

The American Health Care Paradox: Why Spending More Is Getting Us Less

The American Health Care ParadoxWhy Spending More Is Getting Us LessHachette UK

The anthrax incidents following the 9/11 terrorist attacks put the spotlight on the nation’s public health agencies, placing it under an unprecedented scrutiny that added new dimensions to the complex issues considered in this report. The Future of the Public’s Health in the 21st Century reaffirms the vision of Healthy People 2010, and outlines a systems approach to assuring the nation’s health in practice, research, and policy. This approach focuses on joining the unique resources and perspectives of diverse sectors and entities and challenges these groups to work in a concerted, strategic way to promote and protect the public’s health. Focusing on diverse partnerships as the framework for public health, the book discusses: The need for a shift from an individual to a population-based approach in practice, research, policy, and community engagement. The status of the governmental public health infrastructure and what needs to be improved, including its interface with the health care delivery system. The roles nongovernment actors, such as academia, business, local communities and the media can play in creating a healthy nation. Providing an accessible analysis, this book will be important to public health policy-makers and practitioners, business and community leaders, health advocates, educators and journalists.

This prize-winning book reinterprets more than 200 years of American political history as the interplay between the public’s dread of government power and its yearning for communal democracy. James Morone argues that Americans will never solve their collective problems as long as they instinctively fear all public power as a threat to liberty. This revised edition includes a new final chapter about contemporary populism, government bashing, and democratic wishes.Winner of the 1991 Gladys M. Kammerer Award“The Democratic Wish merits the highest compliments one can accord a public policy book. It spotlights a problem that can no longer be evaded. And it makes you think.”-Alan Tonelson, New York Times Book Review“Morone writes with flair and passion. The fact that he puts forth a provocative argument and provides concise histories of labor, civil rights, and health care politics makes this book especially useful for teaching American politics.”-R. Shep Melnick, Journal of Interdisciplinary History“Morone’s contribution to our understanding of state building . . . is substantial and profound.”-John S. Dryzek, American Political Science Review“This stimulating reinterpretation of American political history will interest both scholars concerned about the past and citizens concerned about the future.”-Arthur Schlesinger, Jr.“This is a persuasive, illuminating study in American political ideas and the disappointments of reform.”-Dean McSweeney, American Politics Review.

As societies grow more complex and people are increasingly bombarded with health information and misinformation, health literacy becomes essential. People with strong health literacy skills enjoy better health and well-being, while those with weaker skills tend to engage in riskier behavior and have poorer health. With evidence from the recent European Health Literacy Survey, this report identifies practical and effective ways public health and other sector authorities and advocates can strengthen health literacy in a variety of settings, including educational settings, workplaces, marketplaces, health systems, new and traditional media and political arenas. The report can be used as a tool for spreading awareness, stimulating debate and research and, above all, for informing policy development and action.

Journeys through a Clinical Borderland

The Rise Of A Sovereign Profession And The Making Of A Vast Industry

USA, Second Edition

Migration, Trade, and Racial Politics in US-Mexico Integration

The Trump Paradox

The Democratic Wish

The Acclaimed Mind Management Programme to Help You Achieve Success, Confidence and Happiness

The Endurance Paradox

Young adulthood – ages approximately 18 to 26 – is a critical period of development with long-lasting implications for a person’s economic security, health and well-being. Young adults are key contributors to the nation’s workforce and military services and, since many are parents, to the healthy development of the next generation. Although ‘millennials’ have received attention in the popular media in recent years, young adults are too rarely treated as a distinct population in policy, programs, and research. Instead, they are often grouped with adolescents or, more often, with all adults. Currently, the nation is experiencing economic restructuring, widening inequality, a rapidly rising ratio of older adults, and an increasingly diverse population. The possible transformative effects of these features make focus on young adults especially important. A systematic approach to understanding and responding to the unique circumstances and needs of today’s young adults can help to pave the way to a more productive and equitable tomorrow for young adults in particular and our society at large. Investing in The Health and Well-Being of Young Adults describes what is meant by the term young adulthood, who young adults are, what they are doing, and what they need. This study recommends actions that nonprofit programs and federal, state, and local agencies can take to help young adults make a successful transition from adolescence to adulthood. According to this report, young adults should be considered as a separate group from adolescents and older adults. Investing in The Health and Well-Being of Young Adults makes the case that increased efforts to improve high school and college graduate rates and education and workforce development systems that are more closely tied to high-demand economic sectors will help this age group achieve greater opportunity and success. The report also discusses the health status of young adults and makes recommendations to develop evidence-based practices for young adults for medical and behavioral health, including preventions. What happens during the young adult years has profound implications for the rest of the life course, and the stability and progress of society at large depends on how any cohort of young adults fares as a whole. Investing in The Health and Well-Being of Young Adults will provide a roadmap to improving outcomes for this age group as they transition from adolescence to adulthood.

