

# DIALOGUE ON DIVERSITY

TWENTY FIVE YEARS OF SERVICE TO AMERICA'S DIVERSE COMMUNITIES

## HEALTH CARE SYMPOSIUM 2016

### AN INTERNATIONAL CULTURE OF HEALTH – A NEW GENERATION'S DISCOURSE

Dialogue on Diversity's Health Care Symposium, presented this year on May 18<sup>th</sup> at the Oceanic Suite in downtown Washington's Reagan Building, International Trade Center, brought together a score of experts on the essential facets of Health Care in an age of newly ascendant Information Technology, acute disparities in wealth and health care opportunity, and the beginnings of new forms of access and treatment and insurance for the previously underserved swaths of the American population.

The program zeroes in on the chief thrust of our concerns for healthcare. It is now recognized that all the preventive strategies, all the testing, all the treatments for disease once it strikes – all are aimed at designing a life of sharpened faculties of mind and body, the stuff from which the classic ideal of a happy existence and productive career was shaped. The word more and more frequently used in our time for this overarching logic of our health care work is "Wellness". The notion of "wellness" thus orders exactly to this end all the other acts and practices and theories.

Getting down to the nitty gritty of actual world economics and strategy, we first take up the substantial tasks of integrating the massive health care reform, long overdue in America, into the existing insurance industry and the existing state Insurance Regulatory bodies. How to render viable the insurance services of companies, large and small as well, operating in the new environment? How the preventive work encouraged by the reform may in the medium long run have lowered the aggregate costs of care in the U.S health care system. How, under the new dispensation, may the costs of health care for various low-household-income strata in the population be compatible with their maintaining the necessities of a decent existence – subsidizing insurance companies, increasing subsidies to the newly insured poor themselves, ensuring subsidies of the latter kind are not excluded by connections with the income tax system, i.e. tax credits (many of the poor are not required to file income tax returns). KAREN DAVENPORT, in the course of a concentrated summary of the court challenges so far launched against the ACA, dealt in closing with exactly this



Karen Davenport, Ma. Cristina Caballero, Jeanette Contreras

question of subsidies to insurance companies against any eventual expense squeeze – which at this point is in fact manifesting itself. Ms. Davenport, an expert in health care law who has spoken often at these Symposia, reviewed the string of legal challenges (none so far made to stick) that have dogged the Affordable Care Act since its passage in 2010. In the most recent of these, the District Court held that specified expenditures rendering insurers whole for excess payouts made under certain circumstances, are not sufficiently provided for in the statute and therefore cannot be made. The result would be a necessary rise in premiums hitting enrollees beyond any currently provided subsidies. In general, subsidies have turned out to be inadequate to maintain poor

households hardship-free, and, Ms. Davenport maintains, would usefully be beefed up. An amendment to the statute may be indicated for this purpose (in dependence the case's fortunes at an appellate level, as to whether the existing statutory language permits paying this subsidy). And, Ms. Davenport noted, the tax-credit subsidies to enrollees are probably inadequate to begin with, over large classes of the economically disadvantaged, to permit procuring life essentials and at once shouldering the insurance costs, co-pays and deductibles considered. The ineluctable necessity, unfortunately, is liable to encounter an immovable object in the Congress – a purely political question.

JEANETTE CONTRERAS, of the Office of Communication, Centers for Medicare and Medicaid Services, offered added commentary on the state of the ACA's operations, reporting continually robust enrollment numbers and the resultant effects in lowering the uninsured figures to unprecedented levels. The development of the new statute's myriad facets in

application is proceeding in an able and generally impressive manner. Ms. Contreras's work brings her into instructive contact with the functionaries throughout the HHS organization in their work to bring ever larger classes of U.S. residents within the range of insurance coverage on the new plan, with vastly improved and less porous and precariously balanced policies than those that often had preceded advent of the ACA.

