

Joe Sestak

[Music]

Female: Welcome to Conversations on Health Care with Mark Masselli and Margaret Flinter, a show where we speak to the top thought leaders in health innovation, health policy, care delivery, and the great minds who are shaping the healthcare of the future. This week, Mark and Margaret speak with Admiral Joe Sestak, 31-year veteran of the U.S. Navy and Former Congressman from Pennsylvania, as well as Candidate for the Democratic Nomination for President, talks about the lessons learned from leading the military into battle the work of national security roles he played in both Democratic and Republican administrations and his quest to expand VA like healthcare systems across the country to increase access for all Americans. Lori Robertson also checks in, the Managing Editor of FactCheck.org, looks at misstatements spoken about health policy in the public domain, separating the fake from the facts.

We end with a bright idea that's improving health and well-being in everyday lives. If you have comments, please e-mail us at chcradio@chc1.com or find us on Facebook, Twitter, or wherever you listen to podcasts. You can also hear us by asking Alexa to play the program Conversations on Health Care. Now, stay tuned for our interview with Democratic Presidential Candidate, Admiral Joe Sestak, on Conversations on Health Care.

Mark Masselli: We're speaking today with the Retired Three-Star Navy Admiral Joe Sestak, a Candidate for the Democratic Presidential nomination. He represented Pennsylvania's Seventh Congressional District from 2007 to 2011 in the U.S. House of Representatives. Admiral Sestak served as Director of Defense Policy at the Office of National Security under President Clinton, and served in the U.S. Navy for 31 years. Thank you for your service. He is a graduate of the U.S. Naval Academy, earned his Master's in Public Administration and his PhD in Political Economy from the John F. Kennedy School of Government at Harvard University. Admiral Sestak, welcome to Conversations on Health Care.

Joe Sestak: Mark, it's good to be with you and with Margaret and, please, it's Joe.

Mark Masselli: Joe, that's correct, Admiral Joe, if you don't mind, I think that's how people on the trail refer you to and you came into the process late, you had reasons, of course, your teenage daughter was recently treated for brain cancer for a second time. You say that really shaped your experience as you thought about engaging in politics. I'm wondering the factors that drove you to enter the race and your thoughts on the American healthcare system as well.

Joe Sestak: Right, got married late in life and come back from the war and my daughter was four years old and had brain cancer. After the first operation at Walter Reed Military Hospital, the doctors took us aside

and said we couldn't get a total resection and they said, we think it's Glioblastoma. That probably means only about 90 days, and but because of the military health care system, we were able to take her elsewhere. From children's to Mass General to one of the two proton beam therapy machines at the time, all of a sudden I truly understood the national security begins at home in health security. I changed from being an Independent to being an Independent who happens to be a Democrat. I ran in nearly two to one Republican district on one refrain. National security begins at home in health security.

I've taken in 2005; the soon-to-be-called Romneycare, Massachusetts Health Care Plan and I ran on that. I knew everybody needed accessible, affordable health care to do the same thing I had and we passed the Affordable Care Act. When my daughter's brain cancer came back last year, however, I wasn't planning getting in this presidential race. We were taken aback. Only 8% percent of children ever survived Glioblastoma. She was into the end zone and all of a sudden, there it was. We went through it all again and after we had the proton beam therapy then the surgery, she couldn't go through the same chemotherapy. They had one of these new drugs. It has only been approved by the FDA called Metastatic breast cancer, but it had the same element, same chromosome, so to speak, that's up in her brain. But FDA hadn't approved it for that and so we were denied.

We eventually appealed and wanted, and I took two lessons from this. It was chromosome cancer or a gene cancer, and yet government hadn't caught up with that. Government needs a better type of relationship with the health care community. Number two, is I began to wonder if the middleman was really necessary where, why did I need someone who wasn't even a medical doctor to be saying what could or could not be? I got into this race for different purpose obviously than health care to try to unite our country and help to convene the world again with someone who understands global affairs, but I'm so still driven by national security begins at home and how those lessons I just learned the second time around, moved me towards a different approach to health care for all universal health care.

Margaret Flinter: Well, Admiral, I think it's fair to say that you're somebody who walks the walk and I read that during your political career in Pennsylvania, you are known to have walked across the entire state. That's a pretty big state --

Joe Sestak: 122 miles.

Margaret Flinter: -- in an effort to truly connect with voters in your state, which has so many very diverse regions and you want a decisive victory there. I understand you've walked across New Hampshire; but I imagine you have a lot of stories about what you've learned from these

Joe Sestak

experiences and what are you learning from the walking towards this time?

Joe Sestak: Well, the very first event I did was actually across the U.S. Navy Seabees Bridge, which connects Vermont with New Hampshire.

Margaret Flinter: That's right.