Considered the definitive history of the American healthcare system, The Social Transformation of American Medicine examines how the roles of doctors, hospitals, health plans, and government programs have evolved over the last two and a half centuries. How did the financially insecure medical profession of the nineteenth century become a most prosperous one in the twentieth century? Why was national health insurance blocked? And why are corporate institutions taking over our medical care system today? Beginning in 1760 and coming up to the present day, renowned sociologist Paul Starr traces the decline of professional sovereignty in medicine, the political struggles over healthcare, and the rise of a corporate system. Updated with a new preface and an epilogue analyzing developments since the early 1980s, this new edition of The Social Transformation of American Medicine is a must-read for anyone concerned about the future of our fraught healthcare system.

The preeminent doctor and bioethicist Ezekiel Emanuel is repeatedly asked one question: Which country has the best healthcare? He set off to find an answer. The US spends more than any other nation, nearly \$4 trillion, on healthcare. Yet, for all that expense, the US is not ranked #1 -- not even close. In Which Country Has the World's Best Healthcare? Ezekiel Emanuel profiles eleven of the world's healthcare systems in pursuit of the best or at least where excellence can be found. Using a unique comparative structure, the book allows healthcare professionals, patients, and policymakers alike to know which systems perform well, and why, and which face endemic problems. From Taiwan to Germany, Australia to Switzerland, the most inventive healthcare providers tackle a global set of challenges -- in pursuit of the best healthcare in the world.

Copyright governance is in a state of flux because the boundaries between legal and illegal consumption have blurred. Trajce Cvetkovski interrogates the disorganizational effects of piracy and emerging technologies on the political economy of copyright in popular music, film and gaming industries.

Copyrights and Popular Media

Social Insurance

The Future of the Public’s Health in the 21st Century

Liberal Villains and Technological Change

The Jewish American Paradox

The World Health Report 2008

Black Middle-Class Women in the American Healthcare System

The American Health Care Paradox

Universal health care was on the national political agenda for nearly a hundred years until a comprehensive (but not universal) health care reform bill supported by President Obama passed in 2010. The most common explanation for the failure of past reform efforts is that special interests were continually able to block reform by lobbying lawmakers. Yet, beginning in the 1970s, accelerating with the failure of the Clinton health care plan, and continuing through the passage of the Affordable Care Act in 2010, health policy reform was alive and well at the state level. Interest Groups and Health Care Reform across the United States assesses the impact of interest groups to determine if collectively they are capable of shaping policy in their own interests or whether they influence policy only at the margins. What can this tell us about the true power of interest groups in this policy arena? The fact that state governments took action in health policy in spite of opposing interests, where the national government could not, offers a compelling puzzle that will be of special interest to scholars and students of public policy, health policy, and state politics.

In February 2003, an undocumented immigrant teen from Mexico lay dying in a prominent American hospital due to a stunning medical oversight—she had received a heart-lung transplantation of the wrong blood type. In the following weeks, Jessica Santillan’s tragedy became a portal into the complexities of American medicine, prompting contentious debate about new patterns and old problems in immigration, the hidden epidemic of medical error, the lines separating transplant “haves” from “have-nots,” the right to sue, and the challenges posed by “foreigners” crossing borders for medical care. This volume draws together experts in history, sociology, medical ethics, communication and immigration studies, transplant surgery, anthropology, and health law to understand the dramatic events, the major players, and the core issues at stake. Contributors view the Santillan story as a morality tale: about the conflicting values underpinning American health care; about the politics of transplant medicine; about how a nation debates deservedness, justice, and second chances; and about the global dilemmas of medical tourism and citizenship. Contributors: Charles Bosk, University of Pennsylvania Leo R. Chavez, University of California, Irvine Richard Cook, University of Chicago Thomas Diflo, New York University Medical Center Jason Ebell, Indiana University-Purdue University Indianapolis Jed Adam Gross, Yale University Jacklyn Habib, American Association of Retired Persons Tyler R. Harrison, Purdue University Beatrix Hoffman, Northern Illinois University Nancy M. P. King, University of North Carolina at Chapel Hill Barron Lerner, Columbia University Mailman School of Public Health Susan E. Lederer, Yale University Julie Livingston, Rutgers University Eric M. Meslin, Indiana University School of Medicine and Indiana University-Purdue University Indianapolis Susan E. Morgan, Purdue University Nancy Scheper-Hughes, University of California, Berkeley Rosamond Rhodes, Mount Sinai School of Medicine and The Graduate Center, City University of New York Carolyn Rouse, Princeton University Karen Salmon, New England School of Law Lesley Sharp, Barnard and Columbia University Mailman School of Public Health Lisa Volk Chewning, Rutgers University Keith Maillo, Rutgers University Grounded in intimate moments of family life in and out of hospitals, this book explores the hope that inspires us to try to create lives worth living, even when no cure is in sight. The Paradox of Hope focuses on a group of African American families in a multicultural urban environment, many of them poor and all of them with children who have been diagnosed with serious chronic medical conditions. Cheryl Mattingly proposes a narrative phenomenology of practice as she explores case stories in this highly readable study. Depicting the multicultural urban hospital as a border zone where race, class, and chronic disease intersect, this theoretically innovative study illuminates communities of care that span both clinic and family and shows how health is created as an everyday reality amid trying circumstances.

