

## Janelle Goetcheus, MD, Doctor Succor, Washington, DC

Fitzhugh Mullan, MD

Contributing Editor

Health Affairs/Project Hope

Bethesda, Maryland

Clinical Professor, Pediatrics and Public Health

George Washington University

Staff Physician, Upper Cardozo Community Health Center

Washington, DC

*Posted: 03/19/2001; Medscape General Medicine. 2001;3(1) © 2001 Medscape*

### Introduction

*Blankets, vitamins, condoms, and mittens: these are items that Janelle Goetcheus dispenses while making rounds on homeless patients. One part St. Joan and two parts Sister Theresa, Goetcheus has been an omnipresent force in the care of the indigent, the impoverished, and the homeless in Washington, DC, since the mid-1970s. During this time she has treated thousands of the city's most down and out patients and founded or helped in the founding of an extraordinary series of service programs -- Columbia Road Health Center, Christ House, Mary's Center, and Joseph's House, to name a few. Religion and spiritual commitment have always been very important to her. She and her Methodist minister husband intended a life of missionary work abroad when a chance trip brought them to the nation's capital in 1975, where they discovered and took on a lifetime of challenges. Since 1995, she has served as the Medical Director of Unity Health Care, an amalgam of Washington's Healthcare for the Homeless program and the city's two community health centers. She and her husband have raised their family living in Christ House, sharing their home and their meals with patients and colleagues alike.*

*Goetcheus is soft spoken and straightforward, with a perpetual aura of kindness about her. She speaks with great satisfaction about her calling, which she defines in terms of service and healing. But she is not altogether content with her quarter of a century of giving succor to the vulnerable. "I still feel a sadness from seeing so much unnecessary suffering. There are younger people out on the street today, many of them crack-addicted, lining up for the soup kitchen, and clearly feeling hopeless. This country needs to make a much more fundamental commitment to care for all of its people."*

I've worked and lived in the inner city of Washington, DC, for almost a quarter of a century, but Indiana and my faith in God are my real roots. That's where my life and where my vocation began.

My father grew up in Indiana and Illinois, where my grandfather, who was a United Methodist minister, had several parishes. My mother grew up in North Manchester, Indiana, where she was a member of the Church of the Brethren. The Brethren are one of the Anabaptist groups of German origin related to the Mennonites and the Quakers. Marrying outside the church was a difficult decision for my mother -- even though she was marrying a minister's son. I was born in Indianapolis in 1940 but grew up in Muncie, Indiana, where my father worked as an auditor for the state of Indiana. My mother taught school all of her life, first in public schools, then in a parochial school, and finally as a tutor for homeless adults who were learning to read.

My parents belonged to the High Street United Methodist Church, a large downtown church in Muncie. Going to Sunday service and Sunday school each week was very much a part of my childhood. Prayer was always important to me, even as a child. It was during time spent in prayer that I began to think about where I was headed in life. Within the church, it was assumed that some people would go into full-time Christian service, as we called it. In our Protestant tradition, that usually meant that men would become ministers and women would become missionaries. I never really wrestled with whether or not

to go to the seminary, because very few women became ministers at that time. My primary goal was to live with and help the underserved.

I also decided at an early age that I wanted to be a physician, but that specific vocational goal was less important. First, I knew who I wanted to serve -- the poor. The question of how best to manifest that service was secondary. I was a shy person on the surface and not the type people expected would go to medical school. In fact, the career counselor in high school suggested that I consider alternatives to college, such as secretarial work. A few years ago, an article about me appeared in a medical school alumni magazine, and that same counselor, then in her nineties, saw the article. She actually remembered me and called me here in Washington. She said she never thought I'd become a physician and we both had a good laugh about it over the phone.

I finished high school in 1958 and went to Ball State Teacher's College (now University) in Muncie for a 3-year pre-med program. I lived with my parents and continued to worship at our family church. A number of overseas missionaries came to speak at the church, and I expected that my work as a doctor eventually would take me overseas because I assumed that was where the greatest need was; I simply didn't think in terms of major medical problems here in this country.

