Editor's Note

Health politics (and politics more generally) is about balancing acts. How are societies' resources divided? Who gets what? How much money is too much to spend on health care? How many medical tests are needed to achieve the right diagnosis? How do we weigh the competing interests of the patient, the doctor, and the payer of care? What division of power enables us to balance most effectively the goals of access, quality, and cost? Who are the winners and losers? Where does the balance of power lie?

The articles in this issue of *JHPPL* are all about balancing acts. This is especially clear in the lead article, in which Ronald Bayer and Claire Edington examine the enduring tension between public health and human rights. The context is the debate within the World Health Organization and other international public health organizations over AIDS testing: Should it be completely voluntary for all populations, even in countries where there is a raging epidemic? Or should AIDS testing be standard practice in certain communities? Should people be able to "opt out" if they worry about stigmatization or simply do not want to take the test? How do you balance the need for prevention and public health with the individual right to make informed decisions about one's own body?

Vence Bonham and colleagues then consider the possibility that scientific advances can have unintended and adverse impacts on communities of color. More specifically, the sequencing of the human genome and the improved understanding of the role of genetic variation in health outcomes might actually lead to more discrimination and stigmatization of minority

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communities rather than less. To minimize the likelihood of such an outcome, the authors call on the scientific and policy making communities to seek significant public input and engagement from the African American and Latino communities, and they describe one such effort to do so.

Next is an article by Naoki Ikegami that considers a more traditional (indeed the most common) debate among health care policy makers: how and how much to pay health care providers. The venue for this battle is Japan, and the context is the decision to implement a case-based DRG system as part of an effort to encourage hospital chronic care units to admit a more disabled patient population. More generally, the goal is to use payment incentives to lead to delivery system reforms. Sound familiar? Not surprisingly, the enactment and implementation of the new system was fraught with problems, as the implementation of the presumably scientific formula led to political bargaining between the government, doctors, and hospital officials, as well as ongoing efforts to "game" the new system. I suppose one lesson here is that the more things change, the more they stay the same.

The final article in the issue, by Kumanan Wilson, considers the tension between the effort to create a federal-style government in Iraq and the need for centralized public health leadership. As Wilson notes, public health crises are common in war-torn countries, requiring both centralized epidemiological surveillance as well as fast and effective emergency response systems. At the same time, however, the effort to achieve political peace between the various factions of the Iraqi population requires a different dynamic, one in which different regions (especially the Kurdish communities in the north) have at least some measure of independence and local control.

Politics is about balancing acts: public health versus human rights; scientific advances versus discriminatory impacts; providers versus payers; political imperatives for local control versus needs for centralized leadership. Each of the articles in this issue considers one of these balancing acts and does so with wisdom and insight. From my vantage point, however, the key ingredient to good political bargaining is strong and effective leadership. It is fitting, as such, that this issue also includes Michael Birnbaum's interview with Bruce Vladeck, the former administrator of the Centers for Medicare and Medicaid Services (CMS) and one of the most intelligent and effective leaders in recent American health politics. We hope you enjoy reading his trenchant and often provocative comments.

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