Dr Emmanuel d'Harcourt, Senior Health Director, International Rescue Committee

Mark Masselli: This is Conversations on Healthcare, I am Mark Masselli.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margaret, we are heading into the traditional summer season of getaways and we just want to remind our listeners, don't forget that sunscreen.

Margaret Flinter: It's a national epidemic skin cancer on the rise there are over 5 million cases of non-melanoma skin cancer diagnosed in the given year but the number of melanoma cases also on the rise and that is a deadly form of skin cancer leading to over 10,000 deaths per year.

Mark Masselli: An estimated 40% to 50% of Americans over 65 will eventually be diagnosed with skin cancer, a condition almost exclusively related to sun exposure, so always use that sunscreen.

Margaret Flinter: And you know the American Cancer Society notes that when used consistently, even a sunscreen of 15% SPF will greatly reduce your chances of developing skin cancer. But any sunscreen and any prevention is better than none.

Mark Masselli: Well in this country we are focusing on the summer holiday experiences, there is a kind of travel that's on our mind today Margaret and that's the 16 million refugees around the world who are fleeing violence or strife in their home country. The refugee crisis has reached epidemic proportions.

Margaret Flinter: And the United Nations just sponsored the first World Humanitarian Summit to address this ongoing crisis and people would not have access to healthcare if it weren't for the amazing agencies and individuals that put themselves on the frontline everyday to do this care.

Mark Masselli: Absolutely. And our guest today was among that gathering.

Margaret Flinter: Dr. Emmanuel d'Harcourt is the Senior Health Director for the International Rescue Committee.

Mark Masselli: Lori Robertson will stop by, she is the managing editor of FactCheck.org. But no matter what the topic, you can hear all of our shows by going to chcradio.com.

Margaret Flinter: And as always if you have comments, please email us at chcradio@chc1.com or find us on Facebook or Twitter because we love hearing from you. We will get to our interview with Dr. Emmanuel d'Harcourt 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 healthcare headlines. 24 million, that's a number of Americans expected to lose health insurance coverage if the Affordable Care Act is repealed. In a study conducted by the urban Institute some 14.5 million children and adults would lose coverage under the Medicaid Expansion program and just under 9 million would lose subsidized coverage. While the move would save over $900 billion in costs over a decade, there would be offsets to those savings and states would also end up picking up much of the cost to cover their uninsured residents.

In the wake of the most recent mass shooting leaving 50 dead in Orlando the question of gun violence is a public health hazard is back on the front burner. The American Medical Association is calling on Congress to end a 20 year ban on researching the impact of gun violence on public health more than 33,000 deaths per year in this country, Dr. Steven Stack, President of the American Medical Association who said "Congress must act to repeal the act banning US dollars for research of this deadly gun violence epidemic" which he says "Must be tackled as a public health threat."

According to a study published in JAMA Internal Medicine, JAMA Medicine could be a useful in a multipronged approach to helping veterans deal with the affects of post traumatic stress disorder which affects just under 20% of the nation's veteran population. The study found having a nurse their cases along with in-person talk therapy through primary care provider and regular checkups via Smartphone yielded a good result for about a quarter of the patients in the study.

And do you want to live longer? Well the fountain of youth could be inside your church. Another study published in JAMA Internal Medicine showed that people who went to church generally lived longer. Researchers used data from a long-term study of more than 75,000 women after controlling for more than two dozen factors they found that compared to those who never went to church, going more than once a week was associated with a 33% lower risk for death from any cause. As the church lady would say "Now, isn't that special?" I am Marianne O'Hare with these healthcare headlines.

(Music)

Mark Masselli: We are speaking today with Dr. Emmanuel d'Harcourt, Senior Health Director for the International Rescue Committee, a nonprofit global organization dedicated to helping those affected by the worst humanitarian crisis around the world a pediatrician, Dr. d'Harcourt has lived and served throughout much of sub-Saharan Africa. He earned his master's in Public Health from Harvard, his medical degree from Johns Hopkins and completed a Pediatric Residency at Children's Hospital of Philadelphia. Dr. d'Harcourt welcome to Conversations on Healthcare.

Dr. Emmanuel d'Harcourt: I am happy to be here.

Mark Masselli: And what a tragedy out in the world, 60 million refugees, you just returned from a major gathering of global health experts at the World Health Assembly in Geneva, and what dominated this particular world health gathering and who were the participants and what was a specific goal of events in the face of this enormous humanitarian crisis?

