

NATIONAL PRESS CLUB LUNCHEON WITH DENNIS QUAID

SUBJECT: THE PREVENTION OF POTENTIALLY DEADLY MEDICAL ERRORS

MODERATOR: ALAN BJERGA, PRESIDENT, NATIONAL PRESS CLUB

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ALAN BJERGA: (Sounds gavel.) Good afternoon, and welcome to the National Press Club. My name is Alan Bjerga. I'm a reporter for Bloomberg News, and the President of the National Press Club. We're the world's leading professional organization for journalists and are committed to our profession's future through our programming and by fostering a free press worldwide. For more information about the Press Club, please visit our website at www.press.org. To donate to our programs, please visit www.press.org/library.

On behalf of our members worldwide, I'd like to welcome our speaker and attendees at today's event, which includes guests of our speaker as well as working journalists. I'd also like to welcome our C-SPAN and Public Radio audiences. After the speech concludes, I will ask as many audience questions as time permits.

I'd now like to introduce our head table guests. From your right, Kim Berryman, production coordinator for ABC News; Annie Howell, communications and public affairs executive, formerly of Discovery Communications, and a new member of the National Press Club; Rachel Ray, writer for the *Daily Telegraph* of London, based in Washington, D.C.; Howard Koh, Assistant Secretary of Health for the Department of Health and Human Services, and a guest of the speaker; Betsy Fischer, executive producer of NBC's "Meet the Press;" Dr. Charles Denham, chairman of the Texas Medical Institute of Technology, and a guest of our speaker. Andrew Schneider, reporter for Kiplinger and Chairman of the National Press Club Speakers Committee.

Skipping over our speaker for the moment, Melissa Charbonneau, executive producer of Newshook Media, the Vice Chair of the Speakers Committee, and the organizer of today's event; Janet Corrigan, President and CEO of the National Quality Forum, and a guest of the speaker; Linda Kramer Jennings, Washington editor of *Glamour* magazine, and a new member of the National Press Club; Alison Fitzgerald, reporter for Bloomberg News; Richard Simon, correspondent for the *Los Angeles Times*; and Marilou Donahue, producer and editor of *Artistically Speaking*. (Applause)

Our guest today is fresh off a production set in Hawaii where he was filming, *Soul Surfer*. In the true story, a 13-year-old surfing champion who lost her arm in a shark attack, Dennis Quaid plays the father. A 56-year-old father of three in real life, Quaid faced his family's own life and death experience in November, 2007, when his newborn infant received a massive, accidental overdose of the blood thinner heparin, and nearly died. Since then, Quaid has become a prominent advocate for patient safety. He launched the Quaid Foundation with wife, Kimberly, to focus attention on avoidable medical errors. He testified before Congress for drug accountability and co-wrote an article for the *Journal of Patient Safety*. He speaks widely now on improving standards of patient care, telling his story in forums from "Oprah" and "Ellen Degeneres" to "60 Minutes" to raise public awareness.

On April 22nd, his documentary, *Chasing Zero: Winning the War on Healthcare Harm*, will premier in France. It's slated for its U.S. release on April 24th on the Discovery Channel, the first in a patient education series. Though Quaid has no medical degree, he's played a doctor on the screen. You may remember his emaciated Doc Holliday in the flick, *Wyatt Earp*. He's portrayed historical heavyweights including astronaut Gordon Cooper in *The Right Stuff*, Jerry Lee Lewis in *Great Balls of Fire*, and Sam Houston-- (Applause)-- We have some *Great Balls* or Jerry Lee Lewis fans, we can't determine which ones-- Also has played Sam Houston in *The Alamo*. He's received critical acclaim for such films as *The Big Easy*, *Traffic*, my personal favorite is *Breaking Away*. And most recently starred in *Legion*, *Pandorum*, and *G.I. Joe: The Rise of the Cobra*. For his role in *Far From Heaven*, Quaid won Best Supporting Actor awards from the New York, Chicago, and online film critics. He won the Independent Spirit Award for Best Supporting Male Actor, and has received award nominations for both Golden Globe and the Screen Actors Guild.

Today's topic will be "Real Healthcare Reform: Chasing Zero Harm." And also to note, as we introduce Dennis Quaid, he is a recent 56 year old with a birthday last Friday. And I believe a first in the history of the National Press Club, we have brought forth a National Press Club with candles being lit. What's the code for those candles? I'm the president here. National Press Club come on down birthday quake--cake for-- I hope there's no quake-- for Dennis Quaid. Thank you, and welcome to the National Press Club. (Applause and singing "Happy Birthday) Please note that that song may not have been sung by the working journalists in the audience. Please welcome Dennis Quaid.

