(Music)

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

Margaret Flinter: And I am Margret Flinter.

Mark Masselli: Well Margaret, it's the season of giving, and I am not talking about things you find in the shopping mall. In our line of work we run across so many organizations that are truly doing meaningful work to ease the suffering of folks around the world.

Margaret Flinter: Well I have noticed a trend in recent years, Mark, and it's a really promising one; people giving to a charity in someone's name in lieu of a traditional holiday gift. And whether it's a organization that brings water wells to Africa, building schools and medical clinics in war-torn areas, a small or big donation can make a huge difference in the life of somebody who is suffering.

Mark Masselli: Some of the guests we have had on this past year would fit that bill. We had the CEO of Save The Children on our show, bringing health, shelter, substance and schooling to children living in the frontlines of war around the world. A small donation could provide a goat for a family, or tuition for a school girl for a year. There are so many ways to make a difference through their organization.

Margaret Flinter: Another guest that's really stayed with me is Dr. Deane Marchbein, the Director of the US Chapter of Doctors Without Borders or Medecins Sans Frontieres, who bring health care to some of the bleakest, most beleaguered places in the world. So we thought that we would revisit our conversations with Dr. Marchbein. She is overseeing some incredible delivery of care and compassion in places like Syria, Gaza, Afghanistan, and West Africa, and during this time of year I can't think of a better person to highlight.

Mark Masselli: You are absolutely right. It was a terrific conversation. They are doing the really tough work out there across the globe.

Margaret Flinter: And Lori Robertson, the Managing Editor of FactCheck.Org will look at more false claims spoken about healthy policy in the public domain.

Mark Masselli: And as always, if you have comments, please e-mail us at www.chcradio.com, or find us on Facebook or Twitter; we love hearing from you.

Margaret Flinter: We will get to our interview with Dr. Deane Marchbein of Doctors Without Borders in just a moment.

Mark Masselli: 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 Health Care Headlines. After months of being held in limbo, Congress has finally approved President Obama's nomination for Surgeon General. Dr. Vivek Murthy, a physician at Brigham and Women's Hospital in Boston, and Professor at Harvard School of Medicine, won confirmation in 51/43 vote. He is cofounder of Doctors for America, whose goal is to ensure affordable health care for all Americans. Murthy said his focus will be on reducing obesity, reducing tobacco use and creating healthier communities.

More states facing opposition by GOP opponents of health reform are forging ahead to expand Medicaid in spite of political pressure, governors in Alaska and Tennessee among those moving strategically ahead with efforts to expand Medicaid to include more uninsured residents to gain coverage. And a survey of smaller US businesses shows more are foregoing expensive insurance coverage, taking advantage instead of more comprehensive health plans being made available on the insurance exchanges. Companies with fewer than 50 employees represent about 20 billion Americans in the workforce. These employers are not required under the Health Law to provide coverage, and many have found the deals on the exchanges including tax subsidies for their employees who buy on the exchanges are far better than both they and their employees could afford purchasing private insurance.

E-cigarettes, the new gateway drug. The Centers for Disease Control's most comprehensive survey on E-cigarette use among America's school children shows there has been a dramatic rise in E-cigarette consumption. 70.1% of high school seniors reported smoking E-cigarettes in the past month, and almost 9% of eight graders reported doing so, suggesting E-cigarettes are making smoking seem more normal. There was some good news in the survey though; the abuse of prescription drugs among America's teens is down from a high in 2004 where roughly 9% had tried opioids like Vicodin or Oxycodone. Many of those kids went on to heroin abuse, a cheaper but more deadly route to the narcotic high. The numbers are now below 6%.

I am Marianne O'Hare with these Health Care Headlines.

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Mark Masselli: We are speaking today with Dr. Deane Marchbein, President of the Board of Directors of Doctors Without Borders, winner of the 1999 Nobel Peace Prize, an international organization dedicated to offering health care and medical training in war-torn and impoverished countries around the world. Dr. Marchbein is an anesthesiologist practicing at Mass General Hospital in Boston. She earned her MD at the University of Pittsburgh, and completed residency at

Mass General and the Boston Children's Hospital. She also serves on the board of Fanconi Anemia Research Fund. Dr. Marchbein, welcome to Conversations on Health Care.

Dr. Deane Marchbein: Thank you very much.