## Medical School

I went to Indiana University Medical School from 1961 to 1965. Eleven women started out in my class of 200, but only eight of us graduated. Other women I've spoken with from my class seem to have more memories than I do of feeling intimidated and squelched at various points in medical school. I was very focused on why I was there, so I just didn't pay much attention to sexism. Of course there were off-color jokes and things like that, but I was a quiet person and just didn't let it bother me. One unpleasant experience that probably wouldn't happen now was being selected as a research subject in a physiology class. The teacher wanted women subjects for an experiment on basal metabolic rates. Another woman and I drew straws; she got the hot room and I got the cold room. I had to put on a bathing suit and sit in there, monitoring my temperature with a rectal thermometer. My lab partners were watching and the whole thing was very cold and very degrading.

The faculty physicians were supportive in general, but I didn't receive much encouragement from them about my interest in general practice. Most people went into specialties at that time, and the local family doctor was always considered the low person on the totem pole in terms of intellect. When I was a senior, I had my first real experience with family practice because I was one of two people in our class allowed to spend a semester working with a family physician. That internship really opened my eyes to a different way of looking at medicine. I lived with the family physician and his wife in a small town in northern Indiana. The doctor was in private practice and made house calls. Everything he did, I did; it was really wonderful.

In my third year of medical school, I went to work in Zaire for several months with a group of Indiana doctors. A war was on and the Belgians and others were pulling out, so the hospitals were very short-staffed. We lived in the bush area and worked in a 200-bed hospital with TB wards and a leprosy camp. I was very naive at the time, but I could still see how US policy had been bungled there and the far from positive role that America can play in other people's history. During a subsequent conflict between tribes, the physician that I worked with there, Glen Eschtruth, was taken out to the bush and killed. Everything about this 4-month experience was very significant for me. The people of the Congo taught me a lot and brought me a deeper understanding of my own faith. When I left, I fully expected to go back one day. I never thought I'd end up in our nation's capital.

## Marriage, Children, and Family Practice

In an amazing 24 hours in June of 1965, my husband to be, Allen, was ordained a United Methodist minister in the afternoon, we were married in the evening, and I graduated from medical school the next morning. Allen and I had actually grown up together in Muncie but we didn't really date until my junior year of medical school, when he was in his first year at

the Garrett Theological Seminary at Northwestern University in Chicago.

After we were married, I moved to Chicago to be with him, where I did a 1-year rotating internship at Evanston Hospital, affiliated with Northwestern. It was a wealthy hospital and so there was a lot of observing rather than hands-on experience. We spent the next several years moving back and forth between Chicago and Indiana as my husband continued his postgraduate training and I did various short-time medical jobs to help pay the bills. Our first son was born in Indianapolis in 1967. In 1969 we moved to Upland, Indiana, where we stayed until 1976. My husband was head of the speech and drama department at a small Christian college and worked with a religious drama group. I practiced medicine in nearby Marion, Indiana, where I worked at the Marion Hospital as the first dedicated emergency room doctor. Some physicians were afraid they were going to lose their patients to me but, as I continued my work there, acceptance grew, and finally we had a group of five ER physicians. The hospital, the only one in the county, was very busy and turned out to be a great educational experience for me. It's really where I got my residency training. When I needed a cardiologist, a cardiologist came in; when I needed an OB consult, an obstetrician came by, and so on.

After that, I worked for a year with a group of family physicians. We had two more children by then, and I wanted to work set hours so I could be home when the children were little. The experiences in Marion led me to feel fairly comfortable with most medical situations, which was extremely helpful to me later. When we moved to Washington DC, I could walk into an inner-city health service and handle a good deal of the problems on my own.

## **An Unanticipated Urban Move**

While we were living in Marion, we were looking for ways to go overseas, but nothing seemed to work out. One of the last ideas we explored, around 1974, was heading to Pakistan, where my husband was going to teach and I would work in a hospital. We waited months for a visa, but there were so many obstacles to surmount as American Christians applying to go to a Muslim country. In the process of waiting for that visa, we came out here to Washington, DC, for a visit that proved life changing.

Before the trip to Washington, my awareness of racial inequities and healthcare needs in this country was very limited. When we lived in Chicago in the mid-'60s, I had had a bird's-eye view of the riots when Martin Luther King was killed. I remember seeing the fires and the deserted subways in downtown Chicago. But even after that experience, I had little direct understanding of suffering and racism in America. In Marion, the African-American community lived primarily in just one section of town; I don't remember thinking this was unjust or wondering where these people got healthcare. In fact, I later learned that Marion had been the northernmost city where a black was hung, back in the 1930s. But my own awareness of this oppressive history just wasn't there; I was very focused on the needs of people overseas and not in this country.

