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NEWSLETTER

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UNDERSTANDING THE POLICY DEBATE AROUND THE ACA

With the Affordable Care Act (ACA) under fire from the new administration, there are a number of hot button issues under debate from both sides of the aisle. Rather than try to attempt to predict the outcomes of the legislative debate, we wanted to highlight key areas of uncertainty with respect to the ACA, some possible outcomes, and how these might affect the US healthcare system.

Between the Medicaid expansion (12mm enrollees) and the ACA exchanges (~8.5mm enrollees), about 20-21mm people get coverage through ACA-related plans. The incremental coverage from the ACA is less than the headline number as some individual market buyers had bought plans prior to the ACA and migrated to ACA exchanges when they were created. More conservative Republicans want to repeal the ACA immediately with a replacement plan sometime down the road. Centrist Republicans prefer that repeal and replace are passed at the same time. As of this writing, the trend among legislators is moving towards simultaneous repeal and replace.

The administration's approach to reforming healthcare reform is focused on the individual insurance market and Medicaid. By and large, Medicare and employer sponsored insurance will remain unchanged, especially in comparison with what the ACA did to the insurance market.

INDIVIDUAL MARKET REFORMS:

The ACA standardized the individual market by instituting the essential health benefit packages that plans needed to offer if they wanted to be on the exchanges. Essential health benefits span across 10 categories: 1. Ambulatory patient services; 2. Emergency services; 3. Hospitalization; 4. Maternity and newborn care; 5. Mental health and substance abuse disorder services including behavioral health treatment; 6. Prescription drugs; 7. Rehabilitative and habilitative services and devices; 8. Laboratory services; 9. Preventive and wellness services and chronic disease management; and 10. Pediatric services, including oral and vision care. The ACA also standardized plan offerings' metal tiers (platinum, gold, silver, and bronze) for the actuarial value of a plan's benefit design for all plans that wished to offer new products on the exchanges. Under this scheme, bronze plans come with a 60% actuarial value, meaning that for a standard population, the plan will pay 60% of healthcare expenses, while enrollees pay the remaining 40% with some combination of deductibles, copays, and coinsurance, while silver plans have a 70%, gold an 80%, and platinum a 90% value.

Other reforms included the guaranteed coverage issue, community ratings to prevent insurers from varying premiums within geographic areas according to personal

factors, and the individual mandate whereby individuals have to pay a penalty fee if they can afford insurance but choose not to purchase. As part of the community rating, the Congress mandated that ACA plans only have age bands of 3:1. That means plans can only charge seniors 3x more than what they charge younger folks while most states have age bands of 5:1. To help people buy insurance, the ACA provided subsidies for people and families falling below 400% of the federal poverty limit, scaling down as income increases.

While ACA has certainly changed how many Americans view healthcare, with more Americans expecting guaranteed coverage as one example, the legislation has not been perfect. Subsidies have been insufficient, particularly for those individuals/families whose income places them just above the 400% of federal poverty limit threshold. For many in this category, the plans available to them came with premiums that were higher than plans they would have been able to purchase pre-ACA.

The reform of the individual market has a few broad themes:

- Replacing the ACA subsidies with tax credits that are based on age rather than means, namely, greater tax credits with increasing age.
- Repealing the metal level actuarial value requirements for plans offered in the individual market.
- Expanding health savings accounts to allow increased contribution by individuals and families.
- Expand the range of age bands from 3:1 to the 4:1 or 5:1.
- To offset for the lack of an individual mandate, the GOP is proposing continuous coverage incentives that would increase premiums for folks who haven't been insured for a period of time. In the most recently unveiled version of the American Health Care Act, this would be a 30% penalty charged to individuals who obtain coverage in a given year who had not had coverage in the preceding years.

MEDICAID REFORM:

The three goals of Medicaid reform are to slow the growth of Medicaid spending, give states more flexibility in how they administer/run the program, and try to roll back part or all of the ACA-mandated Medicaid expansion.