Mark Masselli: You know, Doctors Without Borders was formed 40 years ago in 1971 in the context of the crisis in Biafra, and you joined the organization in 2006, taking over leadership of the US Chapter in 2012, and during that time there has been no end to the world conflicts that Doctors Without Borders finds itself in. And I think people know about Doctors Without Borders in the abstract, but what's the core mission of Doctors Without Borders and who are you serving around the world?

Dr. Deane Marchbein: The premise was that we thought there needed to be an organization that could both deliver direct emergency medical care but also speak out about the underlying causes and what we were seeing as we were working in those places. So the primary mission is as I said direct delivery of medical care and emergency aid to people affected by armed conflict, epidemics, malnutrition, natural disaster and also situations where people are excluded from access to health care. And we are currently operating between 60 and 70 countries worldwide. So we have more than 30,000 people who are working for us and about 10% of those are our international staff. And then we work very closely with locally acquired staff in the places where we work, and they really are the backbone of the work that we do. And those people as the international staff are doctors, they are nurses, they are logistics experts, administrators, epidemiologists, laboratory technicians and even mental health workers. There is an important mental health component of most of the projects that we do.

Margaret Flinter: Well Dr. Marchbein we are watching humanitarian and war zone crisis just unfold before our eyes it seems almost everyday. Your members are on the ground in West Africa where the Ebola outbreak has led to hundreds of deaths and seems to be spreading, and I know has affected health care workers on the ground, the ongoing Syrian crisis. So maybe you could share with us a little bit about in these hotspots what are your health care workers experiencing there and how do they grapple with delivering both the emergency medical care but also you are delivering almost some primary care in an emergency environment.

Dr. Deane Marchbein: All of these are really very diverse contexts, and one of the issues in Syria is that Syria had been a country where people had access to a very high level of health care, and obviously the needs and the expectations of the community are very different in a middle income country than they are in Sub-Saharan Africa. So for instance if you decide that you need to do a vaccination campaign, getting access to say the pneumococcal vaccine is $30 a dose versus the pennies to just a few dollars that we would have access to those

supplies in the poor countries. So you are right; our resources are incredibly stretched at this point.

Mark Masselli: Back in 1971 you had 13 physicians, and as you just mentioned, today you employ some 30,000 health professionals and support staff all over the world. So tell us a little bit first of all about the types of people that are coming to you who are offering their services sort of. Is there a screening mechanism that gets used, and then sort of down into the internal workings, the logistics of your field mission teams of doctors and nurses and support staff, how those are structured and how you get them ready for medical missions?

Dr. Deane Marchbein: First of all, it's a global organization so we are recruiting around the world. So for instance if we have a project in the Democratic Republic of Congo, we may identify people in that project who are really strong, capable people, and we may incorporate them into our international pool of volunteers. We require that people have professional experience in the area that they are purporting to go to, so a doctor would already have to be a doctor and have worked in their area of specialty. For things like logistics experts, they also have a test to analyze their ability to solve the kinds of problems that they are going to encounter in the field, but more importantly, how they think about things, their flexibility of mind, their ability to take experiences that they have had in one setting and apply them to another, and then there is training that happens before they go to the field. But honestly the best training that people get is the handover, the one-on-one training in the field. And one of the things about MSF is there is a lot of really grassroots experimentation and working out different problems in the field that then gets reported and incorporated into a broader space and exported to different projects.

Margaret Flinter: Our organization started in 1972 with a great idea and a mission and certainly we are well familiar with all organizations that seek to do good in the world start with a great idea and the challenges of infrastructure catch up with you as you are growing and expanding. So we would be really curious to hear from your perspective what have been the major changes within Doctors Without Borders or Medecins Sans Frontieres MSF. What has really carried through from the beginning?