We came to Washington for a weekend to visit a small ecumenical community called Church of the Savior. Members of this community had begun a series of ministries in the Adams Morgan neighborhood. When we arrived, the church had just acquired its first apartment building, called "The Ritz." Jim Rouse, a well-known local developer, had an interest in low-income housing and had helped the Church of the Savior to buy the apartment building. Before renovation, the Ritz was a terrible, run-down, inner-city building with a leaky roof and garbage all through the basement. It had a terrible smell, and every apartment was jammed with people. We were introduced to the tenants in the building, and somehow it came out that I was a physician. Several of the people began telling me how hard it was for them to get healthcare here; it was an eye-opening experience for me.

After that weekend, we were never quite the same. Although we went back to Upland and kept waiting for the Pakistan visas, we also began to explore the idea of moving to Washington, DC, instead. There was no particular health service going on in DC, and there were already many United Methodist ministers in the area. But we became more and more certain that we needed to move to Washington. Although we were very certain that God was directing this, we worried about the risks

involved -- we had three little children and neither one of us had jobs lined up. In the end, we decided to accept the risks. We felt loony trying to explain our idea to our friends, but we retired the missionary idea and decided to go to DC to find out what we were all about.

We moved in August 1976 to suburban Columbia, Maryland, where the family would be comfortable but we were close enough to work in inner-city Washington. I took a job as a part-time physician in the emergency room in Howard County Hospital. In Columbia, there was a religious community patterned after Church of the Savior. The Church of the Savior talks about a person's inward journey and outward journey. These journeys involve spending an hour each day alone in prayer and participating in a small mission group in which everyone works toward a common goal. I joined a mission group that focused on health issues, and we soon began working with the Church of the Savior in DC, opening a part-time health service in the Ritz apartment building. We put up dividers and examination tables in a small community room and went to work.

In 1978, I was asked to help begin a health service in another low-income apartment building that had been purchased by Community of Hope -- an organization that provided housing and social services for the neighbors around Belmont Street. The building, unbelievably, was in worse condition than The Ritz. As my practice began to grow with patients from both The Ritz and The Community of Hope, I needed to be on a hospital staff so I could admit and refer patients for specialty care. I checked with Georgetown University Hospital, but they didn't have general practitioners on staff at that time and they certainly didn't want my uninsured patients. They referred me to Providence Hospital, a community hospital in Northeast DC with a mission of serving people from the inner city, regardless of insurance status. That is where I met Sister Irene, a saint of a hospital administrator who made things work at Providence. She welcomed me to their staff, initiating a wonderful relationship between Providence Hospital and me that has endured to the present. This, however, didn't solve my problems with diagnostic testing and specialty referrals, so I next appealed to the public hospital, D.C. General. But in 1977, they would make no special arrangements for us, so we had no choice but to send our patients who needed diagnostic tests to the emergency room with a slip of paper and hope for the best. Sometimes this worked and occasionally -- very occasionally -- I would get a note back from the hospital with information on the test results. It was extremely frustrating.

In those days, I got into trouble with D.C. General because I preached a "sermon" about these issues during a worship service at a nearby coffeehouse, one of the outreaches of Church of the Savior. I shared my experiences about trying to get patients through that D.C. General system, and someone sent a copy to Bob Johnson, the chief administrator at D.C. General at the time. He was madder than a snort at me and sent me a nasty letter. But as the years went on, he became a friend and worked to help community clinics with their referral needs. We tried through interfaith groups and through the DC Medical Society to get a group of specialist physicians to see our patients in their offices, but we never could really get it going. Eventually, with the help of the Catholic Archdiocese, we were able to address this problem. Dr. Ed Pellegrino, a Georgetown physician and noted ethicist who was on our Columbia Road board, went to the Archbishop of Washington, Archbishop (now Cardinal) Hickey, and explained the trouble we were having. Cardinal Hickey wrote to all the Catholic physicians in the Washington metropolitan area and invited them to a beautiful dinner at his residence. During dinner, he got up and spoke in terms of the need and connecting it with one's faith journey. Out of that came a small group of physicians who helped set up the Volunteer Health Care Network, which now -- 12 years later -- consists of about 350 specialists who volunteer their time to see uninsured patients from inner-city clinics. As helpful as it is, the Network is swamped with requests. There are simply never enough of certain kinds of specialists.