- Slowing the growth of Medicaid spending by changing federal funding to the states to either block grants or a per capita cap: Under current law, states are paid a federal medical assistance percentage (FMAP) by the federal government that matches the state's expenditures on Medicaid spending. The FMAP percentages vary by state and range from 50% (10 states) to 76% (Mississippi) and are based on the average per capita income for each state relative to the national average. By law, the FMAP cannot be less than 50%. Under a block grant program, the federal government would give the states a fixed amount of money every year in lieu of matching funds. The block grants would be based off of existing Medicaid spending in the state. In a per capita cap, the federal government would pay the states a fixed amount per enrollee. The difference between block grants and per capita caps is if a state sees a surge in enrollment in Medicaid, a per capita program would grow with enrollment while block grants would not grow with the enrollment. State governors have expressed a desire for per capita caps over block grants.
- Giving states more flexibility in administering the programs: Federal law mandates states cover certain services in Medicaid. The new administration and Congress have spoken about allowing states to cover populations differently and pay for different services. The increased flexibility to the states is a tradeoff for the change in the funding mechanism from FMAP to block grants/per capita caps.
- Roll back the Medicaid expansion: The more conservative parts of the new administration and Congress want to revert Medicaid eligibility to pre-ACA levels. The Medicaid expansion has covered about 12-15mm people.

Given the complex interplay of the various components of the ACA, there is no quick and easy fix to what have emerged as stumbling points of the ACA, as well as fundamental points of opposition that stem simply from a change in the party residing in the White House. As both investors and individuals who avail themselves of healthcare services in the US, we continue to closely watch this space.

- by Vince Mellet and Christine Livoti

DEERFIELD CO-HOSTS SECOND ANNUAL BREAK INTO THE BOARDROOM PROGRAM

On March 15th and 16th Deerfield co-hosted, along with our co-sponsor, Oxeon Partners, our second class of executive women for a program designed to help promote greater boardroom diversity. This initiative, recently branded "Break into the Boardroom" began last year on a smaller scale and has continued to evolve its content, participant breadth and speaker diversity in order to improve our ability to be practically and concretely impactful. Too few boards, particularly in the private company arena, have adequate, if any, gender diversity despite study after study demonstrating the importance of having a range of perspectives and a mix of problem solving, negotiating and management styles present in the boardroom.

This year, Oxeon and Deerfield reached out to a targeted group of healthcare CEOs with whom we have relationships to solicit nominations from within their organizations of board-ready women who would benefit from our program. This outreach generated about 50 nominations while, at the same time, also enabled us to engage these executive leaders in a dialogue emphasizing how important it is to

Photo courtesy of Oxeon Partners

support and cultivate the women in their organizations who might have an interest in governance.

The resultant group of nominees came from a wide range of healthcare companies located throughout the United States and represented a broad cross section of operating and management disciplines. Despite Storm Stella, 30 of our nominees fought their way to New York to participate in the program, which kicked off with a networking dinner and was followed by full day of programming that featured 12 outside speakers. The morning portion of the curriculum was focused on ensuring that everyone would walk away from the event with at least a basic understanding of how boards function and the roles

and responsibilities of directors. The afternoon sessions were devoted to helping the women position themselves to be considered and ultimately selected for board roles, and to sharing insights into how to evaluate the various attributes, advantages and risks of different board opportunities. In addition to these content-oriented objectives, the day was also intended to help build a community of female healthcare leaders who will be able to tap into each other for mentorship and referrals going forward.

Most foundationally, the day was designed based on the overarching aspiration of getting these women placed on boards. We believe that the Deerfield-Oxeon marriage is uniquely suited to delivering on this aim. To be successful in truly improving board diversity requires positively impacting both the supply of eligible women candidates and the actual demand for specific board members. Oxeon, with its deep network of healthcare thought leaders and executives and its insights into what characteristics boards are seeking, is well positioned to help improve the supply of women candidates by helping find and promote them. Deerfield, with its role in helping fund and establish companies, is well positioned to impact demand by emphasizing gender diversity as an important objective of the boards it forms and sits on.

We look forward to continuing and growing the Break into the Boardroom program and ultimately being able to report back on tangible results relative to our objectives.

- by Leslie Henshaw

PEER-REVIEWED ABSTRACTS

As part of Deerfield's mission of advancing healthcare, the Deerfield Institute is committed to publishing its proprietary research in peer-reviewed, open access scientific journals. Below is a selection of some of our recently published work. More information on the Deerfield Institute, and copies of certain past publications are available on the web at Deerfield.com/Institute.

