

Dr. Garen Wintemute, Director of the Violence Prevention Research Program

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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, more interesting news on the economic impact of the Affordable Care Act the Department of Health and Human Services has reported that health care caused for millions of Americans who bought health insurance on the state and federal exchanges remain steady in 2015.

Margaret Flinter: The report shows that states with the highest enrollment growth they solved significant reductions in the average medical cost per enrollee.

Mark Masselli: This news comes in as an important pivot point, Margaret. Several of the nations' biggest insurers have made moves to exit the insurance exchanges but the study revealed insurers who sold policies on the exchange set prices low in the first year.

Margaret Flinter: So the second year of open enrollment however saw more healthy people participating and that of course leads to more stabilized overall health cost. And of course, this dovetails nicely off of a recent Harvard study which show that in states where Medicaid was expanded and where low income residents gained access to health insurance coverage, good preventive primary health care and better health outcome.

Mark Masselli: HHS Secretary Sylvia Burwell said the study shows the online insurance marketplace is improving as each year passes. They anticipate the rate of increase to level off overtime as healthier young people enter the risk pool.

Margaret Flinter: And HHS plans to do more outreach into the young invincible demographic during the next open enrollment, those are the healthy young adults who are more likely to feel they don't really need the coverage.

Mark Masselli: Now let's shift to another that has gripped our nation and that's the prevalence of gun violence, Margaret. Well we often take note of the terrible mass shootings which dominate the headlines we don't think of the 90 Americans per day who die by gun. Our guest today is one of the world's leading experts on gun violence.

Margaret Flinter: Dr. Garen Wintemute is an emergency room physician at the University of California at Davis and he has dedicated much of his life's work to conducting vital research on gun violence, we are really looking forward to that conversation, Mark, it's so important.

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Mark Masselli: And also Lori Robertson, stops by the Managing Editor of FactCheck.org, who looks at misstatements spoken about health policy in the public domain. But no matter what the topic, you can hear all of our shows by going to [www.chcradio.com](http://www.chcradio.com).

Margaret Flinter: And as always, if you have comments, please e-mail us at [chcradio@chc1.com](mailto:chcradio@chc1.com), or find us on Facebook or Twitter because we love to hear from you. We will get to our interview with Dr. Garen Wintemute 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 Health Care Headlines. Aetna is the latest large insurer to take a step back from the Obamacare Health Insurance Exchanges. Aetna has joined large insurers Humana and United Healthcare and pulling out of the marketplaces opting to stay in just a handful of markets. So what does this mean for consumers? Health law experts suggested that consumers won't likely feel much of the pinch. Eight out of the 10 insurance marketplace consumers received tax subsidies to cover much of the cost of their insurance purchase, and as plan prices rise so do the tax subsidies. Consumers in parts of the south however will feel much of the blood. Florida, Georgia and North and South Carolina are also states that failed to expand Medicaid for their residents living close to the poverty line leaving many residents still uninsured. A report by the nonpartisan commonwealth fund charts the reduction of the uninsured population from 2013 to today about 26 million Americans have gained coverage at that time, but the report also concludes a persistent sector or the population remains uninsured.

Latinos making \$16,000 per year or less, Millennials and those who live in the 20 states that are failed to expand Medicaid. As the Zika virus continues to pose a threat to folks largely living along with southern coastal regions of the U.S. Researchers may have zeroed in and the culprit is responsible for interrupting neural development and growing fetuses. Researchers at the University of Southern California have identified two proteins in particular NS4A and NS4B which affect the brain by targeting signaling process that controls cell growth. And report in Kaiser Health news scientist report their findings that if Zika spreads in the developing fetus the virus actually uses the disposal process to continue proliferating. Cells began dying as early as two weeks after infection occurred. The discovery this process may accelerate the pace of developing drugs that can counter this devastating result from being exposed to Zika in utero.

I am Marianne O'Hare with these Health Care Headlines.

