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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, what a summer it's turning out to be, certainly one of great achievement from the best and the brightest of our country.

Margaret Flinter: It has been Mark. And so many exciting contests at the Olympics, shattering old records whether it's Michael Phelps in the pool, or Gabby Douglas in gymnastics, or maybe most of all, both of them working with their teams certainly showed what talent and perseverance we possess as a nation when we work hard and we work together, and just so exciting to see all those young people succeeding.

Mark Masselli: And in the midst of all of that Margaret, we scored another successful landing, the rover Curiosity landed safely on Mars last week.

Margaret Flinter: I heard about that. And although this is the seventh craft they have landed on Mars, our closest neighboring planet, still gives us a bit of a thrill Mark, just great to see advances in science and advances in being able to carry out some new dreams and visions.

Mark Masselli: It's another great moment for science and exploration, and yet, it reminds us of how many frontiers we have yet to explore and how much teamwork is required to achieve all of these milestones.

Margaret Flinter: Well Mark, one challenging frontier here at home that's been out in front of us for decades is finding a cure for AIDS and ending AIDS for the next generation. And our guest today spoke with us recently from the floor of the AIDS 2012 Conference in Washington DC, where tens of thousands of AIDS experts and activists came together to note the progress being made in the fight against the AIDS epidemic, which to date has impacted over 60 million people around the world.

Mark Masselli: Carl Schmid is the Director of the AIDS Institute and is a leading AIDS policy analyst and advisor in this country and around the globe. He will be talking about the real hope for a cure for AIDS in our lifetime, new treatments for living with HIV and how the health reform law is going to help that population live better and healthier lives.

Margaret Flinter: FactCheck.org's Lori Robertson will look at some claims from the campaign trail pertaining to the Affordable Care Act and see how they stack up against reality.

Mark Masselli: But no matter what the topic, you can hear all of our shows by Googling CHC Radio.

Margaret Flinter: And as always, if you have comments, email us at www.chcradio.com or find us on Facebook on the Conversations on Health Care Radio Show homepage. We love to hear from you.

Mark Masselli: We will get to our guest Carl Schmid in just a moment 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 Headline News. The ticket is named "And Up and Running". Presumptive GOP Presidential Candidate Mitt Romney has chosen his running mate. The choice of Congressman Paul Ryan, Head of the Congressional Budget Committee is being hailed by Conservatives who support his controversial budget proposals, which slashes trillions of dollars in entitlement programs, and for suggesting that Medicare and Medicaid should be phased out to a system of vouchers.

Democrats on the other hand are seeing this election as a rallying cry for those who support the Health Care Law under the Obama Administration. Medicare as well as the Affordable Care Act are sure to be central themes in this year's election. One measure of the health care law seeks to reduce the number of costly hospital readmissions, one of the biggest drivers of health care costs with over one in five Medicare beneficiaries being readmitted to hospital within 30 days of discharge. Over 2000 hospitals across the country are being penalized by Medicare for not doing enough follow-up care with patients resulting in those readmissions. The hospitals are balking at the penalties saying they could do more harm to hospitals who likely could use resources to improve their follow-up care protocols.

And where are kids getting fatter? Follow the snack policy it would seem. A recent study out in the Journal of Pediatric shows a clear link between states with and without policies governing snacks in schools, so-called competitive foods that are not part of the school lunch program. Kids in states with strict school snack policies for low fat, low sugar options and vending machines are leaner on average than kids in states without those policies. Experts say this should be a wakeup call to officials making policy with childhood obesity rates rising steadily since 1980 in this country. 1/5th of child population in America is obese. I am Marianne O'Hare with this Headline News.

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Mark Masselli: We are speaking today with Carl Schmid, Deputy Executive Director of the AIDS Institute, a national non-profit organization that promotes action for social change in HIV/AIDS through public policy, research, advocacy and education. Mr. Schmid was a member of the Presidential Advisory Council on HIV/AIDS from 2007 to 2009, advising both the Bush and Obama Administrations on policy initiatives to combat AIDS, was recently named by several publications as one of the most effective AIDS policy activists in America. Mr. Schmid, welcome to Conversations on Health Care.

Carl Schmid: It's great to be here and to be talking from the International AIDS Conference.

Mark Masselli: You played a prominent role in the conference bringing together 25,000 top scientists, activists, policy leaders, Secretary Clinton is there, Bill Gates, many more, really focusing on addressing the global epidemic of HIV and AIDS. The theme of this year's conference was Turning the Tide Together and there was much talk about the end game of HIV/AIDS being within sight. We are hearing through the news media that there are numerous breakthroughs in drugs, in protocol, disease management and policy initiatives. Help us understand the magnitude of the current state of the epidemic and where are the key fronts in the battle against HIV/AIDS now in 2012.

