



DIALOGUE ON DIVERSITY

Over Twenty Five Years of Service to America's Diverse Communities

HEALTH CARE 2017 – ITS VICES AND A PARCEL OF REMEDIES

Fourteen able speakers set out the nuts and bolts on a variety of topics under the larger rubric of health care in their presentations in Dialogue on Diversity's May 23rd Symposium, the eighteenth in the Dialogue's annual health care series. The Dialogue's purpose in its programming is first to lay out a few basics on a range of topics germane to the life interests and economic imperatives of its audiences – not to make instant experts, but to pique curiosity and in turn stimulate research and reading, filling in the blanks and affording a sound and rounded view of the pertinent economic and sociological lessons – but also, as a by-product, to tease out some notion of the salutary policy directions in the public sector that would most efficiently realize the best of the possibilities our speakers will have illuminated in their discourse. Such remedies, often quite explicitly set forth, marked the Symposium presentations. A few highlights are mentioned.

- The Symposium overview speaker, Prof. Paolo von Schirach of the Global Policy Institute, partnering with the Dialogue in the Symposium, described the present **STATE OF AMERICAN HEALTH CARE (PRECARIOUS)** and those institutional underpinnings that engender serious defects in both the conditions of public health and the awkward and costly systems for treating (let alone preventing) sickness. A sane policy would both attack the huge expense now incurred on health care and at once seek to abate the damage done by the population's unhealthful dietary and other practices that invite vulnerabilities to a variety of ills. While this critique is intelligible, the specific means to better the state of affairs may seem elusive. The modern, late-20th century anti-smoking campaign, in its slow but overall largely successful progress in suppressing the smoking practices of the U.S. population, might stand as something of a model. A combination of concerted public urgings and pointed dietary information, extending even to barring or heavily taxing the more dangerous foodstuffs, might bit by bit reverse the deleterious societal ethos that begets ills. On the medical cost side of the problem public policy might, by its usual regulatory expedients, supplant the notoriously perverse fee-for-service billing régime with other rules, calculated to maximize results per fee. The details are complex – this can be only the merest suggestion.
- Another aspect of the health care complex is seen in the **“MOON-SHOT” CANCER PROGRAM**, described by the principal Symposium speaker, Dr. Joxel Garcia of the MD Anderson Cancer Center. The policy lesson at this point is seen in the force-draft research techniques focusing laser-like on the discovery of the destructive mechanisms operating in the numerous, highly varied forms of cancer-type maladies. It is reasonable to expect that the expansion to other diseases of the new cancer research model – basic science coupled with equally spectacular engineering achievements, all powerfully funded – could similarly reduce the harms of Alzheimer's disease, diabetes, cardiovascular sickness, and other dangerous medical conditions.
- Perhaps the most dramatic of the Symposium's sections saw the discussion on **THE OVER-ARCHING LAW OF HEALTH CARE IN AMERICA**. The exposition centered on the ACA, dating from 2010, and the feverish efforts launched subsequently to ditch it, while fashioning a replacement statute that would address itself to several felt concerns related to health care that the present régime is believed to slight, and would at once proffer some gestures of recognition for the concerns that the ACA does deal with head on. The CBO report on the present majority bill from the House of Representatives was released the day after the Symposium, but the speakers in their critiques had come pretty close to landing their salvos at many of the points to be identified by the CBO. The question of coverage for persons previously uninsured again shows the proposed replacement to cover somewhere between 20-25 million fewer persons than the present ACA. This may be (indeed is likely to be) an insuperable problem for any replacement system. One of the mitigating devices put forward in the Bill is a system of healthcare savings accounts (resembling retirement accounts), and, again, for those with high expected future claims (here the “pre-existing conditions”), high-risk pools operated by State authorities. Both these expedients are seen as little likely to succour the poor, wanting in spare pocket change to fund the (HSA) accounts, and who, as experts predict, would face prohibitively stiff premium payments in the proposed high-risk pools.
- A more extensive report on the Symposium is presented in the following pages – including Access Barriers (linguistic, income, neighborhood, etc.); IT in Health Care and the crucial questions of Privacy; Pharmaceuticals – Clinical Trials, etc.

About Dialogue on Diversity: This organization is an international network of women, and men, entrepreneurs and professionals, NGO executives and staff, and policy aficionados of all stripes, bringing together Latino and other diverse cultural traditions, for exploring Internet Privacy, Women's History, Health Care, Immigration, and other essential social and policy questions that are illuminated at the interface of the varied mind-sets and values and styles of our diverse audience of friends and members.

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