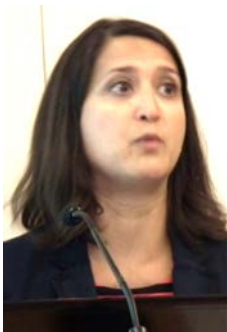


A Program highlight was the appearance of DR. ELISEO PÉREZ-STABLE, the newly inaugurated Director of the Institute of Minority Health and Health Disparities at the National Institutes of Health. Dr. Pérez-Stable, a scholar of highly burnished credentials on health disparities and the special problems of minority populations in seeking adequate treatment, pointed out that while each distinct demographic class has its special features, and in that sense is not literally equal, the growth of negative differences reinforced by social or economic, or even legal factors, may promote in fact systematic disadvantages, or barriers, closing off certain ethnic and other groups from a chance at the excellences that might be on offer in the country's health resources – these are the toxic effects that can fairly be named “disparities”. Following his remarks Dr. Pérez-Stable, on behalf of Dialogue on Diversity, presented its Health Leadership Award to the dynamic Founder of Latinas Contra Cancer, YSABEL DURÓN, long a news broadcaster on San Francisco television, and a former cancer sufferer herself, now the full-time advocate and organizer of the rapidly body of services and influence of the LCC combine. Ms. Durón, having recently bid farewell to the daily life before the cameras, has given over her very prodigious efforts full

time, working from the group's San José, California offices, to the enterprise of bringing due and proper care to the cancer sufferers among the country's Latino communities.



With a focus on what might be called “retail” health care provision to otherwise underserved populations, the District of Columbia's Unity Health Care organization and the Patient-Centered Primary Health Care Collaborative, each in its own way, are making tremendous contributions to the well-being of the poor and the newcomers, migrants and other marginalized persons in the District of Columbia and, respectively, the national population. TRACI HARRISON, Unity's second in command, VP for Clinical Administration for the network of twenty nine centers, inclusive of three shelters for homeless, and services points as well in the municipal detention facilities for the incarcerated, many of whom suffer from serious maladies of mind and body. (Note the D.C. courts do not routinely hold persons against difficult bail conditions, among these substantial money bonds, so that, unlike the surrounding areas, the city has not filled its jails with persons on minor or procedural offenses or awaiting trial, immured for want of financial resources – a point on which D.C. is a leading jurisdiction in a country where virtual “debtors' prisons” are often becoming the norm – see recent newspaper studies publicizing the state of affairs.) The leadership of Unity Health Care, and most of all Ms. Harrison herself, are actuated in their unremitting efforts by the drive to bring some comfort to the least of the brethren, whom they labor to search out for some breath of social decency in an often unfeeling society.



FATEMA SALAM, Director of Strategy and Development for Patient Centered Primacy Care Collaborative, based in D.C. but busily evolving model neighborhood health care centers for replication around the country, sketched a vision of what realistic health care with an order-of-magnitude enlargement of effective access across the board of ethnic and social-class households. The key to PCPCC's design work is to place the patient in more or less immediate touch with a combo of health care agents – nurses, technicians, primary care physicians and integrated specialists, nurses and counselors for turning treatment into the plan for wellness. The transaction with each member of the team is accessible for each of the others, and the care plan is fashioned

to be maximally apt for the needs of the patient. These service locations, designed to serve a clientele otherwise left by the wayside in the swift moving societies of our era, seek to fashion a treatment scheme fitting the individual subjects' needs and indeed their preferences, and to produce this welcome boost to social well-being in a newly efficient manner.

DR. ADRIAN GROPPER, the Chief Technology Officer for the Patients' Privacy Rights organization, reviewed facts and fables on the advent of IT and its operation on the health-care scene. Dr. Gropper holds professional degrees both in medicine and engineering, so that his discussion offers insights gained from a favored view of the problems implicated in the health care practice from an intersection of highly perceptive assessments of multiple aspects and their interactions. The universe of individuals whose health traces are picked up and stored, are the human sources of enormous quantities of raw data, which as a whole, if manipulated and analyzed, would presumably form a working model of the enormously complex apparatus of health care. The human sources in question, however, may feel themselves put upon in surrendering up, willy-nilly, those intimate data sketching their constitution and affairs, to nameless, faceless, mountains of data utilized by unknown agents for problems in which they (the human subjects) have no voice and perhaps no interest in the enterprise, or even adverse interests. No consent in any meaningful sense of the word is to be had, and the ground rules in statutes, customs, and regulations afford at best a notably porous shield against the world of all potential data uses, benign and pernicious. The consumers, here the patients, find themselves, usually without knowing it, in an uncompensated role in the enterprise in a relationship that veers close to the exploitative. Dr. Gropper argues first for a much enhanced awareness in the population of patients (that is, approximately the entire population of the territory), so that public discourse and public pressure on policy makers may yield a workable social and economic mechanism for channeling the data collection, maintenance, and access-for-use operations – all so that these are more carefully protective of privacy interests of the source subjects, and that access and handling (e.g. encryption, anonymizing, and other tools the current IT gadgetry arsenal) are restrained from some agreed bill of offending practices. His voice, raised in many serious forums, inclusive preeminently of the Patients' Privacy Rights organization, is that of the expert exploring what, in a sophisticated practical sense, duly heeding the clamor of the most earnest of the privacy advocates, can safeguard privacy while drawing the numerous advantages from the workings of Information Technology.



