

Mark Masselli: This is Conversations on Healthcare. I am Mark Masselli.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Margaret, we are still waiting to see what will happen with the Health Reform Bill after last week's Republican senate victory in Massachusetts. Supporters of the bill are pretty shaken up about any prospects of Healthcare Reform.

Margaret Flinter: Even though many ardent supporters of the House Bill weren't happy with all the senate provisions, they were still stunned to realize they might not get either. They are trying to find their bearings now. People committed to universal coverage would probably with our guest from last week author T.R. Reid, when he said a rich country has a moral obligation to provide healthcare for everybody. It's only the United States that lets people suffer from treatable illnesses but not get treated because they can't afford it.

Mark Masselli: Reid's best selling book the "Healing of America: A Global Quest for Better, Cheaper and Fairer Healthcare. His book explores healthcare systems around the world showing us that many industrialized countries made a commitment to their citizens to cover everybody and he points out that they used both the public and private sector to get there, but they got there.

Margaret Flinter: Mark, there is a still hope despite the upset democrats have indicated they will not abandon the bill even if it means taking a piecemeal approach. The president and top democrats have promised they will push ahead with Reform Bill and the White House is zeroed in on several elements that it hopes will be included in such a bill. These include measures to prohibit denial of coverage based on pre-existing conditions, lower prescription drug cost for seniors and the cap on consumers' out-of-pocket medical expenses that were so important to House members.

Mark Masselli: Margaret, I am going to be optimistic, but I am having a déjà vu movement as the political anxiety level seems similar to 1994 in the Clinton healthcare fallout that defeat which proceeded in election in which democrats lost 52 House seats in control of Congress was felt at every level of the democratic establishment. The Clinton Administration did not prioritize Health Reform as the Obama Administration has done upon entering office, which may have been a reason why it lost that

window of opportunity, but any case here we are again, feeling like healthcare is simply too big, too complicated and too dangerous to touch.

Margaret Flinter: It is like déjà vu and just like during the Clinton effort, the focus of Americans has turned really to the economy and job creation and the democrats have not yet made a convincing connection between healthcare and the economy that's resonated with the voters.

Mark Masselli: I think the White House is starting to realize this more so than ever after Massachusetts and especially as the White House gears up for mid-term elections, we should get a better feel for the President and his healthcare psyche as he addresses the nation in a State of the Union address.

Margaret Flinter: I will definitely be tuning into that address. And the President will not only be addressing the American people, he is speaking to Congress on the tone and the direction that they need to take to get reform done and he knows they have their own mind on where Healthcare Reform effort stands and what's possible going forward.

Mark Masselli: And speaking of what's possible, we can't think of anyone better to give us the latest news than House Majority Whip James Clyburn, as he is responsible for rounding up those votes and he is our headline newsmaker interview today. He remains both pragmatic and optimistic about what can and needs to happen next in bringing the house together to move reform forward.

Margaret Flinter: No matter what the story, you can hear all of our shows on our website www.chcradio.com. You can now subscribe to iTunes to get our show regularly downloaded or if you would like to hang on to our every word and read a transcript of one of our shows, come visit us at www.chcradio.com.

Mark Masselli: And as always, if you have feedback, e-mail us at conversations@chc1.com we would love to hear from you. We are also happy to announce that Conversations on Healthcare can heard on Thursdays at noon on KRLX 88.1 from Northfield, Minnesota, Welcome Minnesota. Before we speak with Congressman Clyburn, let's check in with our producer Loren Bonner with headline news.

Loren Bonner: I am Loren Bonner with this week's headline news. Democratic leaders are scrambling to save healthcare legislation after

losing the senate seat in Massachusetts last week and the uncertainty has a lot of people anxious. Not only are democrats concerned about what will happen to the bill, but so are many interest groups have major stakes in Healthcare Reform. Consumer groups, doctors and patient advocates urge democrats not to give up on comprehensive healthcare legislation. The road ahead will not be so easy. House Majority Leader Steny Hoyer has lawmakers face four options no bill, a scaled-back measure, the House passing the senate bill and the House passing the senate bill accompanied by some changes to accommodate House democrats. Except in the case of abandoning the bill altogether Democrats will need Republican support, but Republicans made it clear they would not help save legislation. Senate Minority Leader Mitch McConnell called on the White House to scratch the current bill.

Mitch McConnell: What we early need to do is start over, I mean the message in Massachusetts was absolutely clear, the Exit Polls that I looked at said 48% of the people in Massachusetts said they voted for the new senator over healthcare.