VALUE IN HEALTH/ISPOR

RECENT TRENDS IN PERCUTANEOUS CORONARY INTERVENTION VOLUME IN THE UNITED STATES: ANALYSIS OF HCUP-NIS 2010-2013

MARK STUNTZ, ALEKSANDRA PALAK

Abstract

Objectives: Percutaneous coronary intervention (PCI) is a common major medical procedure in the United States. It has previously been estimated there are 600,000–1,000,000 PCIs performed annually, although these results are based on older data. The aim of this study was to accurately estimate the number of PCI procedures and describe potential trends in PCI use during 2010 to 2013.

Methods: The National Inpatient Sample (NIS) is the largest publicly available all-payer inpatient healthcare database in the United States, containing a 20% stratified systematic random sample of discharges from all US community hospital discharges. The most recent 4 years of available data, 2010–2013, were used for this analysis. International Classification of Diseases 9th revision (ICD-9) codes were used to identify patients undergoing PCI, as well as to segment high-risk patients based on certain diagnoses. Population sampling weights were used to extrapolate results to national estimates.

Results: There were 559,219 PCI procedures in 2010 decreasing to 519,100 in 2013, corresponding to a change of -7.2% ($p<0.0001$). The corresponding rate of PCIs per 10,000 population was 18.08 in 2010 and 16.40 in 2013. Despite the overall decrease in PCI volume, procedures among high-risk patients increased during this time period. PCI procedures among patients with cardiogenic shock increased from 19,932 in 2010 (3.56% of all PCIs) to 22,685 in 2013 (4.37%) and procedures among patients with left ventricular heart failure increased from 40,417 (7.23%) in 2010 to 59,110 (11.39%) in 2013.

Conclusion: This study shows that the volume of PCIs in the United States has decreased in recent years, and is significantly lower than previous estimates. Despite the overall decrease in PCI volume, procedures among patients with high-risk characteristics increased during the same time period. This suggests a potential shift in the application of PCI to more severe patients.

IP CORNER

Intellectual Property (IP) is a vital asset to any emerging company in the healthcare space. Here, we highlight noteworthy trends and events in the IP realm with implications for both young and established healthcare companies alike.

PATENT DISPUTES: 2016 IN REVIEW

2016 was an interesting year in patent law. It saw roughly a 20% decline in the number of new patent cases filed in district courts. Only about 4,500 new patent cases were filed, the lowest number in 5 years. The magnitude of this decline has surprised many legal experts.

Some level of the decline was expected. A tougher pleading standard for patent infringement went into effect on December 1, 2015. Before this change to the US Federal Rules of Civil Procedure, only minimal information was required to start litigation. Plaintiffs are now required to substantiate patent infringement allegations in their complaints. This often requires the expense of an investigation prior to filing. Independently of this new standard, general litigation costs have been rising from year to year.

Also, in 2014 two high profile Supreme Court decisions in *Highmark Inc. v. Allcare Health Management System, Inc.* and *Octane Fitness, LLC v. Icon Health & Fitness, Inc*. made it easier for the prevailing party to recover litigation costs and attorney fees. These decisions deter marginal or frivolous litigation. Non-practicing entities that were prolific in the past are now more wary of the potential out-of-pocket liability.

Although the total number of patent litigation filings has dropped, filings for pharmaceutical patent litigations are usually independent of the general trends because they are governed by a separate statute. In 2016, generic drug makers were still among the top 10 patent litigation defendants. Mylan led the group as a defendant in 19 cases, followed by Apotex, Dr. Reddy's, and Teva, each with 17 cases. No pharmaceutical or biotechnology company made the list of top 10 plaintiffs. The overwhelming majority of pharmaceutical cases was still litigated in Delaware and New Jersey.

There is also an additional channel for parties to dispute patent validity. The America Invents Act which went into effect on September 16, 2012 created more effective patent office post-grant proceedings in order to address the problem of bad patents. These proceedings are limited to patent validity challenges and cannot replace the district court litigation where infringement and enforceability can be adjudicated. However, not only do post-grant proceedings cost less than litigation, they also yield faster resolutions. Initially, post-grant proceedings were invalidating over 80% of the challenged patents. However, things have settled down and the outcomes of these proceedings are becoming more balanced. Over 1,700 new petitions were filed in 2016. Of these, the patent office declined to institute a review in roughly 35% of all filed petitions. Where a review was instituted, roughly 25% of the petitions failed in all patent validity challenges. In an additional roughly 18% of cases, some claims survived while others did not, resulting in only a partial invalidation of the patent.