Dr. Deane Marchbein: When they first started and I look at what the first volunteers did, they literally came with the medical bags that they could carry. And when I think about the sophisticated kind of medical care that I have personally delivered in some of the places, very remote places that we have delivered in, I think about how amazing it is that we have been able to do that, and first and foremost, I think it's our logistics. So I got a phone call a few hours after the earthquake in Haiti, and at the same time that I was dispatched from Boston to Port-au-Prince, a plane left our logistics center in (inaudible 11:23), and on it, it had an inflatable hospital with everything that you could possibly imagine that would be needed for a hospital. So there is this great thought

process that went into if I have a cholera epidemic what do I need to treat cholera for 10,000, if I have a surgical emergency what kind of hospital do I need. And so all of that has been carefully thought out, and when I go to the field all I take is myself and know that there is systemization of the material that I will find there of the pharmaceuticals, and that allows me to really hit the ground running. It's delivering medical care to the people most in need, and that is core to our DNA

Mark Masselli: We are speaking today with Dr. Deane Marchbein, President of the Board of Directors of Doctors Without Borders USA, international organization dedicated to offering health care and medical training in war-torn and impoverished countries around the world. You talked about hitting the ground, and when you hit the ground, most often you are running into women and children who have suffered the most and so you are dealing with lot of maternal and child health issues. You have got the logistics and the technology there, but I am certainly interested in the cultural competency that comes in. How well-equipped are you in that sort of cultural context to deliver care?

Dr. Deane Marchbein: Actually I think the cultural component and competency is super important. There is always a cultural briefing. The perfect example of how important that cultural sensitivity is was Afghanistan, Afghanistan basically in a state of war and conflict for the last 25 or 30 years with some of the world's highest maternal mortality figures. And so MSF decided that we really needed to be working in Afghanistan, and one of the places that we opted to work is a town called Khost, which is on the border with Afghanistan. And so the team that was investigating what kind of mission we should do, sat down with the community, sat down with men, sat down with women in the community to let them decide and inform us about what their most pressing health needs were, and it was the community that said we really need help with maternal health, because the levels of maternal mortality are just unacceptable.

And so we opted to open a maternal hospital, and more than that we decided to make ourselves really valuable to the community. We would staff it entirely with female staff so every single job in the hospital. So there were international staff that came, and each of the international staff's job was to train local people to do their jobs. Midwives needed to be trained; obstetricians needed to be trained; the interpreters needed to be hired; the guards who would check every person entering the hospital for weapon needed to be women and they needed to be trained. And during the time that we have been there, which I think is almost two years now, there has not been a single death of a mother who arrived at our hospital not already practically dead. And in a community where women have children on average one every 15 to 24 months, when you are doing 12,000 to 15,000 deliveries a year, it doesn't take very long before you have had a major impact on the community.

Margaret Flinter: Well that's a profound example, and kind of directly segues into what I wanted to ask you about which is really population health, which we

certainly are talking a lot about in the United States under health reform, but certainly population health takes on a whole new meaning in the areas where you are working. And I know that you have had some such as your Campaign for Essential Medicines and nutrition programs in Sub-Saharan Africa and elsewhere. Maybe tell us what you have learned about successful population health management in some of these targeted zones, and maybe you can share some success stories about both what your organization and the other NGOs and entities that are working to achieve the goals of the UN Millennium Project are learning from this experience.

Dr. Deane Marchbein: So the Access Campaign is a campaign that we developed using the proceeds from the 1999 Nobel Peace Prize, and the reason that we decided that we needed a campaign to assure access to essential medications was because we found that in the field we did not have access to the kinds of medicines that we needed, were either too expensive or they were simple not geared toward the needs of the populations that we were addressing. And that's pretty typical of medical research which is geared towards the drugs and the diagnostic tests that are being developed on the basis of their future market potential rather than the needs of particularly people who live in poor countries. So that was really the basis for the Access Campaign.

Our goals are a little bit different from the Millennium goals. The Millennium goals are basically to increase human well-being over a period of time through economic and social development, and MSF is an emergency organization so it's not really the same platform but some of our work can and does contribute to global strategies. So one of the global goals is reducing childhood mortality, and one of the projects that we have implemented is seasonal malaria chemoprophylaxis. And so you go to a place that has seasonal malaria where there is a very high mortality deaths especially in children under 5 years old, and these are children often with co-morbidity that includes malnutrition and anemia, and in addition to taking the usual preventive measures to prevent mosquito bites, you treat them with medicines during that period of time. And while seasonal malaria chemoprophylaxis is not a cure, in conjunction with other methods to prevent malaria it's been a huge success.