Joe Sestak: I wanted to go before I started the official walk into what's called Brattleboro Retreat, which takes care of 5,000 individuals who have challenges in mental health. Once again, it struck me. The biggest disease we have in America is mental health. We have less psychiatric beds today than we did in 1850s. In fact, the largest psychiatric hospital is Rikers Prison, and I voted for this Mental Health and Addiction Equity Parity Act, but we aren't enforcing it. As I walked, I met with social workers or others who work in this area, and I would always go into prison on Veterans Day to visit my fellow veterans. Again, there's so much lost assets and this prison was the most progressive prison I've met, where the superintendent had said, you can't control as we're taught as corrections officer to control human nature. You can manage it with incentives and disincentives.

When you're brought in, if you behave and you sit down, no handcuffs or anything, nobody sitting around you and you get up and sign in and wait for somebody behind the desk to call you forward for check in, or you do not behave and you're thrown into a small little slammer right there. He begins to treat with respects or [inaudible 00:06:47]. With that type of approach, the reentry and recidivism programs are so much better and I saw wonderful people. I call them heroes, from small business women trying to start up a brewery to stop by a gun show, because I wanted to say that I respect the Second Amendment Right, the who decision said, but I didn't want assault weapons stands there. All those experiences I treasure from having walked across New Hampshire.

Mark Masselli: We've had the opportunity to talk with some of your fellow candidates around health reform and we have different camps. Some folks are embracing Medicare for All, but you say that there's a better approach focusing in on the Affordable Care Act as well as creating a public option. I wonder if you could tell us what sets your health strategy apart.

Joe Sestak: In fact, I think, it's a worthy goal, Medicare for All, but in the military you learn, piss poor planning gets piss poor execution. After you've had a government that decades ago could beat in four years, Japan and Germany, but yet that same government was unable recently to roll out a health care website. You want to pause for a moment and say what is the best approach to achieve it gaining the trust of Americans?

What I want to do is, as president is very immediately fix the Affordable Care Act with all those horrible executive orders that had been issued and had taken away what made it work. Very fine engineering model that did give coverage not only to so many, but it also began to cut down upon the cost to our economy. As you well know, according to Institute of Medicine, because the younger and uninsured, we lose somewhere between 100 and \$140 billion a year. I tell everybody Obamacare was actually passed as one of the first or second piece of legislation in 1789 with our first Congress. They mandated that all the sailors had to have health care and actually had to pay for part of it. They didn't want scurvy at sea to destroy the one solid economy's keel ships that were going to bring raw material from America to England to be turned back into finished products. As I tell the Tea Party Patriots, your forefathers, the Tea Party has actually established Obamacare --

Margaret Flinter: I'm sure that goes overwhelming.

Joe Sestak: It's not just for the individual; it's for the common good of America. We don't lose that 100 to \$140 billion in our economies to go to the emergency room sicker and lose more days. Then as I voted for in Congress, you want to have a public option, but we need to make sure it works, because 255 million Americans have some sort of private health care. What we need to do is have it be a transition of choice initially, to where if it does provide better access, better care at lower costs, to where you're --of miss paying directly to a private hospital, a for-profit hospital like Johns Hopkins or Mass General, more and more people will jump into it as it proves itself. Then after four to six to eight years or so you can start saying it's working. We begin to get an idea of what the cost is, but we need to test it out, then you can move towards that Medicare for All.

People still want to select private health care code, but more important than that is what about the world economy and my speech here to the Polk County Democrats, they said, "You know, you're going to be losing 20% of your hospitals in rural counties over the next few years." In fact, the same percentages in New Hampshire, where they're going to lose five of their remaining 70, so what happened with all these rural hospitals all their for-profit, no-for-profit is possibly is ever going to go back to the rural county is what I believe the second track should be one towards the VHA, the Veterans Administration Hospitals, which The New England Journal of Medicine despite the bad news you see at times were a public institution as compared to like Mayo Clinic.

You find New England Journal of Medicine has rated it equal to or better than any private or public healthcare provider in America in 11 major industry. Therefore, you should have another track with an

Joe Sestak

option that smooth itself towards this government hospital, government doctors to see if that's what can survive in the rural hospital. Here in the rural counties as they lost their hospitals, they pay like \$8 premium each month to have a medevac commitment, helicopter for an emergency, but they still get stuck with a \$36,000 bill. We need to step back in my party and say, "Wait a moment, one size doesn't fit all." You know, my party needs to make sure we don't forget those in the rural.

Margaret Flinter: Well, Admiral, looking back on your career you've certainly been engaged in passing some of the most significant legislation, the Affordable Care Act that we talked about already, and you also mentioned the Mental Health Parity Act. But there's another act that maybe doesn't get talked about as much now, but was really very instrumental, the American Recovery and Reinvestment Act in its support for practices moving large scale, from paper to electronics. But it's been costly in some of the burdens that have placed on providers and health care systems that weren't there before. I'm sure you're also hearing that this is also a big concern for people within health care around the cost and the burden of the technology. Why don't you share with us your thoughts on that transition and where we are in the country?

