



## Year in Review

This has been a productive year for the Goodman Institute.

### 2017 (Trump tax cuts) were renewed.

The original design of the tax package came from Goodman Institute economists, who showed that [the tax package was not regressive](#), despite claims of the critics.

### HSA reform.

Going forward, employers will be able to make deposits to Health Savings Accounts and let employees pay a monthly fee to direct primary care (“concierge”) doctors who provide 24/7 primary care. Also, high-deductible plans in the marketplace exchanges will automatically qualify for HSAs. We were the [only think tank](#) that was really involved in these changes.

### HSAs for Medicaid.

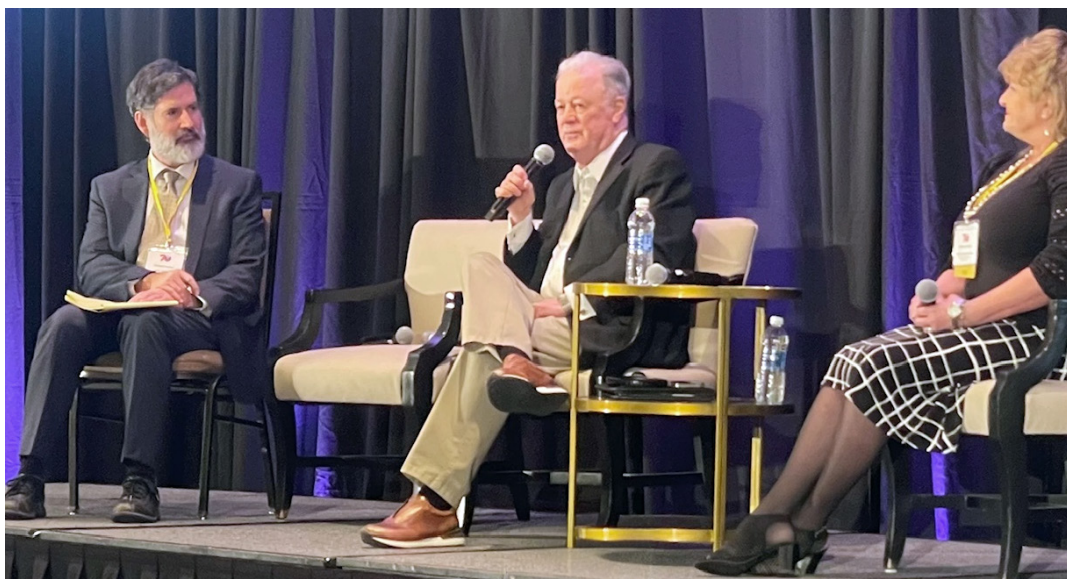
Republicans missed the opportunity to make Medicaid better for enrollees and save taxpayer money at the same time. [Our idea](#) was endorsed by Newt Gingrich, Karl Rove, Steve Moore, Sen Ted Cruz and others. It may still happen in the coming year.

### The HSA alternative to Obamacare.

President Trump has forcefully endorsed an idea pushed by the Goodman Institute and the Cato Institute: Give the money to people and let them buy insurance that meets their needs. In December, [PBS identified me](#) as “the father of HSAs” and HSAs as the Republican alternative to Obamacare. This is new. It hasn’t happened before.

### The looming exhaustion of the Social Security and Medicare Trust.

Congress hasn’t done anything publicly so far. (Not even a hearing.) Yet they all know they will have to do something soon. Goodman Institute scholars have shown how Social Security can be reformed in ways that [will benefit seniors without costing taxpayer dollars](#). We are the only organization that has done this, and it will be essential to overcome senior opposition to fundamental reform.



*John Goodman speaking at National Health Foundation’s Health Payment Panel.*

# How “Woke” Thinking Leads to Antisemitism

Antisemitism is [on the rise](#) in the United States and around the world. Although antisemitism has a long tradition on the European right, the communists under Stalin were also very antisemitic. That’s why so many Russian Jews immigrated to Israel.

What is surprising is the recent [increase in antisemitism](#) on the progressive left – particularly on college campuses. The explanation lies in “woke” ideology.

**Wokeness.** Woke thinkers see people not as individuals, but as members of groups characterized by race, religion, ethnic background, sexual preference, etc. The most important characteristic of the individual is his membership in a group.

It is not surprising, therefore, that where you find the most woke thinking in America you also find the most vocal and visible [display of antisemitism](#) – especially on college campuses.

**Identity.** Individuals are a bundle of characteristics. Some are short; others are tall. Some are thin; others are obese. Some are geniuses; others have only an average IQ. What makes woke “woke” is the tendency to pick out a single characteristic (such as skin color) and make that the defining characteristic of everyone’s identity. Implicitly, the defining characteristic is more important to determining identity than all other characteristics combined.