The number of appeals handled by the Federal Circuit from the district courts did not change in 2016 from 2015. However, the Federal Circuit saw a large increase in the number of appeals coming from the patent office: 190 in 2016 compared to 121 in 2015. In 2016, appeals from the patent office represented more than one third of all appeals.

Last year's sharp decrease in district court filings bears watching. The intent of the rule changes and post-grant proceedings was to reduce the number of low quality litigations. There is hope that the drop in the number of new cases reflects that the system is working as intended. On the other hand, these rules may disproportionately burden small start-up companies trying to protect their patents due to higher up-front cost of litigation. It will likely take a few years to truly understand the effects of these changes.

- by Mark Shtilerman

CAUGHT OUR EYE

Former FDA commissioner Robert Califf, who tendered his resignation with the change in administration, spoke at a precision medicine conference shortly after leaving his post where he praised the power of patient groups and their ability to influence research decisions and regulatory considerations. He cautioned however that these groups often receive funding from drug companies as a potential conflict of interest. *Xconomy*

A recently published study found that many women with breast cancer who are at high risk for having a BRCA mutation often do not get genetic testing or even genetic counseling to discuss why they may want such testing. The authors surveyed newly diagnosed breast cancer patients, and found that 80.9% wanted genetic testing, but only 39.6% had a genetic counseling session and 50.9% had a genetic test. For those patients who did not receive testing, the most common response was that their doctor did not recommend it. Smaller percentages indicated they thought testing was too expensive, or that they did not want to be tested. *NPR*

The American Academy of Pediatrics spearheaded an effort to collect the support of more than 350 organizations to solidify their stance around the safety of vaccines. The move came after a January meeting between Donald Trump and Robert F. Kennedy Jr., a proponent of the now debunked hypothesis that vaccines cause autism. Following the meeting, a Trump spokesperson said he was considering creation of a commission on autism. The multi-stakeholder letter notes "Claims that vaccines are unsafe when administered according to expert recommendations have been disproven by a robust body of medical literature." *The Washington Post*

Recent polling efforts by Morning Consult found that 35% of respondents did not know Obamacare and the Affordable Care Act were one and the same. 17% of respondents thought they were different policies, while 18% did not know if they were the same or different. Two demographics where confusion was more pronounced were respondents aged 18 to 29, and respondents who earns less than $50,000. *The New York Times*

Corporate research firm Equilar published a study that found the number of women holding corporate board seats is slowly rising. In 2013, 12% of board seats were held by women, up to 14% in 2015 and 15% in 2016. Those figures point toward gender parity at the board level at the end of 2055. More than 700 companies in Equilar's study have no women on their boards. *The Associated Press*

In a closely watched dispute by both academics and investors alike, the US Patent Trial and Appeal Board ruled that there was "no interference in fact" between respective patents related to CRISPR from the Broad Institute and UC Berkeley. The ruling effectively deems the Broad Institute the winner in this match, which is expected to have implications for the companies active in this space who have licensed the technology from either institute. The decision was more than a year in the making, with the Patent Office having granted UC Berkeley's request for interference proceedings in January 2016. *STAT News*

Scott Gottlieb has been named as Trump's pick for new FDA commissioner. Gottlieb has previously served in roles for both FDA and CMS, and was most recently a prolific contributor to the policy space in his post at American Enterprise Institute, a Washington think tank. His confirmation hearings are still forthcoming. *Bloomberg*

Nationwide, Medicaid pays for 1 out of every 4 prescriptions for buprenorphine, a drug used for addiction treatment. Yet, Medicaid's ability to continue paying for addiction treatment is in jeopardy with the ACA most likely to be repealed. While in some states, only a single digit percentage of addiction treatment is paid for by Medicaid, but in 9 other states, more than 40% of total prescriptions are paid by Medicaid. Vermont, at the high end, has 68.1% of its buprenorphine prescriptions paid by Medicaid. *STAT News*

DEERFIELD FOUNDATION

The Foundation has formed 34 partnerships and invested and committed over $30 million for the advancement of children's health in its 10 years, ranging from health clinics in Nepal to a mobile medical home for children in the South Bronx. In this newsletter we would like to highlight just one of the organizations that we feel is helping us fulfill our mission of advancing healthcare.

We are proud to be critical supporters of Little Sisters of the Assumption.

