

CITIZENS HEALTH CARE WORKING GROUP

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PRESS CONFERENCE

Tuesday, June 7, 2005

9:30 a.m.

+ + + + +

Jackson Medical Mall
Suite 615 Committee Room
350 West Woodrow Wilson Drive
Jackson, Mississippi 39213

+ + + + +

APPEARANCES:

RANDALL L. JOHNSON, Chair
CATHERINE G. MCLAUGHLIN, Ph.D., Vice Chair
FRANK J. BAUMEISTER, Jr., M.D.
DOROTHY A. BAZOS, R.N.
MONTYE S. CONLAN
THERESE A. HUGHES, M.A.
AARON SHIRLEY, M.D.
DEBORAH R. STEHR

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P R O C E E D I N G S

(9:30 a.m.)

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2
3 DR. SHIRLEY: This is a hearing from
4 Citizens' Health Care Working Group. And to get right
5 to it, I would like to introduce the Chair of that
6 group, Randy Johnson, who's with the Motorola
7 Corporation and the head of their Human Resources
8 Strategic Initiatives Program.

9 So, Randy.

10 MR. JOHNSON: Oh, good morning -- or
11 afternoon. Welcome. We're glad you're here. We're
12 delighted to be here this afternoon in Jackson and
13 tomorrow morning to conduct some hearings regarding
14 health care.

15 The Citizens' Health Care Working Group is
16 an organization that was formed because of the
17 Medicare Modernization Act, and it includes 14 members
18 who are appointed by the U.S. Comptroller General of
19 the United States to serve in a manner that would
20 listen to U.S. citizens on a nationwide basis. The
21 objective has been to listen to citizens, not only in
22 Washington, D.C., but throughout the nation, and

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1 that's why we're here in Jackson.

2 If you think of our health care system,
3 you realize that we have a variety of issues to face.

4 And we have a variety and diversity of participants
5 in the Working Group that I'd like to introduce to you
6 just briefly today by name.

7 First, we have Catherine McLaughlin, who
8 is a Health Economist and a professor from the
9 University of Michigan. She is right over here. If
10 you will raise your hand, Catherine?

11 We have Frank Baumeister, who is a
12 physician from Oregon, and he's also the past
13 president of the Oregon Medical Association. I don't
14 see Frank here, but he's here for our hearings today,
15 and we're looking forward to his participation.

16 Dottie Bazos is a professor from Dartmouth
17 University, a registered nurse and health policy
18 consultant up in the northeast part of the United
19 States. She's here with us today.

20 Montye Conlan, a former Presidential Award
21 Winner for Math and Science, now dedicated to helping
22 people with multiple sclerosis, is right down here in

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1 the second row.

2 Therese Hughes from California, Government
3 Relations professional from the Venice Clinic and
4 active in a variety of roles. Right down here in
5 blue.

6 Deb Stehr is from Iowa. I don't see --
7 there she is second row down here. Deb is a Health
8 Policy Advocate who served on Iowa's Health Consumer
9 Advisory Council.

10 And we're going to introduce Aaron Shirley
11 in just a minute or two.

12 Today we have 45,000,000 people in the
13 United States who do not have coverage. The health
14 care system isn't working for them. Sometimes we'll
15 hear different numbers. Sometimes it's 45,00,000;
16 sometimes it's 40,000,000; sometimes it's less than
17 that. But whatever it is, that's a big number of
18 people who do not have health care coverage.

19 Another statistic for you. Approximately
20 50 percent of the care we receive is not the
21 recommended care. The health care system is not
22 working for all Americans -- 50 percent.

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1 I have a college roommate whose brother
2 had a son, 42 years old. Went to the doctor, had
3 chest pains. Doctor said muscle spasms. Five months
4 later he died of a heart attack because of a medical
5 error.

6 I have a friend of my son who played in
7 the band with him, developed cancer, had surgery for
8 the cancer, was recovering from the cancer surgery,
9 but died of an infection. The health care system
10 wasn't working for her.

11 I have another friend who's 85 years old,
12 fell and broke her hip, had surgery. One leg came out
13 an inch and a half shorter than the other. The health
14 care system isn't working for her.

15 So our Working Group is a group of
16 citizens, the Citizens' Health Care Working Group,
17 whose intent it is to search for answers to find
18 health care that will work for all Americans.

19 Today we spend on average \$6,400 per
20 person -- per person. So if you're from a family of
21 four individuals, two adults and two children, for
22 example, the cost for your family would be \$26,000 a

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1 year. And going to \$11,000 per person by the year
2 2014. So that means for a family of four, \$44,000 per
3 person per year for health care coverage. That's not
4 a health care system that's working for all Americans.

5 So we're here to listen. We're going to
6 conduct some hearings tomorrow. We've already
7 conducted some hearings in Washington, D.C., but we're
8 going to not only do hearings here, but in Boston, in
9 Salt Lake City, in Houston as well.

10 And then what our objective is once we
11 conduct these hearings to provide a report to the
12 American citizens, gain their feedback, to conduct
13 community meetings throughout the United States and
14 get feedback from American citizens that way. And
15 then to provide a report to the President and to the
16 Congress. Our objective again, health care that works
17 for all Americans.

18 Today in addition to those who I have
19 already introduced, I'd like to introduce a citizen
20 who is not merely an ordinary physician. But Aaron
21 Shirley has been providing care for all here and his
22 influence has been felt throughout the United States.

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1 He's an educator. He's a thought leader. He will
2 lead our Community Meetings Committee as the
3 chairperson. And I have found that even though he's
4 soft spoken and doesn't speak a lot, when he speaks,
5 we need to listen.

6 So we're going to listen to you right now,
7 Aaron, as we hear a little bit more about your
8 thoughts regarding the Citizens' Health Care Working
9 Group.

