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Marianne O'Hare: 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 health care of the future. This week Mark and Margaret speak with Pulitzer Prize winning journalist and authors, husband and wife team Nicholas Kristof and Sheryl WuDunn, co-authors of the critically acclaimed "Half the Sky" and their latest book "Tightrope: Americans Reaching for Hope" an unflinching look at the causes of the spike in so called deaths of despair and the declining life expectancy in America.

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 wellbeing in everyday lives. If you have comments, please email us at [chcradio@chc1.com](mailto:chcradio@chc1.com) or find us on Facebook or Twitter, or wherever you listen to podcast. You can also ask Alexa to play the program Conversations on Health Care. Now stay tuned for our interview with New York Times columnist Nicholas Kristof and writer Sheryl WuDunn here on Conversations on Health Care.

Mark Masselli: We're speaking today with New York Times Columnist Nicholas Kristof and Journalist and Author Sheryl WuDunn, the Pulitzer Prize winning husband and wife writing team and co-authors of several award winning bestsellers including Half the Sky, A Path Appears, and the most recent release Tightrope: Americans Reaching for Hope, deep dive into America's epidemic of so called deaths of despair. Sheryl and Nicholas, welcome to Conversations on Health Care.

Nicholas Kristof: Thank you.

Sheryl WuDunn: We're delighted to be here. Thank you.

Mark Masselli: Yeah, you know, this book Tightrope: Americans Reaching for Hope really takes us on this just incredible journey across America, but it starts in the small town where Nick grew up in Yamhill, Oregon. A rural town, maybe about 1000 people and you really frame this story through the lives of the kids who you rode the school bus with every day. Roughly a quarter of them have since died due to deaths of despair. This book is very personal to both of you, and I'm wondering if you could talk to our listeners about its genesis, and the scope of the problem you were seeking to illuminate in Tightrope.

Nicholas Kristof: Well, Sheryl and I would be traveling around the world, covering various global issues and then we periodically go back to this beloved hometown of mine Yamhill where my mom is still on the family farm.

We saw a humanitarian crisis unfolding right there. The five kids who got on the school bus right after me each morning were the five nap kids Farlan [PH] who was my grade, Zealand [PH], Nathan, Kelan [PH], and their sister Regina, and they were smart, talented, optimistic kids. Then Farlan died of liver failure after he was fired and then went into a downward spiral, abusing drugs and alcohol. His brother Zealand died in a house fire while he was passed out drunk. Nathan blew himself up cooking meth, Regina died of hepatitis. The only survivor is Kelan, the youngest and he survived because he was spending 13 years in the state penitentiary. It's just heartbreaking to see that unfold, and in some ways, they were outliers, but there was another family on the bus also with five kids and four of those five are also gone.

Margaret Flinter: Well, I was thinking if you were novelists, and you wrote this, we would think you reached too far too extreme --

Nicholas Kristof: That's right.

Margaret Flinter: -- and yet, it's very real. These were people who were resilient and rambunctious, I think as you point out, but smart and full of promise and yet they could not overcome what we think of is the adverse childhood events or ACEs as we've started to call them in almost a clinical context. We would welcome you talk a little bit about the research that you've conducted around the impact of adverse childhood events, and these so many other people in our country who are suffering as a result.

Sheryl WuDunn: ACEs are really critical to us understanding how people end up growing up in a troubled way. For instance, if you take the example of Farlan, so, Nick and Farlan were in the same class, they enjoyed the same kinds of things at high school. But Farlan, as we write in *Tightrope*, grew up in a very abusive household. His father was very violent, and also used to, not only beat the children, beat his wife, he would sometimes literally shoot at her with his guns, and she would have to run outside to hide in the dark because she was just too petrified to come back in lest he shoot her again. You can imagine kids growing up in that kind of environment. They're surrounded by adverse childhood experiences.

We know that if you actually can work with kids when they're young and they have had some ACEs, then we do have remedies. We have ways of using counseling and all sorts of behavioral therapies to address their situations. Most of us have an ACE or two in our childhood, but when they start to pile up four or five or six of them, that's where it really starts to affect not only the development of the child rearing, but later on they have determined that a lot of these ACEs also have an impact on your physical health. For instance, later on, you're much more likely to have heart disease, type of chronic of

diseases like diabetes. I mean of course that's a terrible cost for the individual, but it's also a cost of growing constitute society because cost on the health care system at large.