Loren Bonner: Republicans would like to start fresh on a bipartisan basis with legislation that would reduce malpractice lawsuits and allow individuals to deduct the cost of their coverage from their taxes the way corporations do. It looks like any revamped legislation would likely focus on the least controversial elements of earlier proposals. President Obama has no plans to give up in Healthcare Reform despite the setbacks and appear to call for abandoning board legislation in favor of a piecemeal approach. Senior White House Advisor David Axelrod indicated on ABC this week that healthcare was too important to abandon.

David Axelrod: The underlying elements of it are popular and important and people will never know what's in that bill until we pass it, the President signs it and they have a whole range of new protections they never had before.

Loren Bonner: Democrats will continue to look for ways to salvage the current legislation as discussions continue for the week.

(Music)

Loren Bonner: After democrats lost the Massachusetts Senate seat race last week to Republican Scott Brown, supporters of healthcare reform hope that the House of Representatives would be a quick fix in salvaging the bill. But many House democrats are reluctant to simply approve the

Senate Bill and send it to President Obama for his signature. This route would mean abandoning provisions they hold dear like the creation of a National Insurance Exchange and some of the deals such as that struck with Senators Nelson and Landrieu did not sit well with the house. House Majority Whip James Clyburn is front and center in bringing the House together to move reform forward. We are happy to have Congressman Clyburn as a guest on our show today to discuss where we go from here with Healthcare Reform. Congressman Clyburn remains hopeful about getting some version past, amid growing tensions between the House and Senate. He referred to these tensions clearly in an interview Monday on Fox News Radio. He said the Senate thinks of itself as a House of Lords, calling them out of touch with the American people. Congressman Clyburn the Third Ranking House Democrat, is also pragmatic in his approach after the Massachusetts' upset. He believes reform can happen through a piecemeal approach rather than passing one of the previous plans as a whole. Congressman Clyburn became one of the first leaders in the lower chamber to publically back a new scaled-down approach to passing Healthcare Reform Legislation last week. His route would be to separate out each one of the reforms and voting them separately. He also made it clear that it's time to stop thinking about the fact that the Senate lost the 60th vote and start thinking about a 50 plus one vote. He thinks the Senate should use the budget reconciliation procedures available to it to pass this new version of Health Reform. Those changes to the bill, which House leaders would need to agree to make leader would be crafted into a budget reconciliation bill and would need just 51 votes to pass the Senate. Let's here the interview with Mark and Margaret.

Mark Masselli: This is Conversations on Healthcare. We are speaking with Representative James Clyburn, Honorable Majority Whip of the House of Representatives, Representative Clyburn, welcome to the Conversations on Healthcare.

James Clyburn: Thank you so much for having me.

Mark Masselli: Congressman, you recorded as saying, I do believe that we will have a Healthcare Reform Bill and we will have one that the American people can be proud of. Why are you so hopeful and optimistic especially after the Massachusetts' upset?

James Clyburn: Well I think that Massachusetts played into healthcare in a way that most people seem not to have focused on and that is the fact that 98% of the citizens in Massachusetts got healthcare much like the

one that we are trying to make available for the other 49 states. And the healthcare or Community Health Centers in Massachusetts I think from the foundation for all of that and like it all these community health centers concept that start out in Massachusetts more than four years ago. So I believe that if you look at the House past plan which over 60% American people agreed with when we passed it. We started losing support for this healthcare stuff, when it got out what the Senate was doing. If it had not been for Nelson amendment, which set up what they called, the Cornhusker Kickback, I don't believe you have had people's attitudes to what this bill in Massachusetts be in, what it turned out to be. The Louisiana purchased or carved out \$300 million for the State of Louisiana. There are other little things in that bill that the Senate did that this credited to the healthcare that if they had stayed along the House plan even if they were not going to take the public option, take out the public option to put in what you think it ought to be, but to put in all these other things that savored the American people and that's what happened in this healthcare plan, and I do believe that if we rip that stuff out, which the House is going to do, if we get rid or fix that tax on the working people's plans irrespective of whether we call that Cadillac or Ford Taurus, the fact of the matter is we ought not be taxing people's benefits this way, if get rid of that stuff, I think we can pass the plan that American people can we proud of.

Margaret Flinter: So Congressman, we assume that you have been on the phone and in strategy meetings non-stop to determine the best way forward. And we have heard you say, let's put elements of the Health Reform Bill up for votes as soon as possible. Tell us about those elements that represent the best way forward and if you can, a sense of a timeline for getting it completed.

