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Mark Masselli: This is Conversations on Health Care, I am Mark Masselli.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margaret the numbers have been rolled, the Americans continue to climb. The administration announced that over eight million Americans have signed up for coverage of this of their insurance exchanges.

Margaret Flinter: And there's another estimate. Mark that about eight million Americans signed up for coverage with private insurers and of these enrollees it's believe that about five-and-a-half million were previously uninsured. A lot of new customers.

Mark Masselli: But there were millions of Americans who are now covered as well under the expand Medicaid program. In 25 states that choose to expand it. However in states like Virginia and Florida there are louder drum beats touting the merits of expanded coverage for those living near poverty. It's becoming a more consistent theme and more red states who refused to consider the Medicure expansion.

Margaret Flinter: We've been predicting that among others the healthcare industry professionals in these States would be exerting pressure on the politicians to tap into the billions of healthcare dollars that are available to treat this uncovered population. That's real money its being left on the table by those States that refused to expand Medicaid. 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's not only a physician, but a life-long activist for health equity as well.

Margaret Flinter: And Dr. Gieger is an inspiration to so many of us who've worked in the field of healthcare 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 Fact Check.Org, she'll dispel another myth about Obama Care.

Margaret Flinter: And no matter what the topic you could hear all of our shows, by going to CHC Radio, and as always if you have comments, please email us at CHC Radio.Com or find us on Facebook or Twitter, 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 out producer, Marianne O'Hare, with this week's Headline News.

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Marianne O'Hare: I am Marianne O'Hare with these Health Care Headlines. Three-and a-half Trillion dollars that the estimated savings that could be had by corporations by the year 2025 according to our Standard and Poor's Investor Report, which looked to the likelihood, most corporation with 50 or more employees will offload those employees onto health insurance exchanges by the year 2020. The affordable care act provides incentive to corporations to subsidize their employees' health insurance purchases. Currently just under 50% of Americans get their health coverage through their employers. Spending at US hospitals could be impacted by proposed Medicare rules seeking more transparency in hospital pricing from Medicare patients. Under the rule payments for in-patient treatment at acute care hospitals were decreased by $241 million in 2015. The American Hospital Associations is suing the Centers for Medicare and Medicaid Services over the policy. Medicare will increase payments to Federally qualified health centers by as much as 32% later this year, while scrapping the fee for service model for one that ones that gives the facilities a bundled rate for each patient on counter. On October 1st, CMS will begin transitioning some 8,900 FQHC's to a new perspective payment system. And don't expect annual lung cancer screenings to be paid for CMS either. They issued a determination not to pay for annual CT Scans. Smoking related lung cancer kills about 130,000 Americans each year. The five-year overall survival rate for lung cancer patients is lows, due in large part to late state diagnosis of the disease. I am Marianne O'Hare, with these healthcare headlines.

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Mark Masselli: We are speaking today with Dr. H. Jack Geiger, the founding member of Physicians for Human Rights and Physicians for Social Responsibility. In the individual acknowledges the Father of the Community Health Centre Movement in the United States. Dr. Geiger is currently Professor of Narratives at the Sophie Davis School of bio-medical education in New York City. He's a member of the National Academy of Sciences in the Institute of Medicine where he received IOM's most prestigious award, the Lion Heart award for outstanding contributions to minority health, and also was awarded the Schweitzer Prize for Humanitarianism. Dr. Geiger welcome to conversations on healthcare.

Jack Geiger: I am glad to be here.

Mark Masselli: You know, Jack, you are known as the Father of the Community Health Centre Movement in this country. A model you proposed in 1965 based on your experience as a young American medical student studying in this sort of new kind of healthcare, which was called community oriented primary care in South Africa. What was that new kind of healthcare that you saw? And how did it influence the proposals you would later make for the development of the first community health centre in America?

Jack Geiger: No, 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 long standing separation between primary care and public health. When I worked at the examining rooms in South Africa. On the walls of every examining room were graphs, histograms of the latest information on the prevalent conditions in that community. Incident rates where infectious disease and the like you could not look at an individual patient without knowing a lot about the population from 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 Mont Bayou in the Mississippi Delta. But I find it kind of remarkable that the fundamental requirement for an organization to be recognized by the Federal government as a community health centre. 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?

