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Mark Masselli: This is conversations on healthcare I am Mark Masselli.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margret we have arrived at that threshold of the next phase of the Affordable Care Act online insurance exchanges are open for business this week.

Margaret Flinter: That's right Mark and now consumers will be able to shop for the affordable health insurance in this new online marketplaces and **ushers** in the new era folks cannot be denied coverage due to preexisting conditions and that's a provision that will strike at the heart and the fears of millions of Americans who grappled with health problems and a lack of coverage, a really big step forward I think.

Mark Masselli: Well this is notable and important new development. We can't ignore the disparity that still exists across the country, only 16 states in the district of Colombia are setting up their own insurance exchanges and in many states state governments are working hard to block any assistance in accessing the federal exchanges. Thirty-three now in all and that's a lot ground to cover Margret.

Margaret Flinter: Yeah Mark, I have to keep saying, I think we're fortunate in the State of Connecticut here we have a robust plan in place and the political will to see it through and analyst are finding that folks in States who have promoted their health care law are better informed and more likely to utilize the health insurance exchanges.

Mark Masselli: And there are some important milestones, you know, coverage doesn't acutely began until January 1st 2014 but if folks are interested in getting coverage on the first day of the New Year you'll have to signup on the exchanges by December 15th.

Margaret Flinter: So that's an important date you have to signup on the exchange by December 15th to be covered on January 1st. But Mark Medicaid expansion is another important aspect to this increase coverage that we have talked about a lot on our show. More states are expending Medicaid coverage and at last count I think we are up to 26 states which boards well for those folks who live above the poverty line in those States but don't make enough to qualify for insurance or be able to afford it, it's going to help alleviate disparities and access to care and that is something that today's guest has made his life's work.

Mark Masselli: Our guest this week is Dr. H. Jack Geiger, who is considered the founder of the Community Health Center movement in this country having

opened up the first Community Health Centers in the 1960s, he is not only a physician but a lifelong activist for health equity as well.

Margaret Flinter: And Dr. Geiger is an inspiration to so many of us who've worked in the field of health care and in Community Health Centers over these last decades, Mark, so we really look forward to that conversation.

Mark Masselli: We do and we also are going to have a visit from Lori Robertson, managing editor of FactCheck.org to dispel another myth about ObamaCare.

Margaret Flinter: And no matter what the topic you can hear all of our shows by going to CHC Radio and as always if you have comments please email us at chcradio.com or find us on Facebook or Tweeter because we love to hear from you.

Mark Masselli: And we'll get to our interview with Dr. H. Jack Geiger in just a moment but first here is our producer Marianne O'Hare with this week's Headline News.

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Marianne O'Hare: I am Marianne O'Hare with these healthcare headlines. Efforts to defund ObamaCare have continued right up to the October for a start of the open enrollment of the online insurance marketplaces under the Affordable Care Act. Over 40 attempts to defend the healthcare law have occurred in the past year. But conservative ranks in the GOP looking at a last (0:03:21 inaudible) effort to stop the healthcare law in its tracks. (0:03:24 Inaudible) the defunding measures to a must pass bill to keep the government going past the end of the fiscal year, the so called continuing resolution to keep government running until December 15th. Senate Democrat leader Harry Reid ensured the measure would not pass the senate and would be sent back to the house for more discussion. Meanwhile a series of ad campaigns have been launched across the country both for and against and health care law. Some ads urging folks to get covered using iconic songs like Billy Joel's New York state of Mind - in this case it's New York State of Health. A Virginia based conservative group backed by the billionaire Koch Brothers launched their own campaign urging young people to opt out of the laws mandate that all Americans have health insurance, their first online ads feature young people going for doctor appointments only to have Creepy Uncle Sam popup ready to look them over. The Obama administration set a stage for another Supreme Court showdown on the president's health care law this time to decide whether four profit companies can be forced to provide a full contraceptive coverage for their employees despite religious objections from owners. Administrations lawyers asked justices to take-up the issue this fall, to decide whether these corporations can claim a religious exemption to this part of the health care law. And healthcare expenditures had been slowing down to historically low growth rates in the past couple of years but prediction are out for

future health expenditures that a spike is predicted at about 6% growth well ahead of the economic indicators for the rest of the country. The estimate is still lower than the typical annual increases before the recession hit. They attribute that to the rising number of baby boomers moving into medicare and the expectation of the economy will improve according to a published online report in health affairs. I am Marianne O'Hare with this health care headlines.

