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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margaret, another year has flown by. We are counting down the days to the end of 2012, a year in which we witnessed so many dramatic events, the Supreme Court ruling on the Affordable Care Act, one of the most contentious campaign seasons in memory, and the reelection of President Obama.

Margaret Flinter: But Mark, certainly a year that proved auspicious for the promise of health reform in this country, something that has been long overdue that so many have worked on, and although there will be some continued growing pains as we continue to roll the Affordable Care Act out, it does feel like we are at the beginning of a very good road.

Mark Masselli: I think you are right Margaret. It was not a perfect year but the Affordable Care Act is moving us towards becoming a nation where all have access to health care. But as evidenced by the recent fiscal cliff debate, there will surely be more wrangling over how to pay for health programs in 2013 and probably beyond.

Margaret Flinter: And we look forward to welcoming a new Congress early in 2013. And speaking of Congress, our guest today is somebody who's been in the thick of things on Capitol Hill for decades. David Gergen has served in four Presidential administrations; he is now the Senior Political Analyst for CNN, and also the Director of the Center for public leadership at Harvard University.

Mark Masselli: He's been analyzing the political reaction to the Affordable Care Act and has some views on what it means for the country as we see the law move towards full implementation. He has a pretty unvarnished view.

Margaret Flinter: And we are looking forward to hearing that view, Mark. And we will also hear from FactCheck.org's managing editor, Lori Robertson. She and her team get to the truth of the matter when there are misstatements made in the political world. And no matter what the topic, remember, you can hear all of our shows by Googling CHC Radio.

Mark Masselli: And as always, if you have comments, you can email us at [www.chcradio.com](http://www.chcradio.com) or find us on Facebook or Twitter; we would love to hear from you.

Margaret Flinter: Now, we will get to our interview with David Gergen 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 this Health Care Headline. Speaker John Boehner's effort to pass fallback legislation to avert a fiscal crisis in less than two weeks collapsed last Thursday in an embarrassing defeat after Conservative Republicans refused to support legislation that would allow taxes to rise on the most affluent households in the country. The stunning turn of events in the house left the status of negotiations to head off a combination of automatic tax increases and significant federal spending cuts in disarray with little time before the start of the new year. House Speaker Boehner, facing a rebellion in his party's conservative ranks, abandoned his own plan to avert tax increases for most Americans throwing Washington's high stakes budget negotiations into disarray and bringing the prospect of tumbling over the fiscal cliff into sudden focus. Mr. Boehner was already under pressure from party conservatives for concessions he had made earlier in talks with President Obama including an offer to raise tax rates on millionaires and allow one year increase on the debt limit.

Meanwhile, another topic sure to dominate Congress at the start of 2013, gun control, in the wake of the tragedy that struck Newtown, Connecticut. There is a groundswell of both public and private support for laws increasing control on guns. A recent Pew poll shows a majority of Americans, 58%, would like to see laws restricting the sale of large ammunition magazines and restricted sale of assault weapons. A 100,000 people per year are shot in America, 30,000 die; close to 12,000 of those gun deaths are murder, and other large percentage, suicide.

Meanwhile, the Connecticut shooter's problems are all too familiar to many parents. A lot of parents around the US now are concerned about safety for their kids in school but other parents see this tragedy in another way. They see signs of their own children in this shooter, many parents saying getting the right help for their mentally ill children is a constant and emotionally exhausting challenge. Schools are often unprepared to cope with their illnesses, and years of state and local budget cuts have led to fewer mental health services nationwide. I am Marianne O'Hare with this Health Care Headline.

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Mark Masselli: We are speaking today with David Gergen, Senior Political Analyst for CNN and Director of the Center for Public Leadership at Harvard Kennedy School. Mr. Gergen served in the administration of four presidents Nixon, Ford, Reagan and Clinton. He also serves on the board of several

philanthropic organizations. He's got his undergraduate from Yale University and also graduated from Harvard Law School. He is a recipient of 22 honorary degrees, and author of the bestseller *Witness to Power*. David Gergen, welcome to *Conversations on Health Care*.

