

Mark Masselli (00:04)

Our guest is accomplished and well-known. And some say controversial, Dr. Leana Wen never hesitates to share her thoughts on the biggest health issues of the day.

Dr. Leana Wen (00:14)

Of course, this is an extremely worrisome time because I think many of the changes that we're seeing are even more extreme, than may have been, than may have been anticipated.

Margaret Flinter (00:26)

Dr. Wen is a columnist for the Washington Post, and a medical analyst for CNN Time Magazine has named her one of its most influential people.

Dr. Wen (00:35)

I think it is important for us to be evaluating each of these claims separately because, for example, Kennedy does say that ultra processed foods are bad. I really don't want people going out and saying, well, I'm just gonna eat a whole bunch of potato chips. I'm being a little facetious. But that's an example of how we could disagree with someone on totally on an issue like vaccines, but still find common ground with someone on something else. And at least let's not have a knee, knee-jerk reaction to everything that the individual says.

Margaret (01:00)

This is Conversations on Healthcare.

Mark (01:13)

Dr. Wen, welcome back to Conversations on Healthcare.

Dr. Wen (01:17)

Thank you so much. Great to join you again.

Mark (01:19)

Yeah. You know, we're gonna get into some specific policies and actions of the Trump administration, but a starting point, how do you overall grade President Trump and health and human service Secretary Robert F. Kennedy, so far on their healthcare agenda?

Dr. Wen (01:35)

Well, I think we got a lot of what was expected, and that we know that there was a lot of backlash on against the measures taken during COVID, that there is a lot of anger that the American public have, the championing, for example, against vaccines. we also know that President Trump appointed a known anti-vaccine skeptic, and not just a skeptic, but someone who was a major leader in the anti-vaccine movement, who founded an anti-vaccine organization. And I warned at the time, and many public health leaders warned at the time about what we might see in terms of, in terms of increasing the skepticism and the distrust around vaccines. And we're continuing to see that now. we had heard President Trump before talk about withdrawing from the World Health Organization about cutting back on things like Medicaid, and we're seeing that now. So I have to say that I'm not surprised, but of course, this is an extremely worrisome time because I think many of the changes that we're seeing are even more extreme, than may have been, that may have been anticipated.

Margaret (02:50)

Well, Dr. Wen let's, maybe talk about some of the other individuals the administration has appointed to key roles, who you think, offer value. We understand you support the new FDA and the NIH directors, and we'd love to give you a chance to just tell us what do you find positive about those appointments?

Dr. Wen (03:08)

Well, I think that a, perhaps a better way to frame this and the way that I wrote in my, and by Washington Post column about these appointments is that there really, there are so many people who would be a lot worse. at least the, the new head of the FDA, the new head of the NIH are qualified individuals who have credentials from major medical institutions who have worked in those fields and have held reasonable positions before where they sided with, with, scientists and understand the scientific process. So my hope, and we'll see if this comes to pass, but my hope is that at least behind the scenes, they will act as a, tempering force, if you will, against the worst excesses of the Trump administration, and in particular, Robert F. Kennedy Jr. Around vaccine policy.

Mark (04:07)

You know, you certainly call them as you see them, and that was the case with the public comments that have been made about people who have autism diagnosis. Wonder if you could take our audience through the situation and your perspective.

04:19)

Well, again, I think that many of the comments that were made by Kennedy are frankly untrue and harmful and make many people doubt as to what his true motives are. First of all, he made comments about autistic people that are just false and, and, and, and, and, and mean, for lack of better words, about how, they will never pay taxes or have jobs or, never learn to use the bath independently or the bathroom independently. I mean, that may apply to some individuals, but of course, there are many people with autism, many autistic people who have very different lives, who are contributing in many different ways in society. And in fact, I wrote a column about St. Elizabeth's School, which is a school here in Baltimore serving individuals with autism and traumatic brain injury and other severe disabilities. and I profiled what it is that the school is doing to help these individuals thrive. Most of the graduates come out and do work jobs and are learning at their capability and are contributing, in the way that they are able to. So that's one part that I thought was important. I spoke to, for my research for, for, for the article, spoke to people with autism and their families, to understand more about their, their perspectives here. But I think from a scientific and medical per perspective, there's something important as well, which is that we hear Kennedy say things like, well, we don't know what the cause of autism is, but we are sure that it's some kind of environmental toxin that is not the consensus by scientists who have dedicated their lives to studying autism. It's just not true. We know that autism is a complex interplay between genetic and environmental factors, but actually the genetic component is very strong in identical twins, for example, there's a 90% concordance if one identical twin has it, 90% chance that the other has it, that 100%. So there's some environmental component, but there's also a strong, there's also a strong hereditary component where siblings, not just identical twins, but siblings have a high concordance. If one has it, the other has it as well. and so there is a genetic component. There is also an environmental component, but the idea that somehow there is this one environmental toxin that is suddenly going to be found despite all the research to the contrary, it really raises questions about whether the answer is predetermined. And of course, also whether Kennedy is going to be placing that blame on vaccines, which has long been a target of his.

