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## Editors' Note

**The idea of a stork delivering a neatly bundled baby** is a cultural touchstone freighted mainly with feelings of magic, happiness, and hope. Like most fairy tales, the stork tale is also tinged with a darker feel, a foreboding that owes mainly, we suspect, to its reminder that life is rather like a lottery. How, after all, does the stork decide where to drop its precious bundle? If it's dropped down a rich family's chimney, the child will likely have a long, prosperous, and healthy life. If the same bundle is instead dropped into a poor family's house, the child's life comes closer to the Hobbesian ordeal, not necessarily brutish, but more likely a nastier and shorter existence. The idea of a birth lottery is especially disturbing when it comes to the meting out of something as fundamental as health. The poor child is consigned to dangerous neighborhoods, stressful jobs, and inadequate health care, while the rich child is conveyed, solely by the accident of birth, all the health that money can buy.

This is to emphasize the obvious point that health and health care are distributed in ways that clearly violate our commitment to equal opportunity. The unlucky children are both *directly disadvantaged* by virtue of living shorter and less healthy lives and *indirectly disadvantaged* insofar as such poor living conditions and health then set them back in the competition for schooling, jobs, and good wages. While the case for reducing disparities is sometimes made by referencing a fundamental "right to health care," one can easily forgo the language of rights and rest the case on a straightforward commitment to equality of opportunity.

The simple rationale for our cover story: Given that an attempt to reform health care is looming, we had best be clear on whether we want such reform to take on the problem of inequality. It is troubling that the health care debate to date has focused almost exclusively on access to insurance and has ignored the many other ways in which health inequalities are generated and may be redressed. The contributors to this issue were thus asked to step back and develop a more comprehensive approach to reducing health inequalities.

Although our contributors diagnose the problem similarly, their prescriptions are quite diverse. Unlike the debate on insurance schemes, which has by now rigidified, there is evidently much to resolve in deciding how best to take on health disparities. For some of our contributors, emphasis is placed on the disparity-inducing effects of our insurance system. Indeed, Jonathan Gruber argues that a main reason disparities have become so extreme is that we subsidize the (excessive) health expenditures of the privileged, while Robert Moffit makes the case for a disparity-reducing decoupling of insurance from employment. But disparities can also be addressed outside the insurance system. For example, Barbara Wolfe argues that they are best reduced by upgrading health care for poor mothers and children, while Karen Davis and Kristof Stremikis describe how patient-centered medical homes can be a centerpiece of a disparity-reducing agenda.

Would it cost too much to adopt these reforms? Especially in the midst of an economic crisis? The costs-too-much refrain, conventional though it is, ignores the even higher costs of business as usual. Because health disparities lead to underinvestments in prevention and degrade our workforce, we pay a collective price for insisting on so much inequality, a price that may be our Achilles' heel as we struggle to compete with other countries that develop and maintain their human capital more efficiently. As we set to the task of reform, leaving inequality and disparities off the table may be the real cost that we can't afford to pay.

—David Grusky & Christopher Wimer, Senior Editors