“Invisible Visits analyzes why Black middle class women continue to face inequities in securing fair, equitable, and high quality healthcare. Unlike other works on health disparities it integrates social science, public health, and the humanities to better understand why Black women do not receive the standard of care at the doctor. The book closes with strategies for how we can finally address of our nation’s biggest challenges”--

The Paradox of Choice

Communities in Action

The American Healthcare Paradox

Time Norms, Professional Life, Family and Gender

Bone Health for the Endurance Athlete

The Plant Paradox

Pathways to Health Equity

America’s Neglected Heritage and Contested Future

What has America done to change life-chances but common risks such as death of a family breadwinner, ill health, disability, involuntary unemployment, outliving retirement savings, and birth into a poor family? Each, in its own way, burdens—and possibly devastates—unlucky individuals and families both emotionally and financially. It is the rare life that is untouched by one or more of these six threats. How do our current policies affect taxation, spending, and the economy, as well as prospects for individual lives? What more might these policies do to protect Americans? Rich in stories, data, and analysis, Social Insurance by Theodore R. Marmor, Jerry L. Mashaw, and John Pakutka provides a strong intellectual foundation for understanding the history, economics, politics, and philosophy of America’s most important social insurance programs. This insightful work provides a unifying vision of these programs’ purposes and reminds us, amidst the confusing and often apocalyptic rhetoric, why we have the programs and policies we do, while arguing for reforms that preserve and enhance the protections in place.

In a joint effort between the National Academy of Engineering and the Institute of Medicine, this books attempts to bridge the knowledge/awareness divide separating health care professionals from their potential partners in systems engineering and related disciplines. The goal of this partnership is to transform the U.S. health care sector from an underperforming conglomerate of independent entities (individual practitioners, small group practices, clinics, hospitals, pharmacies, community health centers et. al.) into a high performance “system” in which every participating unit recognizes its dependence and influence on every other unit. By providing both a framework and action plan for a systems approach to health care delivery based on the collaboration between engineers and health care professionals, Building a Better Delivery System describes opportunities and challenges to harness the power of systems-engineering tools, information technologies and complementary knowledge in social sciences, cognitive sciences and business/management to advance the U.S. health care system. In Excellent Health offers an alternative view of the much maligned state of health care in America, using facts and peer-reviewed data to challenge the statistics often cited as evidence that medical care in the United States is substandard and poor in value relative to that of other countries. The author proposes a complete plan for reform in three critical areas of the health care puzzle—tax-structure, private insurance markets, and government health insurance programs—designed to maintain choice and access to excellence and facilitate competition.

Not since the Roman Empire has any nation had as much economic, cultural, and military power as the United States does today. Yet, as has become all too evident through the terrorist attacks of September 11th and the impending threat of the acquisition of nuclear weapons by Iran, that power is not enough to solve global problems—like terrorism, environmental degradation, and the proliferation of weapons of mass destruction—without involving other nations. Here Joseph S. Nye, Jr. focuses on the rise of these and other new challenges and explains clearly why America must adopt a more cooperative engagement with the rest of the world.