Margaret (06:56)

Well, there are so many important things to talk with you about today, and I wanna thank you again for, joining the show. We've enjoyed previous conversations with you. it seems, for the last, several days in the last 24 hours in particular, it's been a 24 hour news cycle about the budget taking people's attention and, and focus. And I wonder, if you'd like to comment a little bit about the budget with regards to Medicaid. You're a former commissioner of a major city commissioner of health in a major city and, and, have a good handle on the impact of, Medicaid funding on a community or on a, on a country. what would you like people to know about how important Medicaid is to health, in the United States at this point?

Dr. Wen (07:44)

I think that our audience all know very well about the importance of Medicaid, whether it's the importance of Medicaid in supporting rural healthcare, whether it's the importance of, of Medicaid in helping individuals with chronic conditions, families, children, older individuals, just people all over there have been, I, I think there is this, really just lack of understanding of the importance of prevention and how Medicaid helps to save cost down the line. That's something so intuitive to all of us in medicine and public health, that we are going to end up paying for this sooner rather than later. Or in some way, if somebody becomes very ill and they end up having a heart attack, we're going to pay for that, or we can pay for it upfront and invest in diabetes treatment and prevention. and I think that somehow that conversation is getting lost. it's, it seems that, you know, that there is maybe not so much an understanding of the fact that we're going to end up paying for this care. and, isn't it better if we aim to keep people healthy?

Mark (08:51)

You know, I think it's fair to say that, secretary Kennedy has a legion of supporters and, one of his more popular moves appears to be banning artificial dyes in food, even though the AP reports scientific evidence, that, most children have no adverse effect when consuming foods containing color additives. You've also noted that he's on a crusade against seed oils, and I'm wondering if you could explain, that situation, why you're not convinced seed oils are a big problem.

Dr. Wen (

Sure. Maybe taking a step back for a moment as well, I did a series, a couple months ago that specifically looked at the women who are fervent supporters of Kennedy. They call themselves the MAHA moms that Make America Healthy Again. Moms and I looked at their social media feeds, I interviewed them, I talked to experts who, spend their career studying them. And it was interesting to see that this is not a monolithic group. One might think that these are all Trump supporters. And yes, there is a group who strongly identify with MAGA and President Trump, and whom, for whom being anti-vaccine and for what they call medical freedom is their reason for being. But then there are two other groups that's very interesting as well. One, is the group that love Kennedy because they think that he will remove what you just mentioned, these food additives, food coloring, artificial dyes, et cetera. They're all for things that are natural and unprocessed. And I think from there they begin to see vaccines. of course this is not true, but they begin to see vaccines as a toxin quote, similar to these other things that they're championing against. And then there's a third group who are individuals who experienced some sort of negative medical event in their lives, whether it's with themselves or with their children. And they are renarrating, they are placing the blame on vaccines, and of course, they see Kennedy as someone who can help them to champion that particular cause. And so I mentioned all of this because I think understanding the support for Kennedy is important, to see how can we maybe change the narrative around vaccines. And to the question that you were just asking about seed oil, I think that that is a part of it as well. I think that, there has been this, this, trend, if you will, to see seed oils as being especially harmful. Now, I think that the research may be a bit mixed as to whether seed oils are particularly helpful, as in there are some researchers, some nutrition researchers who believe that seed oils actually contain some health benefits. I think there are, others will think, well, maybe they don't contain many health benefits in, in particular. They're, they tend to be used in ultra processed foods, and therefore it's not so much this, that the seed oil is un is unhealthy, unhealthy, but rather the foods that it's mixed with that they're mixed with, that's, that, that, that are unhealthy. But I think overall, the question to be asked is, well, are there better alternatives? I I think that most nutritionists would probably say that, replacing seed oil with things like beef tallow and saturated animal fats, probably not the healthiest thing. but if you are replacing seed oil with, extra virgin olive oil, which is, not processed and and also contains healthful nutrients, that probably that would be a better idea.