Dr. Garen Wintemute, Director of the Violence Prevention Research Program

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Mark Masselli: We are speaking today with Dr. Garen Wintemute, Director of the Violence Prevention Research Institute at the University of California Davis, an ER physician and professor of emerging medicine. Dr. Wintemute is also a leading global researcher on analyzing gun violence from a public health perspective. He served as Medical Coordinator at the Nong Samet Refugee Camp in Cambodia. He earned his undergraduate degree at Yale, his master's in public health at Johns Hopkins and earned his medical degree and did his residency at UC Davis. Dr. Wintemute, thank you for joining us on Conversations on Health Care today.

Dr. Garen Wintemute: Thanks for having me.

Mark Masselli: You launched after your ER experience the violence protection research program at UC Davis back in the 1980s and so kudos to you for being a pioneer, and I am wondering if you could take our listeners back to sort of the driving mission of the work that you do at the violence protection research program and maybe in a seminal moment or experience that brought you to spend lifetime engaged in this work.

Dr. Garen Wintemute: We, for some years, have used emergency departments and trauma services here in the U.S. to train the arm services, combat surgical teams because they can see battlefield trauma right here in the United States. Back in the 80s and early 90s, it was actually something of the hard sell that violence was the health problem and not a crime problem, and the best encapsulation of the argument I have ever heard came from David Satcher a physician who just take over the CDC and was asked about this, and he said, "Look, if violence isn't a health problem then why are all these people dying from it." In my own case, the experience was at that time in Cambodia that you mentioned. It was a very intensive experience in a power of violence to disrupt people's life not long after I got home realized I can do that work right here. And the other realization the vast majority of people who died from gunshot we say in the United States die where they are shot. It doesn't matter how fast the ambulance is, it doesn't matter how good the ER doctors and surgeons are, those people are just dead. And for me and others there came the recognition that if we as clinicians want to make the maximum inroad into the number of people who died from firearm violence we need to prevent them from being shot in the first place.

Margaret Flinter: Dr. Wintemute, I am not sure our listeners would be very familiar with the Dickey Amendment which Congress passed 20 years ago which essentially barred the Centers for Disease Control from utilizing any government funds for research that might somehow support gun control legislation to help our listeners understand what was this Dickey Amendment and the impact it had

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your research or the research of your colleagues. I understand that you basically began to contribute your own personal funds to keep this vital work going, tell us about that.

Dr. Garen Wintemute: So in the early 1990s, we were facing a real epidemic of firearm violence and the country did what we do best, and it should be very proud of. We committed funding to understanding the problem better, Congress was interested in doing something with the results of the research. It's sort of like the mobilization that we've had for cancer and heart disease and motor vehicle injuries, we are doing it now for opioid abuse and the Zika virus. The difference is that that mobilization was choked off. There were and are interests in the United States who oppose changes in firearm policy, and I think they took to the position that let's simply choke off the supply of the evidence that might make those changes possible. Jay Dickey was a congressman from Arkansas describing himself as the point person for the National Rifle Association carried an amendment that was adopted by Congress and that said that federal funds could not be used "to advocate or promote gun control." Congress took from the CDC's budget, this is the mid 1990s, took from CDC's budget the amount of money that they have been spending on firearm research and gave it back to them you know Mark for another purpose. CDC has overnight within a few months of shutdown their extramural funding program. We had a research program going in large part with their support and CDC still does not fund research, other federal agencies do.

The National Institute of Justice I think NIH but for criminal justice matters, and a few years ago, the National Institutes of Health launched for the first time in their history a program of funding for research on firearm violence. Compared to what's needed it falls way, way short. The question that I have as both a researcher and the clinician is how many thousands of people are dead today would be alive if that work had been allowed to continue, if we have been able to enact policies based on the answers to tough questions when today we don't have those questions answered.

Mark Masselli: Well, there were 34,000 gun related tests per year in this country it's about hundred a day decided to do control evaluation of the California Armed and Prohibited Person System which seeks to prevent violence by recovering firearms from person who may have purchase them legally, but have since become prohibited persons. Can you tell our listeners a little bit more about your findings?