Joe Sestak: I was a large proponent of the electronic medical records. In fact, I had to go to the VA, now this was back like in 2005 time period. As you know the VA was the first to do electronic records.

Margaret Flinter: That's right.

Joe Sestak: I sat there in the doctor's office, he was doing one check up on me and all of a sudden someone calls me, said just a moment -- yep, tell I just put in the medical order or something and I was -- back then that was like getting your first Xerox machine on a -- in the early 70s. But I have heard whether it was from the New Hampshire Medical Society or whether as I met with doctors out here in Iowa, exactly what you said. What has happened is this has become almost more overly done because of billing issues, getting the right codes or the right payments are made vis-à-vis the insurance companies. Where the original purpose of this, "hey, everything's there is quick slips, you can see the past history, to see all the past results and everything and there it is." But if it's become overly burdensome, and everyone says it has because of that, we need to streamline this. This could actually be part of the benefit of eventually getting to Medicare for All. We don't have that insurance company that is worried about profit and payments. That's the central complaint I've heard about this system, and part of it just might have to be to make sure this Medicare for All system works, because it's burdensome, and every doctor said that.

Mark Masselli: We're speaking today with Retired Three-Star Navy Admiral Joe

Joe Sestak

Sestak, a Candidate for the Democratic Presidential nomination, Former Director of Defense Policy at the Office of National Security under President Clinton. He also represented Pennsylvania Seventh Congressional District in the U.S. House of Representatives. Well, Admiral, it's probably easier to navigate the democratic landmines than it was navigating the battles that you as a commander of the aircraft carrier battle group during Afghanistan?

Joe Sestak: Don't be so certain about that.

Mark Masselli: Well, I'm not sure. I was going to ask if there are some similarities. But you also were somebody who made waves during your time in the Bush Administration, recommending a larger share of the military budget be diverted towards enhancing cybersecurity and really sort of thinking about the 21st Century technology. Talk to us about your sort of plan for how we strengthened and hardened our important data that we're trying to protect.

Joe Sestak: I have been in this area ever since 1995, where I was handed a folder by my boss National Security Council and said, "You're the one who's going to set up the portfolio on protecting critical infrastructure, damn from being hit by cyber attacks." This is 1995 or other types of facilities that we rely upon, Wall Street being taken down and our health records, all of a sudden the best of them and/or the damage done to them. In fact, as you mentioned, I carried it forward to the Navy and as a Three-Star Admiral I said, "We don't need 375 ships. We're still measuring ourselves unfortunately in this modern era on how many pieces of units we have. It's the broadband capability that shows you how good you can be."

In the military, I advocated that let's go to about 260 ships, we can go from about 12 carriers to 9 and I war game this with about 120 staff with using computers for all this and say, "Look, if you're able to do a strike, like we did into the centrifuges of Iran, take down their centrifuges where they could use them, wow, how less expensive and how much more effective that is and trying to drop thousands of potentially bombs to get through 300 feet of rock to destroy that facility." That's the change we need. In fact, that plan met with a great opposition not just from the military industrial complex, because President Eisenhower said, "It's really a congressional military industrial complex." As one senator said, when he met me and I was running for Congress, he said, "Joe, I remember you, you're the admiral that wanted to cut my submarine fleet." But the man who work for me is now in charge of the Pacific and has actually said, "America is the first loss of command of the seas by the U.S. Navy since World War II, China has it now, and we need more cyberspace."

With regard to our records, this is an immense issue. In particular, as the 5G network has being developed. As you know, you've seen in the

newspaper about Huawei and others like President Trump and what's going on here. But the truth of the matter is this 5G network wireless will revolutionize economy and warfare by different mean. China to its Belt and Road Initiative has already had 70 countries that take its predatory loans, it enforces them to buy digital road, which is you will buy our 5G network. Whoever build the 5G network will own it, and only three companies do.

You put that piece there everything that you say, the wireless will go through this piece of equipment and you don't have to hack anymore. If you have a medical meeting, if artificial intelligence development for medicine, if electronic records are passed via wireless, they will see everything. All they have to do is download it off their server and they can go down and take down any critical structure that's connected to wireless without having to fight through it. This is probably, except for climate change, the greatest threat to America's dream today. Yet, we aren't doing anything about it from our side.