LITTLE SISTERS OF THE ASSUMPTION

Mission:	The Little Sisters of the Assumption (LSA) Family Health Service is a neighborhood-based organization founded in 1958 that works with the people of East Harlem (New York) to address the physical, emotional, educational, and spiritual dimensions of family health.
Partner since:	2008
Description:	LSA provides home-based and center-based programs designed to empower those who are most vulnerable and who have least access to the basic necessities of life, in the conviction that the entire community grows when individuals and families are affirmed in their own dignity.
Total Funding:	$1.3m
The Deerfield Perspective:	LSA is recognized and valued for its efforts to improve the health and well-being of some of New York's most in-need children and familes. More than 70% of children in this part of the city are born into poverty, and they face more serious health challenges than children living almost anywhere else in New York. The infant mortality rate in this community is 7.6 per 1000 births, and the rate of asthma hospitalizations for children under 15 years of age is more than 10%. LSA's Maternity Outreach Program seeks to ensure quality prenatal, post-partum and infant care to poor and immigrant families in East Harlem, and to reduce the high infant mortality rate. Through LSA's Certified Home Health Agency, LSA's registered nurses provide medical care, education about fetal development and physical changes of pregnancy, nutrition for healthy development, parenting techniques and the promotion of social connections to relieve social isolation, among others. LSA's Environmental Health and Family Asthma Program tackles the high rate of asthma among children in East Harlem. LSA's 12-month program helps reduce missed school and work days, as well as emergency room and hospital visits for those with asthma. LSA's home-visiting community health workers operate hands-on to help families modify housing conditions and household living habits in order to improve indoor air quality, asthma symptoms and overall health and well-being.
Little Sisters of the Assumption Perspective:	With the support of Deerfield Foundation, LSA Family Health Service improves the health and quality of life of at-risk children in and around East Harlem. LSA's Environmental Health Services reduce emergency visits and school absences for children with asthma by working with families to improve household conditions like dust, pests and mold, that can trigger asthma symptoms. Through the Maternity Outreach Program, nurses provide high-risk mothers with pre-natal and post-partum care to safeguard the health of both the mother and baby. Deerfield's support of these two programs helps LSA engage and empower parents to improve the long-term health of their children.
Most Recent Project Funded:	In July of 2016, Deerfield made a 1 year $180,000 commitment specifically designed to grow and enhance LSA's infant mortality and childhood asthma initiatives. Between July and December 2016, LSA's professionals directly worked with more than 200 East Harlem families in a hands-on way to tackle these critical health challenges in the community.

MEET THE FELLOWS

Beginning in 2015, Deerfield started the Deerfield Fellows program, designed to attract students with interest in pursuing healthcare or finance fields from local NYC-area colleges and universities from diverse backgrounds for an immersive summer internship program. Successful summer interns are invited to stay through a yearlong Deerfield Fellowship program, with the most successful of those graduating to become Associates at Deerfield. We are extremely proud of the work our Associates do, and here will highlight an Associate in each issue.

MEET VERANIKA RAZHKOVA:

WHAT INITIALLY DREW YOU TO THE FELLOWS PROGRAM?

First, I was drawn by curiosity and desire to learn about unfamiliar career options because prior to the program I had not really known about Wall Street or its connection to science. Second, I was intrigued by the idea of contributing to healthcare on a larger scale; this idea was brought up by several of my interviewers and it clicked with what I had in mind. Third, I saw an opportunity to fill in the gap in my financial knowledge, which was important to me considering I had no real exposure to finance in school or home - I was studying biology in college, just like my parents did.

WHAT IN YOUR EXPERIENCE HAS MATCHED YOUR EXPECTATIONS ABOUT BEING A DEERFIELD FELLOW AND NOW ASSOCIATE?

I am able to grasp a much broader view of various dimensions of healthcare, and as a result find my strengths and match them to the work that is both interesting and fulfilling. In addition, as Deerfield Fellows, we all received some really great personal finance lessons that otherwise might have taken us many years to learn!

DESCRIBE A TIME OR TIMES YOU FOUND TO BE UNEXPECTED IN YOUR EXPERIENCE AS A FELLOW? AS AN ASSOCIATE?