## **The Columbia Road Health Service**

In 1979, our family moved from our home in Columbia to the Adams Morgan neighborhood where I was working. The decision to move to the city was a major one. We worried about safety issues for the children. What's more, the children thought Columbia was heaven; it had every recreational thing a child could ever want. There have been times since then when we have asked ourselves, "What have we done?" There have been times when the children were frightened, or had things stolen,

or were mugged. But if you talked to them now, I think 90% of what you would hear would be very positive, a real appreciation of the gift it was for them to live here. Their lives in Maryland had been so separate from the daily suffering we see here. It didn't work for us to just bring the kids by once or twice a week. My patients and the people I work with are like family to me, and I'm grateful for them. We wanted the kids to have those kinds of experiences and to really know the richness of the people that we knew. That's one of the joys of being here.

The year 1979 was eventful in another way too. With support from the W.K. Kellogg Foundation, our small health service expanded and became the Columbia Road Health Service, and we moved from our original room at the Ritz into a two-bedroom apartment down the street. Our patient population grew rapidly. I worked as the physician and Allen as the pastoral counselor. In addition to the Ritz, eight other low-income apartment buildings in the area were purchased by the Church of the Savior group called Jubilee Housing for the purpose of renovation and community building. Our population also changed dramatically. There was a huge influx of poor Latinos into Washington in the early 1980s due to the war in El Salvador, so we had to make sure that our staff could speak Spanish. Later a large number of people from Vietnam also moved into the nearby Mount Pleasant area.

By 1989, the Columbia Road Health Service had outgrown the two-bedroom apartment and moved to a new space on Columbia Road in the heart of Adams Morgan that we still occupy. We continue to this day providing services to any poor neighborhood resident with no other resources.

## Serving the Homeless

In 1982, two other physicians joined us at Columbia Road Health Service, Don Martin and David Hilficker. David began going with me to Community of Hope and Don joined me in going to So Others May Eat (SOME). SOME was feeding over a thousand homeless each day, and Father John Adams invited us to help with the health service.

But it was frustrating because, after seeing these homeless, sick patients, we had to turn them right back into the street. In 1984, Washington, DC applied for and received a grant from the Robert Wood Johnson Foundation and the Pew Charitable Trusts. Thus Washington's Health Care for the Homeless project was begun and allowed us to begin placing health services directly into the homeless shelters. The first shelter we went into was Pierce Shelter in an old school building. We did exams in the coatroom. Eventually we built another little room onto it, and that was our first on-site health service under the Health Care for the Homeless grant. At that time the shelters were quite an experience. There were rats, and sometimes no running water. We carried in water to wash our hands. The medical teams would see patients at the shelters but bring their charts to our backroom administrative office at Columbia Road.

Since that time, our activities have expanded as have the needs. The federal government began support of healthcare for the homeless with the McKinney Act of 1987 and has provided us funding since that time. The number of homeless people increased through the 1980s as the cheap, long-term boarding houses disappeared and more and more people were left out on the street. Drugs were coming in and adding to the problem. Fortunately, there were people in Washington who wouldn't let anybody forget what was happening here, such as the homeless activist/advocate Mitch Snyder.

The next step was to fulfill the clear need for a place where homeless people we cared for could come to recover from their illnesses. This led to the creation of Christ House, a 24-hour medical facility for homeless men and women with debilitating illnesses. Christ House, a 34-bed, four-story building on Columbia Road, bought and renovated through the generosity of one woman, opened on December 24, 1985. Christ House has been a learning experience for me and is clearly part of my faith journey. We thought we knew pretty well who would be coming, but the people were much sicker than we anticipated. I think that situation has worsened as the years have gone by because people are kept in hospitals a much shorter period of time and then put back out on the street. Christ House was not meant to be a permanent residence. The men and women typically stayed a few weeks to a year, and then we tried to help them find apartments. We found, however, that we needed to provide

longer-term care to certain of the chronically ill who had multiple health problems including strokes. In January 1996, we opened a permanent housing facility nearby with 37 apartments for chronically ill homeless people. It's called Kairos, which means a special time in someone's life, a time of change.