SCOTT WEINSTEIN, a Washington attorney specializing in the law and economics of health care matters, weighing in on the IT problematic in the medical arena, focused his discussion on the hugely important and theoretically intricate



problem of fashioning, in the midst of a welter of competing formulas, a rule specifying the compensation for physicians and medical providers generally. The objective of the fee problem is to facilitate sufficient medical firepower to cure and prevent, but under a rule that offers incentive to decision-making providers to economize, not performing relatively unneeded procedures, or employing a costly method when a less costly one will suffice to do the trick. And all operating to remunerate the highly skilled, long-income-deferred professionals at a sufficient rate to retain them in active practice and to attract replacement professional cohorts as time goes forward. One method, conventionally viewed as the most straightforward, defines an item of service in the medical repertory, with a price attached. The aggregate of these items pays the professionals, cures the patient, and, unfortunately, runs up an enormous bill. This rule would satisfy two of the cited conditions – it musters sufficient

firepower and generates rewards to maintain the corps of practitioners. It does not, however, foster an ethos of economy. A remuneration schema paying for disease per patient militates against the duplication of services and unnecessary procedures, but would at the same time put a premium on slapdash haste, with missed diagnoses and other shortcomings. A similar rule would base remuneration on minimizing hospital re-admissions. Related problems would be the puzzle over paying for innovative treatment methods, those that might call for procedures off the conventional list or more iterations of procedures than were on the list. The true remedy would be an expert review of the chart on an item-by-item judgment of appropriateness, with due regard for the physician's innovative bent – but where are the sufficiently numerous experts and how much would their fees be? (Reminds one of the expert review of close plays in baseball, while the local umpires listen with their earphones for the word from NY. – the system is, of course, in the nature of an appeal, and is recommended by the fact that the procedure is extraordinary and is invoked only when the calls are close to the line). Still on the trail of answers, a rule that will enshrine efficiency and does not at once short patients of the maximum feasible curative power.)

JASON RESENDEZ, heading the Latinos against Alzheimer's organization, described the ravages of this disease, which is the deadliest of the many forms of dementia attacking the older segments of the U.S. population. , (and not a few of the persons entering early middle age as well). The development of drugs to attack the disease in its genesis within the within the cells of the nervous system is on the way, with promising research results achieved in studies of the mechanics of brain cell functions. Bringing scientific inquiry, however shrewdly conceived, to the stage of actual ready at hand treatment modalities, is a painfully long process, fill with engineering and production and testing problems, many false roads, and missteps along the way, but it is the way of medical progress, and such progress in its finished form is a breathtaking monument to the persistence and intelligence that animate modern medical procedure.

JACQUELINE WATSON, Chief of Staff at the D.C. Department of Health, brought into the Department to serve in the innovative and systematizing régime of its new Director Dr. LaQuandra Nesbitt, explained the structure of the large, many tasked department, now operating under seven "Administrations" among these a new Ethics Administration, created by administrative order and dealing mostly with disparities in health care, with a studied emphasis on diseases and conditions in crying need of otherwise wanting public support. Ms. Watson described the Department's swift awareness and response to the menace of the ZIKA-bearing mosquitos, of which the Washington area is likely to be a target. Her assistants distributed an anti-ZIKA mosquito kit to each of the persons in attendance – for their own protection and in order to diminish the danger for others in the surrounding community. The infection borne by these mosquitos is dangerous in the extreme, causing in many cases developmental deficiencies and deformation in unborn children.