MR. QUAID: Thank you, Alan, for that fine introduction. And also, thank you for the shark cookies, by the way. I hope everybody got one. I don't know if it refers to

my latest movie or a lobbyist convention that was here last week. But I played a lobbyist here, by the way. Thank you so much.

First, I must explain the title of my presentation today. In the journey that brought me here, I have found out two shocking truths. First, the staggering magnitude of healthcare harm that occurs in our country. Second, how much of that harm is absolutely preventable. Dr. Lucian Leape, the father of patient safety who could not be here today taught us that up to 100,000 deaths occurs each year in this country due to healthcare harm, making it the eighth leading cause of death. And that was in 1999. Now, that's the equivalent of more than ten 747 jumbo jets full of Americans going down each and every week. And when you add infections into the mix that people get in hospitals, it doubles that number. That means that now twenty jumbo jets are going down a week, making healthcare harm the third leading cause of death in America.

Yet, this epidemic is invisible. It is spread over thousands of hospitals and happens quietly and insidiously. The public is unaware, and many of our healthcare leaders are unaware of this. Now, that's the bad news. But the good news is even more shocking. In my journey, I have found that America has the means to dramatically reduce preventable harm to almost zero; however, the public, the policymakers, and most healthcare leaders are unaware of this, which I find absolutely amazing. So my mission today is to drive awareness, awareness of the shocking amount of harm that we have, that we can prevent, and my message is a call to action.

I have found the role that I can play, and it is to partner with the best experts and drive awareness of what we can do if we act now. I will succeed today if I enlist your help in the media to help us drive action through awareness; awareness of both the harm and the opportunity to save countless lives.

Now stories have power, and you are storytellers. We need you. We need you to tell the stories of the success, not just the dramatic stories of harm. Awareness is more than just knowing, it's about feeling, feeling the pain and suffering of the victims of healthcare harm and their families, for they're more than just statistics. And feeling the inspiration from great stories, of great role models who can inspire us to action. Real healthcare reform is impossible without dramatically cutting preventable harm. It will save lives, save money, and restore the sacred trust between patients and caregivers. Zero harm is the number, and now is the time.

All the leading experts are teaching you this. My story, the story that brought me here today, was the near-catastrophic medication accident of our twins, T Boone and Z. G. as we call them. Until then, I had heard my share of medical horror stories, but they were mostly secondhand, and I myself had my portion of typical hospital stays. But, I always had faith that I was in a safe place, safe that the doctors and the nurses and the pharmacists, they knew what they were doing and that they never made mistakes. I had the confidence that I would live to see another day, because after all, the reason that I was in the hospital to begin with wasn't life threatening. But little did I know how dangerous any hospital can be. And let me tell you this right off, I'm not here to denigrate doctors,

nurses, pharmacists, any caregivers. I revere them, I really do. They have dedicated their lives to curing the sick and easing human suffering. And they're overworked, under appreciated, but they're also human. And all humans make mistakes.

I have now learned that the overwhelming majority of healthcare harm is due to failure of the systems that support them. We don't have bad people, we have bad systems. Our support systems have just not caught up with the complexity of care. And the good news is we can fix them. Now, on their tenth day of life, our twins were admitted to the hospital with infections requiring intravenous antibiotics. Now, while my wife and I were in the room, a nurse unintentionally gave our children a thousand times the dosage of a dangerous blood thinner called heparin. Unaware of what just had happened, Kimberly and I were exhausted, and our children appeared to be safe, so we went home to get some rest. We had no way of knowing that the potentially lethal quantity of heparin in their tiny bodies was turning their blood into the consistency of water.

That night, incredibly, another injection one thousand times the intended dose, was administered to our precious children. At about 9:00 that night, my wife, Kimberly, was suddenly struck with a hammer blow of overwhelming threat. She became inconsolable and she was crying out with a mother's intuitive certainty that our babies were in trouble. "They're passing," I remember her saying. So, I called the nurse's station and we were told that the twins were fine. But the twins were not fine. In fact, they were fighting for their lives. They were bleeding out of every place they'd been poked or prodded, and their now water-thin blood had the real possibility of hemorrhaging through a vein or artery, causing massive brain damage or failure to one of their vital organs. And our babies could have died that night, and we would not have been there for them.

And the next day, the next day was probably the most frightening day of Kimberly's and I's life. It was spent caring for our infants, who were still bleeding profusely, and severely bruised from internal bleeding, they were both screaming in pain and God only knows what they were feeling. At one point as the doctors tried to clamp a bleeding wound in the remnant of T. Boone's umbilical cord, blood spurted six feet across the room and splattered on the wall. And the twins bled all day. Although they were given an antidote for heparin, their bleeding and lab tests remained off the charts all day and well into the night. Kimberly and I did a lot of praying. And finally, after 41 hours, their coagulation levels dropped into the normal range. T. Boone and C. Z. had survived, apparently with no damage. And that's the good news.