Mark Masselli: We are speaking today with Dr. H. Jack Geiger, physician, founding member of Physicians for Human Rights and Physician for Social Responsibility and the individual acknowledges the father of the Community Health Centre Movement in the United States. Dr. Geiger is currently professor at Emeritus at the Sophie Davis School of Biomedical Education in New York City. He is a member of the National Academy of Sciences and the Institute of Medicine where he received IOM's most prestigious award, the Lienhardt award for outstanding contributions to minority health and also he is awarded the Schweitzer Prize for humanitarianism. Dr. Geiger, welcome to conversations on health care.

Dr. H. Jack Dr. H. Jack Geiger: I am glad to be here.

Mark Masselli: You know, Jack you're known as the father of the Community Health Center Movement in this country, model you proposed in 1965 based on your experience as a young American medical student studying this sort of new kind of health care which was called Community Oriented Primary Care in South Africa, what was that new kind of health care that you **sown** and how did it influence the proposals you would later make for the development of the first Community Health Center in America?

Dr. H. Jack Geiger: Well I think the most striking thing was the assumption of dual responsibility that is that this institution, these community health centers were responsible not just one by one for all of the individuals that came in as patients but equally for the health of the population from which they came. Ending the (0:06:43 inaudible), ending separation between primary care and public health. When I worked in the examining rooms in South Africa, on the walls of every examining room were graphs, histograms of the lowest information on a prevalent conditions in that community. Incidence rates for infectious disease and like you could not look at an individual patient without knowing a lot about the population for which that person came and responsibility for doing something about it to keep the next patient from coming in with that same problem.

Margaret Flinter: Jack the seeds of the American Community Health Centre Movement, the two community health centers, one in Columbia Point in Boston and one in Mound Bayou Mississippi Delta, really quite quickly grew to include health centers in many of America's cities and today of course all across the country we have more than 1,100 community health centers that serve 20 million

people but I find it kind of remarkable that the fundamental requirements for an organization to be recognized by the federal government as a community health centre remain remarkably true to your original vision and those principles of community oriented primary care nearly 50 years later which is a pretty long run, I think by anybody's standards. Can you describe some of those principles and requirements for us that you found essential to be in the guidance that would govern community health centers in the US?

Dr. H. Jack Geiger: The first was the idea that the most vulnerable populations of the United States the people in greatest need with the heaviest burdens of disease needed something other than the fragmented primarily hospital centered care. We did a survey at Columbia Point in Boston for example to find out what it took for a patient to Columbia Point to get to downtown Boston, go to around patient department clinic and come back home. The average door to door time for a patient at Columbia Point to go get care in Boston and come back home was 6 hours. And what did you do if you had three small kids and what did you do if one of the children have asthma and that was a different clinic that you had to go the next day. So the first principle was of comprehensiveness to put everything under one roof, to create and when I say everything under one roof I mean physician, nurse, social worker, pharmacy, laboratory all of the pieces that required you to run around frantically, if you were of limited means. And the second was the principle of community participation and ultimately community control of what was now a community institution that belong to the population that was being served. There is no other branch of the American Health Care System in which the patients themselves have that kind of voice in the services that they are going to receive with regard to health care.

Mark Masselli: Dr. Geiger your work has been all about population health and about understanding and addressing what is now called the social determinants of health and that's been sort of the heart of the Community Health Centre Movement and you are now sort of looking at the Affordable Care Act in its principles of patient-centered medical home and you've said that this is really great news about the health care law is that community health centre practitioners no longer will have to carry this weight alone. Tell us how you see ObamaCare addressing population health?

