grant from the foundation has enabled NCB Capital Impact, a Washington, D.C.-based nonprofit, to complete 41 Green Houses in 10 states, with another 18 projects in development. The goal is to open a Green House in every state.

Thomas views the nursing-home industry—which draws about 78 percent of its revenues from Medicare and Medicaid—as a powerful and daunting competitor. Unpopular as nursing homes may be, as of 2004 they housed 1.5 million of the frailest Americans, almost half of whom were over age 85, according to a 2007 AARP report; Thomas notes that 50 percent of people aged 65 or older will spend at least some time in a nursing home before the end of their lives. The expenses—largely absorbed by the government—are hard to bring down. (This year, the average private-pay cost for a private room is $209 per day, or $76,285 a year; a semi-private room averages $187.)

The Green Houses cost more to build than conventional facilities, Thomas says, but the elderly residents get more as well: more privacy, to begin with, and a much higher quality of life. In his model, money and resources are shifted away from middle management and used more for direct care. Operationally, the Green Houses cost the same to run on a daily basis as a nursing home, he says, adding, “This should not be that much of a surprise since the nursing home was never a paragon of efficiency.”

Thomas’s persuasive powers spring in part from his earthy public persona—he typically wears roomy blue jeans and Birkenstocks to speaking engagements. His speeches, while laced with philosophical references, are akin to kitchen conversations; he hands out advice like a caring, grown son and reassures people with phrases like “no worries” or “cool beans.” His knowledge of the healthcare and pharmaceutical industries is formidable—he can reel off the detailed history of commercialized use of heroin and the relationship between “horse piss and hormonal supplements”—but he also tends to recall the simpler past when his grandmother tended his cuts with a milk and bread poultice, and old people worked outside and didn’t take 20 pills a day.

Growing up in rural Nichols, New York (near Binghamton), Thomas was the first member of his family to attend college. He thrives on winning over a tough audience. As an undergraduate at the State University of New York at Cortland, he was a charismatic student leader—campaigning for new student-run evaluations of professors—and even ran for mayor. “You know how you are at 20,” he says now: “I thought I could run the city better than my opponent, who had a college-bashing platform. I lost the election, but my consolation prize was that I got into Harvard Medical School—the first person from Cortland ever to do that.”

Thomas found Harvard stimulating and ultimately advantageous. Just as “Nixon was the only politician who could go to China, because he was immunized against the claims of selling out to communism,” he points out, “what better person than a Harvard-trained medical doctor to lead the way against the medical model in nursing homes? If people get up in my face about the medical issues—the main excuse given not to enact reforms—then I have the facts to back them down.” The medical model makes illness and treatment the paramount issue, he says, and “what happens then, especially in nursing homes, is that people’s pancreases get more attention than anything about their lives or what they need as people.”

He says he would have been happy in politics, and the work he does now is far from apolitical. Ultimately, his constituents are old people. They like him for his ungodlike doctoring and for his essential championing of autonomy.

“I’m a firm believer in the rights of elders to do whatever the hell they want,” he told the seniors at the AARP workshop. “If you only have the right to make the ‘good, wise’ decisions that your grown daughter agrees with, then you’re not running your own life anymore.” Old people, he says, can make decisions even if they are bed-ridden and confused. “I’ve taken care of lots of people who didn’t even know their own children,” he notes. “Sure, they probably shouldn’t be making decisions about their 401(k) plans, but they can decide what to wear and what to eat and whether to go outside on a daily basis. People think that if old people cannot make the big decisions, they cannot make any decisions—and that is just wrong. They have the right to folly.”

Thomas’s vision seeks to shift our underlying cultural philosophy. “Old age is