Carl Schmid: Yeah. HIV has taken a huge toll on this world. 30 million people have already died, there are several million new infections every year, and over 30 million people living with AIDS in world right now are mostly in Sub-Saharan Africa. But here, in United States, there is an AIDS crisis as well. Over 1.2 million people living with HIV, that's a record. More people are living with HIV than ever before. And unfortunately, it's not on people's minds anymore I guess because people are living longer, people are no longer contracting the disease and then being very ill and dying quickly within months. People are living with HIV. When someone's diagnosed with HIV today, they could live another 60, 70, 80 years almost normal lives. But they have to take medications everyday and that's one of the keys, making sure that we get those medications to people because not everyone has that.

We also have 50,000 new infections every year in the United States, that's 50,000 too many. I mean (06:52 inaudible) HIV, you can use condoms. That may not work well with everyone so there are new prevention methods as well, there are new scientific breakthroughs. But HIV predominantly in United States affects the poor. Over 60%-70% of the cases are gay men and more and more of them are Black gay men, are Latino gay men. And 39% of all the new infections today are in people aged 29 and below. So it shows that we are not getting the messages across particularly to our youth. And the other segment that is most heavily impacted are African-Americans, around half of all infections, even though 14% of the population is amongst the Black community. So that's

what HIV looks like today 1.2 million people living with HIV but 50,000 new infections every year and that's been relatively constant.

Margaret Flinter: So Mr. Schmid, then I understand there are still thousands that stay on wait list for drug assistance to be able to afford the drugs that they need to control the disease and to help us with preventing further transmission. Tell us about the role of health disparities and how they continue to pose a challenge to those who are fighting HIV/AIDS and what's being done to address those disparities.

Carl Schmid: HIV predominantly affects minority communities, gay men of all races and ethnicities, the poor, the homeless. People don't want to talk about those issues. HIV is predominantly spread by sex and people don't want to talk about sex, particularly in more conservative parts of our country. So there are wide disparities. I have been to a lot of sessions the last couple of days and white, black gay men have the highest rates of infection in our country and a lot of it has to do with education and poverty, huge disparities in HIV in our country.

Mark Masselli: Mr. Schmid, your organization's been advocating for policy changes in America and tell us about the national HIV/AIDS strategy you are advocating for in Washington and could it lead to an end of the AIDS epidemic here in America?

Carl Schmid: Well certainly, first of all the entry (09:09 inaudible). We had some really arcane emotional response to HIV and AIDS. And one of those laws that was put in effect was barring anyone who is HIV positive from coming to United States. President Bush started the process and under his leadership, he got Congress to go along, and he signed a law that lifted it but then there was still administrative process, and that happened under President Obama Administration. And we are able to have the conference here for the first time bringing 30,000 people to United States to this conference from over 200 countries. You look back at AIDS over the last decade and President Bush really showed great leadership with the creation of PEPFAR, the President's Emergency AIDS Relief Program, and changed the face of Africa and the epidemic there.

But as I said, there is a great epidemic here in United States and President Obama has really put the spotlight back on the domestic HIV crisis. Two years ago actually, he released the National HIV/AIDS Strategy that has three main goals. One is to reduce the number of infections, increase the number of people who are getting treatment and three, reduce health disparities, **as well as a** fourth, that seeks to bring better coordination between all the federal agencies both at the federal level and at the state government to work better. Everyone's been siloed in the approach and he's trying to get everyone to work together. So in reducing new infections, the goal there is to help some of the communities that are most impacted and making sure that there are prevention messages for

those communities and also making sure the money is spent in those areas, for care and treatment and also I should say the President has shown great leadership in his annual budget putting forth increases for HIV preventions.

Margaret Flinter: Mr. Schmid, as you talk about those policies of this administration, your organization has also lauded the Affordable Care Act, which you say is poised to make it possible for far more people who are HIV+ and maybe don't know it to get tested and to get into treatment. And of course there is many provisions in the Affordable Care Act that will improve conditions for those in the AIDS community as it will for anybody living with health problems and chronic health conditions. But you have also expressed a worry about existing programs like the Ryan White Program that most people are familiar with and that could be jeopardized. Tell us how you see the Affordable Care Act both improving outcomes and access for the HIV/AIDS population but also what are the threats to dismantling some of the infrastructure that's been successful in helping us to deal with the epidemic?