Dr. H. Jack Geiger: Well I think ObamaCare is a first modest but enormously important step for moving us away from very very costly, very inefficient distribution and practice of care away from a free for service emphasis and on outcomes. At least the process of controlling cost of what has become such an outrageously expensive and inefficient system and in those respects that it bankrupts individuals and threatens to bankrupt the country. We need to dispel the myth however that underlies banking everything ObamaCare to the health of populations is determined by the very things you mentioned, the social determinants of health, what you're exposed to, what happens to out in the real world whether urban or rural, your income, your housing, your food, your

exposure to taxes. What ObamaCare will do is number 1, greatly improve the quality and availability of primary care. Secondly, by greatly expanding insurance coverage the number of people who have access to care insurance alone doesn't do it but it's critical in providing access to care and that's bringing somewhere between 30 and 40 million more people with that kind of regular access and providing what I have just described a patient-centered medical home with an emphasis not on the individual procedure but on the goodness of the outcome. It gives us the opportunity with a marriage of primary care and public health interventions to start addressing the social determinants of health. But we need to understand that unless we create greater equality in the society no single health care system is by itself going to survive to produce health equality. The evidence is overwhelming that encountered in poverty leads almost inevitably to a shorter life, one burdened by chronic illness, to lower educational opportunity, to all kinds of burdens that make one vulnerable and limit opportunity and achievement and bring greater susceptibility to disease. There is a whole series of studies demonstrating that adversity and poverty in early childhood starts measurably to rewire the brains of those infants. Healthcare system is it going to be able to address that by itself?

Margaret Flinter: Well Dr. Geiger I want to stop there over for just a moment before we may go back to the social determinants of health question and that is something that I know you have thought about from your earliest days about this team of people that are there to provide health care and I think we all feel like we're still likely to fall short so what's your prognosis and what are your observations about the current generation of students of the health professions and how they feel about going into primary care and the likelihood that they will.

Dr. H. Jack Geiger: Most of the predictions for the coming shortage of primary care practitioners, physicians at least is in the range of high 30,000 or 40,000. Now, we know that simultaneously with ObamaCare there will be increased demand, we know that from what happened in Massachusetts which greatly expanded insurance coverage and utilization of community health centers there by the way went up by something like 30%, there is very good evidence for what happens to medical students at present for a variety of reasons. Idealism is very high when people enter medical school, that's why they came in the main and there is very good evidence that declines sharply and steadily over the first 7 years of training, it corrodes empathy and there are at least two reasons for that. One is the enormous burden of debt that all medical students start to accumulate and find that an almost insupportable burden that drives them among other things away from the primary care and into procedure based higher income, subspecialty practices. Second reason is a distorted reimbursement system and then has got to change if we have to have any hope of solving this problem at all. Third, we are going to have to recruit increasingly from the pools that we know are likeliest to be interested in primary care and even more are likeliest to undertake practice in under-served areas of really vulnerable and sick populations. What that really means is that we need to recruit from those very

populations and establish the kinds of pathways that remove the barriers both of poverty and poverty of aspiration. We're not doing nearly enough about that.

Mark Masselli: We are speaking today with Dr. H. Jack Geiger, who is considered the father of the Modern Community Health Center Movement, is a member of the National Academy of Sciences and the Institute of Medicine. Dr. Geiger your activities in Healthcare go far beyond the examination room, been a founding member of Physicians for Human Rights, Physicians for Social Responsibilities somebody who was there in the freedom marches in the south, tell us about that relationship between health and poverty, healthcare and other human rights and your thoughts about the social responsibilities for this next generation of medical providers.