Dr. Emmanuel d'Harcourt: The situation in the world is terrifying and on a huge scale, but the focus of this event was really more inward looking and trying to fix the shop before went out and try to fix the world. All of the governments who are part of the World Health Assembly who in a way make up the World Health Organization all head delegations, and then on the margins you had groups like the IRC and others who are part of civil society. And the first focus was really on fixing the WHO itself which a number of people felt hasn't really performed as it should, so this may seem like a small scale but people felt it was really important to first fix what was wrong with WHO before they would go and address the enormous problems facing the world.

Margaret Flinter: Well Emmanuel I would like for our listeners to talk about an issue that we are hearing more and more about, and close to a thousand healthcare workers have been killed in just the past two years as somebody who lives and works and practices in the field providing healthcare in most vulnerable places. What are your thoughts on this latest deadly trend?

Dr. Emmanuel d'Harcourt: Well unfortunately it can be called almost more than a trend. It's a massive phenomenon that has been going on for a while but we are getting more reports about this and there is a feeling that the WHO report probably is on the low side. The problem is as we see it is that the response seems to be outrage, but our concern is that outrage alone is not going to solve the problem. The people who are perpetuating these attacks are not being held accountable and none of the current

resolutions in the General Assembly or the Security Council are really going to address this impunity. So what we really need to do is to start putting peace [PH] in those resolutions, and that's politically a very difficult thing to do. But until both the big fish, people at the heads of governments who are condoning the attacks on healthcare workers, and a small fish, the warlords and the soldiers who are looting health centers and killing healthcare workers, until both people at the top and the bottom are being held accountable more that it's going to continue.

Mark Masselli: And I wonder if you could share with our listeners the refugee experience, what it's like on a daily basis, hard for many Americans to put our heads around to the level of desperation that exist for a family to risk everything, flee their home, then they find themselves in refugee camps, the human experience and the toll it's been taking on the larger populations.

Dr. Emmanuel d'Harcourt: Well Mark there is really different kind of refugee experience where on one hand it's the acute situation where people are literally running for their lives with a constant sense of worry about survival, they don't often last that long. And then there is a different kind of experience which is what happens when you are in a refugee camp and increasingly we have people staying in refugee camps for years and where the people in the refugee camps have often an experience less of anxiety than boredom and hopelessness, refugees aren't allowed to work. But what it really means is they can't build a career, they can't become more skilled and they can't really establish themselves. And so that sense of boredom and hopelessness is in its own way as damaging as the danger that marks the beginning of their refugee experience.

Margaret Flinter: Well Emmanuel I think that the scale of what you try and do is so massive in terms of the need for infrastructure – right, for food and shelter and education as well as healthcare, and you have got the responsibility as the senior director of health for overseeing the care of millions of people, may be you could share with us some of the flat-out logistical challenges.

Dr. Emmanuel d'Harcourt: The overwhelming majority of the work that the IRC does is done by local people for local people. The one thing that just about every place on earth has is people, and for us the key thing is understanding and taking full advantage of the vast wealth that exists in every country in terms of people. The reality is most people are actually intent on helping themselves than helping others and we often go to places where there has not really been an opportunity for people to help and they are actually very keen on doing so. A good example of this in the South Sudan where there are indeed no clinics or no hospitals, but we find that equipped with very simple

medicines people who don't know how to read or write are actually extremely skilled at figuring out what the right medicine is, we give them very clear instructions and giving basic treatments for children who are sick with malaria, and pneumonia, and diarrhea, people who might have been seen as victims are actually our biggest allies in providing that aid for something that we do all over the world and that makes our work possible.

Mark Masselli: We are speaking today with Dr. Emmanuel d'Harcourt, Senior Health Director for the International Rescue Committee, a nonprofit global organization dedicated to helping those affected by the worst humanitarian crisis around the world. We hear that there are a plethora of NGOs trying to do good work but even with their best intentions sometimes they are not able to achieve their ends, and I am wondering if you could talk a little bit about your outcomes and evidence framework and perhaps share some of the tools you rely on to ensure that the right care is delivered to the greatest number of people.