David Gergen: Thank you so much. I am glad to be here.

Mark Masselli: You know, you have been front and center in the world of politics for over 40 years and you have watched other presidents fail at attempts to reform health care and provide universal access in this country. And we have just come through quite a contentious election cycle and are now equally divisive battle over the so-called fiscal cliff. But can you frame up for the public the impact that the Affordable Care Act has, maybe give us your assessment? I think you have called it both a triumph and a tragedy. Tell us what you mean by that.

David Gergen: Well (05:02 inaudible) it was a triumph and a tragedy. A triumph in the sense that seven presidents since World War II have tried to pass legislation guarantying universal access to health care insurance and all seven failed. I worked for two of them, Rich Nixon way back in the '70s who came very close to cutting the deal with Teddy Kennedy and Kennedy said later in his life that one of his greatest regrets was not forging that bipartisan agreement back way back when but there we are. And then again, I worked for President Clinton and Mrs. Clinton as they tried to get health care through, and of course even with Democratic Congress, that did not get out of committee. So there have been a lot of failures on this front, and Barack Obama deserves credit historically as the President who actually got it passed. And it was not easy but he did get it passed and we can now talk about it or where we go from here but I think this is going to be one of his most important legacies. And the reason that so many people around him were anxious if he would be reelected was in order to protect the Affordable Health Care Act in the future, and I think that they succeeded in that.

At the same time, I would say that this was a tragedy in the sense that it was a political tragedy. And I go back to the days when I joined the Clinton White House midway the first year when they were developing their health care proposal. And at that time, Daniel Patrick Moynihan, the Senator, was Chairman of the Senate Finance Committee and he has remained for me both an iconic figure as well he was both a friend and a mentor over the years and I miss him today. But he pulled me aside more than once during that first Clinton year to say David, whatever happens, we must ensure that this is a bipartisan bill, that it pass with bipartisan support. He said, if you look back over history, the great social milestones of contemporary American history, the bills that have passed with super majorities pointing all the way back to Social Security then coming forward to Medicare-Medicaid in 1965 to the Civil Rights 1, Civil Rights 2 in the mid '60s all the way up to tax reform in 1986. And he said the reason you want to go bipartisan is that it takes the issue off the table. So in effect, it says to

everybody, we have settled this issue, now let's move on to other problems. And the tragedy in the case of the Affordable Care Act is that in passing it, it was passed with only the votes of one party, the Democratic Party, and as a result, it has become a political football, was obviously a central issue in this past Presidential campaign but is going to continue to be opposed in variety of ways whether through lawsuits or through how the exchanges are setup or variety of different things we will see, because it wasn't settled. If we had had both parties agree to it, if they had been able to work out a compromise that both parties could agree to, I think we would have been far better off.

Margaret Flinter: Well David, I don't think there is anyone who would disagree that it's a tragedy that there wasn't a bipartisan support and yet it seemed that there was in fact no alternate plan that was being proposed to which people could meld into this legislation that we were so polarized. And I wonder if it's all speculation at this point or it's what might have been but were there elements that you thought were offered by the Republicans or by the Conservatives that would have made this a better bill that you wish had been included in the final legislation?

David Gergen: I think that the reason it wasn't bipartisan was I don't think that people who negotiated it, not all of them were doing it in good faith. President had a Democratic Congress but he also had, I mean he controlled the Congress, but he also had significant Republican opposition in every form. There were clearly people on the Republican side who didn't want anything like this to pass, who did not believe that this was the right way to go for the country. And part of it was that Obama had his name on it. For example, the mandates, the idea of mandates started as President Obama has said several times, he founded (08:55 inaudible) Heritage Foundation which is a conservative organization as you know, and yet, when Obama proposed it, it suddenly became anathema. So there are legitimate arguments on the side of the democrats that there were people on the Republican side who just didn't want to vote for it because it had Obama's name on it.