Mark (12:21)

You know, I want to go at that middle group you were talking about it. 'cause it seems to me that there's a whole concern about the food industrial, conglomerate that's sort of running our, our food world here. we hear all the data that in Europe or in Canada, there are sort of different ingredients in, in some of the foods. How, how big is that group and how, how powerful is that in terms of resonating? you talked about ultra processed food. I think there's a real concern, too much sugar in the food and the like. So I'm not sure how, how, how they, if they were equals or if that middle group was in fact a pretty large substantial part of the, of, of his base.

Dr. Wen (

Yeah, I think that there are a lot of people who may have previously identified as left-leaning, even extremely left-leaning, whom make up that group, who might have found themselves surprised to be part of this MAHA coalition with some people who are really on the opposite side of the spectrum politically from them, it's these substantial group. And I think that a lot of what this group believes probably would be in line with much of of public health, because we know, based on many scientific studies that ultra processed food is not good for you. That, that ultra processed food consumptions associated with t with many negative health impacts, including early, early mortality, including cardiovascular disease, cancer and so forth. And I think there are a lot of people in the public health world also who want individuals to, to have access to healthier foods, want children to have healthier lunches, want access in general to improve for the he choice to be the easy choice. and I, I think that there's a, a large group would also in public health would also very much be in favor of getting rid of pesticides and harmful chemicals, in agriculture. and I think that it's also this group that sees, that some individuals will find it hypocritical to support an administration that is also cutting back on protections by the Environmental Protection agency, in essence, making those chemicals, making it harder to eliminate those chemicals. Well, at the same time saying, okay, well, we should ban food additives. We could do that, but what about these chemicals that are in our water and in our food? Maybe there should also be some attention to that, that component as well.

Margaret (14:50)

Well, I wanna, Talk a little bit back, around vaccines again for a moment. the CDC, has placed stricter guidelines on, one of the code vaccine, the speculation that more limits around the way in terms of, what will be approved in terms of COVID vaccines by age group. what are your thoughts on this now that we're, you know, we can look back on five years of the COVID pandemic, but we have to look forward to a future in which COVID is likely to be with us. What are your thoughts on that?

Dr. Wen (15:20)

Yeah, well, as of the time that we're speaking, the FDA has announced that they will be placing stricter limits on availability of the COVID vaccine. The CDC has not yet met to, to, for their own vote. they have signaled that they probably will be restricting access as well, or they'll be limiting access, in, in a way or at least focusing access. And what I would say here is that I think that it is the right thing to do to target the COVID boosters to groups that are the highest risk. We know that about 90% of deaths due to COVID are in individuals who are older, that these older individuals also are far more likely to be hospitalized, far more likely to have severe illness. And I've been arguing for some time that because the principal use of the COVID of updated COVID shots is to prevent severe illness, we really should be focusing these boosters to, to these vulnerable individuals. I mean, I think it's a really big problem if less than 50% of nursing home residents got the last COVID booster. So obviously we're not doing as good of a job in targeting these very vulnerable populations as we really should be. But at the same time, I do not think that we should limit access to the boosters for individuals. And that is my concern with the FDA's proposed narrowing of the booster eligibility. I mean, yes, they are saying that people 65 and older and also individuals with chronic medical conditions, even one chronic medical condition that elevates the risk of COVID can still, can probably still get access to, to the booster. And so because that, that list of conditions is very broad, it includes obesity, physical inactivity, any smoking history, it also includes pregnancy. it includes many different illnesses and so, or many conditions. And so as a result, I think the, vast majority of, of Americans can probably still be able to get the, the, the COVID booster. I hope that that is the case because, if the administration really champions medical freedom and choice, then probably it's a good thing to allow individuals who want to protect themselves, to give themselves the extra bit of a protect or protection for whatever reason to be able to do that.

Mark (17:31)

Yeah. Margaret, both of us looked at that interesting article on the efficacy of shingle vaccines. And, Dr. Wen you a strong supporter of adults getting the shingle vaccine, and you recently explained some of the benefits as it relates to dementia. I wonder if you could elaborate on that and share, share some more information with our audience.

Dr. Wen (17:51)

I think there are many good reasons to get, the shingles vaccine. Just like, I think there are many good reasons for people to get to follow the CDC'S recommendation, whether it's, childhood vaccines or for adult vaccinations. the main reason to get the shingles vaccine is simply you don't wanna have shingles. Again, all of us clinicians understand

Mark (18:09)

Very good reason.