Mark Masselli: Yet as you think about those four or five ACEs that you were talking about adding up, it really sort of make clearer why we have these deaths of despair and you note in your book that there were 68,000 people per year who have died from drug overdose. 80,000 from alcohol abuse, 47,000 from suicides. Yet you noted the contrast that much of affluent America is simply shrugging this off paying little attention to this disintegration of entire communities across the country. I'm wondering talk a little bit about the disintegration, the economics and politics behind the trend and how corporations as well as our government policies have really failed to help reverse this American tragedy?

Nicholas Kristof: One of the reasons for this crisis for this great social depression was the loss of a good working class jobs in places like Yamhill and similar places around the country. But that also raised the question of why did the Great Depression not lead to a similar en route. In fact, life expectancy rose quite strongly during the Great Depression whereas now it's tumbling. We think that the answer is that in the 1930s, there were still a lot of institutions, strong families that buffered the pressures of lost jobs. Then gradually over the decades, these had diminished and decline and provided much less of a buffer for most people. Also, historically, there have been alcoholism -- alcohol, you can argue, actually increased social capital to some degree, while drugs just destroyed social capital. When Yamhill, for example, really the only institution, local institution that was completely protective of its members was the Mormon Church.

Margaret Flinter: Interesting.

Nicholas Kristof: The only national institution that really provided a clear escalator out was the military. They had a pathway out.

Margaret Flinter: Yeah. I have to note I've been doing a deep dive into some of the early research on ACEs and these adverse childhood events have a profound effect on individuals who are not necessarily at the absolute bottom of the socioeconomic line. But then we imagine how much worse it is in the absence of jobs. You make some interesting comparisons in Tighrope between the American experience and that of other countries and use the example about the GM plant closing in Detroit, also affecting thousands of workers on the Canadian side of the border, and yet those workers fare so much better. Tell us how you think that Canadians continued access to health care and social services really made a difference from the Americans who'd lost their jobs living just a few miles away.

Sheryl WuDunn: After the financial crisis, the US, these workers got laid off, they lost their job, and they also lost their health care because the health care came with the job. But the lack of health care was an added stressor on the family in addition to the loss of job and an income. Over in Canada, in Windsor, these people they lost their jobs, but because Canada has universal health care, they did not lose their health care so that just removed a huge stressor on the family. In addition, the government intervened, the local government looked around the area to find out where were the demands for different types of job opportunities and they discovered that it was in nursing. They quickly arranged for some nursing programs, retraining programs to take some of these auto workers to go into the nursing field. As a result, these people were integrated back into the daily workforce on a much quicker pace than in the US. Also years later, they're not entangled in self-medication, in loneliness, in depression, that we so observed here in the US.

Mark Masselli: We're standing today with New York Times Columnist Nicholas Kristof and Journalist and Author Sheryl WuDunn, the Pulitzer Prize winning husband and wife writing team and co-authors of *Half the Sky* and their most recent release *Tightrope: Americans Reaching for Hope*. Nick and Sheryl, I thought you really did a great service to the country of walking through this history of America's current addiction nightmare starting back in the 1990s, when the pharmaceutical industries was looking for this blockbuster drug to market address pain and which had been designated as the fifth vital sign. Yet, you note that no pharmaceutical executives faced criminal sanctions for their really nefarious marketing campaigns for drugs like Oxycontin and others. But then you tell this incredible heartfelt story about Geneva Cooley, and what happened to her. I'm wondering if you could just share that story really about the broader impact of the war on drugs which has led to mass incarceration of key populations that have been devastating.

Nicholas Kristof: Yeah. There is actually one update. Now the first pharma executive has [crosstalk] but in contrast, Geneva Cooley, this woman who'd wrestled with addiction all her life had had deeply traumatic past and self-medicated, and then paid for her addiction by transporting drugs was caught in Alabama, African-American woman and sentenced to 999 years in prison with a completely non-violent history. Geneva should not have been transporting drugs. But he was responsible for the tiniest fraction of the addiction and the heartbreak that groups like Purdue Pharma were responsible for. I think if you look back at the origins of America's disproportionate problem with drugs, it's partly that we double down on the law enforcement toolbox to deal with addiction while some other countries like Portugal, most notably, focused on the public health toolbox. Portugal now the number of heroin users is fallen by two thirds and it has -- [Crosstalk]

Nicholas Kristof and Sheryl WuDunn

Sheryl WuDunn: That's very impressive, yeah.

