

Health Care as a Right?

The Oregon legislature adjourned last weekend without referring to the voters the “Hope Amendment”— a proposed constitutional amendment declaring that: “It is the obligation of the state to ensure that every resident of Oregon has access to ... affordable health care as a fundamental right.” I understand and am sympathetic with what the sponsors of this amendment were trying to achieve. Indeed, I've spent many years advocating for universal access to timely, affordable, quality medical care. I do not believe that access to health care is a privilege, nor do I believe that health care is just another commodity.

My question is simply this: will making *health care* a right get us where we want to go, or will it take us down the wrong path? Before enshrining this right in the Oregon constitution, we should be clear about what we are trying to achieve. Are we trying to ensure only that Oregonians have financial access to health (medical) care; or are we trying to ensure the all Oregonians are healthy? This is a significant question and one that deserves a closer look.

First, we must put health care it is proper perspective when it comes to health. For example, I don't know anyone who wants attenuated flu virus injected into their arm; they just don't want to get the flu. In other words, health care is a *means to an end*, not an end in itself. It has no intrinsic value outside its relationship to a positive health outcome, except as an economic commodity – which, unfortunately, is how it is often viewed today.

Furthermore, we know that the vast majority of those factors that contribute positively to our lifetime *health status* have little or nothing to do with health care. Socio-economic factors—things like education, employment, income, family stability and social support account for forty percent of lifetime health status. Lifestyle and behavioral choices—things like your diet, exercise and whether you smoke and drink—account for thirty percent; and the physical environment—things like housing and the safety of your community—account for ten percent.

My point is that by making access to health care a fundamental right—and without identifying how this right will be financed—we elevate its importance in the budget process above education, housing, nutrition, economic opportunity, early learning and family stability. In short, we will make our top priority funding our medical system—which contributes only 10 to 15% to the health of Oregonians—while undermining our ability to invest in those things that are vastly more important to the health of our population.

The “Hope Amendment,” as it was drafted, would have embedded in our constitution the notion that health care is synonymous with health—which is clearly not the case. Such a constitutional amendment would make more sense—and be more closely aligned with or true objective—if it were to simply say that: “It is the obligation of the state to ensure that every resident of Oregon has an *equal opportunity to be healthy* as a fundamental right.” This implies that every Oregon has the right to access some basic,

defined level of affordable, effective, quality health care (with which, I agree)—but also to affordable housing, nutrition, a clean environment, a good education, and a living wage job.

I am neither qualified nor inclined to engage in the complex legal and constitutional debate over whether or not health care is a “right” in our country. Furthermore, it seems to be a somewhat academic debate, unless we know how that right can be effectively exercised. What I do know, however, is that our nation was founded on the idea that “all men are created equal” and that among our “inalienable rights” is the “pursuit of happiness; and that “to secure these rights, governments are instituted among men.”

To me, that means one of the central purposes of government is to ensure that all Americans have an *equal opportunity* to exercise those rights. *Health* is the first rung on the ladder of opportunity, but health is not just the product of our medical system—even more so, it is the product of the kinds of social investments that consistently come up short on our budget process. Making access to medical care a fundamental right, without effectively addressing equity and opportunity in accessing the social determinants of health, will undermine, rather than enhance the health of our society.