

# Alliance of Health Disparities

September 22,2007

## Full Contribution

I am writing to you on behalf of the Alliance of Health Disparities (AHD), an organization of ethnic minority healthcare providers and advocates, whose mission is to educate health care providers, patients, and decision makers on issues of health disparities and to promote the general welfare, better treatment of, and access to healthcare for racial and ethnic minorities. A key function of the Alliance is to engage in shaping healthcare policy that affects racial and ethnic minorities. The IGWG Hearing on public health, innovation and intellectual property is clearly in line with our mission. At issue are the alternatives being proposed to the current private sector innovation model. Various local and global movements are concerned with intellectual property law and other regulations that affect knowledge goods and place them within a social need and policy platform. Knowledge goods are thought to be fundamentally different from physical goods and services; they can be copied, and can be shared. While on its face, it appears to be a rather noble and fair social purpose, the risk to rich and poor countries alike in the event that pharmaceutical advances are blunted by the alternatives proposed could prove devastating to all of us. The reasons these alternatives were rejected decades ago continue to be the same reasons why these alternatives should be rejected today.

We all believe that innovation in health care, particularly medicines, is very important to the health and well being of all human beings. As an advocate, I also believe that the medications we now have to treat and prevent disease are attributed to the effectiveness and efficiency of the current R & D and innovation system. Yet there is a movement to curb private sector innovation which has been responsible for the development of drugs used to successfully treat a greatest percentage of diseases worldwide. The process of innovation and patent protection is a complex and dynamic one. Currently, it permits research-based institutions to gain commercial rewards for their discoveries. In turn, these rewards, allow research institutions to continue to undertake their research and develop new knowledge. Without such protection there is little incentive to discover. Why would enterprises be motivated to invest in intellectual property and place it at risk under a regime as unpredictable as the one Thailand seems determined to implement? Prizes, in lieu of research contracts and patents with which there is less international experience, are not adequate and seem simplistic. The old Soviet Union used prizes, to motivate individuals in lieu of patents, these gestures did little to elevate the level of innovative performance.

We understand that governments are focused on costs, considering the looming surge of noncommunicable diseases, and that they are preparing to deal with the associated cost pressures. We are concerned that as a cost cutting mechanism, research in conditions perceived valuable by consumers, would not be perceived as valuable by government. Private firms, in general, are thought to be better informed about the potential value of innovations to patients and providers and when directing research it is probable that the kinds of innovations that consumers would find useful would not be funded because the research entity would not place the same value on the need as would the consumer.

As nurses and patient advocates, we know that safe, new drugs contribute to the increased productivity and quality of life of patients/consumers. We also know that bacteria and viruses cannot wait for infrastructures to develop and investments to be made as the economic circumstances of individual countries can diverge over time. Even in the United States today, where notable progress in the overall health of its citizens has occurred, there are still continuing health disparities in the occurrences of illnesses, conditions and deaths experienced by African Americans, Hispanics, Native Americans, Alaskan Natives, Asians and Pacific Islanders, compared to the Caucasian population.

It wasn't too long ago that when a patient was diagnosed with cancer or HIV/AIDS it was a death sentence. A diagnosis of mental illness was a sentence to the more costly long term institution. Although the private system is not a perfect one, it has been one which has given us more options for prevention and treatment of diseases than we ever imagined. We reject the notion that these alternatives will not stifle innovation; there is sufficient information to the contrary and support public and private initiatives which increase overall R & D incentives.