10 DR. SHIRLEY: Thank you, Randy. It is
11 indeed a pleasure for me to welcome this wonderful,
12 thoughtful group to the state of Mississippi. I've
13 been asked to make comments on why I have taken an
14 interest and sought to be a part of this group. The
15 simple answer is, I don't like being a loser.

16 And back in 1993, I spent time with the --
17 with another attempt that the Clinton Administration
18 made to bring health care and make health care
19 available to all our citizens. And we struck out. So
20 this gives me a second opportunity, and I'm sure that
21 this go round we'll hit a home run.

22 Randy has mentioned the hearings tomorrow.

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1 And I think it's befitting that Mississippi is a
2 perfect place to have the first hearing outside of
3 Washington. We have 418,900 uninsured residents of
4 Mississippi. Three hundred and thirty thousand of
5 those persons are between age 19 and 64, meaning they
6 are in the working age population.

7 The hearing tomorrow will be here at the
8 Mall in the Community Meeting Room. It will consist
9 of three panels whose members will make presentations
10 and field questions from the committee.

11 The first panel will focus on Access,
12 Safety Net, and Health Disparities. The presenters
13 will be Dr. Dan Jones, our own Dr. Dan Jones, Dean and
14 Vice-Chancellor of the University of Mississippi
15 Medical Center; Roy Mitchell, Executive Director for
16 the Mississippi Health Advocacy Program; and Dr.
17 Herman Taylor, Director of the Jackson Heart Study as
18 part of the University of Mississippi Medical Center.

19 The second panel will focus on the Reality
20 of Being Uninsured. And participants in that panel
21 will be two uninsured Mississippi residents.

22 The third panel will focus on Local Access

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1 Initiatives with the representation from the Chamber
2 of Commerce; and an individual from local Community
3 Health Center, Dr. Janice Bacon with the G.A.
4 Carmichael Community Health Center; and Primus
5 Wheeler, Executive Director of the Jackson Medical
6 Mall Foundation.

7 As Randy has mentioned, these
8 presentations and dialogue -- from these presentations
9 and dialogue, it is hoped the Committee will be able
10 to better understand and eventually articulate to the
11 U.S. Congress the unique challenges as well as
12 opportunities presented by the uninsured in a typical
13 Deep South state which has a significant number of
14 black as well as low income races -- low income
15 residents of both races.

16 The proceedings tomorrow will be open to
17 the public. And we hope all of you who are interested
18 will join us. So again, the hearing will begin
19 tomorrow, eight o'clock, Jackson Medical Mall,
20 Community Meeting Room. Please come out, and I
21 believe every one attending will learn a lot.

22 Randy.

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1 MR. JOHNSON: We'd like to open the time
2 up for questions that you might have for either Dr.
3 Shirley or myself. But I'd like to before we do that
4 just say thank you for your participation this
5 afternoon. We're glad that you're here. We look
6 forward to a good discussion tomorrow and working
7 toward that goal of providing health care that works
8 for all Americans.

9 Any questions that anybody has?

10 Yes, sir.

11 PARTICIPANT: I'd just like to know about
12 the statistics you might have on infant mortality
13 rate, particularly in the Delta region.

14 MR. JACKSON: The question for everybody
15 if you didn't hear was, do we have statistics
16 available for infant mortality here in the Delta
17 region.

18 First, I'm not aware of the data regarding
19 that, sir. But one of the reasons for hearings is
20 that we hear more about information at each location.

21 And potentially that will be something that will come
22 up in tomorrow's hearings. But at this time we are

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1 not familiar, unless you have information regarding
2 that.

3 DR. SHIRLEY: That information is readily
4 available right down the hall at the State Health
5 Department. But in general the Delta figures are
6 pretty high among the black population. In the Delta
7 infant mortality rate is somewhere around 14, 15 per
8 hundred live births, which is a little higher than
9 most of rest of the state.

10 MR. JOHNSON: Other questions?

11 PARTICIPANT: When will this conclude,
12 these nationwide hearings?

13 MR. JOHNSON: The question is when will
14 our Citizen's Health Care Working Group initiatives
15 include -- conclude.

16 We're in the process of doing hearings and
17 in the initial stages of preparing a report that
18 should be done by close to end of the third quarter.
19 And then we'll put this report on the website for
20 people to comment. And then do, following that,
21 community meetings nationwide.

22 Following that, we prepare a report to the

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1 President and Congress. And the schedule for that is
2 to be in the third quarter of next year.

3 Yes, ma'am?

4 PARTICIPANT: Are the citizens here
5 volunteers, the Working Group, the members who were
6 named?

7 MR. JOHNSON: The question is, are the
8 participants -- are the Working Group members
9 volunteers?

10 And the Working Group members were
11 selected from across the country. Dr. Shirley is the
12 one representative who is from here in Mississippi.
13 But we have representatives from California, South
14 Dakota, Michigan, Iowa, Florida, Texas, the Northeast
15 part of the United States, and so forth. So we are
16 all selected.

17 None of us are in associations that are
18 geared to lobby primarily, but we are citizens who
19 have been selected who applied to have an opportunity
20 to participate in the Working Group.

21 You want to comment?

22 DR. SHIRLEY: And we all did volunteer.

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1 We were not drafted.

2 MR. JOHNSON: Other questions?

3 Well, seeing that there are none that are
4 raised right now, Dr. Shirley and I would be open to
5 staying for a few minutes if you have additional
6 questions.

7 But again, thank you very much for your
8 joining us this afternoon, and we'll look forward to
9 our hearings tomorrow. Have a good day.

10 (Whereupon, this session of the hearing
11 was adjourned at 12:48 p.m.)

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