How had this happened? The answer became all too apparent after interviewing the doctors and nurses. We discovered that the similar labeling on the vials of high dose and low dose medication is what led to the overdose of our twins. Further, the same error happened in Indianapolis the year before, causing three tragic deaths and injuries to a number of children.

I am pleased to report that the twins are doing fine, and I firmly believe that this was due to a lot of praying by a lot of people who heard about our twins' plight in the

media. And I'm sure a lot of you are here in this room because we could definitely feel it. And I really appreciate that. (Applause) Thank you.

But I believe there was a reason that this near-tragic incident happened to us. Through these precious children and their story was the opportunity to turn lemons into lemonade by helping prevent something similar happening to someone else's kids or loved ones. After the event, Kimberly and I started the Quaid Foundation and carefully began to learn about patient safety. Along this journey, I met Dr. Charles Denham, who introduced me to leading experts in safety and helped us understand that the real sweet spot, or safety envelope, for high performance care is the intersection of three systems; leadership, safe practices, and technology. When these support systems are functioning within the right organizational culture, we get great care and we get safe care.

So, if a job is to accelerate the development of great leadership, adopt safe practices and implement technologies as well as creating an organizational culture that will support these systems, how are we going to do this? And what role must I and you in the media play? Well, what if we had consensus around the practices that leaders could implement at all U.S. hospitals? Well, we already do. The National Quality Forum has a special designation by the United States Congress to develop measures, standards and practices, and I am honored to have a CEO, Janet Corrigan, at the head table sitting to my right. (Applause)

The safe practices for better healthcare being released today, in fact, by the NQF, is a blueprint for leaders. These practices address the most common areas of preventable harm, including medications, infections, and testing. They include adoption of technologies like computerized prescriber order entry, or CPOE, and a flight simulator to measure its effectiveness. They target harmful events the government calls hospital acquired infections that we understand are already built into the healthcare incentives. Immediate action, however, will require courageous leadership.

Safe practices are standardized methods with predictable results. All humans make mistakes. Human error, combined with systems failures, causes the majority of harm due to medical accident. I'm an actor. If I make a mistake, I have take two. Or three, or four, or 37, and believe me, I've been there. But if a caregiver makes a mistake, it could mean somebody's life. Hospital staff, more often than not, are working without a safety net, working sometimes double shifts. And they are expected to make crucial decisions with clarity and judgment for every patient in their care, often without any backup except for maybe the overworked caregiver working beside them.

Practices like checklists reduce the possibility of error and harm. Now, once you have engaged leaders and standardized practices, enormous power can be delivered through innovative technologies. Healthcare needs more of what the airline industry figured out long ago: safety-centered design and technological backup for human factors related error. The innovative instruments in modern airplanes are essentially a safety net to aid a pilot in flying an airplane safely, even when conditions are zero visibility, and to alert him as he makes a mistake. And even the pilots with the right stuff, commercial and

career reference there, know that mistakes happen when they operate an aircraft outside of the safety performance envelope. And that envelope is defined by their own human performance and the airplane's technologies. Technologies like bar code systems, smart infusion pumps, electronic medical records, automated infection tracking, bedside bar coding, and CPOE all require investment in safe adoption. But they can have a huge impact on safety.

A national approach at getting at zero healthcare harm will have to involve all stakeholders, and they are getting involved. Dr. Alan Korn, who is sitting before me, is leading national Blue Cross Blue Shield safety programs to activate hospital boards invest in developing leaders and pursuing programs to reduce central line infections. Dr. Howard Koh, Assistant Secretary of Health sitting to my left at the head table, is pulling the leaders of the government together to dramatically reduce healthcare harm and prevent illness. And Dr. Don Wright, his Deputy Assistant Secretary sitting before me, is leading the charge on healthcare associated infections for the entire government.

So I am at a weigh point in my journey. We have merged our Quaid Foundation into TMIT in order that I can more effectively play my role of helping drive awareness of the opportunity to truly chase zero harm along with more than 3,100 hospitals and 500 experts that work with them. It is time to make a call to action to encourage policymakers to tie the NQF safe practices to healthcare reform, challenge hospital leaders to adopt them, and ask the public to demand them.

On April 20th, I will be speaking to leaders from around the world at a Global Patient Safety Summit in Nice, France, where we will premier a documentary entitled *Chasing Zero: Winning the War on Healthcare Harm*, co produced by Discovery Channel and TMIT. David Schlotterbeck, CEO of CareFusion, and Char Guglielmi, President of AORN, the Association of periOperative Registered Nurses, are leaders of the educational sponsors of this film, and they are here today as well.