Plagues and the Paradox of Progress

The Healing of America

The Social Transformation of American Medicine

The Healthcare Professional Workforce

Why the World’s Only Superpower Can’t Go It Alone

Why Spending More Is Getting Us Less

The Chimp Paradox

Elbowy Slang from

America’s health care system has become too complex and costly to continue business as usual. Best Care at Lower Cost explains that inefficiencies, an overwhelming amount of data, and other economic and quality barriers hinder progress in improving health and threaten the nation’s economic stability and global competitiveness. According to this report, the knowledge and tools exist to put the health system on the right course to achieve continuous improvement and better quality care at a lower cost. The costs of the system’s current inefficiency underscore the urgent need for a systemwide transformation. About 30 percent of health spending in 2009—roughly \$750 billion—was wasted on unnecessary services, excessive administrative costs, fraud, and other problems. Moreover, inefficiencies cause needless suffering. By one estimate, roughly 75,000 deaths might have been averted in 2005 if every state had delivered care at the quality level of the best performing state. This report states that the way health care providers currently train, practice, and learn new information cannot keep pace with the flood of research discoveries and technological advances.

About 75 million Americans have more than one chronic condition, requiring coordination among multiple specialists and therapies, which can increase the potential for miscommunication, misdiagnosis, potentially conflicting interventions, and dangerous drug interactions. Best Care at Lower Cost emphasizes that a better use of data is a critical element of a continuously improving health system, such as mobile technologies and electronic health records that offer significant potential to capture and share health data better. In order for this to occur, the National Coordinator for Health Information Technology, IT developers, and standard-setting organizations should ensure that these systems are robust and interoperable. Clinicians and care organizations should fully adopt these technologies, and patients should be encouraged to use tools, such as personal health information portals, to actively engage in their care. This book is a call to action that will guide health care providers: administrators; caregivers; policy makers; health professionals; federal, state, and local government agencies; private and public health organizations; and educational institutions.

‘The Healthcare Professional Workforce’ is the first book to codify the transformations underway across health professions in the U.S. and to situate these changes within a larger context for both healthcare and non-healthcare audiences.

The United States is among the wealthiest nations in the world, but it is far from the healthiest. Although life expectancy and survival rates in the United States have improved dramatically over the past century, Americans live shorter lives and experience more injuries and illnesses than people in other high-income countries. The U.S. health disadvantage cannot be attributed solely to the adverse health status of racial or ethnic minorities or poor people: even highly advantaged Americans are in worse health than their counterparts in other, “peer” countries. In light of the new and growing evidence about the U.S. health disadvantage, the National Institutes of Health asked the National Research Council (NRC) and the Institute of Medicine (IOM) to convene a panel of experts to study the issue. The Panel on Understanding Cross-National Health Differences Among High-Income Countries examined whether the U.S. health disadvantage exists across the life span, considered potential explanations, and assessed the larger implications of the findings. U.S. Health in International Perspective presents detailed evidence on the issue, explores the possible explanations for the shorter and less healthy lives of Americans than those of people in comparable countries, and recommends actions by both government and nongovernment agencies and organizations to address the U.S. health disadvantage.

Whether we’re buying a pair of jeans, ordering a cup of coffee, selecting a long-distance carrier, applying to college, choosing a doctor, or setting up a 401(k), everyday decisions—both big and small—have become increasingly complex due to the overwhelming abundance of choice with which we are presented. As Americans, we assume that more choice means better options and greater satisfaction. But beware of excessive choice: choice overload can make you question the decisions you make before you even make them. It can set you up for unrealistically high expectations, and it can make you feel as if you’re never satisfied with any and all failures. In the long run, this can lead to decision-making paralysis, anxiety, and perpetual stress. And, in a culture that tells us that there is no excuse for falling short of perfection when your options are limitless, too much choice can lead to clinical depression. In The Paradox of Choice, Barry Schwartz explains at what point choice—the hallmark of individual freedom and self-determination that we so cherish—becomes detrimental to our psychological and emotional well-being. In accessible, engaging, and anecdotal prose, Schwartz shows how the dramatic explosion in choice—from the mundane to the profound challenges of balancing career, family, and individual needs—has paradoxically become a problem instead of a solution. Schwartz also shows how our obsession with choice encourages us to seek that which makes us feel worse. By synthesizing current research in the social sciences, Schwartz makes the counter intuitive case that eliminating choices can greatly reduce the stress, anxiety, and busyness of our lives. He offers eleven practical steps on how to limit choices to a manageable number, have the discipline to focus on those that are important and ignore the rest, and ultimately derive greater satisfaction from the choices you have to make.