Dr. Emmanuel d'Harcourt: Sure. Mark, you know good intentions are not enough good intentions can often not necessarily lead to good results so we need to measure, we need to know what's actually being done and we need to do so in ways that are somewhat independent and objective. There's a great sign on a Congolese border post between Congo and Rwanda that says you know "Trust doesn't mean that I can't check you" yes, we can be glad of our mission and we could trust an organization but we need to actually see the data. So the outcomes and evidence framework is a way for us to clarify across a range of areas such as the health but also safety, education, power and economic well-being, what exactly we are trying to achieve you would be astonished that how many times that basic question hasn't been answered. And then once we know what we are trying to achieve, we are not trying to distribute food, we are trying to make sure that people have enough to eat, then we need to figure out ways to measure this.

Now one common way we do it is through surveys and that means going out and going into the populations that we are trying to help and actually going house to house and checking what people have. And that has the benefit that it generates numbers for example if we are giving out mosquito nets we can measure what percentage of households actually have a bit of mosquito net being used as it should be. But it's also a way for us to learn all sorts of intangibles and this is one of the most valuable things I found in my time in the field is doing home visits and we don't always like what we hear but it's always very instructive.

Margaret Flinter: I wonder Emmanuel if I could go back to our earlier conversation about the issues of hopelessness may be lack of purpose and all that adds up to lost

potential, particularly I think when we talk about children and it's estimated that a child refugee could spend a dozen years in a camp before finding a permanent home. How do you build a bridge to the future? I know there is great efforts to provide education but how do you build a bridge to the future? What are some of the programs that you have developed at the IRC that helps these families rebuild?

Dr. Emmanuel d'Harcourt: There are several programs that we have that look at the longer term and often the crisis that cause the problem gets you know a few minutes of airtime but we realize the disruption to the people we serve often is that as you said for over a decade and sometimes generation. So the first thing we do courses is focus on education, you know a few things that replace some [PH] basic primary and even high school education and we work on providing that in all sorts of context in refugee camps but also in places where people aren't even as lucky, or lucky enough to actually get to a camp.

The other thing that we do is we work on economic recovery and development. We help people to set themselves up in a way that they can generate income and also make choices about what to invest in. So increasingly for example we are looking at not just giving people blankets but giving them cash so that they can make the right distinction between immediate needs but also kind of building for the future. And our experience has been that when people have the option of getting cash they often make very good decisions about balancing the short term for the long term.

But another thing that we are doing, two other things at least, one is also looking at early childhood developments they are learning how to read and learning basic math skills is important, part of what can get disrupted in refugee camps and other settings is the basic bond between parents and children so we work on this program. And maybe the most important, we have refugees participate in activities at every turn so that they are people who are participating. And this really makes a difference for the future as I saw most directly when I was working a lot in Sierra Leone and there were people who had spend decades in refugee camps. And what those people reported of course with some sense of loss, they had gotten married much later than they intended and delayed starting a family but they had also learned valuable skills. So a lot of the refugees in Guinea for example had learned French, a number of them had learned healthcare skills. So that experience for them of being in a refugee camp wasn't entirely a hopeless or passive one, it was also one of being involved in the work so that often the people I worked with in Sierra Leone the way they described it to me wasn't as recipients, they say they were employees of IRC because they had also been paid by IRC to do work and train.

Dr Emmanuel d'Harcourt, Senior Health Director, International Rescue Committee

Mark Masselli: Dr. d'Harcourt, CEO of IRC David Miliband was at the World Humanitarian Summit large gathering of World Aid Organizations seeking better ways to address the crisis and he spoke eloquently as you do about the need to transform relief from humanitarian sector to humanitarian system, and I am wondering if you can talk a little bit about the best practices that IRC is out there trying to promote, what types of systems do you deploy that should be scaled up?

Dr. Emmanuel d'Harcourt: One of the things that David Miliband looked at when he first came to the IRC, he made an effort try to understand why NGOs acted certain way, because he was coming, he was familiar to some extent with the work of charities and NGOs. He you know I think was able to see some of the good things that were happening, the current more scientific work and the attempt to be more rigorous, but he quickly came to grips with things that were being done because we had been doing them that way for a long time and that's a little bit what the humanitarian sector look like to him, this is how we do things. And the distinction between a sector and a system is that the system is actually designed to accomplish something and we need to figure out what that something is and make sure that we are actually accomplishing it versus a sector that's just looks well-intentioned in our case.

Now there is several elements to how we are trying to reform the system, and key aspects are the outcomes and evidence framework that we talked about earlier, so what we are trying to do is to share our objectives with others, not unilaterally but to arrive with other organizations at common objective. In Sierra Leone for example recently we have been working with a coalition of more than 20 organizations, and the idea is that instead of all of these different organizations all doing their own separate projects which might be slightly different in each contribute something a little bit different that we would all agree on the outcomes framework. For example when it came to maternal health what were the key elements to making sure that women did not die in pregnancy. And what we found to our surprise is that partners were very open to it because I think it's a pretty widely shared frustration when really we should be more than the sum of her parts.