Dr. H. Jack Geiger: I came from that background of activism well before I developed an interest in medicine and decided to try to become a physician and the answer came obviously that one has a responsibility as a physician to join or create the organizations that do that kind of work to a life that addresses what we know are root causes injustice and inequity of disease in so many of the very patients that we're seeing. One of the first of those was Physicians for Social Responsibility which way back in the early 1960s when our government like many other governments was trying to tell the population that nuclear war wouldn't be so bad if you just dug a shelter in your backyard you'd probably be okay of doing the first real analysis of the medical consequences of a thermo nuclear war and that was followed during the 1980s and the worst of the nuclear arms race and the cold war by physicians doing what we call the Bombing Run going city to city across the United States, getting on television, putting up a map of wherever we were and saying here is the bulls eye that will be created by a one megaton thermo nuclear blast, just one, and that was an important and it turned out to be a compelling contribution. In the same way Physicians for Human Rights formed in 1986 and both of those organizations ended up sharing in the Nobel Prize for Peace. Physicians for Human Rights was organized in exactly the same way to bring the skills of physicians to the investigation and documentation, crimes against humanity, war crimes, there was a marriage of that impulse with the creation of this new community institution. The community health center in addressing, taking the responsibility not just to treat people but to address those social determinants of health. Back in Mississippi we started to address social determinants because they were so overwhelming. What is it that you do when you discover that people's primary source of water was to collect rain water in old pesticides barrels. What is it that you need to do when you discover that people are literally trying to shoot squirrels or gather pecan nuts because mechanization has destroyed the (0:19:38 inaudible) culture. People have virtually no income it was demean when we arrived was less than 600 dollars a year for family of four. Whenever we saw a child in such a family with infectious disease and malnutrition we wrote prescriptions for food, so much meat, so much milk, so much vegetables and arranged to have that family fill those prescriptions at local black grocery stores which sent a bill to the

community health center which paid for it out of the pharmacy budget. The governor of Mississippi screamed his worst fears had been realized soviet communism, he thought had come to the Mississippi Delta and he yelled at Washington and our funders in Washington (0:20:26 inaudible) came down and yelled at us and me and said what I think we were doing and I said well what's was wrong with it and he said well a pharmacy and a health center is for drugs for the treatment of disease and I said the last time I looked in the book the best therapy for malnutrition was food and he went away because there was really no honest answer to that question. It is that spirit that still informs community health center and has to inform our whole approach to what we are doing and there are many venues both in voluntary, non-government organizations to do that.

Margaret Flinter: Dr. Geiger I know that our audience appreciates that you are able to take a very long view of where we've been in this country in health care.

Dr. H. Jack Geiger: I think that's nice statement for how old I am.

Margaret Flinter: And in our understanding of the impact to social determinants on health but I know that you've lost none of your vision looking to the future and none of your passion for the future and I think I've come to the conclusion that it's the case that every generation needs to discover some of this (inaudible 0:21:35) to name the issues and formulate a response and that was (inaudible 0:21:38) recently when we had the pleasure of interviewing Dr. Rishi Manchanda who has written a new book the Upstream Doctors and which he calls for a new focus on social determinants and getting upstream to prevent illness and reduce their burden and I want to give a chance to say with all the new incredible technology tools at our disposal today, do you foresee a new era and how we address those social determinants of health and how do you think when you just put your vision cap on this generation of public health and primary care practitioners will be fighting them?

Dr. H. Jack Geiger: Well let me put me in a plug, there is a documentary about that first Mississippi Health Centre. It's really very easy to find, all you have to do is Google four words out in the rural which is part of that documentary's title. We attracted recruits for physicians and nurses and others that had always wanted the opportunity to do this kind of work among vulnerable populations, for example at the Beaufort Jasper Health Center in South Carolina early on they discovered that they were confronting a virtual epidemic of hypertension and then they discovered that the reason was that people who were drinking brackish surface water their only source of supply which had a monstrous salt content. So major part of their work became installing water systems that reached the deeper aquifers and gave people what most of the rest of the society had access to decent, clean, safe water. Well the way we have to that now I think because the tasks of providing medical care are so consuming without abandoning our interest in social determinants to be actively promoting collaboration with other segments of government and a private sector that is the housing authorities, the

transportation authorities, the education authorities. We have high school based community health centers that give us that opportunity. We have at least four community health centers that now house charter high schools within their walls and so investments that we can make jointly with others. We community health centers that we can make jointly with other agencies both public and private in education, housing, employment, job training, environmental protection are the way we have to start going after those problems now rather than undertaking all of those burdens as primary responsibilities on our own. We are adding lawyers to the teams of community health centers through medical legal partnerships, college students through health leads and we need to expand that pattern and to address not just palliative efforts but structural efforts to change the distributions of opportunity in the society.

