



DIALOGUE ON DIVERSITY

DESCRIPTION OF HEALTH CARE SYMPOSIUM 2009

Ancient folk wisdom has it that an ounce of prevention is worth a pound of cure. Has modern America's legislative and bureaucratic imagination caught up with this venerable maxim? Will a new Administration and a fresh 111th Congress zero in on preventive care as a prime element in the health care mix? Cost analysis of preventive measures are thus an important focus of attention, as panelists explore the role of individual "life-style" practices as well as the directions of public health-care policy in putting in place an effective preventive care system.

A history of increasingly rapid advances in medical science and technology through the second half of the twentieth century and to date, and at once a daunting array of ever more burdensome cost constraints, against a background of related government policies -- all are brought in review by speakers in this segment of the Symposium. Here attention gravitates to questions of the uninsured members of society, and their concentration in minority and other marginalized portions of the larger population -- it is these questions that are likely to be a centerpiece of renewed Congressional debate over the year ahead.

We are outlining the projected agenda for the Symposium:

- Health care reform – single payer? reformed private/public insurance plan?
- Economics and technology of the Pharmaceutical industry
- Cultural Competence and ethnic disparities in access and treatment
- Medical insurance and ethnic women entrepreneurs
- Progress in prevention and treatments for principal medical/health conditions:
 - Geriatrics – Parkinson's disease –Alzheimer's disease
 - Diabetes
 - Heart disease
 - Cancer

Medical treatment – and indeed preventive care – has come to be in great part a matter of scientific testing at the diagnostic stage teamed with treatments through pharmaceutical medications designed and engineered by cutting edge medical science and technology. The massive costs and the equally massive risks incurred in development of these medications has created a pharmaceutical industry relying on exploitation of patents permitting sale of these innovative drugs at relatively high prices –that is to say, at levels much above the costs of producing them once developed – in order to support the ongoing research and development expenses that are steadily bringing still newer generations of drugs to market. This process has regularly been a target for often ill-conceived attempts at regulation of the economics of the industry – the true aim of any soundly based regulation must be to provide for continuance of the vigorous competition among pharmaceutical manufacturers in the research/development phase, a supply of ample funding for the R and D work, with rich rewards to the efficient firms and their shareholders, this together with a means of furnishing the best of the new generations of drugs to needy classes of the population on an affordable basis and procuring, probably

through some form of subsidies, directions of research focused on the most acute medical needs on a global basis. The economics is dauntingly complex, the design of regulation targeting an industry's structure is a delicate matter always imperiled by the specter of "unintended consequences", and along the way the acute social needs, both domestically and globally, continue to cry out for a newly achieved accessibility to the best in pharmaceuticals.

One particularly persistent problem, of especial concern to our diverse culture – a world of newcomers, of the economically disadvantaged, and of the communities ethnically or linguistically outside the existing mainstream – is that of the delivery of health care services in a language and in a psychological and social setting that may bring these benefits to all portions of the community in maximally effective ways. This is the perpetually rankling problem that persistently challenges effective health care delivery. It is one of the chief facets of the larger topic that the Symposium of 2009 seeks to bring into focus.

1629 K Street, N.W., Suite 300 Washington, D.C. 20006
Telephone: [FfxVa] 703-631-0650, Fax: [FfxVa] 703- 631-0617 E-mail: dialog.div@prodigy.net
www.dialogueondiversity.org

Dialogue on Diversity is a 501(c)(3) Organization. Contributions are tax-deductible