidence that may be available.

ARTICLE 25—Right to well-being of a person and his or her family, including food, clothing, housing, medical care and necessary social services; right to security in the event of unemployment, sickness, disability, widowhood, old age or other uncontrollable circumstance; right to special care and assistance for motherhood and childhood.

1. Have you ever been denied medical treatment? Yes No
2. Do you put off medical care until your condition is severe and then seek treatment in an emergency room? Yes No
3. Do you have children over 18 who have been cut off your insurance and cannot afford their own? Yes No
4. Has health care been cut from your pension or pension plan? Yes No
5. Do you or will you have to work past retirement age to pay for medical care? Yes No
6. Has a doctor ever refused you treatment because you have Medi-Cal or Medicare? Yes No
7. Have you ever been denied a medical procedure or the care of a specialist by your medical insurer? Yes No
8. Do you work for a company that does not provide health insurance? Yes No
9. Have you ever been employed as a temporary worker without medical benefits or sick leave? Yes No
10. Have you ever had employee medical insurance and lost it when the job ended? Yes No
11. Are you self-employed, in the arts, a healthcare or childcare worker, and uninsured? Yes No
12. If you buy your own medical insurance, what is your monthly premium? _____
13. How much is your deductible? _____
14. How much are your co-payments? _____
15. Have you ever reached your maximum coverage and/or had your insurance cancelled? Yes No
16. Have you been refused insurance because of a pre-existing condition? Yes No
17. Are you an elder who has lost or is at risk of losing your home because of the costs of a late-onset illness? Yes No
18. Are you a healthcare worker who has ever been unable to properly care for a patient due to lack of adequate medication/equipment/procedures? Yes No
19. Have you ever been unable to obtain necessary prescription drugs? Yes No
20. Were you affected by the transition to Medicare D? Yes No
21. Have you ever been denied dental, vision, hearing or mental health care because your insurance did not cover it? Yes No

ECONOMIC HUMAN RIGHTS VIOLATION REPORT FORM

ATTACH ANY AVAILABLE EVIDENCE AND SUPPORTING MATERIALS TO EACH FORM

Name: _____
Address: _____
Phone Number: _____
Race/Ethnicity: _____ Age: _____ Gender: _____
Date: _____ Location filled out at: _____

Article 19--Right to freedom of opinion and expression, and the right to seek, receive and impart information and ideas through any media and regardless of frontiers.

Have you ever been denied housing, employment, government benefits, education, healthcare, etc. because of a communication barrier? Yes No

Has a communication barrier kept you from accessing information that is relevant to your well-being? Yes No

Article 23 – Right to a job with just and favorable conditions of work and a living wage, and the right to form and join trade unions.

What is your income? _____

How many people are dependent on your income? _____

Have you ever been denied work or laid off from work in the past year? Yes No

Have you ever gotten sick or injured because of your job? Yes No

Article 25 – Right to well being of a person and their family (food, housing, clothing, medical care, other social services)

Have you ever been denied or cut off welfare (cash, food stamps, medical, or SSI) Yes No

Have you ever lived in a house that was in dangerous conditions? Yes No

Have you ever been homeless? Yes No

Have you ever had your utilities shut off? Yes No

Has your family ever gone without meals because there wasn't enough money? Yes No

Have you ever been denied medical treatment? Yes No

Have you ever had problems obtaining childcare for your children because you could not afford it? Yes No

Article 26 – Right to Education

Have you ever had to leave school or training because you could not afford to go anymore? Yes No

Case Summary - please use the space on the back of this form to go into more detail about the economic human rights violations you've experienced.

For more information and to return this form to the Poor People's Economic Human Rights Campaign contact the Women's Economic Agenda Project, 449 – 15th Street, Oakland, CA 94612 (510) 451-7379, fax (510) 986-8628, e-mail weap@weap.org, web: www.weap.org or the Kensington Welfare Rights Union, PO Box 50678, Philadelphia, PA 19132 (267) 235-8982, fax (215) 203-1950, e-mail kwru@kwru.org, web: www.kwru.org