Christ House was very much a place where we as physicians and staff also wanted to live; since we wanted to be with the people we served. All of the physicians already lived in the neighborhood. David lived just a few blocks away, Don lived down the alley, and our family lived a block away. The decision to move our family to the neighborhood in 1979 had been a major transition in our lives, but when we made the decision to move into Christ House about 7 years later, it was a relatively easy transition for everybody. Here, again, we wanted to be closer to the people we were working with.

There are many gathering times at Christ House. The residential community gathers for a meal and sharing each Monday evening. Every Thursday evening, everyone joins together for a candlelit dinner where there is a simple liturgy, a good meal, and frequently an African-American gospel singing group. The healing that occurs at Christ House is often much deeper than just the physical healing. Persons are encouraged to see themselves as special and gifted. A small group of former Christ House patients now provide leadership for the Kairos program and are on the boards of Columbia Road Health Service and Christ House. On Sunday mornings there is a more formal ecumenical service involving Catholics and Protestants. We use a black Catholic hymnal that has all the old Protestant hymns sung in African-American churches. The service is often like an AA meeting with the Eucharist at the end.

## New Needs, New Ventures

One project seemed to lead to another. In addition to the growing numbers of homeless, we also began to see many more patients with HIV. In 1990, three of the men with HIV moved into guest rooms at Christ House and later, with David Hilficker and his family, moved into a house close by to begin Joseph House -- a home for terminally ill persons with HIV. Services for prenatal care were almost nonexistent in this part of town. In 1983 the city approached Columbia Road Health Service with an offer of \$50,000 to start a prenatal program. We hired 2 nurse midwives who were given staff privileges at Providence Hospital and allowed to admit uninsured patients; but the need continued to grow. A few years later we were offered funding by the city to combine our prenatal program at Columbia Road Health Service with a city-funded program. A place for a health service was located a few blocks away on Columbia Road, became a separate nonprofit, and was named Mary's Center. Maria Gomez became the administrator. Today Mary's Center is a beautifully renovated factory building a few blocks away, serving a largely Latino population of mothers, children, and teenagers.

The work of the Healthcare for the Homeless organization grew through the late 1980s and the 1990s. We set up a permanent clinic at the gigantic, 800-bed shelter originally founded by the homeless activist Mitch Snyder and the Community for Creative Non-Violence (CCNV). We also worked in horrendous emergency family shelters, including the Capital City Inn and the Pitts Hotel, in multiple small neighborhood shelters, and at a public housing complex devoid of health services.

During this same period, the city's two large, federally supported community health centers were dying. Their finances were in shambles and they weren't making payroll. In 1995, in an effort to keep them open, the federal government asked us -- Health Care for the Homeless -- to take over these two huge centers. This was a tough decision for the Health Care for the Homeless board, for Vince Keane (our executive director), and for me. We knew that the size and problems of the community health centers had the potential to overwhelm the program for the homeless. There was a lot of soul-searching, but we ultimately made the decision to do it. Our hope was that we would enhance our services, not only to the homeless, but also to very poor people who were not homeless. Funded programs label and compartmentalize the poor for the purpose of services, but homeless people and the health center's patients were really all a part of the same larger community.

It was hard initially bringing the two staffs together. The homeless staff felt that they were going to be swallowed up in the new organization, and the health center staff wondered who all these new folks were and whether they really knew any-

thing about community health. But as people began to work together they grew together. In 1997, we changed the name of the whole operation to Unity Health Care, reflecting our larger mission. In 1998, we set up a managed care company called Health Right and competed successfully for a Medicaid managed care contract. Only a little over 10% of our patients have Medicaid. So keeping them with us is important to staying open.

These days I spend at least two thirds of my time doing administrative work and only a day or two a week seeing patients. Administration is not one of my gifts but it is what needs to be done. We have about 25 physicians, nurse practitioners, and physician assistants working for Unity and a total staff of 160. They are wonderful people. They speak half a dozen languages. They come from inner-city DC, all over the world, and everywhere in between. They do a wonderful job of caring for people despite many obstacles.

## Advocacy

I think it's part of a physician's duty to think about the community's health, and part of that involves advocacy work. But invariably that work puts you in conflict with people you have to work with. That's always been a struggle for me. I know I need to work with D.C. General, so how much do I go after them in terms of quality-of-care issues? How much do you go after a TB clinic that at times has no x-rays or developing fluid? A man in the elderly unit at the CCNV shelter, for instance, had abnormal chest x-rays. We told the city TB officials, and they dismissed it as "just a little TB." Then we got a sputum-positive test result for TB on him; they still insisted that we keep him in the shelter.