A New Engineering/Health Care Partnership

Declarations of Independence in Comparative Perspective

An American Sickness

Primary Health Care : Now More Than Ever

The Paradox of American Power

The Path to Continuously Learning Health Care in America

Health Systems in Transition

Health Literacy

"An incredibly powerful mind management model that can help a person become happier, more confident, and a healthier more successful person"--Cover.

In this book, Catherine Frost uses evidence and case studies to offer a re-examination of declarations of independence and the language that comprises such documents. Considered as a quintessential form of founding speech in the modern era, declarations of independence are however poorly understood as a form of expression, and no one can completely account for how they work. Beginning with the founding speech in the American Declaration, Frost uses insights drawn from unexpected or unlikely forms of founding in cases like Ireland and Canada to reconsider the role of time and loss in how such speech is framed. She brings the discussion up to date by looking at recent debates in Scotland, where an undeclared declaration of independence overshadows contemporary politics. Drawing on the work of Hannah Arendt and using a contextualist, comparative theory method, Frost demonstrates that the capacity for renewal through speech arises in aspects of language that operate beyond conventional performance. Language, Democracy, and the Paradox of Constituent Power is an excellent resource for researchers and students of political theory, democratic theory, law, constitutionalism, and political history.

The book provides a thorough review of the U.S. health care system, including its organization and financing, care delivery, recent reforms, and an evaluation of the system’s performance.

First published in 1999, Routledge is an imprint of Taylor & Francis, an informa company.

Investing in the Health and Well-Being of Young Adults

Concepts, Methodologies, Tools, and Applications

Jesica Santillan, the Bungled Transplant, and Paradoxes of Medical Citizenship

A Global Quest for Better, Cheaper, and Fairer Health Care

The Paradox of Hope

Shorter Lives, Poorer Health

A Death Retold

Public Health and Welfare: Concepts, Methodologies, Tools, and Applications

Who should count as Jewish in America? What should be the relationship of American Jews to Israel? Can the American Jewish community collectively sustain and pass on to the next generation a sufficient sense of Jewish identity? Jews in America are in a period of unprecedented status and impact, but for many their identity as Jews—religiously, historically, culturally—is increasingly complicated. Many are becoming Jews without Judaism. It appears success and acceptance will accomplish what even the most virulent anti-Semitism never could—if not the disappearance of Jews themselves, the undermining of what it means to be Jewish. In this thoughtful, personal, deeply-reasoned book, Robert Mnookin explores the conundrums of Jewish identity, faith and community in America by delving deep into Jewish history, law, and custom. He talks to rabbis, scholars, and other Jews of many perspectives to explore the head, heart, and heritage of Judaism and confronts key challenges in the Jewish debate from the issue of intermarriage to the matter of Israel policies. Mnookin shares provocative stories of the ways American Jews have worked (or disavowed) their Jewish identity over the past half-century, including his own to answer the standing question: How can Jews who have different values, perspectives, and relationships with their faith, keep the community open, vibrant, and thriving?

"I read this book... it worked. My autoimmune disease is gone and I'm 37 pounds lighter in my pleather."--Kelly Clarkson Most of us have heard of gluten—a protein found in wheat that causes widespread inflammation in the body. Americans spend billions of dollars on gluten-free diets in an effort to protect their health. But what if we’ve been missing the root of the problem? In

The Plant Paradox, renowned cardiologist Dr. Steven Gundry reveals that gluten is just one variety of a common, and highly toxic, plant-based protein called lectin. Lectins are found not only in grains like wheat but also in the “gluten-free” foods most of us commonly regard as healthy, including many fruits, vegetables, nuts, beans, and conventional dairy products. These proteins, found in the seeds, grain, and leaves of plants, are designed by nature to protect them from predators (including humans). Once ingested, they enter a kind of chemical warfare in our bodies, causing inflammatory reactions that can lead to weight gain and serious health conditions. At his waitlist-only clinics in California, Dr. Gundry has successfully treated tens of thousands of patients suffering from autoimmune disorders, diabetes, leaky gut syndrome, heart disease, and neurodegenerative diseases with a protocol that detoxes the cells, repairs the gut, and nourishes the body now. In The Plant Paradox, he shares this clinically proven program with readers around the world. The simple (and daunting) fact is, lectins are everywhere. Thankfully, Dr. Gundry offers simple hacks we easily can employ to avoid them, including: Peel your veggies. Most of the lectins are contained in the skin and seeds of plants; simply peeling and de-seeding vegetables (like tomatoes and peppers) reduces their lectin content. Shop for fruit in season. Fruit contain fewer lectins when ripe, so eating apples, berries, and other lectin-containing fruits at the peak of ripeness helps minimize your lectin consumption. Swap your brown rice for white. Whole grains and seeds with hard outer coatings are designed by nature to cause digestive distress—and are full of lectins. With a full list of lectin-containing foods and simple substitutes for each, a step-by-step detox and eating plan, and delicious lectin-free recipes, The Plant Paradox illuminates the hidden dangers lurking in your salad bowl—and shows you how to eat whole foods in a whole new way.