Dr. Garen Wintemute: We worked very hard in the United States to prevent prohibited people, felons, people who have been convicted of domestic violence and so on from purchasing firearms. But we do essentially nothing when the reverse set of circumstances applies. When someone purchases a firearm legally and then at some time later, newly becomes a prohibited person. Here in California, an effort is being undertaken to address that gap. If a person has just

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had a prohibiting event occur and if they show up in their archive of firearm transactions, there's obviously a real possibility that they still possess a firearm and are prohibited from doing that. What follows is a knock on the door and they have taken on a temporary basis because those prohibitions might expire. What we know so far is that such a program is feasible, it can operate, it's been operating for a while now, thousands of firearms have been recovered, no one has been hurt, nothing has happened. What we need to let some time pass in order to determine is whether the program works in the sense of reducing the risk of future violence on the part of people who are affected and we are in the middle of that work right now.

Margaret Flinter: Well, that sort of leads us to the research that you have done in primary care we routinely screen patients for the prevalence of substance abuse and we know that there is a corollary particularly between alcohol and domestic violence. How did you analyze the connection between alcohol or substance abuse and gun violence and what did you find?

Dr. Garen Wintemute: There is a huge body of evidence establishing that alcohol abuse is a risk factor for future violence by itself even when other risk factors are controlled for, specifically involving firearms. What there hasn't been is a study of whether alcohol abuse is a risk factor for future violence specifically among people who own firearms. And we have just actually finished one study in this area and what we learned is that firearm owners are just like everybody else, that even when you control for other risk factors for violence in the future such as age and sex and our past history of violence, alcohol abuse is a substantial and independent risk factor for future violence involving firearms, major violent crimes like homicide rape and robbery and aggravated assault. The bottom line is that we are learning that firearm owners aren't different they are just like the rest of us when it comes to the relationship between alcohol and future violence.

Dr. Mark Masselli: We are speaking today with Dr. Garen Wintemute director of the Violence Prevention Research Institute at the University of California Davis Dr. Wintemute in the quest to understand the recent spate of the mass shootings that have occurred around the country the discussion often turns to the link between mental illness and gun violence and what is your research revealed about the role of mental illness that are more likely to lead to gun violence?

Dr. Garen Wintemute: Well no more than 4-5% of interpersonal violence can be directly attributed to serious mental illness by itself. There are certain points in the history of a mental illness, when risk is increased, one is when that mental illness is first diagnosed another is at times of acute exacerbation, when there's been a mental health emergency and I want to draw a parallel here between mental illness and other chronic illnesses public mass shootings are a very, very small part of the overall problem of firearm violence in the United States. Well under 1% of fatalities from firearm violence in the United States come from mass shootings.

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Margaret Flinter: One of the problems is just the unbelievable proliferation of weapon ownership in this country I understand that you have looked at the whole area of gun shows and gone to gun shows were private gun sales were common occurrence can you talk about this less regulated marketplace.

Dr. Garen Wintemute: We have fewer than 5% of the people on the planet we have more than 40% of firearms in civilian hands. We have a set of policies that make the widest possible array of firearms available to the widest possible array of people for use one such federal policy establish what amounted two separate systems of commerce in firearms. If I buy a gun from a licensed retailer I have to show my ID and fill out a very lengthy form and undergo a background check and the retailer has to keep a permanent record of the sale which means I can be linked to the gun, but I can buy a gun from a private party and there's no paperwork there's no background check there's no waiting period if gun cash and a handshake and I the buyer get to choose which system I'm going to use. If I'm acquiring that gun with criminal intent and don't want anybody to know about it that private party purchase is the only option for me nearly 40% of all firearm acquisitions in the United States occur through that unregulated don't ask don't tell system, and that proportion doubles from 40% to more than 80% if the firearm is being acquired with criminal intent.