Nicholas Kristof: -- and the lowest drug fatality rate in Western Europe while we lose at this rate 67,000 Americans a year from overdoses. The other thing was indeed that pharma companies behaved, just extraordinarily irresponsible in trying to concoct new big selling drugs and marketed opioids to deal with backache, arthritis, and created institutions like the American Pain Institute to tell doctors that they were under treating pain. The pursuit of quarterly profits was just staggering. That was not present in other countries. Neither of those two factors were present in other countries.

Sheryl WuDunn: But also you could also argue that it was outright lying at times when initially they were saying that these pain killers, they're not addicting, I mean that is -- and that was just outright lie to say that they are not addicting. It is something that we really ignore when it comes to larger corporations. We think that larger corporations, they're so smart, they have all these employees, they do their research and they are just trying to sell products. Well, we see what's happening with Boeing, it's a great company as well, but they have to be regulated. That's the thing with capitalism is that capitalism is the best system we have. But at the same time, we have to set the rules and when the rules are poor, we need to rewrite the rules, and there's nothing wrong with rewriting the rules, these rules should not be set in stone.

Margaret Flinter: Well, I think we like to have a note of optimism and progress in our shows and we are really appreciative that your book points to a way forward. Your title suggests that Americans are reaching for hope. You see opportunity for turning the crisis around, and you're offering both some large scale, but also some small scale personal interventions, things that all of us can do to make a difference. We'd like to give you a invitation to talk about some of these things that can have a big positive impact moving forward.

Sheryl WuDunn: I think that, first of all, what we're really excited about is that this is sort of the age of innovation when it comes to developing solutions for social problems. Research institutions and academics all over the country are really trying to come up with great ways to address our social problems. A lot of private philanthropy is sort of funding the experiments. One of the ones that we think is really important, it's kind of a model that we think can be scaled, or at least be adapted for other cities as well is a drug treatment program. It's a diversion program for women and it also can be for men. It's called Women in Recovery, it can be Men in Recovery as well, but basically what it does is it looks at women who are destined for prison sentences. It says if their underlying reason for the criminality is really related to an addiction to opioids or just some sort of drug, let's actually divert them from prison because in prison, they're going to sit there for

many, many years and incur costs, and let's actually treat them. In 18 months, two years, let's make them productive members of society so they can actually start contributing to the local economy. It puts them through a very, very intense program, psychotherapy, lots of drug treatment depending upon what the nature of their addiction is. It puts them through classes on normality training, and business training skills and gives them apprenticeships and actually places them in jobs so that by the end, they do come out as productive members of society.

Nicholas Kristof: One reason I'm optimistic is that there is just a much clearer sense of how we address these problems and that's partly because other countries have addressed and partly because some parts of the US have. Now, we now know that universal access to health care, really important. We understand more about social determinants of health, and we also understand that public health is incredibly important in addition to just clinical approaches. We've done so well with auto safety, for example, because we've reduced auto fatality rate per hundred million miles driven by 95% since 1921. There was no one thing it wasn't just seat belts, it wasn't just airbags, it wasn't just padded dashboards, it was a million things. Then the same way we can tackle these challenges before us but it's going to mean really childhood education. It's going to mean child allowances, which are founded in almost every other [inaudible 00:16:49]. It's going to mean drug treatment, it's going to mean job training. When the United States was shamed by veteran homelessness then Obama Administration undertook a serious national -- [Crosstalk]

Sheryl WuDunn: Absolutely yeah that's in Connecticut.

Nicholas Kristof: Reduced it by half. If we compared it equally about child homelessness, we could reduce that as well. It's a question of whether we have the political will.

Mark Masselli: You talk eloquently about this great divide that exists in the country between the haves and have-nots. I was just thinking of our own experience, probably about eight years ago, we run a large a not-for-profit, we have about 1000 employees. Margaret and I made the decision about eight years ago to interview every single person. Here's what we heard. 80% of people say almost the exact thing I've never met, let alone been interviewed by a CEO of any organization, I work it. Can you imagine that? Just thinking about this divide that exist is oftentimes just simply about having conversations with people unless people connect with other people and hear their story as you did. You not only went once you went back, you've checked on people, we need to figure out how those who have the resources and the power can connect with those because we're just tone deaf. I don't think there's a substitute for figuring out how we get this larger

conversation going across our country.