So what we are trying to do is be very transparent. We have just today put up on our website information that's available to the public about what our outcomes are, what the evidence is, we know that those outcomes and certainly the evidence will evolve with it. But the idea is that instead of you know just having IRC projects with IRC objectives we have common outcomes, it can seem like a tough sell but David Miliband is an outstanding salesman so I am very hopeful.

Margaret Flinter: Great. We have been speaking with Dr. Emmanuel d'Harcourt, Senior Health Director for the International Rescue Committee, a nonprofit global organization dedicated to helping those affected by the worst humanitarian crisis around the world. You can learn more about their work by going to rescue.org or follow them on Twitter @theIRC. Dr. d'Harcourt, thank you so much for the work you do and for joining us and Conversations on Healthcare today.

Dr. Emmanuel d'Harcourt: My pleasure Mark and Margaret.

(Music)

Mark Masselli: At Conversations 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 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: Donald Trump made misleading claims about California's drought and water issues. First he suggested, there is no drought in California because the state has "plenty of water", but California indeed is in its fifth year of a severe hot drought, the kind that's expected to become more frequent with global warming.

Trump also said water is being shoved out to sea to protect a 3 inch fish at the expense of farmers, but officials release fresh water from reservoirs primarily to prevent salt water from contaminating agricultural and urban water supplies. And the New York Times has reported that some farmers believe that, but experts told us water management practices, the state's natural climate and global warming have all contributed to the state's current drought and water issues. And while California's climate is prone to long term drought, this one has been the driest since record-keeping began in the late 1800s that's according to the Public Policy Institute of California. And 2014 and 2015 were the warmest years on record in the state making this what's called a hot drought, that affects the amount of snowpack in the Sierra Nevada mountains which typically provides one-third of California's farms and cities with fresh water in the dry season.

As for the 3 inch fish, that's likely the delta smelt which does require preservation by the state but the Chinook salmon and other species with the loss of habitat also benefit from the relief of fresh water from reservoirs. The infrastructure that was developed to deliver water to farmers in the Central Valley has itself disrupted the delta's natural

ability to flush salt water out to sea, 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, email us at www.chcradio.com. We will have FactCheck.org's Lori Robertson check it out for you here on Conversations on Healthcare.

(Music)

Margaret Flinter: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. Tel Aviv computer scientist and developer Oded Ben Dov has been coding since he was 6 years old and has always been interested in hacking systems to make them better. So when this young entrepreneur unveiled the hands-free gaming system on Israeli TV, a local quadriplegic in the viewing audience took notice and urged him to think about adapting this hands-free gaming system to help quadriplegics interact with their Smartphones by using simple head movements. Ben Dov couldn't resist the challenge from Giora Livne who had been paralyzed for eight years following an accident.

Oded Ben Dov: And the guy in the call said, hello my name is Giora, I can't move my hands or legs, could you make me a Smartphone I could use and that really cut my ear, cut my heart.

Margaret Flinter: The two hit partner together on the project deciding to call the device, Sesame Phone as in Open Sesame.

Oded Ben Dov: So someone could opt for big head movement or very small head movement. You could use it like expanded voice commands or you could use a built in Google dictation capabilities.

Margaret Flinter: Ben Dov says he has seen both children and adults formerly locked in by paralysis literally come alive.

Oded Ben Dov: It feels emotional, and every user uses it differently. Someone immediately called his wife, children you know rushed to the most popular game and played that.

Margaret Flinter: The Sesame Phone now has hundreds of users around the Israel but they are gathering funding to make the Smartphone software available around the world

and Ben Dov says, they have got bigger plans for developing this and other systems that are geared to assist the handicapped community.

Oded Ben Dov: We have broadened our vision to equality through technology we are positioned as well within the special need space and we can keep supporting and developing our current product but we use new technologies and offer a completely different product as we are exposed to more and more needs.

Margaret Flinter: Sesame Phone, a simply devised hands-free interface that allows the paralyzed and physically handicap to interact with their world through their Smartphones using simple head movements, allowing them a new level of independence, and a new chance of self-driven social interaction, now that's a bright idea.

(Music)

Margaret Flinter: This is Conversations on Healthcare, I am Margaret Flinter.

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

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