James Clyburn: Well I think that what we ought to do is since we are now hopefully going to fit the vote plus one strategy, the strategy up to now has been doing what you can to get 60 votes in the Senate, offset from day one, that we ought to have with 50 vote plus one strategy, that is 50 votes in the Senate and the Vice President casts in the tie-breaking vote. How do you do that, go to so called reconciliation route, very simple majority rather than a super majority and you do that by carving out these popular things like getting rid of preexistence conditions, discrimination because of preexistence conditions, getting rid of recisions like catastrophic illnesses and going out and use some cost containment measures by use of what we did in the House that can be tied directly to the budget. And while you are doing that, have these other reforms on a separate track, they are very popular. I don't believe

there will be a single republican that will vote to allow insurance companies to continue to discriminate against people because of pre-existing conditions to allow them to rescind. So that could be on the separate track, but tie all of the budget related items like cost containment, like the so-called exchange, tie them into a reconciliation package and do that the reconciliation mode and go to regular order for these other issues.

Mark Masselli: Congressman, President Obama seem to indicate favoring House and Senate votes on a scaled-back version that would retain some popular provisions and you have outlined those provisions, but what do you think the role of the President should be playing in this round of negotiation should be?

James Clyburn: Well, I think that the President has been playing a very good role in the negotiations. In fact I wish that some of that could have been out for public consumption before the Massachusetts vote. I really believe that the House and Senate negotiators have come up in coordination with the White House with some compromises between the House and the Senate that would sign a favor with most of American people. Now I think that still could be the case with these to be going to 50 vote plus one strategy then do what is next there to get best 50 votes in the Senate. And then take this pieces that I doesn't mention and there are others and have a separate vote on them and these two, we have a strategy in the House that should be tied together as set to the Senate and I do believe it will fly, you may call that a scaled-back version, because a lot of the stuff that people like to do, you won't be able to do this way, but it will be a real good solid foundation that we can build upon later. Medicare was done in one fell swoop, I mean Medicare sort of full times before we got to what it is today, Civil Rights of being what is done in one fell swoop, we got 60 most Civil Rights Act, then we have the 65 Voting Rights Act, then we have 68 Housing Bill, then we have the 72 amendments. There was eight year period before that law got to where people were comparable with it.

Margaret Flinter: Well that's a good historical perspective. And Congressman Speaker Nancy Pelosi has said she doesn't have the votes to pass the Senate Bill and we figure as the Whip you probably had to tell her that news. But your Democratic House Members represent a wide swath of interest and they are all up for reelection in about 10 months. You obviously play a pivotal role in assembling the votes, what are you telling your membership about the importance of getting Health Reform

completed and what's court returning your elected members around so they can support Health Form?

James Clyburn: Well I think that we have got the votes, we would pass the House Bill as planned, I think that if you look at what we did in the House, use that as a starting point and see what we can tie directly to reconciliation, that 50-vote plus one strategy. Now a lot of what we did in the House will not be budget oriented, peel all of that out and let's get the stuff we did that will contain cost that will create a good exchange and let's say to the Senate, we know you have a taste for a public option, so let's meet the public option for another day, pick the public option out of it, get this Senate exchanged and the other stuff in the House and let's move with it. I think that that's the way to go and I think that will find favor in the House and could find favor in the Senate and the President would embrace that. I do believe that President Obama should have his team sit down and particularly look at all the stuff that we have done in the House not just doing healthcare, look at what we did on the jobs program before, look at what we have done on energy, look at what we have done on the stimulus package and tie his program to the House passed plans, it will be a tremendous long distance that I think he will begin to see his numbers rise in the polling.

Mark Masselli: We are speaking with Representative James Clyburn, Honorable Majority Whip of the House of Representative. Congressman last year you introduced the Access For all Americans Act which included billions of dollars to fund community health centers of the United States that provide medical care to the uninsured and low income citizens. Do you hope to see community health centers playing a greater role in reforming healthcare and tell us why you are such a great champion of community health centers?

James Clyburn: Well you know, thank you so much, but I always say that we are the sum total of our experiences that's all that you can be. I have a very good positive relationship with community health centers and it goes way, way back, around the time that senator candidate was introducing the stuff up in Massachusetts. We had Ernest Hollings here in South Carolina, the Franklin Fetter Center, The Beaufort-Jasper Comprehensive Health Center. I was involved in all of that and we have a lot of others, the Orangeburg Center, the Lou River that's connected to Florence, South Carolina. All these centers are here, they are the ultimate safety net, no matter what you do, there would be a people falling through the cracks. In Massachusetts, they said 98% of people are covered will have death of 2%. The community health centers will inform

the ultimate safety net. If we say that prevention is the best way to drive down cost, community health centers are the best vehicles for prevention. If we know that the most expensive healthcare that which getting in emergency rooms, community health centers are the best vehicles, but getting people out of the emergency rooms, you will put healthcare and its delivery right in the communities where people live. Not only that, you will have community efforts on behalf of prevention and other programs right out there in the community, as you have to wait you get down to the hospital and read posters on the walls. You will have these things out in the communities where people live. I just think the Community Health Centers are the way to go and I applaud the Senate, though they didn't do is good as we did in the House, what we did in the House is not be able to sold it in to the House passed bill, the Senate did, a little less than we did, but the President made it very clear that he will support in what we did in the House. And so I think that whatever we do, we need to have a big plus of new community health centers and if we don't do anything, also on healthcare community health centers need to be plus up. We did so in the stimulus package and we did do even more this time around.