Mark Masselli: We have been speaking today with Dr. H. Jack Geiger father of the Community Health Center Movement in this country and founding member of Physicians for Human Rights and Physicians for Social Responsibilities. You can find out more about his work by going to physiciansforhumanrights.org. Dr. Geiger, thank you so much for joining us on conversations on health care today and making a difference for all Americans.

Dr. H. Jack Geiger: It's been a pleasure to talk with you.

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Mark Masselli: At Conversations on Health Care we want our audience to be truly know when it comes to the facts about health care reforms and policy through Lori Robertson is an award winning journalist and managing editor of factcheck.org a non-partisan, non-profit consumer advocate for voters that aim to reduce the level of deception in US politics. Lori, what have you got for us this week?

Lori Robertson: Well some of our readers have asked us whether the health care law contains a hidden text on hunting and fishing equipment. The answer is no. This rumor started spreading after Cabela's, a Nebraska sporting goods store mistakenly charged some customers on January 1st for a medical excise tax, that's what it said on their receipts and at least a few images of those receipts have been circulating on the internet. A spokesman for Cabela's told the Omaha World-Herald that a glitch in the cash register system caused the error that this (inaudible 0:26:13) only happened on the one day and all customers were offered a refund. Now the health care law does contain a 2.3% excise tax on certain medical devices, it isn't a direct tax on consumers, it's a tax on manufactures and importers of medical devices. These are items typically used by medical professionals and there is an exemption for things like eye glasses, contact lenses, hearing aids and devices generally purchased by the public for individual use. One viral email by an anonymous author claims that the IRS website says that the tax would apply to items that include sport fishing

equipments, tackleboxes, bows and quivers and gas guzzler automobiles but whoever wrote that email is wrong. Those are the items that were already taxed, not by the health care law and they were in the list of excise taxes in general, they are not subject to any new 2.3% medical device tax and not manufactured. For this week I am Lori Robertson, managing editor of factcheck.org.

Margaret Flinter: Factcheck.org is committed to factual accuracy from the country's major political players and is a project of the Ann Arbor Public Policy Centre at the University of Pennsylvania. If you have a fact that you would like check email us at chcradio.com we'll have factcheck.org Lori Robertson check it out for you here on conversations on health care.

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Margaret Flinter: Each week conversations highlights a bright idea about how to make wellness a part of our communities and to everyday lives. New York City Mayor Michel Bloomberg has been taking a number of hits lately for attempting to ban everything from Styrofoam packaging for takeout food, to large sugary drinks in restaurants and city run facilities. Bloomberg has nonetheless forged to head the sites his interest in not only improving the health of his New York City constituents but in setting an example for other public officials to follow around the country. It's been 10 years since Mayor Bloomberg launched his first controversial ban ending smoking in bars and restaurants throughout the city's five burrows. The proposed smoke free air act was met at the time with a hailstorm of criticism and dire warnings of loss business and tax revenue due to the ban. But at a recent gathering at a vulnerable old New York City Watering Hole the Old Town Bar of Union Square, Bloomberg share facts that borrow quite a different story since the ban went into a fact health officials estimate that 10,000 lives have been saved and reduce smoking rates in a dramatic reduction and exposure to second hand smoke. And the restaurants and bar owner swept, they have apparently seen the light as well. The Mayor was flanked by Old Town's owner Gerard Meagher who was one of the band most vocal opponents at the time. Meagher compared his taverns receipts from before and after the ban and found his business actually increased by 20% turns out once the ban was in place in the perennial blue haze of smoke was gone people began to spend more on the restaurant food. Smoking bans are now come in place across the country, boarding well for the health of those working in bars and restaurants as well as the patrons. A municipal smoking ban that not only improves a health and wellbeing of workers and patrons but it has turn out to be good for the business bottom line as well. Now that's a bright idea.

Margaret Flinter: This is conversations on Health Care I am Margaret Flinter.

Mark Masselli: And I am Mark Masselli, peace and health.

Conversations on Health Care broadcast from the campus of WESU at Wesleyan University stream live at wesufm.org and brought to you by the community health center.