Jack Geiger: The first was the idea that the most vulnerable populations in the United States, the people with greatest needs and with the heaviest burden of disease, needed something other than the fragmented primarily hospital centered care. We did a survey at Columbia Point in Boston. For example 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 had asthma, and that was a different clinic, which you had to go to, the next day. So, the first principal was of comprehensiveness, to put everything under one roof, to create a 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 belonged to the population that was being served. There's no other branch of the American healthcare system in which the patients themselves have that kind of voice in the services that they are going to receive.

Mark Masselli: Dr. Geiger you work has been all about population health and about understanding and addressing what is now called social determinants of health. And you are now sort of looking at the affordable care out and it's principle of patient centered medical home. And you said that this is really great news about the healthcare law, is that community health center practitioners no longer will have to carry this weight alone? Tell us how you see Obama Care addressing population health?

Jack Geiger: Well I think Obama Care is the first modest, but enormously important step from moving us from very, very costly, very inefficient distribution and practice of care, away from a free for service emphasis and outcomes of what has become such an outrageously expensive and inefficient system in those respects, we need to dispel the

myth however that underlies banking everything on Obama Care, to the health of the population is determined by the very things you mentioned. The social determinants of health and what you are exposed to what happens to out in the real world whether urban or rural. Your income, your housing, your food. What Obama Care will do is number one; 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 thus bringing somewhere between 30 and 40 million more people with that kind of regular access and providing the patient centered medical home. With an emphasis not on the individual procedure but on the goodness of the outcome. It gives us the opportunity to start addressing the social determinants of health. But we need to understand that unless we create greater equality in the society. No, single healthcare system is by itself going to suffice to produce healthy quality. The evidence is overwhelming that a childhood and poverty leaves almost inevitably to a shorter life, one burdened by chronic illness to lower educational opportunity. 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 isn't going to be able to address that by itself.

Margaret Flinter: Well Dr. Geiger, think we are 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?

Jack Geiger: Most of the prediction for the coming shortage of primary care practitioners, physicians at least, is in the range of high 30,000s or 40,000. Now we know that simultaneously with Obama Care, there will be increased demand. We know from what happened in Massachusetts with greatly expanded insurance coverage. 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 main. And there's very good evidence that declines sharply and steadily over the first seven years of training. There are at least two reasons for that. One is the enormous burden of debt that all medical students start to accumulate, and find and that almost insupportable burden that drives them away from primary care and into procedure based higher income, sub-specialty practices. A second reason is a distorted reimbursement system, and that 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 underserved 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're speaking today with Dr. H. Jack Gieger who is considered a Father of the modern Community Health Center Movement, is a member of the National Academy of Sciences in 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. Tell us about relationship between health poverty? And your thoughts about the social responsibilities for this next generation of medical providers?

Jack Geiger: One has the responsibility as a physician to join or create the organizations that do that kind of work. To have a life that addresses what we know are root causes in justice and in equity 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 was trying to tell the population that nuclear war wouldn't be so bad if you just dug a shelter in your backyard. You would probably be okay. Of the 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 by physicians doing what we call the bombing run. Going to 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'll be created by a one megaton thermo-nuclear blast and it turned out to be a compelling contribution. Physicians for Human Rights formed in 1986, and both of those organizations ended up sharing 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 centre. 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 to rain water in old pesticide 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 people have virtually no income, it was the mean when we arrived was less than $600.00 a year for a family of four. Whenever we saw a child and 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 the bill to the community health centre, which paid for that 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 our funders in Washington got very upset and came down, and said what did I think we were doing. And I said, what was wrong with it? And he said well the pharmacy and health center is for drugs for the treatment of disease. And I said the last time I looked in the book the therapy for mal-nutrition was food. And he went away because there was really no honest answer to that question.

Mark Masselli: That's great.

Jack Geiger: It is that spirit that still informs community health center and has to inform our whole approach to what we do.

Margaret Flinter: Dr. Geiger, I know that you've lost none of your vision, looking to 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 anew. And that was brought home recently when we had the pleasure of interviewing Dr. Rishi Manchanda, whose written a new book, 'The Upstream Doctors', with all the new incredible technology tools at our disposal today. Do you foresee a new era in how we address those social determinants of health? And how do you think this generation of public health, their primary care practitioners will be fighting them?