It was unexpected to find interest in areas I have never seen myself being interested in before, such as working with spreadsheets and building Excel models, analyzing companies, forecasting launches of new products, and learning different aspects of market research. It was also surprising to find that a lot of the material we learned could also be integrated into other aspects of my life: being able to contribute new points of view during discussion in science classes, looking more critically at data presented in scientific articles, and building financial models for myself to better understand my own financial standing. The program ultimately led me to get a clearer view of where I want to be in the future and determine the area of focus for my graduate studies.

DESCRIBE YOUR MOST MEMORABLE EXPERIENCE SO FAR AT DEERFIELD.

The instances of group work as Fellows where we got to brainstorm ideas, get to know our different viewpoints, and share our skills and knowledge with each other, which was truly invaluable.

WHAT ADVICE WOULD YOU GIVE TO FUTURE FELLOWS?

Not be intimidated by the work that lies ahead, figure out what most interests them, and take advantage of every opportunity the program offers to learn more and get better at those areas.

WHEN NOT AT DEERFIELD, I CAN BE FOUND:

At home with a book, hiking, camping, or traveling.

ONE FUN FACT ABOUT YOU!

I love scuba diving and want to receive a scuba diving certification this summer.

Photo courtesy of Veranika Razhkova

GET TO KNOW SOME DEERFIELD'ERS

Jeff is a long time Deerfielder who perhaps best embodies the spirit of Deerfield's mission to advance healthcare: when not running our trading desk he is heavily involved with numerous social impact endeavors that touch various aspects of public health and welfare both at home and abroad. He is, in no particular order: on the Board of Directors of Possible Health, a Deerfield Foundation partner building a sustainable healthcare infrastructure in Nepal; a co-founder of The Water Trust, an NGO focused on providing clean water, sanitation and hygiene in rural Uganda, and a co-founder of GOAL, an after-school enrichment program in East Harlem. He volunteers regularly with Coalition for the Homeless to distribute food to NYC's homeless, and Covenant House, where he runs a Men's Empowerment group for homeless young adults and has slept outside to raise awareness. Jeff's family foundation, the A to Z Impact Foundation, invests in scalable solutions to advance health and economic opportunity for the world's poor and underserved. Somewhere, in his abundant spare time, he also became an ordained Interfaith Minister and graduate of All Faith's Seminary International. We are proud to feature Jeff and his hard-working, affable, and generous spirit.

WHAT WAS THE FIRST NON PROFIT YOU FOUND YOURSELF WORKING WITH AND WHEN? WAS THAT INTENTIONAL OR BY ACCIDENT?

My home. When we were kids, our mother would open our doors to anyone in need. At one point we had a homeless woman with a host of medical and psychological issues sleep on our couch for well over a month.

I felt a major shift after the minister at Jim's [Flynn] church spoke about [the book] *Mountains Beyond Mountains*. I went home, read it and came away with a new passion and inspiration to serve the ultra-poor. That led us at the Deerfield Foundation to Partners in Health.

WHAT ARE THE GREATEST LESSONS YOU'VE LEARNED WORKING WITH THESE ORGANIZATIONS?

- To deeply appreciate those that work in the muck of it every day. They do so with inequitable resources, impossible goals, a measured personal lifestyle, and without big wins.
- Not to get down when things don't work out as planned.
- Accept mistakes and move on to new things.
- Live each day with the knowledge that we are no different than the clients of these NGOs.
- To remember what I know and have experienced is just the tip of the iceberg. There is always more. Lots more.
- If we work our whole life to try and make a difference, and we end up improving one single life, it was all worth it.
- We must be participating at the base of the pyramid to truly advance healthcare. Otherwise, we're not really doing it.

MOST MEMORABLE EXPERIENCES?

- Visiting rural Haiti for the first time. Their fractured homes and ineffective hospitals, no hot water or soft beds. Asking a Haitian woman what we could do to help her, and having her ask for nothing except for a stronger roof to protect her family from the next hurricane.
- Connecting on a personal level with the homeless youth at Covenant House always brings me back to my childhood. I am reminded that it can happen to anyone, and that everyone needs help sometimes. Even if it's just a hug.
- Watching our kids interact seamlessly with homeless people in NYC or schoolchildren in rural Africa.

WHAT DRIVES YOU TO DO SO MUCH FOUNDATION WORK?

The better question is "why not?" It's our responsibility as citizens of a privileged society.

WHAT DO YOU HOPE TO ACHIEVE LONG TERM?

Just to do my best.

Photo courtesy of Jeff Kaplan

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