Our documentary uses patients and caregiver stories to demonstrate that zero harm is within reach. It provides examples of chasing zero role models that will inspire and encourage others. We even have stories of some of the unsung heroes of patient safety like cleaning staff, who develop checklists to reduce infections; and medical students from around the world who through their check a box, save a life program, are already saving lives even before they get their M.D. After the documentary airs on Discovery, we will give it to every hospital board of directors in the country, and it will become a continuing education program for caregivers.

Looking forward to the future, we envision engaging those from industries like aviation interested in helping us accelerate the development of our leadership, safe practices and technologies. To speed our learning curve, experts like John Nance, an aviation and media expert who like many other experts, believe we can learn a great deal about patient safety by applying the disciplines of safety in the aviation industry, such as the creation of the NTSB, National Transportation Safety Board, and applying safe

practices such as simulation and teamwork training, as well as the use of technologies to protect us from human error.

Now, where we need your help, you in the media, is helping us tell stories. Stories can unify the head and the heart and put our leaders hands to work. In our article entitled “Story Power: The Secret Weapon,” we addressed how stories can have impact in activating the inner David of our healthcare leaders to attack their Goliath, which is fear, fear of failure, fear of malpractice, fear of shame that they might indeed have a bigger problem than they realized. So my ask of you is to help us tell not just the stories of harm, but the stories of great caregivers in organizations who live in that high performance envelope of leadership, safe practices and technology, dedicated to safe, high performance care.

The great organizations and people who could help America push the envelope and make the zone of safe care bigger for all of us, and our families, will prove to be those who truly have the right stuff. And many of you are in this room today. And we thank God for your dedication. And thank you, all, for inviting me here to speak today. Thank you. (Applause)

MR. BJERGA: And thank you, Mr. Quaid. We’ll now be beginning our question and answer period, if you would like to stand and come forth here. And our audience, we know they can sing, but we want to make sure that they can ask questions, too. So feel free to write on your cards and pass them all on up. The first question here, obvious connection to what you're talking about today, is the healthcare reform legislation that passed last month. And the question for you that came from our audience is, in light of the passage of healthcare reform, how does that relate to some of your goals in reducing medical errors? Do you see some positive aspects of the legislation, and are there things that still need to become part of a follow on that will help you?

MR. QUAID: Well, a lot of what we're trying to do are shovel-ready programs that really don't cost a penny. Things like checklists, things like that. And some of that is also covered in the incentive money that was, some of it still to be released, that's gone out last year. And as far as the details of the healthcare program, I guess we're going to see how all that plays itself out. So we'll see.

MR. BJERGA: Do you see any issues with the regulatory structure in our healthcare system right now, ways and procedures that are brought forth by the government that may be creating problems in some of the systems issues you discussed?

MR. QUAID: I don't know about the government, but what I have found, especially in the technologies that are out there that are available already, is interoperability. When it comes to things like bar coding and electronic recordkeeping, there's disparate companies who are out there. It's sort of like the early days of beta versus VHS where one product will not work with another product. I think the government maybe is a good way to get all of this linked up to where it's all

interoperable. And that'll bring the cost way down, of course, as well, and it'll make the training easier for everybody.

MR. BJERGA: Do you think the healthcare reform legislation will have any effect on the frequency of medical malpractice?

MR. QUAID: Once again, I think that all these will see itself played out. I'm certain that we're all hopeful about the outcome.

MR. BJERGA: Would you go to the Cedar Sinai Hospital again, despite the event now that your foundation is in place? In short, has your faith in medicine been restored?

MR. QUAID: Well, the day after the incident with the twins would have been a good day to go there to have your baby delivered. Let's put it that way. Everyone was really on high alert. And I think it woke up a lot of people, really, and hospitals around the country. And a lot of good has come from it. And I must say, I do applaud Cedars for stepping up to the plate. They spent a lot of money to put in electronic recordkeeping and bedside bar coding and sterile cockpits and a lot of technology and training that I think has gone a long way towards making them one of the premier hospitals, on the cutting edge.

MR. BJERGA: What sort of question should families ask their doctors before treatment?

MR. QUAID: A lot of question, any little question, I think, no matter how trivial, don't be embarrassed to ask a doctor. And always have someone there in the hospital with you if you happen to stay there. Because they are your best caregiver, really, and they're your advocate. They may be asleep when someone comes in to give you medication, and you need someone there to ask the questions.

MR. BJERGA: What might a couple of those most important questions be?

MR. QUAID: Well, just to ask any nurse or doctor that's coming in what they're doing, why they're doing it, and what is this medication? And just all the simple thing to find out. Because we're consumers, we're also caregivers as well. We're patients, we're also responsible for our own healthcare. As a patient, ask questions.

MR. BJERGA: Having given your personal story in several different forums, people have been touched, they've been moved by what they've heard you say. You also are in the genre of celebrity with a cause, and you'll see people come through Washington, D.C. with their various issues that they want to promote, and lending their celebrity name to this to get more attention. What are some of the challenges and pitfalls of being a celebrity speaking on behalf of a cause, and how do you deal with those?