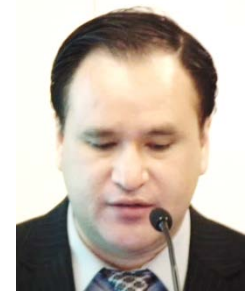
One of the classic DOH divisions, or Administrations, is that of Epidemiology, headed by DR. JOHN DAVIES-COLE, who followed Ms. Watson on the Symposium agenda. Dr. Davies-Cole offered a detailed statistical summary of a number of pertinent demographic metrics on well-being, health status, income and other social and economic, and demographic features, Ward by Ward, in the District of Columbia. The sum of these factors impart a clear tone or "network effect" to the neighborhood itself (a factor being emphasized in a number of recent sociological and economic studies). The tendency of most of the measured factors moves apace from the poorer Wards at the Southeast to the more affluent areas in the far Northwest of the city — pointedly confirming the intuitive estimates indicating need for concentrated public support to power accelerated development in the former areas.



SUSAN GAFFNEY, National Alliance on Mental Illness, is Administrator and Facilities Manager in localities throughout NAMI's national ambit of concern. The organization has founded a network, numbering well over a hundred, of affiliated branches in locations around the country. Ms. Gaffney's task is to coordinate these branches, monitoring their needs and their achievements in care and advocacy, and to muster resources as required to keep each site productive and focused. The organization's concerns lie not solely in alleviation of symptoms of persons actually suffering mental disorders: it also studies the public policy questions that bear on mental disease and the potential remedies for these afflictions – among these are support of research into mental disorders and treatment in the context of a caring society, . such sore points as the relationship of mental illness and the criminal law and the often blatantly perverse operations of the judicial system. The bill of recommendations and proposed policy directions that has been compiled by experts from the NAMI's staff and advisors. Is a document of 75 pages length. It can be found at the NAMI internet site and is well worth studying.



MARTÍN MENDOZA, Health Program Coordinator in the Office of Minority Health, recently made a statutorily prescribed function, in the Food and Drug Administration, is concerned, among other matters at the agency, with its supervision and vetting and assessment of the clinical trials that are the key to safety and efficacy for the candidate pharmaceuticals that countless hours and prodigious learning and ingenious analysis have brought forward in the campaigns against sickness and for prevention. The orphan drugs among these – drugs whose research and development costs are disproportionate to the returns that might be expected under existing economic constraints. Dr. Mendoza supervises research conducted by the FDA in collaboration with other agencies and private sector think tanks and academic entities.



JULIÁN ESCUTIA RODRÍGUEZ, Consular Affairs Chief for the Embassy of Mexico bears responsibility for the operations of the network of Mexican consulates throughout the U.S. Sr. Escutia has encountered the universe of problems of Mexican nationals and others having recourse to the consular system's services. He has particularly dealt with the health information and referral system, Ventanillas de Salud (Windows on Health), which has grown rapidly in the most recent period to provide inquirers with essential health care counseling. The ministrations of the Ventanillas network are directed mainly to the very numerous persons of Mexican origin residing in the U.S., and thus within the due range of concerns of the director of the consular services.



As Deputy Director of the District of Columbia Office on Latino Affairs JULIO GUTY GUEVARA, the municipal entity, both sponsor and partner, with which Dialogue on Diversity collaborates on selected projects, brought the agency's greeting to the Symposium audience and summarized many of the Office's initiatives bringing an enlivening spirit and enriching the Latino influence on the Washington scene.