Jack Geiger: Well, there's a documentary about that First Mississippi Health Centre. It's really very easy to find. All you have to do is Goggle for the words "Out in the Rural". We attracted recruits for physicians and nurses and others that had always wanted the opportunity to do this kind of work among vulnerable populations. And the beautiful Jasper Health Centre they discovered that they were confronting a virtual epidemic of hypertension. And then they discovered that the reason was that people were drinking brackish surface water, their only source of supply, which had a monstrous salt content. So, our major of their work became installing water systems and gave people what most of the rest of the society had, decent clean, safe water. 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 the private sector. That is the housing authorities, the education authorities. 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 other weak community health centre both public and private, in education, housing, employment, job training, environmental protection are the way we have to start going after those problems now. We are adding lawyers to the teams of community health centers, college students through health leads to address that not just palliative efforts, but structural efforts to change the distributions of opportunity in the society.

Mark Masselli: We've 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 this work by going to physiciansforhumanrights.org. Dr. Geiger thank you so much of joining us on conversations on healthcare, and making a difference for all Americans.

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

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Mark Masselli: At conversation on healthcare we want our audience to be truly in the know when it comes to the facts about healthcare reform and policy. Lori Robertson is an award winning journalist and managing editor of Fact Check.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: Well, since 2009 election campaigns have been filled with ads about the affordable care act. Overwhelmingly those ads have attacked the law, and those who

support it. The 2014 mid-term elections could be even more intense. A group that tracks political ad spending, Kantar Media's campaign media analysis group has predicted that this elections advertising would rival several years work of anti-affordable care act spending. One clam we've seen again and again in such ads is that premiums have sky-rocketed under the law, that's misleading. Premiums for those who buy their own private insurance will go up or down. In some cases significantly depending on individual circumstances. Such as health condition, age and what kind of insurance one had before. And most of those purchasing plans through the exchanges will receive federal subsidies to help cover the cost. Most Americans 48% of the population have been employers sponsored insurance where premiums aren't sky-rocketing. In fact the growth of those premiums it has been historically low rates in the past few years. A small increase in work based premiums can be linked to directly the ACA. However, experts told us in 2011 that the law caused a 1% to 3% increase that year due to an increase in required benefits. The law had eliminated pre-existing condition exclusion for children, required free preventive care, and coverage of the dependents on their parents plans up to age 26, and it had increased CAPs on annual coverage. But most of the increase in premiums that year was due to higher medical costs. The usual culprit. And that's my Fact Check for this week. I am Lori Robertson managing editor of Fact Check.Org.

Margaret Flinter: Fact Check.Org is committed to factual accuracy from the countries major political players, and is a project of the Annenburg Public Policy Center at the University of the Pennsylvania. If you have a fact that you'd like checked email us at CHC Radio.Com. We'll have Fact Check.Org's Lori Robertson check it out for you here on conversations on healthcare.

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Margaret Flinter: Each week conversations highlight's a bright idea about how to make wellness a part of our communities and everyday lives. Right now there are about three-and-a-half billion people living in refugee camps around the world. Whether displaced or wars or natural disasters. The plight of these people is often in the same. Living in squalid conditions, intensities that provide little protection from harsh elements. And these conditions pose serious threats to their health and well-being. The IKEA Foundation has taken the parent companies wildly successful Do-IT-Yourself approach to home furnishing and applied it to the problem of inadequate housing for displaced refugees. They have created Do-IT-Yourself dwelling that can be shipped and assembled anywhere.

Jonathan: Yeah, first and foremost there is the very well known flat tack approach to IKEA as pioneered. And secondly the materials and the products itself. So, its shelter it's not a tent.

Margaret Flinter: Jonathan Stampinato is the head of communications and strategic planning at the IKEA Foundation. They are working closely with the United Nations

Organizations working on the ground, trying to assist refugees in Somalia and other parts of the world

Jonathan: We extended that to also include funding for an innovation unit within the UNHCR, so they could think more long-term.

Margaret Flinter: And since on average a person is likely to spend up to 12 years in a refugee camp. These IKEA structures have some unique properties that can make the experience more bearable.

Jonathan: The walls and the roof are made out of a new fancy version of basically a plastic material that is much more durable, but very, very light weight.

Margaret Flinter: And true to IKEA the price point is going to come in under a $1000.00 per structure. A deliverable, affordable Do-It-Yourself dwelling that provide some sense of dignity privacy and protection for families who are struggling as refugees. Now that's bright idea.

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Margaret Flinter: this is conversations on health care. I am Margaret Flinter.

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

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Conversations on Health Care, broadcast from the campus of WESU at Wesleyan University. Streaming live at www.wesufm.org and brought to you by the Community Health Centre.

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