Carl Schmid: The Affordable Care Act is really (11:55 inaudible) for HIV/AIDS care in the country. So many people that don't have health insurance today, many of them are poor and also people with HIV have been discriminated against because they have a preexisting condition. Now with the Affordable Care Act, there is an end to a ban on people with preexisting conditions; that is no longer a barrier. So people through the Medicaid expansion and through getting health insurance, they can access health care for the first time. Right now, only around 30% to 40% of people with HIV in United States are getting access to care and treatment and only around 28% actually have a suppressed viral load, that's what the treatment (12:40 inaudible). So we have a long ways to go and the Affordable Care Act is going to open up opportunities to provide drivers in health care to many, many people with HIV.

Mark Masselli: We are speaking today with Carl Schmid, Deputy Executive Director of the AIDS Institute. Mr. Schmid had a prominent role at the AIDS 2012 Summit. He has taken a few moments out from the conference to talk to us. Mr. Schmid, it's irony that the conference was held in the nation's capital, which happens to be one of the highest HIV infection rates in the nation. You have received accolades for your work in attempting to impact the population there. Tell us about how you are taking ideas shared from the conference and applying them to impact in local communities like the District of Columbia.

Carl Schmid: There is some reason why the conference came to Washington DC. Not only is the US government the largest provider of AIDS relief abroad but it's our nation's capital and we do have a serious AIDS epidemics here. This conference was in the works in last couple of years. They put pressure on the US government but also the district government to get its **act** together. And I think I really have to praise the local government here in addressing the AIDS epidemic. There are leaders like Connecticut in providing (14:02 inaudible)

people with access to health care. They really are providing increased testing, they even do testing in the Motor Vehicle Department here. But also there is treatment immediately for people who test positive. So it helps the AIDS crisis here and also just having the conference here and putting AIDS back on the front page that helps raise people's consciousness.

Margaret Flinter: Mr. Schmid, I would like to talk a little more about testing and preventing transmission. You have praised the actions of Howard Koh at Health and Human Services and when he called for HIV testing to be included in the 26 preventive screening tests required to achieve the goals set forth in the Healthy People 2020 Initiative. And I think 200,000 Americans are reported to have HIV infection and don't know they have it so getting that testing is critical but lots of barriers. You mentioned the Motor Vehicle Department has a place to do testing; I know I am beginning to hear about over-the-counter testing incentives. Tell us what's the strategy and what are the recommended key elements from your organization's point of view, what are you advocating.

Carl Schmid: The CTC came out with recommendation several years ago that said that everyone between the ages of 16 and 64 should receive a HIV test when they go to the doctor. You go to the doctor, you get your blood pressure, you get your temperature taken and they check for your cholesterol. Well they should be testing for HIV as well. There are certain populations that are rated at-risk for HIV. But there are a lot of people that don't know they are at risk for HIV, particularly women and who is to know who is at risk and who is not. So it's really important that everyone in their lifetime gets an HIV test. But certain people should be getting that more often. But number one, we need to make sure doctors offer the test and that's not happening. So we need to increase those **efforts**. So, anyone when they go into a doctor's office, the doctor should say they should get tested. The pregnant women, I think you see most of the doctors offer the patients HIV test.

But the other issue is someone has to pay for those tests. And that's another beautiful thing about the health care reform that there is coverage of preventive services, because we really want to keep people healthy. And so HIV testing and other preventive services are covered for particularly those who are at-risk. And starting August 1st, every private insurance plan has to cover an HIV test once a year for sexually active women. That's a real change. Now we have to expand that for men as well. So I think as the Affordable Care Act is implemented, we will see more coverage of HIV testing in the future.

Mark Masselli: Mr. Schmid, let's talk about moving beyond simple testing to prevention. Certainly the first step is universal testing so that everyone knows their status and the next step is making treatment accessible to all who are HIV positive. You have said that treatment is prevention because the new class of drugs bring the viral loads down so low that an HIV positive person is 96% less

likely to transmit to partners. What other policy and tools for prevention are needed to help eradicate AIDS?

Carl Schmid: I think the thing that's really missing is sexual education. Since HIV predominately affects gay men, those sex education programs have to include all sexual orientations, and who is to know age 16, 17, 18, what one's sexual orientation is. But they have to be made aware because they are the ones who are getting affected these days, the young, and they need education, they cannot be left out. AIDS is still the crisis in our country but there are things that you can do to prevent HIV.