Mark Masselli: You know that you said a person can have the misdemeanor rap sheet as long as an arm and till be able to purchase a gun legally, your researchers shown that the most telling factor in predicting potential gun violence is a person's prevalence of petty crimes and misdemeanor convictions, so tell our listeners what your data has shown you about the connections between lax gun laws and the incident of gun violence.

Dr. Garen Wintemute: So it is a myth that violent criminals cannot buy guns legally, a person under federal law can be convicted of any number of violent misdemeanor assault and battery is a good example. Here in California of violence misdemeanors are not allowed to purchase firearms and we evaluated that change in policy and found it was quite effective. It reduces the risk of future violence in that population by 25 to 30%. We've got 50 laboratories in the United States conducting experiments in firearm policy and all the experiments are being conducted and there are very few people available to see what the results are?

Margaret Flinter: Dr. Wintemute with so many guns and circulations could telling the influence of the NRA is likely to happen anytime soon certainly a very vocal contingent in Congress willing to hold the 24-hour **sitting** demanding a more rational approach to gun policies but I would like to ask you what is your recommendation for the best way forward on getting the proper emphasis on the public health threat of gun violence?

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Dr. Garen Wintemute: One is to get better evidence at a time when policy reform might be in the offing we need the best available evidence to guide those reforms. Here in California the legislature authorized in the University of California is probably about to establish of a firearm violence research Center that's a big problem in California as it is nationally Congress hasn't stepped up fair enough California will do its part, that measure was it that was legislation that was considered by the state legislature and Jay Dickey wrote a very strong letter in support of that bill to establish a Research Center, Jay Dickey has had a change of heart and has recognized that his language which spoke only to advocacy had been used to suppress research, and he's come to see that is wrong and it was very heartening to get his support. I think that whatever the outcome of the election in November, there's going to be more support for research on this obvious large and pressing problem. I am optimistic having lived through the last three decades of this I know the following to be true, that the conversation has simply not stopped since December of 2012 people have been talking without end and an increasingly about a bigger a problem this is and how we need to do more about it.

New people are signing up to help with the research effort to help with the advocacy effort if that's where their skill set lies. I think we are not far away from seeing substantial change for the better.

Margaret Flinter: We have been speaking today with Dr. Garen Wintemute Director of the Violence Prevention Research Institute at the University of California at Davis. You can learn more about his work by going to [ucdavis.edu/vprp](http://ucdavis.edu/vprp), Dr. Wintemute thank you so much for the very important work that you are doing and for joining us on Conversations on Healthcare today.

Dr. Garen Wintemute: Sure thanks very much for having me.

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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: Hillary Clinton falsely claimed that Donald Trump campaign officials have called Zika "an insignificant issue" that was said by an unpaid local supporter of Trump not campaign officials, Trump himself has called Zika a "big problem" for instance the democratic presidential nominee made the claim about her republican opponent, during a visit at a Medical Center in Miami. As of early August there have been six locally acquired cases of Zika in Florida throughout the US, there has been more than 1800 travel associated cases. Clinton

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expressed disappointment with Congress's failure before going on a summer recess to pass Legislation for emergency funding to combat the Zika epidemic. Clinton's campaign told us she was speaking of one field who was quoted in June by the Boston Globe as saying we have bigger mosquitoes to squashed in Zika, like ISIS the National debt Iraq and Afghanistan. He called Clinton sophomoric for taking on such an insignificant issue who is feel he was identified by the globe as Trump vice chairman of Miami-Dade County but Trump Florida chief strategist and senior political adviser told us that's not the case and that field is in unpaid supporter. The Trump volunteer told us "I speak for myself and not Trump, we checked and feel isn't on the payroll and Trump July 2016 campaign finance report. Trump himself has made limited comments on Zika but called it a big problem in early August, 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. Tel Aviv Computer Scientist and developer Oded Ben Dov has been coding since he was six years old and he's always been interested in hacking systems to make them better. So when this young entrepreneur unveiled a hands-free gaming system on Israeli TV 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 smart phones 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 again 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.

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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 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 are positioned as well within the special need space and 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 allowing them a new level of independence, 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.