But I must tell you that I think that there were some legitimate concerns and there were some criticisms coming from the right. For example, we had the meeting in Blair House in which there were a variety of discussions. That meeting sort of occurred far earlier in the process if you truly wanted to have a bipartisan conversation. And being the Republicans did put some ideas on the table, Lamar Alexander, senator from Tennessee, put a number of ideas on the table and I think it's fair to say that there was no heed paid to those ideas. I think the Republicans would have been more open to compromise had there been something done on malpractice. They believe that's one of the driving forces behind cost of health care and yet we know the democrats are very beholden to the draw of lawyers. That's politics. So, could they have worked out a compromise, I think there is a legitimate question whether it was possible but I also think neither side (09:59 inaudible) this harder, they might have.

Mark Masselli: Moving from the frying pan of the election into the fire of debt reduction negotiations and prior to the elections I think you were critical of the Republican Party in terms of their obstructionism. Post-election, you have been focused in on the heavy-handedness of the democrats and how they are managing this. So we now are looking at the tough reality in 2013, a new year, in which there must be some meaningful compromise to address the deficit. Can you give us your wisdom on the compromise that will be both good politics and good for the country?

David Gergen: I do think there is a deal to be done and I think people of goodwill could do it. I actually think if you put 10 governors in a room with some of the leading mayors in the country and put equal number from both sides in the room, they would come up with a deal within 24 hours because governors and mayors tend to be people who have to solve problems. And I have noticed that on education reform for example, you find across party lines a lot more agreement than disagreement among some leading governors. Washington is a place with dysfunctionality and posturing to a remarkable degree now and it's really hurt our politics. Now, we can talk about who's been heavy-handed and who's not but let's go to the question of is there a deal, and what would the deal look like. I don't think there is any question that the central element of a deal would be revenue increases partly based on tax rates that are accompanied by at least two changes and one's going to be I think two changes in Medicare that are pretty obviously on the table and that President Obama who was willing to consider last year. One would be the change in the Medicare age of eligibility; the other would be on means testing so that the wealthy would pay more in effect or have less benefits.

I think the President also was willing to consider last year something which is very important and that is how you measure the inflation index for Social Security. There is some feeling that the index is overly generous on terms of it doesn't truly measure the cost of people. Now all of these I think taken together, the components of a deal would primarily put the burden on more affluent and I think the President is right that the more affluent in this country can step up and pay a greater share. I would also wish that we would drop the rhetoric of attacking people who are successful as somehow villainous and just say, look, we all have to do something here, we all have to sacrifice to some degree but the more affluent are more able to do that. So I think the burden on tax clearly is going to come from the upper income and the burden in terms of entitlements, we ought to do it in a way that we protect people who are really needy.

Margaret Flinter: David, your career really started very soon after the launch during the Great Society of Medicare and Medicaid, and it seems in your previous campaigns in previous generations we always heard a lot about Medicare, didn't hear so much about Medicaid and yet, in the more recent debates, Medicaid has moved to a much more central position. And I think one

of the problems on many governors' plates to solve is the growth in their Medicaid budgets.

David Gergen: I am not enough of an authority on exactly how delivery of health care service is. Our daughter is a doctor, family doctor, works in the Boston Medical Center, works with the underserved population on very tough problems and I hear a lot from her about how difficult life is for people at the lower end of things. And so many of us are pretty far removed from that and I think we should be very generous toward those who are needy. At the same time, I think there is no question that we have inefficiencies that are not necessarily. The cost of disability is skyrocketing in this country and we have put more people on disability since the recession ended than we have into jobs. There is something fishy about that; there is something that raises questions about how many people are gaming the system, and we don't know the answer to that question. But I think it deserves consideration because we have limited resources and they ought to be devoted to the people who truly need them and we ought to find ways to cut back on benefits we promised to those who really don't need them.