Margaret Flinter: Mr. Schmid, I would like to ask you to maybe help our listeners understand something. Now there is one more element that's been introduced that I am not sure people understand very much because we have seen headlines about a drug to block HIV transmission and we are talking about the recently approved Truvada. So while we don't usually talk about specific therapeutics on our show, we are just focused more on reform and innovation, I would like to give you a chance to explain to our listeners what role is Truvada going to play in this emerging hopefully end of the epidemic in our lifetime.

Carl Schmid: First of all, it's only going to be used and recommended for high risk individuals. So perhaps someone who is HIV positive, their partner is HIV negative, they would be able to take the drug. Now maybe some gay men with multiple sex partners, they might also be a good candidate for this drug. It costs money, a lot of money and people don't have that luxury. We don't have enough money to treat all the people in United States who are HIV positive let alone providing a drug which someone has to take every single day. So I don't know its use but it is another tool in our prevention toolkit.

Mark Masselli: Mr. Schmid, we like to ask all of our guests this final question. When you look around the country, and the world, what do you see in health care innovations that our listeners at Conversations should be keeping an eye on?

Carl Schmid: Health care reform, that's the game changer for our country and for HIV. People don't have access today to health care and to the medications that we know save people's lives. And this will really be a game changer. Having access to Medicaid, going to a doctor, getting the medications, that will change HIV in the United States.

Margaret Flinter: We have been speaking with Carl Schmid, Executive Director of the AIDS Institute speaking to us today from the AIDS Conference 2012 in Washington DC. Mr. Schmid, thank you so much for joining us on Conversations on Health Care.

Carl Schmid: It's been my pleasure. Thank you very 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, 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: Well, Mark and Margaret, I thought we would look at the topic of the week and that's the Medicare plan included in Representative Paul Ryan's budget proposal. Ryan's plan is getting a lot more attention now that he is Mitt Romney's running mate. So what would this plan do? Well, for current seniors, those who are on Medicare now, nothing would change, but starting a decade from now in 2023, new Medicare beneficiaries would enter a new premium support system where seniors would pick from a choice of private plans or traditional Medicare that would still be a choice on a new Medicare exchange and they would get government provided subsidies to help them purchase these plans.

The plan also slowly increases the retirement age from 65 to 67 by 2034. These premium support payments, they would be tied to the second cheapest plan whether that's the traditional Medicare or one of these private plans that are offered. And Ryan's plan says that that second cheapest policy can't grow more than Gross Domestic Product plus 0.5% points, this is where it gets little complicated, and if the cost does grow faster than that, then Congress is required to step in and take some unspecified action.

Now one democratic claim that we have seen again and again is that seniors would end up paying \$6,000 more under Ryan's plan than they would under traditional Medicare. That claim actually pertains to Ryan's old plan that he released last year. This new plan is now a little more generous in terms of how those subsidies or premium support payments increase overtime. But it still does call for less government spending than the current Medicare system. And we don't have a good analysis from the Congressional Budget Office on what exactly this latest plan would do to seniors' costs. It would however be a major change for Medicare. 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 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. When it comes to two wheeling it, Copenhagen leaves other modern cities in the dust. Over a third of commuters, in the Danish capital, cycle to work in a city that puts plenty of bike roads out there for the cycling populus, including a cycling superhighway currently under construction that will link all of the city sections via a cycle-only road system. And add to that, a bicycle library where you can check out all kinds of innovative bikes for up to several days for free. That program makes experimental bikes available for consumers to test drive, bikes that can haul a small load, carry several people, even bikes with protection against bad weather.

The benefits of the hundreds of miles of cycling highways are many. Carbon and diesel emissions are reduced in the city, making air quality much healthier than in other modern metropolises; the daily exercise of cycling to and from work gives an additional health benefit to the commuters; and there is cost, the practice saves commuters money in gas cost and the city saves money in road maintenance as well. And here is an additional social benefit. Cyclers have a chance to meet other cyclers in the course of their commute. And other cities are catching on. In advance of the Olympics, London installed an urban cycling system and a bike sharing program and New York has added 300 miles of cycling roadway across the five boroughs. But The Big Apple still has a long way to go to catch up to Copenhagen. The manager of the Bicycle Innovation Lab in Copenhagen who makes their experimental bikes available says it's about exploring the possibilities of bicyclism which he says encompasses much more than the cycling. It requires you to explore the infrastructure, the design, the health benefits of creating a more livable city. A bicycle superhighway making the roads accessible for healthy bike commuting and a free cycle library to expand the transport possibilities for those riders, 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.

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