MR. QUAID: Yes, as another celebrity come to be Mr. Smith goes to Washington, to be Jimmy Stewart, I guess that's the pitfall. Or, was it Tom Hanks? Well, what I found and the role I can play, I didn't plan on making this a cause. I remember being in the hospital with the twins and it was after the 41 hours of danger that they were in, and they were out of the danger period. And I remember thinking these little guys, they're ten days old and they're going to change the world. So that's what propelled my wife and I to get involved, really. And being a known person, that's what I can use. And so, I welcome that. There's so many people out there who have had worse incidences. We were lucky we had a happy ending. But there are so many people out there who don't have a voice for what happened to them. And that's what I was hoping that I could do for other victims.

MR. BJERGA: That actually leads into our next question. This is a person who wrote, "I too nearly lost a twin baby shortly after birth due to misdiagnosis. She miraculously survived. How should I engage the hospital on patient advocacy and safety?"

MR. QUAID: Well, open up a dialogue with them. I would say would be the best way, and a dialogue needs to be open. I mean, there's hesitancy on both sides, mistrust on both sides. I'm talking about patients in hospitals. And there's got to be avenues open, there's got to be more transparency of hospitals so the patients feel that they have access, access to their medical records, access to information. And also, just feeling that someone cares rather than someone's worrying about liability. And that's what I would say.

MR. BJERGA: Do you plan some day to share with your twins the story of their survival? When would you tell them, and how will you tell them?

MR. QUAID: You know, that's something that I really haven't thought much about yet, because they're just learning to communicate. Keeping up with them is-- having two is like having four. (Laughter) It really is. And, you know, but one of these days, I guess we will tell them what happened to them. It's well documented and there'll be a lot to show them. And they should be proud of themselves for really what they've done at such an early age. They really have changed the world already.

MR. BJERGA: A question from the audience. Just for clarification, in the work that you're doing with medical errors, are the changes in structures that you're working also align with assisted living centers and other places of medical care outside of clinics and hospitals?

MR. QUAID: Well, certainly that falls under the umbrella of healthcare harm because it happens in all kinds of places. We have been, my wife and I have been, focusing on hospitals. What we focused on originally was where we saw the problem with what happened with our kids, which is they were overdosed there, and it happened at the bedside, although it originated back, really, at the drug manufacturer because of the mislabeling-- the similarity of the labels.

But it was a chain of events that happened from there because of the labels and the way they were similar, the pharmacy made a mistake. They were stored in the pharmacy in the same bin, and then they were taken out of there, the pharmacist had put into the technicians and put into the nurses station. And then from the nurse's station, it was missed into the room and given to the kids. So what we focused on was originally bedside bar coding because the nurse can walk in, scan the patient's bracelets, scan the medicine and scan her own I.D. And if there is a mix-up, if there is some kind of-- if it's the wrong patient, the wrong room, wrong something, wrong medication, there'll be an alarm go off. So that's what we focused on to begin with.

MR. BJERGA: Are you bringing your cause directly to members of Congress while you are here? And who are some of your bigger supporters?

MR. QUAID: Well, Congressman Waxman has been a great supporter of us when we were here, when we gave testimony before Congress that time. I feel like there's a lot of things that are wrong with healthcare, do need to be taken care of by the government, not just in spending money, but in really bringing everybody together to form a consensus. As I mentioned before, bringing about interoperability of all these different technologies that are out there.

MR. BJERGA: How would you propose a way to engage the younger population in the conscious effort to acknowledge and understand the healthcare problems existing in America today?

MR. QUAID: Well, that's the thing, when you're young you really don't think about those things because you feel like you're going to live forever, don't you? (Laughter) But then we turn 56. We start to see the end of the tunnel. But, I think the first sign is you start to see your parents really getting older, and then the problems arise. Also, what my wife and I found out after this incident, we had so many people coming up to us telling their stories about what had happened to them or a loved one or a friend. I think everybody out here knows someone or has a loved one or a friend, or it's happened to you, that you've had some sort of medical error happen to you.

MR. BJERGA: Of course, along with the many questions about healthcare policy and your own efforts, there are several questions about Hollywood, Hollywood careers, you're a working actor. Following in transition, the first question is how does age affect the roles you are offered? Does Hollywood have enough good parts for men and women who may have turned 56 last Friday?

MR. QUAID: Yes, well if they do the Waltons again, I guess they'll be saying, "Good night, Grandpa." Actually, I find that I'm actually having more fun with acting and movies more now than when I did when I was in my 20s and 30s. I don't know, maybe I was trying to be something, or something, but I just don't care anymore. Just make a fool of myself. I'm just having fun. I do it because-- and I'm really thankful that I still really

have a fire in my belly for it because so many people can get jaded and blasé and bored and just give up. I really love it, that's why. That's why I still do it.