We have always relied on city funding and city programs. We need to be able to work with the health department people and the city politicians. They are our allies in much of what we do. But the city programs have real problems -- problems that we know better than anyone. When the situation deteriorated at city shelters, we testified as expert witnesses against the city. That sort of activity is necessary. We couldn't allow people to continue to suffer. We couldn't endanger other people because of bad city policy or programs.

The last straw was the mishandling of a patient in the city prison who was told he had simple pneumonia when he actually had multiple drug resistant TB. He was released, became homeless, and was eventually admitted to a local hospital. Then he checked out, used drugs, and was readmitted. Eventually the hospital called the city's public health department. I was working at the CCNV shelter when the health department called wanting to bring the man to the shelter infirmary. I knew he was a sputum-positive, multidrug-resistant TB patient, and I said no since we could not isolate him and he would be a lethal threat to everyone in the shelter. I was told that there was no other place to put him. We went to the press -- and got good coverage on the story. We didn't get the patient, but Christ House, which had been receiving city grants "permanently," lost all of its funding -- 40% of the budget. So advocacy work is tricky.

## Reflections

As I think back over the more than 20 years I've worked in this community, there is happiness on several levels. Being part of a supportive community of people has been wonderful and, on a daily basis, just being with people at Christ House has been enriching and brought me lots of joy. A group of us at Christ House has met together regularly year in and year out to talk and to pray regularly. That's my community in terms of discerning new things. I'm never alone in discerning things. It's sitting down with others, seeing that there are other people who have the same dream, who believe that this is something that we are being asked to do. I pray every day on my own, but reflection with others is very important to me, too.

When we first thought about Joseph's House, for example, we realized we would have to go out and borrow money, something we had never done. We were skeptical. I remember Don Martin, one of the physicians who lives at Christ House, reading to us from the Old Testament about looking at things in new ways. We sat there all together and he told us to go out and find the money. So that's what we did. We had a terrible time borrowing money to open an HIV home. A prominent bank here in the city just outright told us that they did not lend to "the AIDS industry." But we eventually got a loan, and Joseph's

House is open and doing wonderful work 10 years later.

Christ House has been good for my family as well. My husband oversees the management of both Columbia Road Health Services and Christ House. He was initially on staff at Potter's House -- a ministry of Church of the Savior -- and he also developed religious drama. He works as a pastoral counselor at Columbia Road Health Services and provides leadership for the faith community at Christ House. Our oldest son, John, went to law school at Catholic University and is now an attorney with the office of the Senate legislative counsel working in Medicare areas. He and his wife live nearby and we have two grandchildren. Mark, our second son, is part of a ministry in Seattle. He is a case manager for homeless persons who stay on the streets of Seattle. He is definitely in the family tradition but then so is our youngest, Ann. She was an emergency room nurse at D.C General Hospital but now is in medical school at Howard University. They can all tell some pretty horrendous childhood "war" stories about living in the city, but I think they all believe it was a good place to grow up.

I feel a sadness in the sense of seeing so much unnecessary suffering. There has definitely been deterioration in terms of healthcare access. I think it's worse now than at any time I can remember. There are younger people out on the street, many of them crack-addicted, lining up at the soup trucks and kitchens, and clearly feeling hopeless. There are also more people with HIV and substance abuse problems. Even the hospitals, which have often been very generous in the past, are being forced to cut back. We know what it means for someone not to get healthcare. We know the ravages of sickness on the human body. We know all of that. We've got all the studies we need. Everything is so much worse when you don't have healthcare -- people will end up in ICU who don't need to, babies will be born deformed, people will die. We know all of this and yet we don't really do anything about it. Morally, we're on a downward path and we will not survive unless something changes.

But I continue to dream. I know that many things that I haven't thought possible in the past have happened. That makes me hopeful for the future.

*Fitzhugh Mullan, MD, is staff physician at the Upper Cardozo Community Health Center in Washington, DC, a professor of pediatrics and public health at the George Washington University, and a contributing editor of the journal Health Affairs, published by Project Hope.*