In the United States, some populations suffer from far greater disparities in health than others. Those disparities are caused not only by fundamental differences in health status across segments of the population, but also because of inequities in factors that impact health status, so-called determinants of health. Only part of an individual’s health status depends on his or her behavior and choice; community-wide problems like poverty, unemployment, poor education, inadequate housing, poor public transportation, interpersonal violence, and decaying neighborhoods also contribute to health inequities, as well as the historic and ongoing interplay of structures, policies, and norms that shape lives. When these factors are not optimal in a community, it does not mean they are intractable: such inequities can be mitigated by social policies that can shape health in powerful ways. Communities in Action: Pathways to Health Equity seeks to delineate the causes of and the solutions to health inequities in the United States. This report focuses on what communities can do to promote health equity, what actions are needed by the many and varied stakeholders that are part of communities or support them, as well as the root causes and structural barriers that need to be overcome.

A New York Times bestseller/Washington Post Notable Book of 2017/Wall Street Journal Best Books of 2017 “This book will serve as the definitive guide to the past and future of health care in America.”—Siddhartha Mukherjee, Pulitzer Prize-winning author of The Emperor of All Maladies and The Gene At a moment of drastic political upheaval, An American Sickness is a shocking investigation into our dysfunctional healthcare system - and offers practical solutions to its myriad problems. In these troubled times, perhaps no institution has unraveled more quickly and more completely than American medicine. In only a few decades, the medical system has been overrun by organizations seeking to exploit for profit the trust that vulnerable and sick Americans place in their healthcare. Our politicians have proven themselves either unwilling or incapable of reining in the increasingly outrageous costs faced by patients, and market-based solutions only seem to funnel larger and larger sums of our money into the hands of corporations. Impossibly high insurance premiums and inexplicably large bills have become facts of life; fatalism has set in. Why quickly Americans have been made to accept paying more for less. How did things get so bad so fast? Breaking down this monolithic business into the individual industries—the hospitals, doctors, insurance companies, and drug manufacturers—that together constitute our healthcare system, Rosenthal exposes the recent evolution of American medicine as never before. How did healthcare, the caring endeavor, become healthcare, the highly profitable industry? Hospital systems, which are managed by business executives, behave like predatory lenders, hounding patients and seizing their homes. Research charities are in bed with big pharmaceutical companies, which surreptitiously profit from the donations made by working people. Patients receive bills in code, from entrepreneurial doctors they never even saw. The system is in tatters, but we can fight back. Dr. Elisabeth Rosenthal doesn’t just explain the symptoms, she diagnoses and treats the disease itself. In clear and practical terms, she spells out exactly how to decode medical doublespeak, avoid the pitfalls of the pharmaceuticals racket, and get the care you and your family deserve. She takes you inside the doctor-patient relationship and to hospital C-suities, explaining step-by-step the workings of a system badly lacking transparency. This is about what we can do, as individual patients, both to navigate the maze that is American healthcare and also to demand far-reaching reform. An American Sickness is the frontline defense against a healthcare system that no longer has our well-being at heart.

The Part-time Paradox

Building a Better Delivery System

Invisible Visits

The Solid Facts

The Hidden Dangers in "Healthy" Foods That Cause Disease and Weight Gain

Understanding Human Capital in a Changing Industry

U.S. Health in International Perspective

The United States has what is arguably the most complex healthcare system in the world. As a result, changes within the industry are slow. Understanding what may come, helps to have a deeper understanding of healthcare’s complexity. The unimaginable paths he followed started in Bangkok but quickly led to the discovery that there were two groups of killers at Burmungrad and a cover-up system in the United States consisting of both the medical industry and the government whose interests are tied together by money! Both groups contributed to the death of her son. Even worse, driven by self-interested greed and unbridled power, the greatest healthcare system on earth, the US, has been brought to its knees and the prospects for the future of medical care in America and indeed, the world, promise a disaster of global scale.