Nutrition is the gateway to wellness. The Pew Charitable Trusts have focused their concerns for nutrition practices in a division called provocatively Kids' Safe and Healthful Foods project, which seizes upon the high-tech fruits of scientific research on the mechanics of nutrition for growth and efficient bodily functioning, crafting the low-tech regimen of counsel and precepts on diet, for both childhood and adult subjects. Pew Trust's DR. STEPHANIE SCARMO laid out the facts of the nutrition needs and the ways U.S. society is forever falling short. For children the central topic turns out to be the ubiquitous school lunch programs, which have grown, over the last generation, to be a customary, indeed necessary component of the school day, often providing for lower income scholars the best, even sole, sources of nourishing food intake, and for pupils all along the economic and social-class spectrum a source of sound nourishment that may be lacking in the lunches packed at home by indulgent families. The importance of these lunches in the essential project of early education has mustered majorities in the Congress for support of the school lunch programs over the country, the support being conditioned on provision of menus measuring up to specific nutritional characteristics. The Kids' Safe and Healthful Food offices at Pew are therefore greatly exercised over movements currently stirring in the House to relax the standards and permit provision of substantially less rigorous nutrition requirements than those required to date. The Office's head, Ms. Jessica Donze-Black, scheduled to appear in the Symposium, was away on a priority errand – off to Capitol Hill attending a mark-up session for these laxist amendments proposed for a reauthorized statute. In her stead the exposition of the engaging and effective Stephanie Scarmo (pictured above) carried the day.



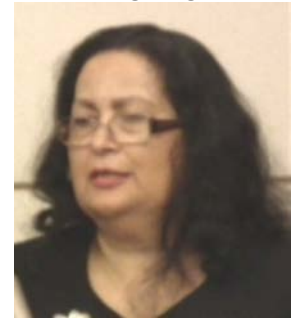
As part of the Citizenship and Immigration Services division within the Homeland Security complex, TERESA NIÑO Tackles the crucial but relatively quiet work of settling migrants in suitable situations with respect to housing, necessities, and the rudiments of social and economic engagement with the surrounding urban setting. In short, will they be welcomed and will their relationship be a constructive one as they settle into a neighborhood. The neighborhood, as a sociological category (see additional references elsewhere in this report) is assuming greater importance, both conceptually in the study of urban life and mental development, and in a street level practicality as children meet their classmates, families encounter families next door and slightly farther afield, and a meshing of sometimes notably differing cultures can generate friction or foster a rich interplay of knowledge and intimately felt traditions. Ms. Niño brings a fresh energy to this demanding field of social action as the most recent in a continuum of challenging tasks in the public sphere, acting in HHS and other departments of the federal government. She has been a frequent speaker at Dialogue on Diversity's programs.





The mistress of ceremonies duties for the morning session of the Symposium were performed by MARIA D. BURGOS, the Public School official for Virginia's Prince William County, in Exurban Washington, who is tasked with enlivening a curiosity and empathy in this school population for the communities, largely Latino, forming the variegated cultural mix of those who have made themselves a home in the County. The County within the last decade has suffered publicity suggesting a certain nativist cultural substratum, so that Ms. Burgos's work is both complex and of unusual importance, seeking for the newcomers an appreciable integration with the Anglo society whose municipal space they share. The pacific aims, and not aims only, but their effective representation in action through a soundly based educational policy, are surely the sovereign remedy for any touch of xenophobia that might otherwise overtake a society in change. We are proud that our associate Ms. Burgos is part of such a policy. And we are proud that her spirited voice is part of the symphony of diversity that is our stock in trade.

EILEEN TORRES, the Mistress of Ceremonies for the afternoon portions of the agenda, made another of her frequent appearances with the Dialogue as program participant. Ms. Torres is an especially knowledgeable expert on Latino Music and Dance, and is, in particular, the reigning expert on the Salsa, a dance style that she has for long taught to her Washington students. She is the writer of a book on these subjects, scheduled to appear later this year, and is co-producer of a film on the immigrant experience, the age-old cultural struggle between brothers in an immigrant household – the film's plot unfolds in the Puerto Rican enclaves of New York, where the one brother wishes all obstacles removed from the path of modernization and achievement, while the other, the one with the heart, is given to a movement to preserve traditions and places sacred in the lore of the community. All converging, just before the credits roll, to a reasoned and satisfying resolution. But for all that, the film's chief attraction, it may be argued, lies in the stunning panoramas of dance and song. Ms. Torres, with ample artistic flair, does not cease to inspire her colleagues and us, and keeps the sluggish from getting too far behind on the verve curve.



Among 2016 Symposium sponsors were CareFirst BlueCross BlueShield, the D.C. Mayor's Office on Latino Affairs, and Southwest Airlines.

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