

Peer Review

Review of: "Building a Digital Republic to Reduce Health Disparities and Improve Population Health in the United States"

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This commentary advances a bold and timely proposal: that the United States could reduce health disparities and improve population health through the implementation of a universal digital identity within a “digital republic.” The manuscript effectively connects administrative burden, welfare access, stress physiology, executive function, and political participation into a coherent public health narrative. The argument that bureaucratic complexity functions as a social determinant of health is particularly compelling and well-grounded in stress and allostatic load frameworks.

Strengths

Clear articulation of the problem: Administrative burden and means-testing barriers are convincingly framed as structural determinants of health inequality.

Integration of interdisciplinary evidence: The paper successfully links public health, behavioral science, neuroscience (executive function), health systems efficiency, and digital governance.

Use of international comparisons: Examples from Estonia, South Korea, Taiwan, and China provide useful contrast and illustrate both opportunity and risk.

Policy relevance: The proposal for automatic enrollment in health insurance as a “first step” is concrete and actionable.

Areas for Strengthening

Empirical grounding

While the theoretical logic is strong, the manuscript would benefit from more direct empirical evidence

linking digital identity systems to measurable improvements in population health or disparities. At present, many claims are plausible but largely inferential.

Causal pathways

The pathway from digital identity → reduced administrative burden → reduced stress → improved health outcomes could be more explicitly modeled. A conceptual framework figure may clarify mediators and moderators.

Equity risks

The discussion of the digital divide is relatively brief compared to the scale of the proposal. More detailed consideration of exclusion risks (e.g., undocumented populations, biometric misuse, algorithmic bias, surveillance harms) would strengthen credibility.

Political feasibility

The manuscript acknowledges political economy barriers but does not deeply analyze federalism, state-level resistance, or private-sector capture. A clearer implementation roadmap would improve policy realism.

Precision public health claims

The link between digital identity infrastructure and precision medicine/public health is conceptually interesting but may overextend the core thesis unless more tightly specified.

Declarations

Potential competing interests: No potential competing interests to declare.