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**Viewpoints: The Health Care Debate
American Cancer Society CEO John Seffrin
June 4, 2008**

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JILL BRADEN BALDERAS: Dr. John Seffrin, CEO of the American Cancer Society, thanks for joining us on health08.org today.

DR. JOHN SEFFRIN: It is nice to be here.

JILL BRADEN BALDERAS: So, looking at our health care system, what is currently working well for cancer patients?

DR. JOHN SEFFRIN: Well, unfortunately, not much is working well for cancer patients. The good news is the people who can afford it and have access to the best that our country can offer, the prospects of surviving cancer have never been greater than they are today. So that is the good news, more and more people are surviving.

The bad news is more and more people are getting sicker, suffering more and more likely to die simply because of laxness to quality cancer care and so the American Cancer Society is going on record to saying that lack of access has become a major cancer killer in America, the number is big and it is getting bigger.

JILL BRADEN BALDERAS: So what is the number one issue then for the American Cancer Society when looking at our health care system?

DR. JOHN SEFFRIN: I think we would have to say that the number one issue is lack of quality health care insurance. The 47 million people do not have any insurance at all and

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millions more are under insured so we had a campaign that we did with AARP and other organizations like the Heart Association of Diabetes and Alzheimer's, saying are you covered? Are you sure? Because many, many people who have health insurance get a diagnosis of cancer and find out it is not adequate.

So, clearly, the lack of access and the lack of proper coverage would be the two biggest problems cancer patients face today.

JILL BRADEN BALDERAS: Now, going to that campaign that you were just talking about, are you covered, are you sure, what was the feedback that you got from people when you were talking to them, whether or not they were sure if they were actually covered?

DR. JOHN SEFFRIN: Well, a physician came up to me on the west coast and said what your message is so powerful because I can see myself in it and we got into this because we have a call center that is open 24 hours a day, seven days a week and people are calling us saying I have cancer, I have insurance but they will not cover what I need.

We looked into it and sure enough, many, many people cannot get the coverage, cannot get the care they need because their insurance is inadequate. Either the co-pays are too high or it will not cover what they need. So we estimate about a

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hundred thousand families went bankrupt last year just because of a cancer diagnosis and lack of adequate coverage.

JILL BRADEN BALDERAS: So, you have committed 15 million dollars for this campaign, which is your whole advertising budget, is that correct?

DR. JOHN SEFFRIN: That is correct. We decided this was such an important issue that our entire budget for paid advertising went into making the public aware of this terrible problem.

JILL BRADEN BALDERAS: And typically you have focused on issues like research and prevention and early diagnosis, so why was it important for you to add this to your portfolio of education?

DR. JOHN SEFFRIN: Well we found out in other years that when we have campaigns for things like colorectal cancer screening, we can move a needle, we can get more people to be compliant and when that happened we saved lives and we can now document that.

What we now see is that more people are dying because of lack of insurance. What we also know is that in our National Cancer Database that we co-founded with the American College of Surgeons 25 years ago, we can track whether a person has insurance or not and their stage of diagnosis and the outcome.

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And what we have found out is that a woman without health insurance with stage 1 breast cancer is more likely to die than a woman with stage 2 breast cancer with insurance. So we know it is not just the early detection piece which is very, very important, but it is also the treatment you get depending on what the quality of your health insurance.

So we are saying that through this paid media campaign that we want everybody to have access to adequate, affordable, available health insurance that is administratively simple and there is no reason that we know of that could not come about if it is made a high enough priority in this nation.

JILL BRADEN BALDERAS: Now the four words that you just mentioned, the adequate, affordable, available, and administratively simple are your definitions of meaningful health insurance. How did you come up with that definition?

DR. JOHN SEFFRIN: Well part of our five point program was to do a lot of policy analysis and we determined that the big impediments or barriers can be adequately subsumed under those four A's. So adequate means that, of course, your insurance will get you what you actually need. Adequate quality care.

Available means that it is actually there when you need it and of course the fact that it is affordable means that the co-pays and the limits are such that just because it happens to

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be a big league disease like cancer, it does not knock you out of the box of being able to afford it.

We have too many people who are cutting the pills in half or not taking the full amount of radiation or not getting through their chemotherapy simply because of a matter of cost.

JILL BRADEN BALDERAS: And what is standing in the way then of achieving these four A's?

DR. JOHN SEFFRIN: Public policy. People do not realize that we are already spending more, much more, more than twice as much as the next highest spending nation in the world on health care, over two trillion dollars per year, seven thousand per person per year, but we have to spend it more intelligently. We have to make sure that there is more emphasis on prevention and early detection when, of course, the outcomes are much better and it is less expensive to get treated.

So, it is not simple, I do not mean to imply it is not difficult but it means that we have to set it a high enough priority that we get people what they really need. In America we have good data to show that the American public wants to overcome cancer more than any other disease. We now know we can early in this new century if we do the right things. One of the right things is to make sure people have access to quality care when and where they need it.

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JILL BRADEN BALDERAS: Now, you mentioned cost earlier and people splitting their medications in half. There is also an example that you have on your website of a colon cancer treatment that costs a hundred thousand dollars a year and let us say your insurance company pays 70-percent of that. The patient is still left with a 30 thousand dollar bill.

So what is the problem there? Is it the high cost of treatment? Is it the insurance policy that the person has? Or is it broader than that and how do you address this issue of cost?