Margaret (18:10)

Good Reason right there.

Dr. Wen (18:11)

Pretty good reason, right? And we understand how painful shingles can be, not, not just the immediate pain, but also the, if you develop postherpetic neuralgia, that could be extremely painful, even disabling for some individuals. the shingles vaccine is very safe. It, some people do res do reports that they have quite severe side effects, but these side effects like fever or or fatigue, will subside within a couple of days. So I think that's the main reason. But recently, there have also been some articles that suggest that getting the shingles vaccine can also reduce your chance of developing dementia. Now, these, now I, I don't know that that alone is the reason to get the, the shingles vaccine, but I think that for people who are not sure or who are not convinced that shingles is even that serious, perhaps that is a, a good thing, to consider. Because frankly, I think many people, will look at research on, well, maybe eating a certain diet can help to reduce my risk of dementia or doing, you know, having this supplement can reduce my risk of dementia. Well, if you can do that by getting the shingles vaccine, perhaps that's an additional...

Mark (19:21)

There's a lot, lot in the air around this issue, GLP drugs and, sort of the, vaccine as well have suggested that maybe Parkinson's, maybe Alzheimer's, maybe dementia could be, we could be at the beginning of a better understanding of how those might be impacted by these, these new drugs, that are out there.

Dr. Wen (19:46)

That's right. And I think that we, this is why we need more medical research and not less, we are at the point of breakthroughs on so many different fronts, and I think that really, I speak for so many of us in the medical scientific community to say that it's really heartbreaking to see, America's place as a leader in biomedical research be threatened, in this way.

Margaret (20:14)

Well, we're certainly concerned about the interruption in the pipeline of our developing scientists to lead all this work into the future as well, and hope we can resolve that. But if we are talking about vaccines and, and health, at this moment in time, we can't help but talk about measles, and what is happening with the worst outbreak in the United States of measles in a generation or in, in 25 years, such as we've seen in Texas, and not hearing as much as I would think we would about the public health response, certainly, in Texas, but even across the country, given how mobile we are, to really raise up, the need for people to get vaccinated and to be really doing close surveillance. What's your sense of how public health leadership, either at a state level or a national level, is responding to this epidemic?

Dr. Wen (21:07)

I think that people on the state and local level have been stepping up as much as they can, understanding, again, that their resources have already been limited and are now under even more pressure, as a result of, of threats, on the, and cuts on the federal level. We also know that many of our colleagues who work at the CDC are may no longer be there, as a result of, of efforts from DOGE, and, and the Elon Musk team. And, that of course also very much limits, the work that, that that can be done. But I think that a lot of the conversation seems to be getting mixed up because we're hearing so much about, well, now we need to be studying the risks and benefits of the vaccine. The MMR vaccine, of course, has been around for decades and decades. This has been studied and we know that it is an extremely effective vaccine, 97% effective vaccine at preventing disease. and of course we have many, randomized controlled trials that have debunked the link, the supposed, link, between autism and, and, and the MMR vaccine. And so, but a lot of the conversation seems to be refocused around that Kennedy has announced that he's going to be studying, the safety of the vaccines again, and keeps on talking about this issue of personal choice rather than on emphasizing the actual important point when it comes to measles outbreak, which is how to dangerous measles, is one in five people who contract measles require hospitalization. One in 20 end up contracting pneumonia, one in a thousand could get permanent brain damage, one between one to three out of a thousand children who contract measles will die. And we also know that this is one of the most contagious diseases. And unvaccinated person has a nine out of 10 chance of contracting measles if exposed to it. The measles particle can linger in the air for up to two hours after an infected person leaves the room. I mean, it's an extremely serious disease that's very difficult to contain because of how contagious it is. And I would love to hear more about the disease and how much we want to avoid the disease, and also because of how contagious it is, why it's so important for us to get our vaccination rates up so that we're able to stop this disease. There is a well-known playbook that's, that the US has used, that countries have used around the world for stopping the measles outbreak. And it's really, I mean, disheartening is not even the right word. It's, it's really, it's, it's extremely troubling to see that this playbook is deliberately not being followed during this pandemic or, during this epidemic.