Margaret Flinter: Thank you Congressman and you have referenced the Civil Rights Movement, you are a veteran of the Civil Rights Movement and you have even compared Healthcare Inform to the struggle to pass the Civil Rights Act. And ultimately the civil rights act did pass. Bit curious of your thoughts, why couldn't Health Form get through, is it really just flood bills or do you think this is a fundamental refusal in this country to change a system that we have, dysfunctional although it maybe?

James Clyburn: I think it's much more latter than the former. People get comfortable with where they are and they see change, look you mentioned I was a veteran of Civil Rights Movement, I remember on the college campuses when we were called upon the students to challenge segregation laws. We didn't get 100% participation you know like we didn't get 5% participation. There are lots of people who knew it was wrong that they have to sit on the back of the bus, who knew it was wrong and not agreeable to sit down at lunch counter then you could buy everything else in the store. But they didn't feel comparable challenge in that. And so there are lot of people who know that our current healthcare delivery system is unsustainable for the future, they feel that got comparable with where we are. They don't feel that we ought to be establishing healthcare as a fundamental right, some of them they brought in to this notion that healthcare ought to be some kind of

privilege and then they go out and say well I just want to get among the privileged. We ought to make healthcare fundamental for every citizens in the United States of America just as we have done for Civil Rights. So I will never say that healthcare is in fact a Civil Right, I do believe that healthcare is a fundamental right, and we ought to make it available wherever.

Mark Masselli: We have been speaking with Representative James Clyburn, Honorable Majority Whip of the House of Representative. Representative Clyburn you are real inspirational and thank you for joining us this morning.

James Clyburn: Well, thank you so much for having me.

Margaret Flinter: Thank you Congressman.

Mark Masselli: Each week Conversations highlights a bright idea about how to make wellness a part of our communities in everyday lives. This week bright idea focuses on an innovative way to provide healthcare in developing countries, the cell phone application. We have all heard there is a "App For That" jokes, but some organizations have actually moved beyond customizing ring-tones and checking e-mail to develop advanced mobile phone applications for healthcare workers, one such company is Dimagi. The company's program ComCare guides lower skilled workers through questionnaires, enabling them to collect key information, refer patients for treatment and track the progress of disease outbreaks. These workers then send the compiled information to the nearest clinic where doctors can keep tabs on patients' condition and assist people who need immediate care. And Dimagi is not the only group creating pioneer medical technology for mobile phones, the AED Satellite Center for Health Information and Technology is another leader in the field of healthcare IT, and has developed several innovative applications for cell phones. The Organization's Guide Program converts complex medical documents into formats that are easier to read on small phone screens. Well its Gather application is similar to ComCare allowing healthcare workers to easily send files to local clinics for further processing. Widespread use of these kinds of applications may not be far away. After a devastating earthquake, ravaged Haiti earlier this month, stories began to emerge about people using mobile phone technology to provide care to some of the thousands of injured survivors. One widely circulated story features Dan Woolley, an American filmmaker who treated his broken leg and head injuries using an i-Phone First Aid application. Rescued from the rubble 65 hours later, Woolley credits his survival to medical instructions

his mobile phone provided. Such advance technologies may seem out of place in developing countries that lack even basic infrastructure, however the mobile phone is uniquely suited for these conditions. While landline use is still low in many developing countries, the number of people using cell phones has increased dramatically in the last few years. Of the four billion cell phone users around the world, two-thirds now live in developing countries. Unlike traditional landlines mobile phones are small, easy to operate and most importantly with the advent of solar chargers do not require a complex electrical grid. This trend makes healthcare applications like ComCare and guide increasingly valuable as they are helping to bridge the distance between people who are in need and the facilities they provided in the developing world, portable sophisticated healthcare available at the touch of a button, now that's a bright idea.

Margaret Flinter: This is Conversations on Healthcare. I am Margaret Flinter.

Mark Masselli: And I am Mark Masselli. Peace and health.

Conversations on Healthcare broadcast from the campus of Wesleyan University at WESU, streaming live at wesufm.org and brought to by the Community Health Centre.