And I guess one of the reasons that it's worth talking about the tax deduction system in order to pay for health care for the needy that we really need to give tax deductions to people who buy super houses and get a million dollar plus mortgage. And I happen to be in the more affluent group and I don't see how to justify that. I don't think there are enough incentives in Obamacare for healthy living. The Republicans also put that idea on the table that if you have health insurance and you live a balanced life and eat in a nutritiously good way, you exercise and you can keep your health care cost down, you ought to get some benefit from that. I think it's crazy to think that anytime we try to touch Medicare/Medicaid that somehow that's anti-poor, you are insensitive, inhumane and that sort of thing. I look at what the Bipartisan Center did with Alice Rivlin as a co-chair, the committee with Pete Domenici. Alice Rivlin is a strong, strong democrat who comes in and says, we can make changes in the Medicare/Medicaid program that will actually save money that are not necessary to protect the needy.

Mark Masselli: I want to get back to one of the comments you made a little earlier about the ability to get governors and mayors in a room and that they have the capacity to get things done. **Tell me**, sort of thinking about the core skill sets that you need to govern in this country and there is a whole sea change happening, not only in health care but in technology sort of transforming the way that people do business. And you are the head at the Center for Public Leadership at the Kennedy School of Government at Harvard so what are you trying to impart in these new leaders about the core skill sets that they need to lead our country through all the disruptive changes in forces that are going on at this time?

David Gergen: That's a good question and we wrestle with that regularly and it's not always clear what skill sets you need. Clearly though, I think it's very true that to be in the future one is going to have to have a wide bandwidth that you need to be well educated, well-schooled, well-trained in a particular area so you have got depth. Increasingly, leaders are called upon to make decisions across a wide spectrum of issues and complexities. You have to learn how to live to work in partnership with other leaders. In days gone past, you could be the leader of your own organization and today, in order to get synergy or leverage, you really have to work with the leaders of other, if you are in the non-profit sector for example, I have just come back from New Orleans where we had a conference with the leading education reformers in the Cape Cod area as well as leading philanthropists like Eli Broad and Wendy Kopp of Teach for America; I am on the board for Teach for America, and she called this gathering. And it was very clear that among the education reformers, many of whom were in the nonprofit sector, that they get a lot more bang if they work together not only within the organization but across organizations and if they reinforce each other. If you in effect create an ecosystem so that Teach for America may provide teachers but new leader for new schools, will help provide principals, you have got groups like (17:01 inaudible) that try to work on this dropout rate.

There are an array of things that have to be done and good leaders have to work on across systems and they have to work – frankly, a growing number of people coming out of these good schools are going to have to learn how to work across systems, are going to spend part of their lives in the private sector and they are very likely to spend a chunk of their lives in the nonprofit and in the governmental sector, and it's important to understand that. We have got the internationalism; they have got to understand how to deal with the new Internet world. Most of all, very importantly, it's a question of creating the culture, a culture in which we see we are all in this together and that it's one for all and all for one.

We had a visitor here on our campus last night with a group of our students who was a man 41-years-old and he has just come back. He graduated from Holy Cross in mathematics. His name is Mike Hayes, and he went on to go to join the Navy SEALs some 19 years ago. And he became a White House Fellow; he's worked in the White House in the national security area in high level positions for both Republicans and Democrats and he went back into the Navy SEALs and he just came back from Afghanistan where he was in charge of 2000 people. Now he brought his men back alive. And the way they brought their men back alive and they had no civilian casualties on the Afghan side, they had a huge amount of discipline, they had enormous amount of dedication to each other and to the common cause. And you can't lead by regulation and rule. You have to persuade, you have to mobilize people through belief and a common effort. And I think we can do that in the health care field.

One of the things I am encouraged about in the health care field enormously about where we go from here is that the younger generation of doctors, and I say

this partly because of my daughter, is the new generation of doctors coming up, they are not in it for the money, they are not in it for fee-for-service; they are happy to take a salary and they are happy to work collaboratively. That kind of change in medicine working toward accountable care organizations can bring a lot of reductions in cost as well as increase in wellness. Katherine, our daughter, finds that in working with poor families, she is achieving a lot by working with groups. So you have got young expectant mothers who don't come in one by one, they would have one by one attention if they need it but they come in and have a support group of 12 or 15, they meet once a week, they spend a lot of time bonding and trying to help understand each other's problems and supporting each other, and it's a much more satisfying way to practice medicine and by the way, it gets good results.