A New York Times Bestseller, with an updated explanation of the 2010 Health Reform Bill Bringing to bear his talent for explaining complex issues in a clear, engaging way, New York Times bestselling author T. R. Reid visits industrialized democracies around the world—France, Britain, Germany, Japan, and beyond—to provide a revelatory tour of successful, affordable universal health care systems. Now updated with new statistics and a plain-English explanation of the 2010 health care reform bill, The Healing of America is required reading for all those hoping to understand the state of health care in our country, and around the world.

Why the news about the global decline of infectious diseases is not all good. Plagues and parasites have played a central role in world affairs, shaping the evolution of the modern state, the growth of cities, and the disparate fortunes of national economies. This book tells that story, but it is not about the resurgence of pestilence. It is the story of its decline. For the first time in recorded history, virus, bacteria, and other infectious diseases are not the leading cause of death or disability in any region of the world. People are living longer, and fewer mothers are giving birth to many children in the hopes that only one might survive. And yet, the news is not all good. Recent reductions in infectious disease have not been accompanied by the same improvements in income, job opportunities, and governance that occurred with these changes in wealthier countries decades ago. There have also been unintended consequences. In this book, Thomas Bollyky explores the paradox in our fight against infectious disease: the world is getting healthier in ways that should make us worry. Bollyky interweaves a grand historical narrative about the rise and fall of plagues in human societies with contemporary case studies of the consequences. Bollyky visits Dhaka—one of the most densely populated places on the planet—to show how low-cost health tools helped enable the phenomenon of poor world megacities. He visits China and Kenya to illustrate how dramatic declines in plagues have affected national economies. Bollyky traces the role of infectious disease in the migrations from Ireland before the potato famine and to Europe from Africa and elsewhere today. Historic health achievements are remaking a world that is both worrisome and full of opportunity. Whether the peril or promise of that progress prevails, Bollyky explains, depends on what we do next. A Council on Foreign Relations Book.

Organ failure. Accelerated aging. Can a single “survival molecule” fuel our most deadly and devastating health concerns? The truth is, the very biochemical mechanisms the body uses to survive are actually making us sick. This is the survival paradox. When our body’s survival response is triggered, there is a cost: pain, inflammation, and life-threatening disease. But there is a way to overcome it. [Drawing on inspirational healing stories and cutting-edge research, integrative medicine expert Dr. Isaac Eliaz presents a roadmap to master your biochemistry and overcome this paradox. The result? Healing and transformation on every level: physical, mental, and emotional. The Survival Paradox offers a groundbreaking new perspective in medicine-and the key to unlocking your infinite healing potential.

Embracing Choice in a Changing World

The Future Of The American Health Care System: Facts About American Healthcare

Dirty Russian

Reversing the Hidden Cause of Aging and Chronic Disease

Best Care at Lower Cost

Why the World Is Getting Healthier in Worrisome Ways

Setting the Record Straight on America’s Health Care

Language, Democracy, and the Paradox of Constituent Power

The Trump Paradox: Migration, Trade, and Racial Politics in US-Mexico Integration explores one of the most complex and unequal cross-border relations in the world, in light of both a twenty-first century political economy and the rise of Donald Trump. Despite the trillion-dollar dollar contribution of Latinos to the US GDP, political leaders have paradoxically stirred racial resentment around immigrants just as immigration from Mexico has reached near zero. With a roster of state-of-the-art scholars from both Mexico and the US, The Trump Paradox offers a dienna for a divided nation such as the US: in order to fix its first-come first-serve policy, it needs immigrants and trade.

Provides information on medical care and health care policy from around the world.

Marshalling new scientific evidence on the musculoskeletal system, this book provides an accessible guide to training that balances athletic performance and bone health over the life span, with information essential for exercise physiologists, endurance athletes, fitness enthusiasts, and coaches.