Sheryl WuDunn: Those conversations are really, really important because they also create greater empathy. I think that right now there's a sense of otherness, and so people in the first up on deck, or they're having a huge party on the boat, and all other people below deck are struggling with this growing hole in the hull. Ultimately, that hole is actually going to bring down the whole boat. I think we have to recognize that if we aren't all, as a country, going to try and address these problems it's going to hurt the country as a whole. It already has as we know with a life expectancy, life expectancy in the US has actually declined. Everybody else's life expectancy among our peer countries is rising. But because this segment of the population namely the working class, their life expectancy has drastically dropping. It's dragging down the entire national average. Last year, we actually had an uptick in life expectancy, but that's because we're saving people from cancer. The underlying trend of the deaths of despair related to alcoholism, and also drug abuse and also suicides. That trend is still there.

Margaret Flinter: We've been speaking today with Nicholas Kristof and Sheryl WuDunn the Pulitzer Prize winning co-authors of *Tightrope, Americans reaching for hope*. It is an absolute must-read for anyone working in the field of health care, public policy, public health, or anybody that knows either of us. You can learn more about the book and their work by going to [newyorktimes.com/Kristof](http://newyorktimes.com/Kristof) or follow them on Twitter at WuDunn and Nick Kristof. Sheryl and Nick, thank you for sharing your journalistic gifts for shining a light on humanity's many challenges and opportunities for sharing some optimism and a blueprint for going forward and, of course, for joining us today on Conversations on Health Care.

Sheryl WuDunn: Thanks very much, delighted to be here.

Nicholas Kristof: Thanks for your great conversation.

Mark Masselli: Yeah thanks so much continue success.

Margaret Flinter: Thank you so much.

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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](http://FactCheck.org), a nonpartisan, nonprofit 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: In the last Democratic Presidential Debate, Senator Amy Klobuchar

accused former South Bend Mayor Pete Buttigieg of flip flopping on support for Medicare for All. Klobuchar cited a 2018 tweet in which Buttigieg said he supported it, “indubitably and affirmatively”. Buttigieg says he supports a Medicare for All Who Want It plan which he says would put the US on a “glide path that leads to a Medicare for All environment. “As a candidate, Buttigieg has proposed a more centrist health care proposal. He does not support the Medicare for All plan proposed by Senator Bernie Sanders that would expand Medicare, which now covers primarily those age 65 and older to everyone creating a new universal single payer health care system in the United States.

Rather, Buttigieg is proposing an option for people to buy into Medicare through the Affordable Care Act exchanges. Those who are eligible would get subsidies to help pay for it, and the cost would be capped at 8.5% of a person's income. But it would not force people into Medicare if they choose to keep the private insurance they currently have. Buttigieg says his plan will ultimately lead to Universal Medicare because over time, he believes people will choose it. Klobuchar, meanwhile, supports a public insurance option built on either Medicare or Medicaid. That’s my fact check for this week I'm 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'd like checked, email us at [chcradio.com](mailto:chcradio.com), we'll have FactCheck.org's 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 everyday lives. Here's a question for you. What is the last sound that you would want to hear when you die? Would it be this [Beep] Or this [Orchestra]? That's the question the ambient musician and composer Yoko Sen asked after an illness led to an extended hospital stay. During that time Sen was hooked up to multiple machines that made a cacophony of discordant and disturbing sounds.

Yoko Sen: I was terrified by the sound of alarms is such dissonance. Lying on a hospital bed I wondered, why does it have to be this way? Could it be better?

Margaret Flinter: She set out to compose hospital machine sounds that would create a more soothing and harmonious oral environment.

Yoko Sen: What if I tune to some of these into may be this Sen sound just different tuning.

Nicholas Kristof and Sheryl WuDunn

Margaret Flinter: She founded Sen Sound, a social enterprise that's aimed at reducing noise pollution in hospital settings and creating what she's calling the future of hospital sound. As an artist in residence at the Johns Hopkins Sibley Innovation Hub, Sen has design a multimedia tranquility room to relax with soothing music moving projections, aroma therapy and tea.

Yoko Sen: Staff members don't really have a place they can go to relax before the shift, after the shift, especially nurses. If we could help take care of them who take care of patients, ultimately I think we are making everybody's experience better.

Margaret Flinter: Yoko Sen is driven to provide a better answer to this question.

Yoko Sen: What is the last sound you wish to hear at the end of your life?

Margaret Flinter: Sen Sound. Now that's a bright idea.

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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.

Marianne O'Hare: Conversations on Health Care is recorded at WESU at Wesleyan University, streaming live at [www.chcradio.com](http://www.chcradio.com), iTunes, or wherever you listen to podcasts. If you have comments, please email us at [chcradio@chc1.com](mailto: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.

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