DR. JOHN SEFFRIN: Well cost is a complicated issue and as new drugs come forward, they often are priced at such a level that even if the insurance covers it, the co-pay is extraordinary. I know the specific instance of medical oncologist's mother, stage 4 colon cancer who said and I could afford it but why should I spend down my assets that much, this is just not reasonable since essentially, because of where I am I know I am not a long-term survivor.

So it becomes a complicated issue but without any question, people are not benefitting from the research that has developed new compounds that can help them. So tax payers pay into the government, NIH is funded, new drugs and compounds are found and new products are developed and then whoops, not everybody has access to them and we have to look at that very

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seriously and until we do, people are going to suffer needlessly and die needlessly.

JILL BRADEN BALDERAS: And do you have examples of ways that have worked in terms of getting people access to that treatment or when you are sitting down negotiating the potential points of health care reform, what would you suggest in order to broaden this access?

DR. JOHN SEFFRIN: Well there are different ways to skin the cat. We have been successful in getting 48, 49 of the 50 states to pass laws that mandate if you offer health insurance it must cover mammography at age appropriate times. That is not the best way to do it but that is one way to do. But we think a better way to do it would be to get around a table and say what is the kind of quality care that really will change the level of public health in this nation?

What do people need and how can we make sure that any health insurance they have, whether it is a government health insurance through Medicare or whether it is private health insurance, covers the kinds of things that can keep people healthy the longest period of time. It is the only hope for this nation as we look way down the road because it is an aging population.

So there is no question but what more and more people are going to have chronic diseases. If you develop a chronic disease and manage it well, it is a whole different scenario

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than if you do not. In this country we do not do a good job of that and we have to change the health care system to accommodate the growing population that is older with chronic diseases.

JILL BRADEN BALDERAS: And in working with state, you all advocate on behalf of health insurance requirements but there are some people who would say that is one of the reasons why insurance coverage and then perhaps treatment as well is so expensive.

So how do you find a middle ground on requirements that would actually get people the care that they needed but then also not driving up cost?

DR. JOHN SEFFRIN: I think there has to be a candid adult discussion about rational care and how the current money is being spent that is in the system because there is a tremendous amount of money in the system now that can be spent better and then on the heels of that we have to talk about prevention and health promotion. The very things that most health insurance plans do not pay for are the things that are relatively inexpensive and highly, highly, highly effective.

So if we can turn on those issues and there is no reason that we cannot, then we can get away from, as you test stand mandate. But there needs to be a rationale discussion about what does a basic health care plan need to look like that is in the best interest of all American citizens. We have not

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yet leveraged our strengths which is that we are a country where well over 90-percent of all people are born healthy and then something goes wrong.

We now have the knowledge of knowing how to keep health people healthy for a normal human life span but we have to make sure that our health care system offers that and gives people access to that knowledge and to those technologies.

JILL BRADEN BALDERAS: Now this society is looking at this through what they call the cancer lens, but can you talk about how making improvements for people with cancer will actually improve the system overall for everyone?

DR. JOHN SEFFRIN: Yes I certainly can. We were the first organization ever in the history of the voluntary health organization movement disease specific societies to step beyond just the cancer piece and say we call for access to quality health care for everyone. The reason for that is, is that we did careful studies and found out that really there were three major things that have to happen for us to bring cancer under control as a major public health problem early in this new century.

And of those three, one, access to quality care was the only one that could keep us from ever getting there. So we said let us go to the American public and show them the broken health care system through the cancer lens so real people, not actors and actresses, but people who call our call center who

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had cancer and did not have coverage, we recorded it and shared it with the American public and everyone who sees it says that is not right. If you have a cancer diagnosis, you should be able to get the care you need.

We hope that then when that is fixed, a rising tide raises all ships, it will improve the outlook for not just cancer but for heart disease, diabetes and many other diseases.

JILL BRADEN BALDERAS: Now just last week you all launched the Fight Back Express Bus. Can you talk about that, what the campaign is, what you all learned from it so far and what you hope to achieve?

DR. JOHN SEFFRIN: Absolutely Jill. The Fight Back Express Bus was launched just a week ago in Cleveland, Ohio, will go 25,000 miles, will visit all 48 of the lower contiguous states before election day and community events are being held as I speak and everyday hereafter and the notion is to inform people that we can save more lives from cancer than ever before.

500,000 people were saved over the last 15 years because people had access to things but we can double and re-double that number if all people have access to quality health care. There is no reason in this country, arguably the richest country in the world, that we cannot take the money in the system and deploy it in such a way that everybody has a chance of either not having cancer in the first instance, 60-percent

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of all cancer is preventable during a normal human life span or detecting it early when it is most treatable and the outcome is the best.

Cancer is potentially the most preventable and the most curable of the major life-threatening diseases facing Americans today and we think the Bus and our efforts will help change that potentiality into a reality for everyone.

JILL BRADEN BALDERAS: Now the end of the tour is going to be here in Washington D.C. on election day, so looking forward to 2009, how hopeful are you that there is enough momentum for actual change in our health care system?

DR. JOHN SEFFRIN: We are very optimistic. I think we certainly are not naïve and do not take anything for granted but we can see the excitement that has already been generated. We have good data after our paid media campaign that shows that people are really getting frustrated and are very, very worried for themselves and for their families.

So we think that every serious candidate is going to need to stand up and speak out about what he or she would do about this problem and then we are in a position, the American Cancer Society with our new Cancer Action Network, a 501C4 organization, to remind them after elections what they said and hold them accountable.

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JILL BRADEN BALDERAS: Great. Well Dr. John Seffrin, CEO of the American Cancer Society, thanks again for joining us on health08.org today.

DR. JOHN SEFFRIN: You are welcome, glad to do it.

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