Advances in artificial intelligence (AI) highlight the potential of this technology to affect productivity, growth, inequality, market power, innovation, and employment. This volume seeks to set the agenda for economic research on the impact of AI. It covers four broad themes: AI as a general purpose technology; the relationships between AI, growth, jobs, and inequality; regulatory responses to changes brought on by AI; and the effects of AI on the way economic research is conducted. It explores the economic influence of machine learning, the branch of computational statistics that has driven much of the recent excitement around AI, as well as the economic impact of robotics and automation and the potential economic consequences of a still-hypothetical artificial general intelligence. The volume provides frameworks for understanding the economic impact of AI and identifies a number of open research questions. Contributors: Daron Acemoglu, Massachusetts Institute of Technology Philippe Aghion, Collège de France Ajay Agrawal, University of Toronto Susan Athey, Stanford University James Bessen, Boston University School of Law Erik Brynjolfsson, MIT Sloan School of Management Colin F. Camerer, California Institute of Technology Judith Chevalier, Yale School of Management Iain M. Cockburn, Boston University Tyler Cowen, George Mason University Jason Furman, Harvard Kennedy School Patrick Francois, University of British Columbia Alberto Galasso, University of Toronto Joshua Gans, University of Toronto Austan Goolsbee, University of Chicago Booth School of Business Rebecca Henderson, Harvard Business School Ginger Zhe Jin, University of Maryland Benjamin F. Jones, Northwestern University Charles I. Jones, Stanford University Daniel Kahneman, Princeton University Anton Korinek, Johns Hopkins University Mara Lederman, University of Toronto Hong Luo, Harvard Business School John McHale, National University of Ireland Paul R. Milgrom, Stanford University Matthew Mitchell, University of Toronto Alexander Oettl, Georgia Institute of Technology Andrea Prat, Columbia Business School Manav Raj, New York University Pascual Restrepo, Boston University Daniel Rock, MIT Sloan School of Management Jeffrey D. Sachs, Columbia University Robert Seamans, New York University Scott Stern, MIT Sloan School of Management Betsy Stevenson, University of Michigan Joseph E. Stiglitz, Columbia University Chad Syverson, University of Chicago Booth School of Business Matt Taddy, University of Chicago Booth School of Business Steven Tadelis, University of California, Berkeley Manuel Trajtenberg, Tel Aviv University Daniel Treffer, University of Toronto Catherine Tucker, MIT Sloan School of Management Hal Varian, University of California, Berkeley

Which Country Has the World's Best Health Care?

The Economics of Artificial Intelligence

The Survival Paradox

In Excellent Health

An Agenda

How Healthcare Became Big Business and How You Can Take It Back

Interest Groups and Health Care Reform across the United States

Popular Participation and the Limits of American Government

Foreword by Harvey V. Fineberg, President of the Institute of Medicine For decades, experts have puzzled over why the US spends more on health care but suffers poorer outcomes than other industrialized nations. Now Elizabeth H. Bradley and Lauren A. Taylor marshal extensive research, including a comparative study of health care data from thirty countries, and get to the root of this paradox: We've left out of our tally the most impactful expenditures countries make to improve the health of their populations-investments in social services. In The American Health Care Paradox, Bradley and Taylor illuminate how narrow definitions of "health care," archaic divisions in the distribution of health and social services, and our allergy to government programs combine to create needless suffering in individual lives, even as health care spending continues to soar. They show us how and why the US health care "system" developed as it did; examine the constraints on, and possibilities for, reform; and profile inspiring new initiatives from around the world. Offering a unique and clarifying perspective on the problems the Affordable Care Act won't solve, this book also points a new way forward.

GET DIRTY Next time you're traveling or just chattin' in Russia with your friends, drop the textbook formality and bust out with expressions they never teach you in school, including: • Cool slang • Funny insults • Explicit sex terms • Raw swear words Dirty Russian teaches the casual expressions heard every day on the streets of Russia: What's up? kak de-LA? I really gotta piss. mnye O-chen NA-do pos-SAT. Damn, you fine! blin, nu ti i shi-KAR-nii! Let's have an orgy. da-VAI u-STRO-im OR-gi-yu. This is crappy vodka. d-ta VOD-ka khre-NO-va-ya. Let's go get hammered. poi-DYOM bukh-NYOM. I'm gonna own you, bitch! ya te-BYA VI-ye-blyu!

Considers why U.S. society is believed to be less healthy in spite of disproportionate spending on health care, identifying a lack of social services, outdated care allocations, and a resistance to government programs as the problem.

The prevention and treatment of diseases is a primary concern for any nation in modern society. To maintain an effective public health system, procedures and infrastructure must be analyzed and enhanced accordingly. Public Health and Welfare: Concepts, Methodologies, Tools, and Applications provides a comprehensive overview of the latest research perspectives on public health initiatives and promotion efforts. Highlighting critical analyses and emerging innovations on an international scale, this book is a pivotal reference source for professionals, researchers, academics, practitioners, and students interested in the improvement of public health infrastructures.

Why More Is Less, Revised Edition