MR. BJERGA: Looking at all the cameras clicking away as you speak, how do you learn to live with the celebrity scrutiny? Are the paparazzi, excluding any photographers here today, out of control?

MR. QUAID: Out of control? When they start coming over the wall. Actually, hey, I'm pretty into it and I have a very vibrant private life, believe it or not, and I really don't get it all that much. And sometimes, I really thank God I'm not Tom Cruise or Michael Jackson or someone of that-- it is kind of hard to just go someplace. I get recognized, but I go someplace anyway. Of course, people are people and for the most part, people are nice, you know? It gives you a chance to meet people. Also gives me a chance to do this.

MR. BJERGA: Medical drama is a popular genre of storytelling in television and film. Based on your own experience, and your work on preventable medical errors, what changes, if any, would you like to see in the way healthcare and hospitals are depicted on screen?

MR. QUAID: That's a very good question. Oh, yes, you're right. You said I did play a doctor, but my line is I've never played a doctor on television, or in the movies. But I don't know. Well, they just had a movie on healthcare come out recently with Harrison Ford, I think. Usually, they don't do so well. They've gone the way of westerns, it seems. But I think with documentaries and stories of real people, I think that really has the greatest impact.

MR. BJERGA: When you say that you haven't played a doctor on TV or screen, yet having noted your Doc Holliday presence, is that because you don't consider Doc Holliday a traditional doctor character, or because you're denying *Wyatt Earp*?

MR. QUAID: I know this is going to offend some people, but he was actually a dentist. (Laughter)

MR. BJERGA: Among your historical figures, or current events, actually, roles that you have played, were President Clinton and the special relationship, and then you also played a character in the film *American Dreams*. For those of you who have seen it, it was-- or not seen it-- it was considered a sort of thinly veiled take on President Bush. What were the challenges of playing those two different characters, and did they teach you anything about them as people as you were learning and studying that role?

MR. QUAID: Well, I learned that I never really want to get into politics, let me put it that way. But no, it was really actually a great challenge just recently playing President Clinton. I actually spent a weekend in the White House with him ten years ago and kind of got to know him a little bit. Smartest man I ever met, by the way. And so when they offered me this role, I didn't know why they would do that. It was written by

the same guy who wrote *Frost/Nixon*. It was a real challenge to do. But sometimes, I think you should do the thing that you're most afraid to do. That's why I did it.

MR. BJERGA: There was a scene in a film in which Shirley MacLaine played a mother who went into a frenzy in a hospital when her daughter with cancer wasn't getting her medicine. What would you comment be on that sort of reaction in real life?

MR. QUAID: I'm sorry, what?

MR. BJERGA: A scene in a film, this is an audience question, in which Shirley MacLaine played a mother who went into a frenzy in a hospital when her daughter with cancer wasn't getting her medicines? What is the appropriate reaction?

MR. QUAID: Well, that was very appropriate, I thought, because it got the job done really quick and woke everybody up. I think, really, that scene kind of spoke for anybody who has had a stay in a hospital sometimes, when things aren't going right.

MR. BJERGA: Healthcare questions. How does the drive for profit in the healthcare sector affect patient safety?

MR. QUAID: In the private sector? Well, I would like to see more done in the private sector. In the end, that's the way it's really going to work. It's not just with government handouts, but by making it a business that's profitable. And it makes sense economically for all involved. I mean, the best deals are deals where everyone's happy on both sides, isn't it? And that should make things run more efficiently for the hospitals, to save money and to save by saving lives, which is really what it's all about, also going to save money in the end in all kinds of ways.

MR. BJERGA: Have you considered enlisting the assistance of the medical malpractice community in your cause? How can you work with folks who are trying for changes to those sorts of rules and regulations into what you're trying to do from the lobbying standpoint in Washington, D.C.?

MR. QUAID: You mean changing the regulations as far as--

MR. BJERGA: Making them tighter?

MR. QUAID: Litigation, making them tighter? Well, I think that's, you know, I'm not really a lawyer to really speak to that. And sometimes, there's two sides to that issue. And to get politically involved in that, I'd really rather focus on the positive side of improving patient safety rather than in the back and forth of lawyers and insurance companies and litigation, and all that.

MR. BJERGA: Is that something that being an actor is something you feel more suited for, is that type of role, the positive rather than getting into the regulatory details?

MR. QUAID: Well, I'm just mainly interested in speaking out in reference to what happened to our family. And speaking out to-- and rather than being confrontational, I'm really looking for ways to bring people together.

MR. BJERGA: What have you learned about running a foundation from your experience running a foundation?