So I think the younger generation is much more innovative than those of us who are older. And we will find solutions to this but we have to build a culture in which people like doctors are setup, it's like well it's a wonderful thing to be doing. But also the pharmaceutical companies, they can do some good things here. And they are very innovative; we don't need to just see them as greedy villains and (19:55 inaudible). There are lot of people that are trying hard to get this system to work and I think it's best done by yelling and screaming at each other but by encouraging the best in each other.

Margaret Flinter: We have been speaking today with David Gergen, Senior Political Analyst for CNN, Director of the Center for Public Leadership at Harvard Kennedy School, and an advisor to Presidents Nixon, Ford, Reagan and Clinton. You can find out more about Mr. Gergen's impressive contributions by going to [www.davidgergen.com](http://www.davidgergen.com). David, thank you so much for joining us today on Conversations on Health Care.

David Gergen: Thank you Margaret. Thank you both.

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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, a nonpartisan, nonprofit 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, Mark and Margaret, we have seen some misconceptions about waivers and the Affordable Care Act. We have seen claims that taxpayers could apply for waivers or that some companies have received waivers from the law. But the truth is that some companies have received temporary waivers pertaining to just one provision of the law and these waivers expire in 2014. The health care law gradually eliminates annual and lifetime tabs on coverage under

insurance plans. So in 2014, plans can't have a monetary cap at all on benefits. Right now, though, more than 1200 companies mainly those with low income or part-time employees have been granted waivers from this provision of the law by the Department of Health and Human Services. So under the waiver, these companies, they tend to be fast-food chains like McDonald's can continue to provide bare bones insurance plans but again, those waivers will expire in 2014. They affect nearly four million people now. 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](http://www.chcradio.com). We will 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. It's a well-known fact, Americans have an obesity problem. Close to a third of us are obese and another third of the nation fits the overweight category and the toll on the nation's health can't be overstated. The health care providers across the country are hard-pressed to tackle this problem which is unlikely to be solved in the exam room. Dr. Bonnie Spring teaches preventive care at Northwestern University Feinberg School of Medicine, and she just completed a study that looks at the efficacy of a mobile phone weight loss app and how it might aid clinicians and patients in this quest to lose weight and keep it off. A 100 participants spent a year in the study and which all were required to record the food they ate, the amount of daily exercise they liked as well as to attend weight loss support groups. And those who were also given access to the weight loss app in addition to regular phone check-ins with the health coach saw better results.

Dr. Bonnie Spring: And so they would get immediate feedback on how they were meeting their calorie and activity goals. They would have decision support to give them just in time feedback to make choices in the moment and the information was being uploaded to a coach who actually didn't do all that much but the patients knew that the coach was tracking.

Margaret Flinter: Dr. Spring said the weight loss success seems to be supported by the higher degree of accountability that the app gave the participants. She says the app alone or the group meetings alone yielded far less weight loss success.

Dr. Bonnie Spring: And it's also that everybody is then doing a part and their appropriate part, that the physician is doing the referral and saying this is

important, the allied health professional is doing the health education and the patient is doing their part.

Margaret Flinter: The app they developed for the study called Engage is not available on the market yet but Dr. Spring feels that this and apps like it that are already on the market can be useful tools to assist clinicians who are trying to help their patients win the Battle of the Bulge.

Dr. Bonnie Spring: This is the future of health care that it's accessible, it's convenient and it's also technology supported.

Margaret Flinter: A mobile phone app that connects people trying to lose weight to a health coach who regularly monitors their progress and encourages them thus inspiring more weight loss success, now that's a bright idea.

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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](http://www.wesufm.org) and brought to you by the Community Health Center.