A Black man, for example, may be a concert pianist, a nuclear physicist, or a whiz at trading stocks and bonds. But in the woke view of the world, the most important thing to know about him is that he is black.

If you polled the Harvard faculty, you would probably find support for affirmative action for

Black students based on the belief that today’s Black families are still suffering from the latent effects of American slavery.

Yet, [a study](#) by Harvard professors Lani Guinier and Henry Louis Gates Jr. found that as many as two-thirds of black students were West Indian and African immigrants or their children, or children of biracial couples.

The only thing that seems to matter at Harvard is skin color.

**Duties and Claims.** In woke ideology, groups as groups (as opposed to individuals qua individuals) have obligations and duties to each other as well as claims against each other.

For example, an individual in a group can be held morally responsible for actions blamed on the group as a whole – even if the individual did not personally participate in those actions and even if the actions took place decades or even centuries ago.

One interpretation of the Christian idea of original sin is that Adam and Eve’s guilt passed on to all their descendants. Woke thinking takes this idea and expands it to the actions of almost every racial, ethnic and religious group. Whereas in Christianity, original sin is usually interpreted as metaphorical, in woke ideology the blame for past sins becomes literal.

Put differently, in Christianity, original sin is theological. In woke thinking it is biological.

**Collective Guilt.** Groupthink can be incredibly sweeping. It regards all whites as enjoying “privilege,” just because they are white. It regards people of color as being disadvantaged because they are not white. The former are “oppressors.” The latter are the “oppressed.”

These claims are asserted regardless of factual circumstance. For example, even though there are more whites (35 percent) than Blacks (26 percent) [receiving food stamps](#), those whites are said to be privileged. Even though Asian Indian Americans enjoy an average household income that is about [twice the income](#) of white households, they are still included in the people of color who are oppressed.

**Collective Claims.** It has been almost 80 years since the first Israeli war with its neighbors, which led to the mass displacement of Palestinian Arabs. Yet on college campuses, Jewish students today are confronted with the chant, “From the river to the sea,” which is often paired with “you are settlers” or “you stole our land.”

This is the exact opposite of the independent thinking that most parents hope will develop when they send their children off to college.



*John Goodman and Mark Cuban at the Dallas Economics Club meeting in December*



*Goodman Institute Board of Directors and Senator Cruz at the Goodman Institute Awards Dinner in April: (left to right) Larry Wedekind, Coley Clark, Senator Ted Cruz, John Goodman, Leigh Curry*



*John Goodman speaking at the Goodman Institute Awards Dinner in April*



*Senator Ted Cruz speaking at the Goodman Institute Awards Dinner in April*

# What Both Parties Are Missing in the Health Care Debate

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Building on a [reform proposal](#) they developed with Senator Bill Cassidy several years ago, Congressman Pete Sessions and John C. Goodman have a new proposal.

## A real market for health insurance.

Let insurers do what they are not allowed to do: offer a wide variety of products so people can purchase the insurance that best suits their needs with their own money.

Experience tells us what the results will be: Many people will choose a less comprehensive benefit package, with less out-of-pocket financial exposure. According to the [Kaiser Family Foundation](#), people who purchase alternatives to ACA insurance are paying less than half of the premiums charged in today's ACA exchange.

So, what if people choose a plan that doesn't cover, say, a problem like substance abuse because they mistakenly think no one in their household has that problem? Let a family that discovers a medical condition not covered by their chosen insurance plan, but covered under Obamacare, immediately enroll in a benchmark ACA silver plan.

## Tax credits.

People who purchase insurance outside the exchanges should receive a [refundable tax credit](#), which in most cases would cover more than half the cost of the insurance. As an alternative, people could have a tax credit equal to the ACA subsidy they would have received if they had entered the Obamacare exchange. Tax

credits also could be used to pay premiums and make deposits to Roth Health Savings Accounts, discussed below.

Under today's subsidy system, enrollees' out-of-pocket premiums are capped – giving them no reason to care what insurance costs. Under our proposal, the tax credit is capped and people would pay out-of-pocket for more expensive options. This means people would become price-sensitive buyers.

## Special needs plans for the chronically ill.

State governments should offer safety net health plans designed for residents with costly chronic conditions, including diabetes, heart disease, respiratory disease, etc. This should be [similar to what happens](#) in the Medicare Advantage program.

## Roth HSAs.

[These accounts](#) should be flexible enough to meet the needs of the chronically ill. After a period of time, withdrawals for non-medical purposes should be without taxes or penalties—allowing patients to reap the economic rewards of being smart shoppers in the medical marketplace.

## Employer plans.

Employers should have the discretion to stay in the current system of tax subsidies or move to a tax credit system. Under the latter, employees would be able to convert wasteful health care spending dollar-for-dollar into higher take-home pay.



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