So we started it first in Niger, and it's now being trialed in a number of other places, and the results have been so exciting that recently UNITAID announced a $67.4 million grant to the Malaria Consortium to implement seasonal malaria prophylaxis in places like Burkina Faso and Chad and Guinea, Mali, Niger, Nigeria and Gambia. And according to UNITAID, so this is UNITAID's information, not ours, they are expecting that this will provide 30 million treatments every year, and this will protect 7.5 million children, and it's estimated that this will prevent 50,000 deaths. So this is an area where essentially the Access Campaign, the Millennium Project and the goals found an area of corresponding interest and work.

Mark Masselli: We have been speaking today with Dr. Deane Marchbein, President of the Board of Directors of Doctors Without Borders USA, known internationally as Medecins Sans Frontieres, an international organization dedicated to offering health care and medical training in war-torn and impoverished countries around the world. You can learn more about their work by going to www.doctorswithoutborders.org. Dr. Marchbein, thank you so much for joining us on Conversations on Health Care.

Dr. Deane Marchbein: Thank you very much.

(Music)

Mark Masselli: At Conversations on Health Care, we want our audience to be truly in the know when it comes to the facts about health care reform and policy. 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 U.S. politics. Lori, what have you got for us this week?

Lori Robertson: Well, the Urban Institute is out with a new report that looks at how the Affordable Care Act has affected the number of uninsured. Its survey data showed that the number of uninsured adults dropped by 8 million between September and June. The percentage of uninsured in the United States was an estimated 13.9% in June compared with 17.9% in September. The drop in the percentage of uninsured was more pronounced in states that expanded Medicaid under the ACA. In those states, the rate of uninsured was 10.1% in June, a 6% point drop from September.

Meanwhile, the states that haven't expanded Medicaid, there are currently 24 of them, have an uninsured rate of 18.3%, down slightly from a 20% rate in September. These are of course only estimates from a survey, taken a few months after the first open enrolment period under the Health Care Law. The data don't include a breakdown of these sources of insurance for the previously uninsured. They do however show that insurance gains overwhelmingly occurred in families whose incomes were below 400% of the federal poverty level. That's $95,400 for a family of four this year, making those families eligible for subsidies on the insurance marketplaces or Medicaid coverage. The survey, which has been taken quarterly since 2013, is funded by the Robert Wood Johnson Foundation, the Ford Foundation and the Urban Institute. And that's my fact check 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 Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you would like

checked, e-mail us at www.chcradio.com. We will have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

(Music)

Margaret Flinter: Each week, Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. As the saying goes, music soothes the savage beast. And according to a recent study conducted by Queen's University in Belfast, Ireland, there is some empirical data to back that up. In a first of a kind longitudinal study, children suffering from a variety of behavioral and emotional conditions were exposed to music therapy in addition to traditional therapies had far better outcomes than those children in a control group that offered traditional therapy without music therapy.

Dr. Sam Porter: Basically it's about treating children with emotional and behavioral problems with music therapy in addition to normal psychiatric care. It's not a matter of them being given music or choosing music; they actually make music along with the music therapist assisting them. So the idea is for them to express themselves through music.

Margaret Flinter: Lead researcher Dr. Sam Porter said there has been anecdotal evidence that music improves mood in children and adolescents as well as adults, but his study revealed just how effective the music therapy was.

Dr. Sam Porter: Our primary outcome was an improvement in communication. Now there were two very interesting secondary outcomes on levels of depression and levels of self-esteem, and in the secondary outcomes we find a statistically significant difference between the control group and the intervention group.

Margaret Flinter: Dr. Porter says in the group given musical therapy it showed overtime more interaction with their surroundings and a better response to the traditional therapies as well, and he says the effects were sustained overtime.

Dr. Sam Porter: I mean that's one of the marvelous things about music therapy is the thing that (inaudible 23:49). There are no side effects; it is not a dangerous therapy to get kids involved in. It is a productive way of getting kids to improve their health. That is just such a good way and a harmless way of doing things so it's really satisfying to know there is also an effective way of doing it.

Margaret Flinter: The study was conducted in conjunction with the Northern Ireland Music Therapy Trust, which sees the promising findings as an incentive to incorporate this relatively low cost non-invasive therapy into standard protocols as an additional tool to enhance outcomes for the youth population which often suffers negative side effects from powerful medications. A simple targeted musical therapy approach, age appropriate and showing great efficacy in

improving outcomes for young patients with minimal side effects and lasting benefits, now that's a bright idea.

(Music)

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, streaming live at www.wesufm.org and brought to you by the Community Health Center.