MR. QUAID: That I'm not all that well suited for running a foundation, actually. To tell you the truth, on a day to day basis, I'm a great delegator and I guess I'm a pretty good front man. But the day to day work of running a foundation, especially with my day job, and being a father and the rest of my life, and that's where I'm so glad to announce that the Quaid Foundation has merged with TMIT, Texas Medical Institute of Technology, Dr. Charles Denham, who's become a great friend as well as he's one of the great leaders and experts in patient safety in this country. And he runs a great organization that's really engaged and can really do something. And so, we're joining up with them. He's much better at running things than I am.

MR. BJERGA: Will you consider making a movie about your own experience with medical error, the story of your twins?

MR. QUAID: No, I don't think so. In some ways, it's really difficult to relive that and I don't think I'd want to spend two or three months making a movie about it. I think the story's already powerful enough. It's out there.

MR. BJERGA: A film question. What sort of research or preparation do you do when preparing to play a historical figure, as distinct from preparing to play an entirely fictional character?

MR. QUAID: That's a good question. It's really different. For one thing, when I'm playing an historical figure, especially somebody who's alive, that's really the most difficult one. I try to put myself in their shoes and tell it from their point of view, is what I try to do. I try to get at least kind of the look right and what they sound like, especially when they're known so well. I really try to capture their spirit rather than just becoming them. I try to capture their spirit as much as I can.

MR. BJERGA: Do you have any interest or efforts in issues globally or outside the United States dealing with medical errors, or any other sorts of fields? Are there any global health issues in which you have a personal interest?

MR. QUAID: Well, for the last 25 years I've been involved with an organization called the International Hospital for Children. And we were going-- we go down to places like Central America and really all over. We were in Africa a few years back, and we identified children who need medical attention that they cannot receive in their own countries and we bring them back here to the United States. And doctors and surgeons donate their time, and hospitals donate rooms and we get them better and take them back to their families. What better diplomacy is that?

MR. BJERGA: What advice would you have for a young person, maybe your own children, who would want to be actors?

MR. QUAID: Well, actually my son is going to NYU next year, and he definitely wants to be an actor. What do you know? I can't believe it. So, you know, my advice to anyone would be the same that I would have for myself and for my own son. I just want all my kids, really, to do the thing that they're passionate about. Do something that they have fire in their belly about that really makes them happy, that they just have to do. Because those are the things that are going to make you happy. The worst thing in life is a job that you just don't care about. So that would be my advice. Make sure you really want it, success or not.

MR. BJERGA: Looking at younger actors today, is it different or more difficult to break into acting, as opposed to when you began?

MR. QUAID: You know, I would imagine it's just as hard today as it was back then. It's impossible, is what it is, to break in. Everybody starts at a certain point. That's where I say that you have to really want it to-- I mean, I really feel that a big reason for my success is that I just won't go away. I just stayed around, "You're not chasing me out of here." And finally, I got a little older, and maybe the parts would change, and something, and that's what happened.

MR. BJERGA: When you look at a figure such as a Clint Eastwood, who is still doing starring roles into his 70s, is that something you could see for yourself? Are you going to be sticking around for another generation?

MR. QUAID: I hope so. Clint Eastwood is the model, he's the role model, I mean for everybody. I mean, who wouldn't want to be Clint Eastwood? The great thing about acting, as opposed to being an athlete, is that you can do it until you die. And some people have dropped dead on the set. (Laughter)

MR. BJERGA: So why did you choose to do the film, *Soul Surfer*? Was it in any way tied to your mission on medical errors?

MR. QUAID: No, it wasn't. I was actually this last Christmas, I was home watching the "Today Show," which I usually do in the morning with my little two year old son, who happened to be up first. And Bethany Hamilton, it's a story about Bethany Hamilton. She's a little surfer girl. When she was 13 in Hawaii, she had her arm taken off by a tiger shark, out of the blue. She was a little wunderkind surfer. And the way she handled that experience, and the way her whole family handled that experience, was amazing. It's an amazing story. And she came back, and she's now on the pro circuit of surfing, and just an amazing story of faith and encourage in life. And I'm just sitting there on the couch, tears are coming down my face because she's on the "Today Show" and just talking about her book. And then two days later, they asked me to play her father. I went, "Hmm." It was kind of a no-brainer. And then you got to be in Hawaii for two months, and getting paid, and that was my first island paradise location, actually, in my

entire career. Usually, I'm over in eastern Europe up to my chest in mud and it's two in the morning and it's unseasonably cold. So it was great.

MR. BJERGA: Aside from the weather, what do you look for in choosing a project to sign onto? (Laughter)

MR. QUAID: That there would be-- Really, when I get a script, they send me the script and I read it, it's the only time I get to be an audience member with a first time experience of that movie. And that's the way I really decide, where it takes me, how I feel.

MR. BJERGA: During your address today, you had kind words for news reporters and media, which has not been universal among speakers at the National Press Club. What complaints may you have about news media, and what do you think they could do better in covering issues like your own, or others?