Mark (23:46)

I think there's an alert out for a large concert that was held in New York City yesterday and notified, whatever, 30,000 people who attended that somebody had had measles active case of measles there. And I do wanna sort of, ask a question, but also embedded in that as the whole issue of the lack of trust that's happening, with the population in our healthcare leaders. But perhaps one of the more eye-catching columns recently was the headline on fluoride. Robert F. Kennedy actually has a point, I think you noted and you explained the benefit risk trade-off for community water, fluoridation has changed. Wonder if you could walk us through your argument here.

Dr. Wen (24:29)

Yeah, I think that some of this, to you, to your very good question, a lot of it has to do with trust. And we see this from people with a variety of beliefs, as in, certainly I know that among my readers, quite a number of them write, and say, well, they distrust anything that Kennedy has to say. And so if he says seed oils are bad, they will go out and buy seed oils or, or if he says, well, fluoride is bad, they will then say, well, fluoride is good. I mean, I think it's important for us to desegregate the person and the message. it's, I, I think it is important for us to be evaluating each of these claims separately because, for example, Kennedy does say that ultra processed foods are bad. I really don't want people going out and saying, well, I'm just gonna eat a whole bunch of potato chips. I'm being a little facetious. But that's an example of how we could disagree with someone on totally on an issue

like vaccines, but still find common ground with someone on something else. And at least let's not have a knee jerk reaction to everything that the individual says on the issue of fluoride. I think that the truth is somewhere in between, or at least that there is some nuance that we have to consider. Kennedy says that fluoride is dangerous, that it's a toxin. the FDA is now trying to ban fluoride pills and fluoride products. I mean, that is really not the right approach. We know that, fluoride, has many benefits when it comes to dental health. It has been one of the most important public health achievements. There have been many studies showing, especially prior to the 1970s when fluoride products became more, more common in, in such as in toothpaste, that community fluoridation was really essential to improving dental health. But at the same time, we also know that high concentrations of fluoride above the CDC D'S recommended amount, which is 0.7, but at amounts exceeding 1.5, which by the way, it's, it's estimated that about 3 million people in the US live in areas above, or above, that 1.5 threshold where potentially harm could be seen, that you do see some potential negative impacts, for example, including on cognitive, development in, in newborns or in children if their mothers were exposed to high concentrations of fluoride during pregnancy. And I think that there could be a compromise of sorts. Currently, the EPA sets their limit for toxic levels of fluoride at four, which is well above the amount shown to cause harm, which is at, at around 1.5. There's sub-association with harm. And so is it reasonable for the EPA to assess their limit? I think so. Also, what about informing individuals who live in areas where there is naturally high amounts of fluoride in their groundwater that perhaps if you're pregnant, you may consider using a water filter. I think something like that may also be reasonable as well. Wow. But at the same time, the other side is also really not right either. I think banning fluoridation outright not the right approach, and certainly banning products that enable individuals to be able to choose what they wanna do with their own fluoride, their, their fluoride consumption, that's really not a good idea either.

Dr. Wen (27:39)

Very, very important point. I wanna give you a chance, to perhaps look back on an area that I think you had a big impact on, in your, days as commissioner of, health in Baltimore. and that was the work with substance use, deaths, substance use disorder, and some of the prevention, and treatment work that you did there. death by, substance use disorder appears to be on the decline. we're happy to say. And I wonder if you want to comment on, whether you think that that is, momentary or is that a, is that, something we think is really going in the right direction, concerns about losing our progress in that area in the current time?

Dr. Wen (28:25)

Well, I don't know exactly what that trend is due to. I think there are a number of theories as to why the Biden administration certainly did a lot around embracing harm reduction, getting naloxone, the opioid antidote out to people significantly increasing treatment access. And I think all the work in recent years around reducing stigma and, encouraging people to seek care has been very important. Also, efforts to, to remove fentanyl, and reduce fentanyl supply. I think the supply issue also has to be taken into consideration as well. And clearly the combination of that has been working in the last couple of years, but at the same time there, we also know that there are policies that would harm the progress. For example, we talked earlier about, cutting back on Medicaid. That's something that many individuals with substance use disorder depend on for care. And so removing Medicaid or removing funding for purchasing Naloxone or not supporting local health departments and their, and their infrastructure workforce needs, I mean, that's going to only harm, and potentially roll back, or even, completely, or, or even bring us back to a time when we have, higher rates of overdoses again.

Mark (29:42)

Thank you, Dr. Wen for joining us. Thank you to our audience for being here. Just a reminder to subscribe to our videos on YouTube and find us on Facebook and X and you can also share your thoughts and comments on the program. Take care, and be well.

Margaret (29:59)

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