There's only two things we need to do is remember much like President Eisenhower said, "We need a road system." Or President Lincoln said, "We need an intercontinental railroad." Wall Street wasn't going to build it, it was too expensive and so he finished it up. We need someone who understand this new infrastructure. The 5G network needs a public private venture to be done with it. Then second, we need to do what America's greatest strength is, to convene the world of allies and friends in a rules-based world order that stands together and says this is fairness and justice of how this equipment will be used or not used. Everything that will be in that medical record as it's passed on wireless will be copied and done with. Never mind the kind of warfare that can be done by taking down Wall Street, just because the 5G network has to be connected by Huawei.

Second, we have to keep in mind, anything that doesn't go over wireless goes to underground cables. Huawei and other Chinese companies have now laid about a third of them 98% of intercontinental communication goes by undersea cable way. This critical infrastructure, this cyberspace, it is actually giving China all the commercial intelligence it needs at no cost and all the military capability it needs in order to -- at heigh intentions to damage. It's what it's doing to its rigorous citizens today. If you go to my website you can see how they've all been incarcerated not just physically, but by digital incarceration wherever they walk, they have a government phone and their faces are copied on street lights, etc. Sounds daunting, but that is really cyberspace the new domain of warfare and why another aircraft carrier isn't worth its cost when you can have this whole capability to either use or protect yourself from.

Margaret Flinter: We've been speaking today with Retired Three-Star Navy Admiral Joe

Joe Sestak

Sestak, a candidate for the Democratic Presidential nomination. You can learn more about his very distinguished military career and his contributions to political life by going to joesestak.com, or follow him on Twitter @JoeSestak. Admiral, thank you so much for your service, for your dedication to this country, for your insights and for joining us on Conversations on Health Care today.

Joe Sestak: Thank you Margaret and Mark for having me aboard. It was a real pleasure.

[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: A popular Instagram post falsely claims that more than 1,100 people died from reactions to the flu shot in 2018 and suggest that the immunization gave some children polio. The flu vaccine cannot give anyone polio and there is no evidence to support the 1,100 figure. Flu shot is the single best way to protect against seasonal influenza, a viral disease that in some years kills tens of thousands of Americans. Flu shots have a good safety record. As the Centers for Disease Control and Prevention explained, the most likely side effects are mild and include soreness or redness at the injection site, headache, fever and nausea. A more concerning side effect is a serious allergic reaction, which could lead to anaphylaxis, but an analysis of CDC data identified just 33 instances of vaccine triggered anaphylaxis after more than 25 million vaccine doses. Of those cases, only one person was hospitalized and no one died.

The Instagram posts claim that 1,100 people died from the flu vaccine in a single year has no basis. Published studies rarely, if ever observed deaths plausibly tied to the flu vaccine. The post second claim that the flu shot may give children polio is also false. Polio is a potentially deadly and highly infectious disease caused by the polio virus. Flu vaccine has nothing to do with polio and does not contain any polio virus. Since 1979 no cases of polio have originated in the United States and that's my fact check for this week. I'm Lori Robertson, Managing Editor of FactCheck.org.

[Music]

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'd

Joe Sestak

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

[Music]

Mark Masselli: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. In the emergency room, clinicians are confronted with a myriad of unpredictable medical crisis that sometimes can be challenging to diagnose.

Dr. Josh Landy: This is really hard, especially if you're in a busy tertiary care hospital and you're there and it's 4:00 in the morning and there's almost nobody else to talk to, unless you have a specific question to wake somebody up to ask them. That's the existential dread of medicine.

Mark Masselli: ICU Physician Dr. Josh Landy was noticing a growing trend of image sharing via smartphones to Crowdfunder second opinions from friends and colleagues across the country. He created figure one a sort of Instagram for doctors in which images can be de-identified, but shared across a dedicated social media platform that would allow input from clinicians within their network.

Dr. Josh Landy: What the network does is it lets you take a picture of a case and submit it for conversation for learning, for teaching and for any other reason why you might need to take a picture of a case.

Mark Masselli: Doctors are using the app to communicate not only with colleagues within their hospital settings, but around the world where someone might have superior expertise with a certain condition.

Dr. Josh Landy: A nurse in Haiti put up a picture of a little baby. When this baby was born with an unusual skin condition, she didn't know what it was and if it was safe to let the baby leave. She put up a picture and within a few hours 16,000 people logged hundreds of responses. What that means is we can change what is the traditional way of a patient accessing medical care.

Mark Masselli: A free downloadable app offering secure HIPAA compliant image sharing among clinicians around the world, tapping the collective expert instantly. Now that is a bright idea.

[Music]

Mark Masselli: You've been listening to Conversations on Health Care. I'm Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Peace and health.

Joe Sestak

Female:

Conversations on Health Care is recorded at WESU at Wesleyan University, streaming live at chcradio.com, iTunes, or wherever you listen to podcasts. If you have comments, please e-mail us at chcradio@chc1.com or find us on Facebook or Twitter. We love hearing from you. This show is brought to you by the Community Health Center.