MR. QUAID: Well, we're on a 24 hour news cycle, of course, so there's not much time to spend on any given story, really. And also, the media is run by the marketplace so much more than I even think it used to be a couple of years ago. So that's the way things are, it's just the way it is, and so we have to work within that. I would like to see more in depth coverage on stories and really staying with them from the beginning to the end. And I think there's also, maybe it's because it's the appetite that we as Americans have sometimes for gloom and doom. But everybody says that they'd love to see more positive stories out there, maybe that'd inspire us.

MR. BJERGA: In your career, you've played several roles, some of which have already been mentioned, of famous people who are still living. What kind of feedback, if any, do you get from the people you have played?

MR. QUAID: Well, I can tell you this, that when I was doing *Great Balls of Fire*, Jerry Lee Lewis was right over my right shoulder every day on the set. "You got it wrong, son." And he was packing, too, so you didn't want to make him mad. But, I like it when the people that I play are actually there on the set. When I did *The Rookie*, Jim Morris was on the set every day, and I really appreciated it, because it makes me feel them. And I would certainly be nervous if someone was doing a movie about certain parts of my life as well. So it's good to have them there, reassure them.

MR. BJERGA: Several bloggers have stated that you would be perfect for a bio pick about John Edwards. Interested?

MR. QUAID: That concludes today's luncheon. (Laughter) Call my agent.

MR. BJERGA: I can't tell you how it feels to just have been impromptively (sic) played by Dennis Quaid. I'll give you my feedback later. (Laughter) Couple more questions dealing with healthcare reform and your effort before we go into our final parts of the program. When you're looking at supporters for your efforts on Capitol Hill, are

you seeing this is a truly bipartisan effort? What seems to be your strongest centers of support?

MR. QUAID: That's really what we're after. Chuck and I agree with that, we're trying to be as independent as possible, as nonpartisan as possible because it is not really a political issue. This is a human issue, really, that we're talking about, affects everybody.

MR. BJERGA: And where can you expand your support? Who are you targeting to get your message out to now?

MR. QUAID: Everyone. We've been doing television shows that have been out there. That's my role, is to be out there and really be the front man, to be a voice for patients. And so, anywhere we can get a gig for it basically, that's what we're doing. Why, you got something in mind?

MR. BJERGA: One of the questions was about your band and asking you if you'd sing a few bars for us. But I don't know if you want to go that far, if that would expand the audience, perhaps you'd want to consider?

MR. QUAID: No, you got to pay me for that. Sorry, you got to pay me for that.

MR. BJERGA: And leading out of that, we are almost out of time. But before asking the last question, we have a couple of important matters to take care of. First of all, I'd like to remind our audience of future speakers and guests. On April 15th, we will have Janet Napolitano. She's the Secretary for the Department of Homeland Security. She'll be discussing the state of the nation's, as well as the world's, aviation security system. On April 19th, we will have Congressman Sandra Levin, the new chairman of the House Ways and Means Committee who will be talking on financial reform and other topics. And on April 30th, we will have Secretary Ray Mavis, of the U.S. Department of the Navy, presumably discussing the Navy.

Second, and this is the moment that we've all been waiting for, and we do not pay guests at the National Press Club. As a journalistic forum, the world's leading professional organization for journalists, it's certainly something that we try to keep. And we appreciate those from Hollywood who will come without being paid because that's very refreshing for all of us out here and we appreciate your willingness to come and speak with us on your issue today. But we do have a token of our appreciation. Beyond the first ever birthday cake, we'd like to now present you with the one, the only, the famous National Press Club mug.

MR. QUAID: Oh, fantastic. (Applause) Beautiful, really. Thank you so much, it really has truly been an honor to be here today. And I want everybody to have at least a finger full of this cake over here, okay?

MR. BJERGA: But before we do that, we do have our last question. And often, we try to have as our last question, ask something sort of off beat, something humorous,

something lively, but I think we've had a lot of that today. So for the final question, I'd like to ask, you have mentioned faith and prayer several times today throughout your address, and actually attributed prayer to what you think may have saved your twins. Did your incident with your twins change the way you view your faith?

MR. QUAID: Well, I think I've always had a strong faith in God, I really do. No matter what your definition might be of him, I think we all experience that, even atheists at times. But, one thing it really woke me up to the power of prayer with what happened with the twins because it really-- it really does work, it really does. There's a lot of power in life we can all share.

MR. BJERGA: Thank you for coming today. (Applause) We'd also like to thank the National Press Club staff including its library and its broadcast operation center for organizing today's event. For more information about joining or donating to the National Press Club, and on how to acquire a copy of today's program, please go to our website at www.press.org. Thank you, and we are now adjourned. (Sounds gavel.)

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